

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:	☐ 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>ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN</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>ADENA HEALTH SYSTEM, INC.</u> <u>272 HOSPITAL ROAD</u> <u>CHILLICOTHE, OH 45601</u>	1c Effective date of plan <u>01/01/1998</u>	2b Employer Identification Number (EIN) <u>31-4379443</u>	2c Plan Sponsor's telephone number <u>740-779-7313</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.	<u>10/14/2020</u>	<u>LISA CARLSON</u>
	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
	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 5028
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) 3580 6a(2) 3668 6b 0 6c 1796 6d 5464 6e 0 6f 5464 6g 5282 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 ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 31-4379443	

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 INS 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	45251	1133	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 1833	(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	
ROESCH, MARTIN J 2929 ALLEN PARKWAY HOUSTON, TX 77019	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1587			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			
HYNEMAN, ROBERT A. 2929 ALLEN PARKWAY HOUSTON, TX 77019			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
101			3

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

VELASQUEZ, ANDRES

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78			3

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

KOLLER, DEAN T

2929 ALLEN PARKWAY
HOSUTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			3

(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	7351336
5 Current value of plan's interest under this contract in separate accounts at year end	5	19408474

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 ▶

b Balance at the end of the previous year.....	7b	7507589
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	200482	
(4) Transferred from separate account.....	7c(4)	358810	
(5) Other (specify below)	7c(5)	0	

(6) Total additions.....	7c(6)	559292
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d Total of balance and additions (add lines 7b and 7c(6))	7d	8066881
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	695771	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	16043	
(4) Other (specify below)	7e(4)	3731	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions.....	7e(5)	715545
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7351336
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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 ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 31-4379443	

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 INS 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	45251	4990	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** 13749866**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** 12876549**c** Additions: (1) Contributions deposited during the year **7c(1)** 1272873(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 288556(4) Transferred from separate account **7c(4)** 774994(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 2336423**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 15212972**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1348429(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 103499(4) Other (specify below) **7e(4)** 11178▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 1463106**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 13749866

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 ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 31-4379443	

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
(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)

VALIC RETIREMENT SERVICES CO.

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 52 59 60 61 63 64 65 72 99	NO RELATIONSHIP	19765	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			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

VARIABLE ANNUITY LIFE INS CO.

74-1625348

(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 52 59 60 63 64 66 72 99	NO RELATIONSHIP	209722	Yes ☒ No ☐	Yes ☒ No ☐	0	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) 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 ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 ADENA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 31-4379443

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)	1589821	1593083
(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)	80367878	105036952
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20384138	21101202
(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	102341837	127731237

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	102341837	127731237
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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)	132318	
(B) Participants	2a(1)(B)	10634503	
(C) Others (including rollovers)	2a(1)(C)	473569	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11240390
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)	83596	
(F) Other	2b(1)(F)	489038	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		572634
(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)	3367832	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3367832
(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)		16937657
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		32118513

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6417802	
(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)		6417802
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		82522
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	228789	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		228789
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6729113

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25389400
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: PLANTE MORAN, PLLC

(2) EIN: 38-1357951

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		1000000
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>ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADENA HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>31-4379443</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.)
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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 _____

Adena Health System Tax Deferred Annuity/ Matched Savings Plan

Financial Report
December 31, 2019

Adena Health System Tax Deferred Annuity/Matched Savings Plan

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Independent Auditor's Report

To the Finance and Audit Committee
Adena Health System Tax Deferred
Annuity/Matched Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Adena Health System Tax Deferred Annuity/Matched Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018 and the related statement 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 audits 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 The Variable Annuity Life Insurance Company and AIG Federal Savings Bank (collectively, the "Trustees"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and participant notes receivable and execute related transactions. The plan administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2019 and 2018 that the information provided to the plan administrator 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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.

To the Finance and Audit Committee
Adena Health System Tax Deferred
Annuity/Matched Savings Plan

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 Trustees, 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 ERISA.

Plante & Moreau, PLLC

Columbus, Ohio
August 19, 2020

Adena Health System Tax Deferred Annuity/Matched Savings Plan

Statement of Net Assets Available for Benefits

	December 31, 2019 and 2018	
	2019	2018
Assets		
Participant-directed investments at fair value:		
Mutual funds	\$ 86,426,393	\$ 64,074,684
Variable separate accounts	18,610,559	16,293,194
Total participant-directed investments at fair value	105,036,952	80,367,878
Participant-directed unallocated investment contracts at contract value	21,899,114	21,246,162
Total participant-directed investments	126,936,066	101,614,040
Participant notes receivable	1,477,206	1,432,751
Net Assets Available for Benefits	\$ 128,413,272	\$ 103,046,791

Adena Health System Tax Deferred Annuity/Matched Savings Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2019 and 2018

	2019	2018
Additions		
Contributions:		
Employee	\$ 10,766,821	\$ 9,503,634
Rollovers	473,569	4,773,335
Total contributions	11,240,390	14,276,969
Investment income (loss):		
Interest and dividends	3,892,776	3,712,591
Net realized and unrealized gains (losses) on investments	16,937,657	(9,647,360)
Total investment income (loss)	20,830,433	(5,934,769)
Interest from participant notes receivable	79,386	61,269
Total additions	32,150,209	8,403,469
Deductions		
Benefits paid directly to participants or beneficiaries	6,554,939	5,342,937
Administrative expenses	228,789	192,465
Total deductions	6,783,728	5,535,402
Net Increase	25,366,481	2,868,067
Net Assets Available for Benefits		
Beginning of year	103,046,791	100,178,724
End of year	<u><u>\$ 128,413,272</u></u>	<u><u>\$ 103,046,791</u></u>

Adena Health System Tax Deferred Annuity/Matched Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 1 - Plan Description

The following description of Adena Health System Tax Deferred Annuity/Matched Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a contributory defined contribution plan established on January 1, 1998 and restated as of January 1, 2010 covering all eligible employees of the Plan's sponsor, Adena Health System (the "Hospital"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan provides for employee salary contributions subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan. Contributions to the Plan are invested as directed by participants in any one or more investment alternatives.

Participant Accounts

The Variable Annuity Life Insurance Company (VALIC) and AIG Federal Savings Bank (AIG) (collectively, the "Trustees") maintain individual accounts for each participant for the deposit of contributions and earnings thereon. Earnings and plan expenses on plan assets are distributed based upon the participant's pro rata share of the total account balances.

Participant Notes Receivable

Participants may borrow a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balances, whichever is less, as prescribed in the Plan and the Internal Revenue Code. Participant notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Plan Loans

Participants may borrow a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balances, whichever is less, from The Variable Annuity Life Insurance Company, a trustee of the Plan, using invested funds as collateral for the loan. VALIC transfers an amount equal to the original principal of the loan into a loan collateral account and amounts equal to the first quarter of interest due and potential surrender charges into a loan escrow account. The loan collateral account and the loan escrow account are invested in the VALIC Fixed Account Plus investment option. The participant's account is not reduced; collateral is released to the participant-controlled investments as loan payments are made. Loans bear interest at market rates. The amount of these outstanding loans was \$797,912 and \$862,024 at December 31, 2019 and 2018, respectively. At December 31, 2019 and 2018, \$682,035 and \$704,954, respectively, of these loan balances were in default.

Vesting

An employee eligible to participate in the Plan is immediately vested in his or her contributions.

Benefit Payments

Upon termination of employment, a participant, or, in the case of death, the beneficiary or surviving spouse, may elect to receive the participant's account balance in a single lump sum or in various installment annuities.

Termination

While it has not expressed any intent to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA.

December 31, 2019 and 2018

Note 1 - Plan Description (Continued)

Administration

The Hospital is the sponsor of the Plan. The pension committee, as provided in the plan agreement, is the plan administrator and has responsibility for the administration of the Plan. VALIC and AIG function as the trustees and investment managers. Investment management fees and trustee fees are paid by the Plan in accordance with the plan agreement.

Party-in-interest Transactions

Certain plan assets are investment funds managed by VALIC, AIG, or their affiliates. VALIC and AIG are the trustees of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value except the fully benefit-responsive unallocated contracts valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. See Note 5 for additional information.

Variable separate accounts are valued at net asset value per share or its equivalent, based on the fair value of the funds' underlying assets. All other investments are valued based on quoted market prices reported in active markets. See Note 6 for additional information.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses, including audit fees, are paid by the Hospital.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

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 assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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 financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including August 19, 2020, which is the date the financial statements were available to be issued.

December 31, 2019 and 2018

Note 3 - Unaudited Information

The Variable Annuity Life Insurance Company and AIG Federal Savings Bank (collectively, the "Trustees") hold the Plan's investments and participant notes receivable and execute all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Trustees.

Note 4 - Tax Status

The Plan, as adopted, is a volume submitter plan, which does not require an application for a determination letter from the Internal Revenue Service (IRS). The volume submitter plan has received a favorable notification letter from the IRS dated April 5, 2018. The Plan has not individually sought its own determination letter.

Note 5 - Unallocated Investment Contracts

The Plan has benefit-responsive investment contracts with VALIC, a subsidiary of AIG. VALIC maintains these contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuers or otherwise.

The interest crediting rate for the VALIC Fixed Interest and VALIC Fixed Account Plus contracts is based on a formula agreed upon with the contract issuers but may not be less than 3 percent for participant accounts set up before December 1, 2003 and 2 percent for participant accounts set up on or after December 1, 2003. The minimum crediting rate for the VALIC Short Term Fixed Account is 1 percent. Interest crediting rates are reviewed on a periodic basis for resetting. When establishing interest crediting rates for this product, VALIC considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account.

Certain events limit the ability of the Plan to transact at contract value with the insurance company. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision, (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator believes that the occurrence of any such events, which would limit the Plan's ability to transact at contract value with participants, is not probable. There are no events that allow the issuer to terminate the contracts and that require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

As described in Note 2, because the contracts are fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the investment contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Adena Health System Tax Deferred Annuity/Matched Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 6 - Fair Value Measurements (Continued)

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2019 and 2018.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2019				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	\$ 86,426,393	\$ 86,426,393	\$ -	\$ -
Variable separate accounts measured at NAV:				
Equity (1)	16,497,255			
Fixed income (2)	745,978			
Short term (3)	53,444			
Special interest (4)	1,313,882			
Total investments at fair value	\$ 105,036,952			

Adena Health System Tax Deferred Annuity/Matched Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 6 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2018				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	\$ 64,074,684	\$ 64,074,684	\$ -	\$ -
Variable separate accounts measured at NAV:				
Equity (1)	14,345,898			
Fixed income (2)	789,929			
Short term (3)	54,774			
Special interest (4)	1,102,593			
Total investments at fair value	\$ 80,367,878			

- (1) This class represents investments in actively managed variable separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures. There were no unfunded commitments or redemption restrictions.
- (2) This class represents investments in actively managed variable separate accounts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. There were no unfunded commitments or redemption restrictions.
- (3) This class represents investments in actively managed variable separate accounts that invest primarily in money market funds that seek high current income consistent with maintaining liquidity and preserving capital. There were no unfunded commitments or redemption restrictions.
- (4) This class represents investments in actively managed variable separate accounts that invest primarily in debt and equity securities representing special interest objectives, such as health sciences and social responsibilities. There were no unfunded commitments or redemption restrictions.

Note 7 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2019 and 2018 to Form 5500:

	2019	2018
Net assets available for benefits per the financial statements	\$ 128,413,272	\$ 103,046,791
Adjustment for a difference in accounting for plan loans	(682,035)	(704,954)
Net assets available for benefits per Form 5500	\$ 127,731,237	\$ 102,341,837

The following is a reconciliation of the net increase in net assets available for benefits for the years ended December 31, 2019 and 2018 to Form 5500:

	2019	2018
Net increase per the financial statements	\$ 25,366,481	\$ 2,868,067
Adjustment for a difference in accounting for plan loans	22,919	156,117
Net increase per Form 5500	\$ 25,389,400	\$ 3,024,184

Adena Health System Tax Deferred Annuity/Matched Savings Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 31-4379443, Plan No. 004

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
AIG Federal Savings Bank The Variable Annuity Life Insurance Company The Variable Annuity Life Insurance Company The Variable Annuity Life Insurance Company	Unallocated investment contracts:		
	VALIC Fixed Interest	*	\$ 13,749,865
	Short Term Fixed Account	*	1,272,479
	Fixed Account Plus	*	6,876,770
The Variable Annuity Life Insurance Company	Variable separate accounts:		
	Vanguard Wellington Fund, Inc	*	3,634,696
	Mid Cap Index Fund	*	3,004,702
	Stock Index Fund	*	2,357,040
	Small Cap Value Fund	*	1,020,091
	Vanguard Windsor II	*	779,836
	Foreign Value	*	499,366
	International Equities Index Fund	*	345,065
	Large Capital Growth	*	549,360
	Mid Cap Value Fund	*	470,129
	Science & Technology Fund	*	628,683
	Global Strategy	*	250,110
	Growth Fund	*	461,443
	Emerging Economies	*	362,252
	Socially Responsible Fund	*	292,634
	Strategic Bond Fund	*	176,142
	Ariel Fund	*	279,398
	Mid Cap Strategic Growth Fund	*	172,358
	Blue Chip Growth Fund	*	293,345
	Small Cap Growth Fund	*	263,957
	INTL Opportunities	*	217,367
	Small Cap Index Fund	*	235,227
	International Growth Fund	*	101,862
	Dividend Value	*	206,367
	Core Bond Fund	*	227,818
	Global Real Estate Fund	*	89,039
	Small Cap Special Value	*	115,708
	Core Equity Fund	*	77,668
	High Yield Bond Fund	*	196,280
	Vanguard LifeStrategy Conservative	*	14,790
	Moderate Growth Lifestyle	*	93,753
	NASDAQ-100(R) Index Fund	*	131,497
	Inflation Protection Fund	*	139,931
	Small Cap Aggressive Growth	*	98,813
	Mid Cap Growth Fund	*	60,767
	Ariel Appreciation Fund	*	76,627
	Health Sciences Fund	*	163,595
	Vanguard Long-Term Treasury	*	50,475
	Value Fund	*	62,749
	Money Market I Fund	*	49,425
	Large Cap Value Fund	*	23,876
	Vanguard LT INV-Grade Fund	*	67,792
	Small Cap Fund	*	1,770
	Capital Appreciation Fund	*	57,764
	Growth & Income Fund	*	19,832

Adena Health System Tax Deferred Annuity/Matched Savings Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
 EIN 31-4379443, Plan No. 004
 December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Small Mid Growth Fund	*	\$ 40,259
	Global Social Awareness Fund	*	26,430
	Vanguard LifeStrategy Growth	*	37,050
	Aggressive Growth Lifestyle	*	15,612
	International Government Bond	*	27,471
	Large Cap Core	*	25,034
	Amer Beacon Broadway Large Cap Growth I	*	5,191
	Money Market II Fund	*	4,019
	Vanguard LifeStrategy Moderate	*	3,368
	Broad Cap Value Inc	*	4,726
AIG Federal Savings Bank	Mutual funds:		
	Vanguard Wellington Admiral	*	16,362,013
	Vanguard Extended Market Index IN	*	6,248,142
	J Hancock Disciplined Value R6	*	2,730,475
	DFA US Small Cap I Fund	*	3,022,201
	JPMorgan Large Cap Growth R6	*	4,041,054
	Vanguard Federal M Market	*	221,754
	T. Rowe Price RTMT 2040 I	*	4,278,468
	Carillon Eagle Mid Cap Growth	*	1,071,092
	American Funds Europacific Growth R6	*	3,392,930
	T. Rowe Price RTMT 2035 I	*	2,763,991
	T. Rowe Price RTMT 2060 I	*	1,051,827
	Western Asset Core Plus Bond IS	*	1,562,165
	T. Rowe Price RTMT 2030 I	*	2,526,756
	DFA US Vector Equity I	*	5,050,376
	T. Rowe Price RTMT 2025 I	*	1,696,747
	T. Rowe Price RTMT 2045 I	*	3,521,003
	Vanguard Total Bond Market Index Admiral	*	2,348,427
	Janus Henderson Triton N	*	1,325,781
	T. Rowe Price RTMT 2020 I	*	1,438,540
	T. Rowe Price RTMT 2050 I	*	2,770,391
	T. Rowe Price RTMT 2055 I	*	2,977,263
	T. Rowe Price RTMT Balanced I	*	143,566
	T. Rowe Price RTMT 2010 I	*	12,720
	PIMCO Low Duration Instl	*	133,106
	T. Rowe Price RTMT 2015 I	*	56,101
	T. Rowe Price RTMT 2005 I	*	17,625
	Vanguard Institutional Index	*	10,016,492
	Vanguard Total International Stock Index	*	5,645,387
Participants	Participant notes receivable earning interest at a rate of 4.25-6.50 percent	-	1,477,206
	Total		<u><u>\$ 128,413,272</u></u>

*Cost information not required

Form 5500

Attachment

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

Name of Plan Adena Health System Tax Deferred Annuity			Three-digit ERISA plan number 004	
Name of plan sponsor as shown on line 2a of Form 5500 Adena Health System, Inc.			Employer Identification Number 31-4379443	
Contract Number: 45251 Plan Number: 003				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		6,078,858
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		1,272,478
	VALIC GENERAL ACCOUNT	VALIC FIXED-INTEREST		13,749,866
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		15,612
	VALIC SEPARATE ACCOUNT A	AMER BEACON BRDWY LRG CP GRW		5,192
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		76,627
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		279,398
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		293,345
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		57,764
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		227,818
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		77,668
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		206,367
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		362,252
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		89,039
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		250,110
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET I		49,425
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET II		4,018
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		19,832
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		461,443
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		163,595
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		196,280
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		139,931
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		27,471
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND		101,862
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES INDEX FUND		345,065
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		217,367
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL VALUE FUND		499,366
	VALIC SEPARATE ACCOUNT A	INTL SOCIALLY RESPONSIBLE FUND		26,430
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		25,034
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		23,876
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		549,360
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		60,767
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		3,004,702
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		172,358
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		470,129
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE		93,753
	VALIC SEPARATE ACCOUNT A	NASDAQ-100® INDEX FUND		131,497
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		628,683
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		98,813
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		1,770
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		263,957
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		235,227
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		115,708
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		1,020,091
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		40,259
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		2,357,040
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		176,142
	VALIC SEPARATE ACCOUNT A	SYSTEMATIC VALUE		4,726
	VALIC SEPARATE ACCOUNT A	US SOCIALLY RESPONSIBLE FUND		292,634
	VALIC SEPARATE ACCOUNT A	VALUE FUND		62,749
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER		14,790
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		37,050
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		3,368

Form 5500

Attachment

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

Name of Plan Adena Health System Tax Deferred Annuity			Three-digit ERISA plan number 004	
Name of plan sponsor as shown on line 2a of Form 5500 Adena Health System, Inc.			Employer Identification Number 31-4379443	
Contract Number: 45251 Plan Number: 003				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		50,475
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		67,792
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		3,634,696
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		779,836
	MUTUAL FUNDS	AMFUNDS EUROPACIFIC GR R6		3,392,930
	MUTUAL FUNDS	CARILLON EAGLE MID CAP GROWTH		1,071,092
	MUTUAL FUNDS	DFA US SMALL CAP I		3,022,201
	MUTUAL FUNDS	DFA US VECTOR EQUITY I		5,050,376
	MUTUAL FUNDS	JANUS HENDERSON TRITON N		1,325,781
	MUTUAL FUNDS	JHANCOCK3 DISCIPLINED VALUE R6		2,730,475
	MUTUAL FUNDS	JP MORGAN LARGE CAP GROWTH R6		4,041,054
	MUTUAL FUNDS	PIMCO LOW DURATION INSTL		133,106
	MUTUAL FUNDS	T. ROWE PRICE RTMT BALANCED I		143,566
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2005 I		17,625
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2010 I		12,720
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2015 I		56,101
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2020 I		1,438,540
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2025 I		1,696,747
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2030 I		2,526,756
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2035 I		2,763,991
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2040 I		4,278,468
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2045 I		3,521,003
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2050 I		2,770,391
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2055 I		2,977,263
	MUTUAL FUNDS	T ROWE PRICE RTMT I 2060 I		1,051,827
	MUTUAL FUNDS	VANGUARD EXTENDED MARKET IDX IN		6,248,142
	MUTUAL FUNDS	VANGUARD FEDERAL M MKT		221,754
	MUTUAL FUNDS	VANUARD TL BD MK IDX ADM		10,016,492
	MUTUAL FUNDS	VANGUARD TOT INTL STCK IDX ADM		2,348,427
	MUTUAL FUNDS	VANGUARD TOT INTL STOCK INST		5,645,387
	MUTUAL FUNDS	VANGUARD WELLINGTON ADM		16,362,013
	MUTUAL FUNDS	WESTERN ASSET CORE PLUS BND IS		1,562,165
	PARTICIPANT LOANS	3.00% - 6.50%		1,593,083