

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> 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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="margin-top: 5px;"> ☐ special extension (enter description) </div>	

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THOMAS HEALTH SYSTEM 401 (K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2007</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2007</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>THOMAS HEALTH SYSTEM, INC</u> <u>333 LAIDLEY STREET</u> <u>CHARLESTON, WV 25322</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-0440674</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>304-347-6633</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-0440674</u>	2c Plan Sponsor's telephone number <u>304-347-6633</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>26-0440674</u>					
2c Plan Sponsor's telephone number <u>304-347-6633</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.	10/12/2020	TIMOTHY SKELDON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 2194
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) 1598 6a(2) 1704 6b 0 6c 530 6d 2234 6e 0 6f 2234 6g 2072 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: 2E 2F 2G 2J 2S 2T 3H 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

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)** ☒ 1 **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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection</div>
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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 THOMAS HEALTH SYSTEM 401 (K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THOMAS HEALTH SYSTEM, INC	D Employer Identification Number (EIN) 26-0440674

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 VARIABLE ANNUITY LIFE INSURANCE CO.

(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
74-1625348	70238	70676	2072	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	(b) Total amount of fees paid

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

(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	

(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** 1821394**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 ▶**b** Balance at the end of the previous year **7b** 1178118**c** Additions: (1) Contributions deposited during the year **7c(1)** 553200
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 33983
(4) Transferred from separate account **7c(4)** 447640
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 1034823**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 2212941**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 377266(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 4523(4) Other (specify below) **7e(4)** 9758▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 391547**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1821394

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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 THOMAS HEALTH SYSTEM 401 (K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THOMAS HEALTH SYSTEM, INC	D Employer Identification Number (EIN) 26-0440674	

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
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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)

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(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?
19 26 28 29 33 37 49 50 52 57 58 59 60 61 63 64	NO RELATIONSHIP	199879	Yes ☒ No ☐	Yes ☒ No ☐	0	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?
65 72 99			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 ☐

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
(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.	
(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 THOMAS HEALTH SYSTEM 401 (K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THOMAS HEALTH SYSTEM, INC	D Employer Identification Number (EIN) 26-0440674	

Part I Asset and Liability Statement			
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)	24828	42815
(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)	1095747	1062462
(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)	55480239	68912488
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1178118	1821394
(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	57778932	71839159

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	57778932	71839159
---	-----------	----------	----------

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)	3247970	
(B) Participants	2a(1)(B)	4688049	
(C) Others (including rollovers)	2a(1)(C)	67357	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8003376
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)	58792	
(F) Other	2b(1)(F)	33983	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		92775
(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)	2694453	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2694453
(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)		
(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)		

		(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)		
(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)		9618570
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		20409174

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6144209	
(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)		6144209
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		4859
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	199879	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		199879
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6348947

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14060227
l Transfers of assets:			
(1) To this plan	2l(1)		
(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: ARNETT CARBIS TOOTHMANN LLP

(2) EIN: 55-0486667

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		10000000
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>THOMAS HEALTH SYSTEM 401 (K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS HEALTH SYSTEM, INC</u>	D Employer Identification Number (EIN) <u>26-0440674</u>

Part I	Distributions
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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>76-0519990</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
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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
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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.
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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 _____

**THOMAS HEALTH SYSTEM
401(k) PLAN**

**Financial Report
December 31, 2019**



CONTENTS

Independent Auditor's Report	1 - 2
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Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 12
Supplementary Information - Supplemental Schedules Required by ERISA:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13

INDEPENDENT AUDITOR'S REPORT

Plan Trustees and Plan Administrator
Thomas Health System 401(k) Plan
Charleston, West Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Thomas Health System 401(k) Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, 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.

Auditor's 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 5, which was certified by The Variable Annuity Life Insurance Company, the custodian of the Plan (Custodian), except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian held the Plan's assets and executed transactions. The Plan Administrator has obtained certifications from the Custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

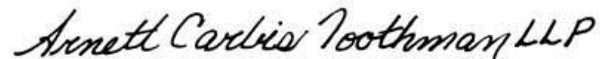
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes 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 the 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 custodian, 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.

A handwritten signature in black ink that reads "Arnett Carlisle Toothman LLP". The signature is written in a cursive, flowing style.

Charleston, West Virginia
September 28, 2020

THOMAS HEALTH SYSTEM 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

ASSETS	2019	2018
Cash	\$ 190	\$ -
Investments at fair value	68,912,299	55,480,239
Investments at contract value	1,821,394	1,178,118
Employer contributions receivable	42,815	24,828
Notes receivable from participants	1,062,462	1,095,747
Total assets	71,839,160	57,778,932
Net assets available for benefits	\$ 71,839,160	\$ 57,778,932

See Notes to Financial Statements

THOMAS HEALTH SYSTEM 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2019 and 2018

	2019	2018
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ 9,618,571	\$ -
Dividend income	2,694,453	3,383,927
Interest income	92,775	50,738
	12,405,799	3,434,665
Contributions:		
Employer	3,247,970	3,149,652
Participant	4,688,049	4,610,970
Rollovers from other qualified plans	67,357	341,237
	8,003,376	8,101,859
Total additions	20,409,175	11,536,524
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	-	7,169,126
Benefits paid to participants	6,149,068	4,072,153
Administrative expenses	199,879	244,041
	6,348,947	11,485,320
Total deductions	6,348,947	11,485,320
Net increase	14,060,228	51,204
Net assets available for benefits:		
Beginning of year	57,778,932	57,727,728
End of year	\$ 71,839,160	\$ 57,778,932

See Notes to Financial Statements

THOMAS HEALTH SYSTEM 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

Note 1. Description of Plan

Plan description: The following description of the Thomas Health System 401(k) Plan provides only general information. Participants should refer to the Plan document for more complete information.

General: The Plan, which was established January 1, 2007, is a defined contribution 401(k) safe harbor plan covering all employees who have attained the age of 18 excluding leased employees. The Plan allows participation of all employees of St. Francis Hospital, Thomas Memorial Hospital, and Thomas Health System Physician Partners. The Plan was amended and restated effective January 1, 2018, to change the name of the plan sponsor to Thomas Health System, Inc. (formerly Charleston Hospital, Inc. d/b/a St. Francis Hospital). Certain administrative amendments were also made in regards to the timing of employee deferral changes and the determination period for employer safe harbor contributions. Changes in employee deferral modifications can be made effective as soon as administratively practicable and the determination period for the matching safe harbor period was changed to the Plan year from each payroll period. The Plan was amended and restated effective January 1, 2019, to remove the 3 months of service eligibility requirement, therefore allowing employees to participate in the Plan as soon as administratively feasible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Participants may elect to defer a portion of their compensation, as defined in the Plan document, limited to the maximum allowed under the Internal Revenue Code for such Plan year. The employer's matching contribution is an Enhanced Safe Harbor Matching Contribution which is an amount equal to 100% of the participant's deferral contributions up to 4% of the participant's compensation and an additional 50% of the participant's elective deferrals from 4% to 6% of the participant's compensation.

The plan has an automatic enrollment feature where once an employee becomes eligible for the plan, 3% of their eligible compensation is deferred.

Participant investment options: Each Plan participant has the right to direct contributions and earnings of their account among alternative investment funds provided under the Plan. Participants should refer to the most recent annual report of each investment fund for information on risk factors, asset concentrations, use of derivative financial instruments and other financial data. Participants may transfer funds between investment options at any time.

Participant accounts: Each participant account is credited with the participant's elective deferrals, participant rollover contributions and any employer contributions. In addition, each participant's account is credited with their share of appreciation/depreciation in the value of investments and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting: Participants are immediately vested in their elective deferral and employer contributions and actual earnings thereon which are credited to their respective account.

Payment of benefits: Upon retirement (normal retirement age is 65), attainment of age 59½, death, disability or other termination of employment, as defined in the Plan document, participants or their spouses and/or beneficiaries receive their account as a lump sum cash payment. If the participant's account balance has never exceeded \$5,000, the entire vested balance will be paid in a lump sum. Early retirement is permitted if the participant has attained age 60 and has completed five years of service. Further, upon termination of employment, the participant may elect to transfer his or her account balances to another qualified plan or individual retirement account. Minimum distributions for a participant must begin the later of April 1 of the calendar year after a participant attains age 70½ or when the participant actually retires.

The Plan allows for hardship withdrawals for certain participant needs as defined in the Plan document from participant elective contributions, Roth deferrals and related earnings. The employer has sole authority to authorize hardship withdrawals, pursuant to the Plan specifications.

THOMAS HEALTH SYSTEM 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

Notes receivable from participants: Participants may borrow from their account balances attributable to their pre-tax and Roth elected deferrals, subject to a maximum amount which is the lesser of one-half of a participant's elective deferral account balance or \$50,000. The participant's elective deferral account balance serves as collateral for the loan. The minimum request for a loan is \$1,000 and not more than one loan can be outstanding for a participant at a time. Loans bear interest of 1% above the prime rate. Loan payments shall be repaid up to five years; however, if the loan is for the purchase of a principal residence, a longer term may be permitted.

Significant Accounting Policies: The accounting and reporting policies of the Plan conform to accounting principles generally accepted in the United States of America and to general practices within the employee benefit plan industry. 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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. The principles and policies which significantly affect the determination of net assets and the changes in net assets are summarized below.

Basis of accounting: The accompanying financial statements are prepared on the method of accrual method of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

Investment valuation and income recognition: Investments are reported at fair value, except for investment contracts, which are 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 specific valuation policy for the Plan's investments follow.

Mutual fund investments: The Plan's investments in mutual funds are stated at fair value which equals the quoted market price as of the last day of the Plan year. Transactions are recorded on the trade date, but are reported on the settlement date. All gains/losses are unrealized and are based on changes in the unit value or share value during the reporting period.

Collective trust: Included within the investment options of the Plan is the Wells Fargo Stable Value Fund C, which is a collective trust that is a fully benefit responsive investment option. The Wells Fargo Stable Value Fund C is measured using the net asset value per share as the practical expedient. See Note 7 for discussion of fair value measurements.

Insurance company investment contract: The Plan's investment in a fully benefit-responsive insurance company group annuity fixed interest option investment contract is stated at contract value which represents contributions made, less withdrawals and administrative expenses plus interest credited.

The Plan does not require collateral to secure investment instruments.

Payment of benefits: Benefit payments are recorded upon distribution.

Significant New Authoritative Accounting Guidance: On August 27, 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*. The amendments of ASU 2018-13 modify the disclosure requirements in Topic 820 by eliminating, modifying, and adding certain disclosure information. The disclosure items eliminated by these amendments are the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy; the policy for timing of transfers between levels; the valuation processes for Level 3 fair value measurements; and for nonpublic entities, the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. Disclosures modifications include replacing the rollforward for Level 3 fair value measurements for a nonpublic entity to disclosure of transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities; disclosure of the timing of liquidation of an investee's assets and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the entity or announced the timing publicly for investments in certain entities that calculate fair value using the net asset value practical expedient; and clarification that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurement

THOMAS HEALTH SYSTEM 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

as of the reporting date. Disclosures added by the amendments of this ASU include the changes in unrealized gains and losses for the period included in other comprehensive income for recurring Level 3 fair value measurements held at the end of the reporting period; and the range and weighted average of significant unobservable inputs used to develop Level 3 fair value measurements. For certain unobservable inputs, an entity may disclose other quantitative information (such as the median or arithmetic average) in lieu of the weighted average if the entity determines that other quantitative information would be a more reasonable and rational method to reflect the distribution of unobservable inputs used to develop Level 3 fair value measurements. The amendments of ASU 2018-13 are effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The amendments on changes in unrealized gains and losses, the range and weighted average of significant unobservable inputs used to develop Level 3 fair value measurements, and the narrative description of measurement uncertainty should be applied prospectively for only the most recent interim or annual period presented in the initial fiscal year of adoption. All other amendments should be applied retrospectively to all periods presented upon their effective date. Early adoption is permitted. An entity is permitted to early adopt any removed or modified disclosures upon issuance of ASU No. 2018-13 and delay adoption of the additional disclosures until their effective date. Plan management has not yet concluded their evaluation of the potential effects of this new accounting and financial reporting standard update on the Plan's financial reporting.

Subsequent Events: The Plan has evaluated subsequent events through September 28, 2020, the date the financial statements were available to be issued.

Note 2. Tax Status

Effective July 1, 2012, the Plan adopted the Variable Annuity Life Insurance Company (VALIC) Retirement Services Company Non-Standardized 401(k) Profit Sharing Plan with CODA. VALIC Retirement Services Company has received a determination letter dated March 31, 2014, that the prototype plan and related amendments qualify under Internal Revenue Code Section 401(a). An employer who has adopted the prototype plan will also be considered to have a plan qualified under Section 401(a) provided all of the terms of the plan are followed, and the eligibility requirements and contribution or benefit provisions are not more favorable for highly compensated employees than other employees. The Plan has been restated since the date of the determination letter; however, the Plan Administrator believes that the Thomas Health System 401(k) Plan is currently being operated in compliance with the aforementioned prototype plan and applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2016.

Note 3. Plan Termination

The Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participant accounts will become fully vested and nonforfeitable.

THOMAS HEALTH SYSTEM 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

Note 4. Parties-in-Interest and Related Party Transactions

Parties-in-interest are defined under United States Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, and certain others. The Plan Sponsor has contracted with The Variable Annuity Life Insurance Company to administer the Plan's assets. Administrative functions performed by The Variable Annuity Life Insurance Company include participant account maintenance and custodial services. During the years ended December 31, 2019 and 2018, fees for these services amounted to \$199,879 and \$244,041, respectively. Certain other administrative expenses for legal, auditing, and other professional services are paid directly by the Plan Sponsor and certain administrative functions are performed by officers or employees of the Plan Sponsor at no cost to the Plan.

Note 5. Assets Certified

The following is a summary of the Plan's asset information as of December 31, 2019 and 2018, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule that were prepared by or derived from information certified by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

	2019	2018
Mutual Funds	\$ 65,759,041	\$ 52,088,778
Collective Trust	3,153,258	3,391,461
Insurance Company Investment Contract	1,821,394	1,178,118
Total investments	\$ 70,733,693	\$ 56,658,357
Cash	\$ 190	\$ -
Notes Receivable from Participants	\$ 1,062,462	\$ 1,095,747

Other Investment Information Certified by Custodians: During the years ended December 31, 2019 and 2018, the Plan's investments with the custodian appreciated (depreciated) in value by \$9,618,571 and (\$7,169,126), respectively. Dividends were \$2,694,453 and \$3,383,927 and interest income from notes receivable from participants were \$92,775 and \$50,738 for the years ended December 31, 2019 and 2018, respectively.

Note 6. Investment Contract with Insurance Company

Assets of the Plan include amounts held in a Fixed Interest Option during the years ended December 31, 2019 and 2018. This investment option is a general fund group fixed unallocated annuity contract (GFUA) with VALIC which is a fully benefit responsive contract featuring a current crediting interest rate.

A participant can make transfers out of the Fixed Interest Option to mutual fund options at any time or indirectly to a "competing fixed option" (subject to a 90-day equity wash provision). Plan sponsor-directed or induced transfers from the Fixed Interest Option to another investment option under the plan would be restricted to 20 percent per year or would be subject to the value adjustments of the surrender provisions of the contract.

THOMAS HEALTH SYSTEM 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

The interest rate for the Fixed Interest Option is declared monthly with interest credited on a daily basis at an annual effective rate. The GFUA offers an annual minimum crediting rate set at the beginning of each year, as well as a contract minimum rate guaranteed. It is credited with interest under a portfolio interest crediting method in which all deposits receive the same return regardless of date of deposit. For the years ended December 31, 2019 and 2018, the rates are as follows:

2019				
	Average Yield	Minimum Guaranteed Interest Rate	Declared Crediting Rates Annualized	
			Rates	Period
Fixed Interest Option	1.92%	1.00%	2.00%	01/01/2019-08/31/2019
			1.90%	09/01/2019-12/31/2019
2018				
	Average Yield	Minimum Guaranteed Interest Rate	Declared Crediting Rates Annualized	
			Rates	Period
Fixed Interest Option	2.00%	1.00%	1.90%	01/01/2018-06/30/2018
			2.00%	07/01/2018-12/31/2018

Note 7. Fair Value Measurement

ASC Topic 820 *"Fair Value Measurements and Disclosure"* (ASC 820), establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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 II 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 value measurement.

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

THOMAS HEALTH SYSTEM 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds, shares of mutual funds are valued at net asset value at market exchange price of shares held at valuation date.

Common/Collective Trust: The Plan's stable value fund that is composed primarily of fully benefit-responsive investment contracts is valued at the net asset value of units of the collective trust. The net assets value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the Stable Value Fund issuer or otherwise. If an event occurs that may impair the ability of the issuer to perform in accordance with the terms of this investment option, fair value may be less than contract value. The crediting interest rate averaged approximately 2.59% and 2.43% for the years ended December 31, 2019 and 2018, respectively.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019						
	Level 1	Level 2	Level 3	Funds at NAV (a)		Total
Mutual Funds	\$ 65,759,041	\$ -	\$ -	\$ -		\$ 65,759,041
Collective Trust	-	-	-	3,153,258		3,153,258
Total Assets at Fair Value	\$ 65,759,041	\$ -	\$ -	\$ 3,153,258		\$ 68,912,299

Assets at Fair Value as of December 31, 2018						
	Level 1	Level 2	Level 3	Funds at NAV (a)		Total
Mutual Funds	\$ 52,088,778	\$ -	\$ -	\$ -		\$ 52,088,778
Collective Trust	-	-	-	3,391,461		3,391,461
Total Assets at Fair Value	\$ 52,088,778	\$ -	\$ -	\$ 3,391,461		\$ 55,480,239

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

THOMAS HEALTH SYSTEM 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

Investments Measured Using NAV Per Share as Practical Expedient

The following table summarizes investment information for investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for this investment; redemption notice period is applicable only to the Plan.

Asset	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2019	2018	For 2019 and 2018		
Collective Trust	\$ 3,153,258	\$ 3,391,461	None	Daily	12 months

Note 8. 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 statement of net assets available for benefits.

Note 9. Subsequent Events

The outbreak of the novel strain of coronavirus, COVID-19 which originated in Wuhan, China, in December, 2019, and has since spread globally, has been adversely affecting global, populations, economies, and financial markets. In response to this coronavirus outbreak, the governments of many countries, states, municipalities and other geographic regions have taken preventative or protective actions, such as imposing restrictions on travel and business operations and advising or requiring individuals to limit or forego their time outside of their homes. In certain geographic regions in which the Plan Sponsor operates, temporary closures of businesses have been ordered or suggested and numerous other businesses have temporarily closed voluntarily. The impact of the pandemic as well as other commodity and financial market forces have resulted in a decline in the fair value of the Plan's investments since December 31, 2019, through the date of issuance of these financial statements. As part of the United States Federal Government's response to the pandemic, the Coronavirus, Aid, Relief, and Economic Security (CARES) Act was signed into Federal law on March 27, 2020. Under this legislation qualified participants of the Plan may receive coronavirus-related distributions of up to \$100,000 that are exempt from the 10% early withdrawal tax and for which the income tax is deferred over a three year period. Additionally, under the CARES Act, the participant may repay the distribution over a three year period without incurring any additional income tax burden. The ultimate impact on the Plan's net assets available for benefits and changes in net assets available for benefits depends on the continuing responses of the financial markets to the successes or failures of the socioeconomic policies enacted by all levels of governments to manage the societal and economic effects of the pandemic.

On January 10, 2020, Thomas Health System and Subsidiaries (the System) sought voluntary relief under chapter 11 of title 11 of the United States Code.

The overall, deficiency of revenues over expenses slightly improved during the current fiscal year. The System has had significant operating losses over the past several years. The operating losses plus negative adjustments to net assets from pension plan adjustments have resulted in a deficit in net assets.

The negative macroeconomic factors throughout Southern West Virginia are leading to the decline in the System's surgical procedures, pain procedures, and laboratory services, which caused a decrease in net patient service revenue. Expenses for the System increased in fiscal year 2019 compared to fiscal year 2018, a majority of which can be attributable to the increase in restructuring costs and salaries and

THOMAS HEALTH SYSTEM 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

benefits. Management has been making significant operational changes over the years to address the reoccurring losses and changes to the healthcare environment.

The System engaged an outside consultant that provided numerous recommendations to reduce expenses and increase revenues. The consultant concluded its project in December 2018 and since then management has been working diligently to implement their recommendations, which are anticipated to have a significant impact on the operations of the System. Together with operational improvements identified by management the System expects to see improved operating results and financial condition.

The System is committed to focusing on its community by improving the health and well-being of the patients in the areas it serves, with the help and support of its physicians, providers, nurses and staff. The System has begun the process of developing a long-range financial plan, which includes in part investment in capital equipment at a level that is above normal on-going capital requirements.

Despite these operational improvements, the System still faces financial challenges that are largely beyond its control and that have resulted in the System failing to meet one or more of its financial covenants under the Indenture. The System's financial performance, in particular their ability to generate revenue, continues to be negatively impacted by, among other things, the declining economic environment in the State of West Virginia, reduced reimbursement for healthcare services from both government and commercial payers, reductions in the population within the region in which the System operates, and the decline in utilization of services due to the shift in costs to the individual patient. In an effort to reduce the possibility of a liquidity event or similar event that could prove to be disruptive to continuing services, the System continues to explore restructuring options, which include, without limitation, a potential strategic transaction, refinancing, and/or the possible restructuring of its existing bond indebtedness.

After exploring strategic options on an out-of-court basis, the System's Board of Directors voted in January 2020 to seek protection under Chapter 11 to advance its strategic alternatives, including, but not limited to, potential restructuring options to address its long-term debt. Chapter 11 provides the System with the opportunity to not only reduce its debt burden but also strengthen the System's ability to meet the new health care payment realities and ensure its future.

The System plan to come out of bankruptcy has been approved by the bankruptcy court and will be executed before September 30, 2020.

THOMAS HEALTH SYSTEM 401(K) PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or market value	(d) Cost	(e) Current Value
Mutual funds:				
	American Funds	Europacific Growth Fund R-4	**	\$ 3,061,674
	DFA	US Small Cap 1	**	1,904,490
	Fidelity	500 Index Fund	**	4,509,943
	Fidelity	Global Ex Us Ind Inst	**	3,999,199
	Fidelity	Total Market Index Fund	**	4,281,916
	Harding Loevner	International Equity Portfolio Institutional	**	1,189,893
	Nuveen Winslow	Large-Cap Growth Fund	**	1,254,286
	Pimco	Real Return Institutional Fund	**	385,214
	Pimco	Total Return Institutional Fund	**	791,794
	T. Rowe Price	Value Fund I Class	**	1,612,105
	T. Rowe Price	Retirement 2005 Fund	**	1,174,631
	T. Rowe Price	Retirement 2010 Fund	**	50,256
	T. Rowe Price	Retirement 2015 Fund	**	6,555,436
	T. Rowe Price	Retirement 2020 Fund	**	2,439,886
	T. Rowe Price	Retirement 2025 Fund	**	9,750,249
	T. Rowe Price	Retirement 2030 Fund	**	1,905,896
	T. Rowe Price	Retirement 2035 Fund	**	2,348,085
	T. Rowe Price	Retirement 2040 Fund	**	3,007,568
	T. Rowe Price	Retirement 2045 Fund	**	2,605,142
	T. Rowe Price	Retirement 2050 Fund	**	1,874,838
	T. Rowe Price	Retirement 2055 Fund	**	1,832,589
	T. Rowe Price	Retirement 2060 Fund	**	568,883
	T. Rowe Price	Retirement Balance	**	1,183,352
	Touchstone	Touchstone Mid Cap Growth Inst	**	2,486,413
	Transamerica	Mid Cap Value OPI	**	2,519,192
	Vanguard	Intermediate Term Bond Index Fund	**	2,466,111
Total mutual funds				65,759,041
Common/Collective Trust:				
	Wells Fargo	Stable value fund	**	3,153,258
General Account Fixed - Interest				
*	Valic	Fixed Interest Option	**	1,821,394
*	Notes receivable from participants	Interest at 4.25%-6.50% and various maturity dates through 2033	***	1,062,462
*	Valic	Cash	**	190
Total Assets Held				<u><u>\$ 71,796,345</u></u>

* Denotes issuer or sponsor considered to be a party-in-interest to the Plan.

** Historical cost information is not required to be presented for participant directed investments.

*** In accordance with the reporting instructions for Form 5500, the cost of individual participant loans aggregated for reporting under the Schedule of Assets (Held at End of Year) is to be reported at zero. Accordingly, the aggregate cost of such loans as of December 31, 2019, has been excluded from this schedule.

Form 5500

Attachment

Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of plan Thomas Health System 401(K) Plan			Three-digit plan number 001	
Name of plan sponsor as shown on line 2a of Form 5500 Thomas Health System			Employer Identification Number 61-1272692	
Contract Number: 70676 Plan Number: 001				
		(c) Description of investment including maturity date,		
(a)	(b) Identity of Issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	FIXED INTEREST OPTION	FIXED INTEREST OPTION		1,821,394
	FORFEITURES	FORFEITURES		190
	AMER FDS EUROPACIFIC GROWTH R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		3,061,674
	DFA US SMALL CAP I	MUTUAL FUND - DFA US SMALL CAP I		1,904,490
	FIDELITY 500 INDEX INSTL PREM	MUTUAL FUND - FIDELITY 500 INDEX INSTL PREM		4,509,943
	FIDELITY GLOBAL EX US IND INST	MUTUAL FUND - FIDELITY GLOBAL EX US IND INST		3,999,199
	FIDELITY TOT MKT IDX INST PREM	MUTUAL FUND - FIDELITY TOT MKT IDX INST PREM		4,281,916
	HARDING LOEVNER INT EQ PT INST	MUTUAL FUND - HARDING LOEVNER INT EQ PT INST		1,189,893
	NUVEEN WINSLOW LG CAP GROWTH A	MUTUAL FUND - NUVEEN WINSLOW LG CAP GROWTH A		1,254,286
	PIMCO REAL RETURN INSTL	MUTUAL FUND - PIMCO REAL RETURN INSTL		385,214
	PIMCO TOTAL RET INSTL	MUTUAL FUND - PIMCO TOTAL RET INSTL		791,794
	T ROWE PRICE VALUE I	MUTUAL FUND - T ROWE PRICE VALUE I		1,612,105
	T. ROWE PRICE RETIREMENT 2055	MUTUAL FUND - T. ROWE PRICE RETIREMENT 2055		1,832,589
	T. ROWE PRICE RETIREMENT 2060	MUTUAL FUND - T. ROWE PRICE RETIREMENT 2060		568,883
	T. ROWE PRICE RTMT 2005	MUTUAL FUND - T. ROWE PRICE RTMT 2005		1,174,631
	T. ROWE PRICE RTMT 2010	MUTUAL FUND - T. ROWE PRICE RTMT 2010		50,256
	T. ROWE PRICE RTMT 2015	MUTUAL FUND - T. ROWE PRICE RTMT 2015		6,555,436
	T. ROWE PRICE RTMT 2020	MUTUAL FUND - T. ROWE PRICE RTMT 2020		2,439,886
	T. ROWE PRICE RTMT 2025	MUTUAL FUND - T. ROWE PRICE RTMT 2025		9,750,249
	T. ROWE PRICE RTMT 2030	MUTUAL FUND - T. ROWE PRICE RTMT 2030		1,905,896
	T. ROWE PRICE RTMT 2035	MUTUAL FUND - T. ROWE PRICE RTMT 2035		2,348,085
	T. ROWE PRICE RTMT 2040	MUTUAL FUND - T. ROWE PRICE RTMT 2040		3,007,568
	T. ROWE PRICE RTMT 2045	MUTUAL FUND - T. ROWE PRICE RTMT 2045		2,605,142
	T. ROWE PRICE RTMT 2050	MUTUAL FUND - T. ROWE PRICE RTMT 2050		1,874,838
	T. ROWE PRICE RTMT BALANCED	MUTUAL FUND - T. ROWE PRICE RTMT BALANCED		1,183,355
	TOUCHSTONE MID CAP GROWTH INST	MUTUAL FUND - TOUCHSTONE MID CAP GROWTH INST		2,486,413
	TRANSAMERICA MID CAP VALUE OPI	MUTUAL FUND - TRANSAMERICA MID CAP VALUE OPI		2,519,192
	VANGUARD INTRM-TRM BND IDX ADM	MUTUAL FUND - VANGUARD INTRM-TRM BND IDX ADM		2,466,111
	WELLS FARGO STABLE VALUE C	MUTUAL FUND - WELLS FARGO STABLE VALUE C		3,153,258
*	PARTICIPANT LOANS	4.25% - 5.25%		1,062,462