

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY</u>	1b Three-digit plan number (PN) ▶	<u>004</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALLIANCE COMMUNITY HOSPITAL</u> <u>200 E. STATE ST.</u> <u>ALLIANCE, OH 44601-4936</u>	1c Effective date of plan <u>03/01/1994</u>	2b Employer Identification Number (EIN) <u>34-0714581</u>	2c Plan Sponsor's telephone number <u>330-596-6000</u>
		2d Business code (see instructions) <u>622000</u>	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2020	NICOLE RUSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2020	LISA GEIGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1098
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 1012 6a(2) 1 6b 1 6c 508 6d 510 6e 2 6f 512 6g 510 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2L 2M

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCE COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-0714581	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6019	628	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 19754	(b) Total amount of fees paid 0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid KESTRA INVESTMENT SERVICES LLC 5707 SOUTHWEST PKWY BLDG 2 SUITE 400 AUSTIN, TX 78735	

(b) Amount of sales and base commissions paid 19754	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	13974986
5 Current value of plan's interest under this contract in separate accounts at year end	5	2442520

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **UNALLOCATED ANNUITY CONTRACT**

b Balance at the end of the previous year.....	7b	17705982
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	679177	
	7c(4)		
	7c(5)	28557	

▶ *

(6) Total additions.....	7c(6)	707734
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d Total of balance and additions (add lines 7b and 7c(6))	7d	18413716
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4019972	
(2) Administration charge made by carrier	7e(2)	359	
(3) Transferred to separate account.....	7e(3)	418401	
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	4438732
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	13974984
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCE COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-0714581	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	664144	512	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 694	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid KESTRA INVESTMENT SERVICES 5707 SOUTHWEST PKWY BLDG 2 SUITE 400 AUSTIN, TX 78735
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
694			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 684327**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 692271**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 11181
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 99345
▶ *(6) Total additions **7c(6)** 110526**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 802797**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 80990
(2) Administration charge made by carrier **7e(2)** 4770
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 37710
▶ *(5) Total deductions **7e(5)** 123470**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 679327

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCE COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-0714581	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	184091	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

KESTRA INVESTMENT SERVICES LLC

4707 SOUTHWEST PKWY BLDG 2
SUITE 400
AUSTIN, TX 78735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	25545	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KESTRA INVESTMENT SERVICES LLC	55	25545

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VOYA FINANCIAL PARTNERS LLC 06-1375177	ASSET BASED COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2019 This Form is Open to Public Inspection.	
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019					
A Name of plan ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY				B Three-digit plan number (PN) ▶ 004	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ALLIANCE COMMUNITY HOSPITAL				D Employer Identification Number (EIN) 34-0714581	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT C					
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY					
c EIN-PN 71-0294708-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2442520		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCE COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-0714581

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	419080	237197
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	25618946	29515645
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	18398253	14658951
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	44436279	44411793

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	44436279	44411793
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	207911	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		207911
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	16972	
(F) Other	2b(1)(F)	690358	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		707330
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	788361	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		788361
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		508902
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5309190
c Other income	2c		2017
d Total income. Add all income amounts in column (b) and enter total	2d		7523711

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7561213	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7561213
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		10293
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	184091	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		184091
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7755597

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-231886
l Transfers of assets:			
(1) To this plan	2l(1)		207400
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIANCE COMMUNITY HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-0714581</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**ALLIANCE COMMUNITY HOSPITAL
TAX SHELTERED ANNUITY PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEARS ENDED DECEMBER 31, 2019 AND 2018



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ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
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INDEPENDENT AUDITORS' REPORT

Retirement Plan Committee
Alliance Community Hospital Tax Sheltered Annuity Plan
Alliance, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Alliance Community Hospital Tax Sheltered Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 (in liquidation) and December 31, 2018 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2019 (in liquidation) and 2018 (ongoing), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company and Voya Institutional Trust Company, the custodians, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians held the Plan's investment assets and executed investment transactions as of and for the years ended December 31, 2019 and 2018. The Plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Board of Directors of Alliance Community Hospital, a member of The Aultman Health Foundation, the Plan's Sponsor, approved a plan of liquidation on July 9, 2019 and management determined liquidation is imminent. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2018 financial statements to the liquidation basis used in presenting the 2019 financial statements. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CliftonLarsonAllen LLP

Canton, Ohio
October 7, 2020

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	(In Liquidation) 2019	(Ongoing) 2018
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 27,072,763	\$ 23,618,853
Pooled Separate Accounts	<u>2,442,521</u>	<u>2,000,093</u>
Total Investments at Fair Value	29,515,284	25,618,946
GUARANTEED ANNUITY CONTRACTS (at Contract Value)	14,659,313	18,398,253
RECEIVABLES		
Notes Receivable from Participants	<u>545,528</u>	<u>740,646</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 44,720,125</u></u>	<u><u>\$ 44,757,845</u></u>

See accompanying Notes to Financial Statements.

**ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2019 AND 2018**

	(In Liquidation) 2019	(Ongoing) 2018
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 5,818,092	\$ (2,453,506)
Interest and Dividend Income	1,478,719	1,643,594
Total Investment Income (Loss)	<u>7,296,811</u>	<u>(809,912)</u>
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	16,972	19,961
CONTRIBUTIONS		
Participant	-	1,418,727
Employer	-	479,803
Rollovers	120,746	630,610
Total Contributions	<u>120,746</u>	<u>2,529,140</u>
Total Additions	7,434,529	1,739,189
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	7,491,499	2,854,506
ADMINISTRATIVE EXPENSES	<u>188,150</u>	<u>182,336</u>
Total Deductions	<u>7,679,649</u>	<u>3,036,842</u>
NET DECREASE	(245,120)	(1,297,653)
TRANSFERS FROM OTHER PLANS	207,400	68,552
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>44,757,845</u>	<u>45,986,946</u>
End of Year	<u><u>\$ 44,720,125</u></u>	<u><u>\$ 44,757,845</u></u>

See accompanying Notes to Financial Statements.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 DESCRIPTION OF PLAN

The following description of Alliance Community Hospital Tax Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Alliance Citizens Health Association (the Hospital) for the benefit of its nonunion employees. Employees were eligible immediately to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Retirement Plan Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Plan Termination

On July 9, 2019, the Retirement Plan Committee, as permitted by the Plan document, made the decision to terminate the Plan effective December 31, 2019. Plan termination is a triggering event that enables participants to take withdrawals from their accounts. Effective at the close of business on December 31, 2019, participants in the Plan will be eligible to make rollover contributions to the Aultman 401(k) Plan, other qualified retirement plan accounts, or take a cash distribution. In addition, effective at the close of business on December 31, 2019, the participant balances invested in the guaranteed annuity contracts were transferred to an annuity account in the participant's name. The Retirement Plan Committee set the deadline of October 31, 2020 for the remaining investment accounts in the Plan to be fully liquidated. If participants do not liquidate their account by October 31, 2020, the Retirement Plan Committee has directed Voya to liquidate the accounts and rollover the assets into a VOYA individual retirement account. The following description of the Plan describes Plan operations prior to termination.

Plan Discontinuance of Contributions

On June 15, 2018, the Retirement Plan Committee of Alliance Community Hospital, a member of The Aultman Health Foundation, as permitted by the Plan document, made a decision to discontinue contributions to the Plan, effective December 21, 2018. After December 21, 2018, all active participants began contributing and participating in the Aultman 401(k) Plan.

Contributions

Each year, eligible participants were permitted to elect to have a percentage, limited by Plan provisions and certain Internal Revenue Service (IRS) limitations, of their compensation contributed as pre-tax contributions to the Plan. In addition, participants were permitted to elect to have a percentage, limited by Plan provisions and certain IRS limitations, of their compensation contributed as after-tax Roth contributions to the Plan. Participants who have attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). In addition, employees were able to elect 15-year catch-up contributions, which are subject to a \$15,000 lifetime limit. Participants direct the investment of their contributions into various investment options offered by the Plan.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Employees were eligible to participate in the discretionary contribution and Employer matching contribution upon the completion of 12 months of employment, and the attainment of age 18. For the year ended December 31, 2018, the Hospital contributed 100% of the first 2.5% of base compensation that a participant contributed to the Plan. For the year ended December 31, 2019, contributions were discontinued.

Participant Investment Account Options

Investment account options available include various funds. Each participant has the option of directing his or her contributions into any of the separate investment accounts and may change the allocation daily.

Participant Accounts

Each participant's account was credited with the participant's contribution, the Hospital's contribution, and is credited with the Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants were immediately vested in their voluntary contributions and any matching contributions, plus earnings thereon.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. The loans are secured by the balance in the participant's account and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence). Loan repayments are made directly to the recordkeeper by the participant. Each loan is subject to a \$75 loan administrative charge. Interest on the loans is based on local prevailing rates as determined by the Plan administrator.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account or a joint and survivor annuity. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator will authorize the benefit payment without the participant's consent.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the liquidation basis of accounting for 2019 and the accrual (ongoing) basis of accounting for 2018. The change in basis of accounting was the result of the Plan Sponsor's decision to terminate the Plan in 2019, in which management determined liquidation was deemed imminent.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Hospital. Expenses that are paid by the Hospital are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2020, the date the financial statements were available to be issued.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

All information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants held at December 31, 2019 and 2018, and net appreciation (depreciation) in fair value of investments, interest and dividend income for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Voya Retirement Insurance and Annuity Company and Voya Institutional Trust Company (Voya), the custodians of the Plan. The contract value of the group annuity contracts were certified by the custodians.

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Pooled Separate Accounts: Valued using the net asset value of units, as determined by the custodian. NAV is a readily determinable fair value and is the basis for current transactions.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

2019				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 27,072,763	\$ -	\$ -	\$ 27,072,763
Pooled Separate Accounts	-	2,442,521	-	2,442,521
Total Investments at Fair Value	<u>\$ 27,072,763</u>	<u>\$ 2,442,521</u>	<u>\$ -</u>	<u>\$ 29,515,284</u>

2018				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 23,618,853	\$ -	\$ -	\$ 23,618,853
Pooled Separate Accounts	-	2,000,093	-	2,000,093
Total Investments at Fair Value	<u>\$ 23,618,853</u>	<u>\$ 2,000,093</u>	<u>\$ -</u>	<u>\$ 25,618,946</u>

NOTE 5 GROUP ANNUITY CONTRACTS WITH VOYA

The Plan entered into traditional fully benefit-responsive guaranteed investment contracts with Voya. Voya maintains the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on an annual basis for resetting. The guaranteed investment contracts do not permit the guaranteed investment contracts issuer to terminate the agreements prior to the scheduled maturity dates.

This contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no conditions or restrictions that limit the ability of the Plan to transact at contract value with the issuer. Plan participants generally may withdraw assets without restrictions; however, there may be a hold period at the contract level in the event of full or partial contract discontinuance.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 6 PLAN TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Voya. Voya is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2019</u>	<u>2018</u>
Net Assets Available for Benefits per Financial Statements	\$ 44,720,125	\$ 44,757,845
Adjustment for Deemed Loans	<u>(308,332)</u>	<u>(321,566)</u>
Net Assets Available for Benefits per Form 5500	<u><u>\$ 44,411,793</u></u>	<u><u>\$ 44,436,279</u></u>

The following is a reconciliation of the net increase (decrease) in net assets available for benefits for the years ended December 31:

	<u>2019</u>	<u>2018</u>
Net Decrease in Net Assets Available for Benefits per Financial Statements	\$ (245,120)	\$ (1,297,653)
Adjustment for Deemed Loans	<u>13,234</u>	<u>(272,238)</u>
Net Decrease in Net Assets Available for Benefits per Form 5500	<u><u>\$ (231,886)</u></u>	<u><u>\$ (1,569,891)</u></u>

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
E.I.N. 34-0714581 PLAN NO. 004
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value	
	<u>Pooled Separate Accounts:</u>			
American Funds	EuroPacific R4		\$	22,130
Oppenheimer	Global Port I			77,930
Oppenheimer	Developing Markets Fund			12,509
Artisan	International Fund I			7,453
American Century	Small-Mid Cap Value Portfolio			33,806
JPMorgan	Mid Cap Value Portfolio			7,942
T. Rowe Price	Diversified Mid Cap Growth			85,743
* Voya	MidCap Opportunities Port I			22,015
* Voya	Small Company Portfolio I			8,990
* Voya	Small Cap Opportunities Portfolio I			6,733
* Voya	Russell Mid Cap Index Portfolio I			89,032
* Voya	Russell Small Cap Index Portfolio I			46,964
AMG Managers	Fairpointe Mid Cap Fund			2,073
Cohen & Steers	Realty Shares, Inc.			42,280
Fidelity	VIP Contrafund Portfolio			40,421
T. Rowe Price	Growth Equity Portfolio			48,702
* Voya	Large Cap Growth Portfolio			317,288
Invesco	V.I. Core Equity Fund			6
* Voya	Growth and Income Portfolio			192,400
American Funds	Washington Mutual Investors Fund			25,304
* Voya	Large Cap Value Portfolio			97,752
* Voya	Russell Large Cap Index Portfolio I			196,570
Calvert	VP SRI Balanced Portfolio			6,768
T. Rowe Price	Capital Appreciation Portfolio Service			212,527
* Voya	Strategic Allocation Moderate Portfolio I			17,161
* Voya	Strategic Allocation Growth Portfolio			163,809
* Voya	Strategic Allocation Conservative Portfolio I			518
* Voya	Solution 2025 Portfolio Service			209,588
* Voya	Solution 2035 Portfolio Service			187,181

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
E.I.N. 34-0714581 PLAN NO. 004
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
		<u>Pooled Separate Accounts (Continued):</u>		
*	Voya	Solution 2045 Portfolio Service	\$	132,457
*	Voya	Solution 2055 Portfolio Service		88,013
*	Voya	Intermediate Bond Portfolio I		6,859
	Templeton	Global Bond Fund		2,873
*	Voya	Solution Income Portfolio		3
*	Voya	High Yield Portfolio		19,492
	Pimco	VIT Real Return Portfolio		7
*	Voya	Government Money Market Portfolio		11,222
		Total Pooled Separate Accounts		2,442,521
		<u>Mutual Funds:</u>		
	American Funds	New Prospective R6		1,224,334
	Vanguard	International Stock Index Fund		1,252,758
	Vanguard	Mid-Cap Index Fund		1,662,827
	Vanguard	Real Estate Investment Trust Index Fund		392,892
	WellsFargo	Special Mid Cap Value Fund R6		188,164
	WellsFargo	Special Small Cap Value Fund R6		11,530
	Janus Henderson	Enterprise Fund		1,570,618
	Fidelity	Adv Small Cap Growth Fund I		398,681
	DFA	U.S. Small Cap Portfolio		1,667,983
	T. Rowe Price	Blue Chip Growth Fund I		4,866,950
	Vanguard	500 Index Fund		3,805,657
	MFS	Value Fund R6		2,539,077
	American Funds	Am Balanced R6		1,202,919
	T. Rowe Price	Retirement I 2020 Fund I		410,791
	T. Rowe Price	Retirement I 2025 Fund I		1,238,230
	T. Rowe Price	Retirement I 2030 Fund I		100,793
	T. Rowe Price	Retirement I 2035 Fund I		1,765,023
	T. Rowe Price	Retirement I 2040 Fund I		173,869
	T. Rowe Price	Retirement I 2045 Fund I		861,388
	T. Rowe Price	Retirement I 2050 Fund I		32,778
	T. Rowe Price	Retirement I 2055 Fund I		130,221
	T. Rowe Price	Retirement I 2060 Fund I		16,946

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
E.I.N. 34-0714581 PLAN NO. 004
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
		<u>Mutual Funds (Continued):</u>		
	Prudential	Return Bond Fund		\$ 864,509
	Federated Institute	High Yield Bond Fund		693,825
		Total Mutual Funds		27,072,763
		<u>Guaranteed Insurance Contracts:</u>		
*	Voya	Fixed Account		13,797,553
*	Voya	Fixed Plus Account III		684,327
*	Voya	Fixed Plus Account		177,071
*	Voya	Long-Term GAA		362
		Total Guaranteed Insurance Contracts		14,659,313
*	Participants	Participant Loans		
		Loans Maturing from 2020 to 2028		
		Interest Rates Ranging from 3.92% to 6.5%		237,197
				<u>\$ 44,411,794</u>

* Indicates party-in-interest

** Cost omitted for participant-directed accounts

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
ALLIANCE COMM HOSP TSA
EIN#34-0714581
Plan#004
As Of December 31, 2019

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
American Funds Am Balancd R6	Registered Investment Company		\$1,202,919
American Funds EuroPacific R4	Registered Investment Company		\$22,130
American Funds Nw Prspctv R6	Registered Investment Company		\$1,224,334
American Funds Wash Mtual R4	Registered Investment Company		\$25,304
AMG Mgrs Fairpointe Md Cp Fd N	Registered Investment Company		\$2,073
Artisan International Fund Inv	Registered Investment Company		\$7,453
Calvert VP SRI Balanced Port	Registered Investment Company		\$6,768
Cohen&Steers Realty Shares	Registered Investment Company		\$42,280
DFA US Small Cap Portfolio Ins	Registered Investment Company		\$1,667,983
Fedrt'd Inst Hg Yld Bd Fnd Ins	Registered Investment Company		\$693,825
Fidelity Adv SmCp Grw Fnd I	Registered Investment Company		\$398,681
Fidelity VIP Contrafund Pt I	Registered Investment Company		\$40,421
Inv Opp Dev Mrkts Fd A	Registered Investment Company		\$12,509
Invesco V.I. Core Eqty Fnd SI	Registered Investment Company		\$6
Janus Hndr Enterprise Fund N	Registered Investment Company		\$1,570,618
MFS Value Fund R6	Registered Investment Company		\$2,539,077
PGIM Total Return Bond Fd R6	Registered Investment Company		\$864,509
PIMCO VIT Real Return Portfolio Adm	Registered Investment Company		\$7
Templeton Global Bond Fund A	Registered Investment Company		\$2,873
TRwPr Blue Chip Growth Fnd I	Registered Investment Company		\$4,866,950
TRwPr Retirement I 2020 Fd I	Registered Investment Company		\$410,791
TRwPr Retirement I 2025 Fd I	Registered Investment Company		\$1,238,230
TRwPr Retirement I 2030 Fd I	Registered Investment Company		\$100,793
TRwPr Retirement I 2035 Fd I	Registered Investment Company		\$1,765,023
TRwPr Retirement I 2040 Fd I	Registered Investment Company		\$173,868
TRwPr Retirement I 2045 Fd I	Registered Investment Company		\$861,388
TRwPr Retirement I 2050 Fd I	Registered Investment Company		\$32,778
TRwPr Retirement I 2055 Fd I	Registered Investment Company		\$130,221
TRwPr Retirement I 2060 Fd I	Registered Investment Company		\$16,946
Vangrd 500 Index Fund Adm	Registered Investment Company		\$3,805,657
Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		\$1,662,827
Vangrd Tot Int Stk In F Adm	Registered Investment Company		\$1,252,758
Vanguard Real Estate Indx Adm	Registered Investment Company		\$392,892
* Voya Fixed Account (4550)	Insurance Company General Account		\$13,725,661
* Voya Fixed Account (4552)	Insurance Company General Account		\$71,891
* Voya Fixed Plus Account (4564)	Insurance Company General Account		\$177,071
* Voya Fixed Plus Account III	Insurance Company General Account		\$684,327
* Voya Gov Money Market Port I	Registered Investment Company		\$11,222
* Voya Growth and Income Port I	Registered Investment Company		\$192,399
* Voya High Yield Port Ins	Registered Investment Company		\$19,491
* Voya Intermediate Bond Prt I	Registered Investment Company		\$6,859
* Voya Large Cap Growth Prt Ins	Registered Investment Company		\$317,288
* Voya Large Cap Value Port Ins	Registered Investment Company		\$97,752
* Voya Long-Term GAA	Insurance Company General Account		\$362
* Voya Mid Cap Opport Port I	Registered Investment Company		\$22,015
* Voya Russell LgCp Indx Prt I	Registered Investment Company		\$196,570
* Voya Russell MdCp Indx Prt I	Registered Investment Company		\$89,032
* Voya Russell SmCp Indx Prt I	Registered Investment Company		\$46,964
* Voya Small Company Port I	Registered Investment Company		\$8,989
* Voya SmCp Opport Port I	Registered Investment Company		\$6,733
* Voya Solution Income Prt Srv	Registered Investment Company		\$3
* Voya Solution 2025 Port Srv	Registered Investment Company		\$209,588
* Voya Solution 2035 Port Srv	Registered Investment Company		\$187,181
* Voya Solution 2045 Port Srv	Registered Investment Company		\$132,457
* Voya Solution 2055 Port Srv	Registered Investment Company		\$88,013
* Voya Strategic Alloc Cns Prt I	Registered Investment Company		\$518
* Voya Strategic Alloc Grw Prt I	Registered Investment Company		\$163,809
* Voya Strategic Alloc Mod Prt I	Registered Investment Company		\$17,161
* VY AmCen Sm-MdCp VI Pt Srv	Registered Investment Company		\$33,806
* VY Inv Opp Global Port I	Registered Investment Company		\$77,930
* VY JPM MdCp Value Port Srv	Registered Investment Company		\$7,942
* VY TRwPr Cap Apprec Port Srv	Registered Investment Company		\$212,527
* VY TRwPr Divr MdCp Gr Pt I	Registered Investment Company		\$85,743
* VY TRwPr Grw Eqty Pt I	Registered Investment Company		\$48,702
WlIFrg Spec MdCp VI Fd R6	Registered Investment Company		\$188,164
WlIFrg Spec SmCp VI Fd R6	Registered Investment Company		\$11,530
LOAN FUND	Participant Loan Rates 3.92%-6.50%		\$237,197
TOTAL			\$44,411,793

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

**ALLIANCE COMMUNITY HOSPITAL
TAX SHELTERED ANNUITY PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEARS ENDED DECEMBER 31, 2019 AND 2018



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**ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
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INDEPENDENT AUDITORS' REPORT

Retirement Plan Committee
Alliance Community Hospital Tax Sheltered Annuity Plan
Alliance, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Alliance Community Hospital Tax Sheltered Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 (in liquidation) and December 31, 2018 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2019 (in liquidation) and 2018 (ongoing), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company and Voya Institutional Trust Company, the custodians, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians held the Plan's investment assets and executed investment transactions as of and for the years ended December 31, 2019 and 2018. The Plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Board of Directors of Alliance Community Hospital, a member of The Aultman Health Foundation, the Plan's Sponsor, approved a plan of liquidation on July 9, 2019 and management determined liquidation is imminent. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2018 financial statements to the liquidation basis used in presenting the 2019 financial statements. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CliftonLarsonAllen LLP

Canton, Ohio
October 7, 2020

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	(In Liquidation) 2019	(Ongoing) 2018
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 27,072,763	\$ 23,618,853
Pooled Separate Accounts	<u>2,442,521</u>	<u>2,000,093</u>
Total Investments at Fair Value	29,515,284	25,618,946
GUARANTEED ANNUITY CONTRACTS (at Contract Value)	14,659,313	18,398,253
RECEIVABLES		
Notes Receivable from Participants	<u>545,528</u>	<u>740,646</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 44,720,125</u></u>	<u><u>\$ 44,757,845</u></u>

See accompanying Notes to Financial Statements.

**ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2019 AND 2018**

	(In Liquidation) 2019	(Ongoing) 2018
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 5,818,092	\$ (2,453,506)
Interest and Dividend Income	1,478,719	1,643,594
Total Investment Income (Loss)	<u>7,296,811</u>	<u>(809,912)</u>
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	16,972	19,961
CONTRIBUTIONS		
Participant	-	1,418,727
Employer	-	479,803
Rollovers	120,746	630,610
Total Contributions	<u>120,746</u>	<u>2,529,140</u>
Total Additions	7,434,529	1,739,189
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	7,491,499	2,854,506
ADMINISTRATIVE EXPENSES	<u>188,150</u>	<u>182,336</u>
Total Deductions	<u>7,679,649</u>	<u>3,036,842</u>
NET DECREASE	(245,120)	(1,297,653)
TRANSFERS FROM OTHER PLANS	207,400	68,552
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>44,757,845</u>	<u>45,986,946</u>
End of Year	<u><u>\$ 44,720,125</u></u>	<u><u>\$ 44,757,845</u></u>

See accompanying Notes to Financial Statements.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 DESCRIPTION OF PLAN

The following description of Alliance Community Hospital Tax Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Alliance Citizens Health Association (the Hospital) for the benefit of its nonunion employees. Employees were eligible immediately to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Retirement Plan Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Plan Termination

On July 9, 2019, the Retirement Plan Committee, as permitted by the Plan document, made the decision to terminate the Plan effective December 31, 2019. Plan termination is a triggering event that enables participants to take withdrawals from their accounts. Effective at the close of business on December 31, 2019, participants in the Plan will be eligible to make rollover contributions to the Aultman 401(k) Plan, other qualified retirement plan accounts, or take a cash distribution. In addition, effective at the close of business on December 31, 2019, the participant balances invested in the guaranteed annuity contracts were transferred to an annuity account in the participant's name. The Retirement Plan Committee set the deadline of October 31, 2020 for the remaining investment accounts in the Plan to be fully liquidated. If participants do not liquidate their account by October 31, 2020, the Retirement Plan Committee has directed Voya to liquidate the accounts and rollover the assets into a VOYA individual retirement account. The following description of the Plan describes Plan operations prior to termination.

Plan Discontinuance of Contributions

On June 15, 2018, the Retirement Plan Committee of Alliance Community Hospital, a member of The Aultman Health Foundation, as permitted by the Plan document, made a decision to discontinue contributions to the Plan, effective December 21, 2018. After December 21, 2018, all active participants began contributing and participating in the Aultman 401(k) Plan.

Contributions

Each year, eligible participants were permitted to elect to have a percentage, limited by Plan provisions and certain Internal Revenue Service (IRS) limitations, of their compensation contributed as pre-tax contributions to the Plan. In addition, participants were permitted to elect to have a percentage, limited by Plan provisions and certain IRS limitations, of their compensation contributed as after-tax Roth contributions to the Plan. Participants who have attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). In addition, employees were able to elect 15-year catch-up contributions, which are subject to a \$15,000 lifetime limit. Participants direct the investment of their contributions into various investment options offered by the Plan.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Employees were eligible to participate in the discretionary contribution and Employer matching contribution upon the completion of 12 months of employment, and the attainment of age 18. For the year ended December 31, 2018, the Hospital contributed 100% of the first 2.5% of base compensation that a participant contributed to the Plan. For the year ended December 31, 2019, contributions were discontinued.

Participant Investment Account Options

Investment account options available include various funds. Each participant has the option of directing his or her contributions into any of the separate investment accounts and may change the allocation daily.

Participant Accounts

Each participant's account was credited with the participant's contribution, the Hospital's contribution, and is credited with the Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants were immediately vested in their voluntary contributions and any matching contributions, plus earnings thereon.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. The loans are secured by the balance in the participant's account and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence). Loan repayments are made directly to the recordkeeper by the participant. Each loan is subject to a \$75 loan administrative charge. Interest on the loans is based on local prevailing rates as determined by the Plan administrator.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account or a joint and survivor annuity. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator will authorize the benefit payment without the participant's consent.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the liquidation basis of accounting for 2019 and the accrual (ongoing) basis of accounting for 2018. The change in basis of accounting was the result of the Plan Sponsor's decision to terminate the Plan in 2019, in which management determined liquidation was deemed imminent.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Hospital. Expenses that are paid by the Hospital are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2020, the date the financial statements were available to be issued.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

All information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants held at December 31, 2019 and 2018, and net appreciation (depreciation) in fair value of investments, interest and dividend income for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Voya Retirement Insurance and Annuity Company and Voya Institutional Trust Company (Voya), the custodians of the Plan. The contract value of the group annuity contracts were certified by the custodians.

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Pooled Separate Accounts: Valued using the net asset value of units, as determined by the custodian. NAV is a readily determinable fair value and is the basis for current transactions.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2019			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 27,072,763	\$ -	\$ -	\$ 27,072,763
Pooled Separate Accounts	-	2,442,521	-	2,442,521
Total Investments at Fair Value	<u>\$ 27,072,763</u>	<u>\$ 2,442,521</u>	<u>\$ -</u>	<u>\$ 29,515,284</u>

	2018			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 23,618,853	\$ -	\$ -	\$ 23,618,853
Pooled Separate Accounts	-	2,000,093	-	2,000,093
Total Investments at Fair Value	<u>\$ 23,618,853</u>	<u>\$ 2,000,093</u>	<u>\$ -</u>	<u>\$ 25,618,946</u>

NOTE 5 GROUP ANNUITY CONTRACTS WITH VOYA

The Plan entered into traditional fully benefit-responsive guaranteed investment contracts with Voya. Voya maintains the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on an annual basis for resetting. The guaranteed investment contracts do not permit the guaranteed investment contracts issuer to terminate the agreements prior to the scheduled maturity dates.

This contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no conditions or restrictions that limit the ability of the Plan to transact at contract value with the issuer. Plan participants generally may withdraw assets without restrictions; however, there may be a hold period at the contract level in the event of full or partial contract discontinuance.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 6 PLAN TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Voya. Voya is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2019</u>	<u>2018</u>
Net Assets Available for Benefits per Financial Statements	\$ 44,720,125	\$ 44,757,845
Adjustment for Deemed Loans	<u>(308,332)</u>	<u>(321,566)</u>
Net Assets Available for Benefits per Form 5500	<u><u>\$ 44,411,793</u></u>	<u><u>\$ 44,436,279</u></u>

The following is a reconciliation of the net increase (decrease) in net assets available for benefits for the years ended December 31:

	<u>2019</u>	<u>2018</u>
Net Decrease in Net Assets Available for Benefits per Financial Statements	\$ (245,120)	\$ (1,297,653)
Adjustment for Deemed Loans	<u>13,234</u>	<u>(272,238)</u>
Net Decrease in Net Assets Available for Benefits per Form 5500	<u><u>\$ (231,886)</u></u>	<u><u>\$ (1,569,891)</u></u>

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
E.I.N. 34-0714581 PLAN NO. 004
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
		<u>Pooled Separate Accounts:</u>		
	American Funds	EuroPacific R4	\$	22,130
	Oppenheimer	Global Port I		77,930
	Oppenheimer	Developing Markets Fund		12,509
	Artisan	International Fund I		7,453
	American Century	Small-Mid Cap Value Portfolio		33,806
	JPMorgan	Mid Cap Value Portfolio		7,942
	T. Rowe Price	Diversified Mid Cap Growth		85,743
*	Voya	MidCap Opportunities Port I		22,015
*	Voya	Small Company Portfolio I		8,990
*	Voya	Small Cap Opportunities Portfolio I		6,733
*	Voya	Russell Mid Cap Index Portfolio I		89,032
*	Voya	Russell Small Cap Index Portfolio I		46,964
	AMG Managers	Fairpointe Mid Cap Fund		2,073
	Cohen & Steers	Realty Shares, Inc.		42,280
	Fidelity	VIP Contrafund Portfolio		40,421
	T. Rowe Price	Growth Equity Portfolio		48,702
*	Voya	Large Cap Growth Portfolio		317,288
	Invesco	V.I. Core Equity Fund		6
*	Voya	Growth and Income Portfolio		192,400
	American Funds	Washington Mutual Investors Fund		25,304
*	Voya	Large Cap Value Portfolio		97,752
*	Voya	Russell Large Cap Index Portfolio I		196,570
	Calvert	VP SRI Balanced Portfolio		6,768
	T. Rowe Price	Capital Appreciation Portfolio Service		212,527
*	Voya	Strategic Allocation Moderate Portfolio I		17,161
*	Voya	Strategic Allocation Growth Portfolio		163,809
*	Voya	Strategic Allocation Conservative Portfolio I		518
*	Voya	Solution 2025 Portfolio Service		209,588
*	Voya	Solution 2035 Portfolio Service		187,181

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
E.I.N. 34-0714581 PLAN NO. 004
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
		<u>Pooled Separate Accounts (Continued):</u>		
*	Voya	Solution 2045 Portfolio Service	\$	132,457
*	Voya	Solution 2055 Portfolio Service		88,013
*	Voya	Intermediate Bond Portfolio I		6,859
	Templeton	Global Bond Fund		2,873
*	Voya	Solution Income Portfolio		3
*	Voya	High Yield Portfolio		19,492
	Pimco	VIT Real Return Portfolio		7
*	Voya	Government Money Market Portfolio		11,222
		Total Pooled Separate Accounts		2,442,521
		<u>Mutual Funds:</u>		
	American Funds	New Prospective R6		1,224,334
	Vanguard	International Stock Index Fund		1,252,758
	Vanguard	Mid-Cap Index Fund		1,662,827
	Vanguard	Real Estate Investment Trust Index Fund		392,892
	WellsFargo	Special Mid Cap Value Fund R6		188,164
	WellsFargo	Special Small Cap Value Fund R6		11,530
	Janus Henderson	Enterprise Fund		1,570,618
	Fidelity	Adv Small Cap Growth Fund I		398,681
	DFA	U.S. Small Cap Portfolio		1,667,983
	T. Rowe Price	Blue Chip Growth Fund I		4,866,950
	Vanguard	500 Index Fund		3,805,657
	MFS	Value Fund R6		2,539,077
	American Funds	Am Balanced R6		1,202,919
	T. Rowe Price	Retirement I 2020 Fund I		410,791
	T. Rowe Price	Retirement I 2025 Fund I		1,238,230
	T. Rowe Price	Retirement I 2030 Fund I		100,793
	T. Rowe Price	Retirement I 2035 Fund I		1,765,023
	T. Rowe Price	Retirement I 2040 Fund I		173,869
	T. Rowe Price	Retirement I 2045 Fund I		861,388
	T. Rowe Price	Retirement I 2050 Fund I		32,778
	T. Rowe Price	Retirement I 2055 Fund I		130,221
	T. Rowe Price	Retirement I 2060 Fund I		16,946

ALLIANCE COMMUNITY HOSPITAL TAX SHELTERED ANNUITY PLAN
E.I.N. 34-0714581 PLAN NO. 004
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
		<u>Mutual Funds (Continued):</u>		
	Prudential	Return Bond Fund		\$ 864,509
	Federated Institute	High Yield Bond Fund		693,825
		Total Mutual Funds		27,072,763
		<u>Guaranteed Insurance Contracts:</u>		
*	Voya	Fixed Account		13,797,553
*	Voya	Fixed Plus Account III		684,327
*	Voya	Fixed Plus Account		177,071
*	Voya	Long-Term GAA		362
		Total Guaranteed Insurance Contracts		14,659,313
*	Participants	Participant Loans		
		Loans Maturing from 2020 to 2028		
		Interest Rates Ranging from 3.92% to 6.5%		237,197
				<u>\$ 44,411,794</u>

* Indicates party-in-interest

** Cost omitted for participant-directed accounts

