

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 6047(e), 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;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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); or ☒ 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>MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/1968</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>MARIETTA MEMORIAL HOSPITAL</u>		
		2b Employer Identification Number (EIN)	<u>31-4379509</u>
<u>401 MATTHEW STREET</u> <u>MARIETTA, OH 45750</u>		2c Plan Sponsor's telephone number	<u>740-374-1725</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.	10/13/2015	DEEANN GEHLAUF
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	1244
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		6a(1)	718
a(2) Total number of active participants at the end of the plan year		6a(2)	654
b Retired or separated participants receiving benefits		6b	319
c Other retired or separated participants entitled to future benefits.....		6c	209
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1182
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	37
f Total. Add lines 6d and 6e		6f	1219
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	1
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: 1A			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARIETTA MEMORIAL HOSPITAL		D Employer Identification Number (EIN) 31-4379509	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2014			
2	Assets:			
	a Market value	2a	40993894	
	b Actuarial value	2b	38921487	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	326	16036345	16036345
	b For terminated vested participants	200	5101760	5101760
	c For active participants	718	21658177	21775157
	d Total	1244	42796282	42913262
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.60%	
6	Target normal cost	6	1674243	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		10/13/2015
	Signature of actuary	Date
JAMES P. VAN VLEET	Type or print name of actuary	14-05701
		Most recent enrollment number
MASSMUTUAL RETIREMENT SERVICES	Firm name	614-659-0116
		Telephone number (including area code)
40 VILLAGE POINTE DRIVE POWELL, OH 43065-7760	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2408237
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	755378
9 Amount remaining (line 7 minus line 8)	0	1652859
10 Interest on line 9 using prior year's actual return of <u>14.69</u> %	0	242805
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.79</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1895664

Part III Funding Percentages		
14 Funding target attainment percentage	14	86.28 %
15 Adjusted funding target attainment percentage	15	86.28 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.03 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/16/2014	513397				
07/14/2014	513397				
04/02/2015	54691				
06/10/2015	54691				
08/21/2015	201145				
			Totals ►	18(b)	1337321
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1281793
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☐ Yes ☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 67
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1674243	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	5887439		551746
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	2225989	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	944988	944988
36 Additional cash requirement (line 34 minus line 35).....	36	1281001	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1281793	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	792	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	792	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 31-4379509	

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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(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)

PEOPLES BANK

31-1278433

(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?
25	NONE	93104	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 ☐

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

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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>MARIETTA MEMORIAL HOSPITAL RETIREMENT 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>MARIETTA MEMORIAL HOSPITAL</u>		D Employer Identification Number (EIN) <u>31-4379509</u>

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	62304	118990
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1019840	310527
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	10	666
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)		
(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)	39938097	42891327
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	41020251	43321510

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	41020251	43321510
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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)	1337321	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1337321
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)		
(F) Other	2b(1)(F)	1465681	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1465681
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	174997	
(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)		174997
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1290770	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1290770

		(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4268769

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1874406	
(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)		1874406
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	93104	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		93104
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1967510

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2301259
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) ☐ Unqualified (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: BLUE & CO., LLC

(2) EIN: 35-1178661

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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
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			
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?		X	
4g			
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?		X	
4h			
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			
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.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>MARIETTA MEMORIAL HOSPITAL RETIREMENT 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>MARIETTA MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-4379509</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	<u>0</u>
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>31-6112142</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	<u>13</u>

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

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	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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	15a	
b The corresponding number for the second preceding plan year	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	16a	
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	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: 71% Investment-Grade Debt: 24% High-Yield Debt: 2% Real Estate: _____% Other: 3%

- 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): _____



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REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Marietta Memorial Hospital Retirement Plan
Marietta, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Marietta Memorial Hospital Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, 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

Plan 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 State 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 Peoples Bank National Association, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significant 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 – Supplemental Schedules

The supplemental schedules of Assets Held at End of Year and Schedule of Reportable Transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules referred to above.

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 schedules, other than that derived from the information certified by the trustee, 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.

Blue & Co., LLC

Columbus, Ohio
October 5, 2015

Marietta Memorial Hospital Retirement Plan

Schedule SB, Line 19 – Discounted Employer Contributions

The following employer contributions for plan year beginning 01/01/2014 and ending 12/31/2014 were made on the dates below:

Effective Interest Rate: 6.60%, Late Quarterly Interest Rate: 11.60%

Date	Amount	Amount Discounted To 01/01/2014
04/16/2014	\$ 513,397	\$ 503,982
07/14/2014	513,397	496,250
04/02/2015	54,691	50,494
06/10/2015	54,691	49,887
08/21/2015	<u>201,145</u>	<u>181,180</u>
	\$ 1,337,321	\$ 1,281,793

Marietta Memorial Hospital Retirement Plan

Schedule SB, Line 22 - Weighted Average Retirement Age

The weighted average retirement age is 67.

Marietta Memorial Hospital Retirement Plan

Schedule SB, Line 26 - Schedule of Active Participant Data

Number and Average Salary ¹ of Participants with XX Years of Credited Service											
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	Total
Under 25	-	2	1	-	-	-	-	-	-	-	3
	-	-	-	-	-	-	-	-	-	-	-
25 – 29	-	5	31	-	-	-	-	-	-	-	36
	-	-	38,417	-	-	-	-	-	-	-	36,318
30 – 34	-	6	35	22	-	-	-	-	-	-	63
	-	-	49,361	47,420	-	-	-	-	-	-	47,463
35 – 39	-	6	16	26	9	-	-	-	-	-	57
	-	-	-	52,375	-	-	-	-	-	-	48,181
40 – 44	-	3	27	46	18	12	-	-	-	-	106
	-	-	45,399	48,607	-	-	-	-	-	-	48,070
45 – 49	-	5	24	35	16	18	8	-	-	-	106
	-	-	52,347	53,477	-	-	-	-	-	-	52,903
50 – 54	-	6	33	26	18	20	8	19	1	-	131
	-	-	54,937	50,943	-	55,105	-	-	-	-	51,202
55 – 59	-	2	11	32	17	25	15	12	15	1	130
	-	-	-	48,428	-	48,882	-	-	-	-	48,692
60 – 64	-	-	12	13	7	9	6	8	8	3	66
	-	-	-	-	-	-	-	-	-	-	54,020
65 – 69	-	-	6	1	3	4	2	-	-	2	18
	-	-	-	-	-	-	-	-	-	-	-
70 +	-	-	-	2	-	-	-	-	-	-	2
	-	-	-	-	-	-	-	-	-	-	-
All Ages	-	35	196	203	88	88	39	39	24	6	718
	-	38,042	47,598	50,325	49,724	52,974	52,173	44,959	52,986	-	49,124

¹ Average salary amounts are shown only for those age/service cells with 20 or more costed active participants. Salaries are limited by the by the IRC Section 401(a)(17) limit

Marietta Memorial Hospital Retirement Plan

Schedule SB, Line 32 - Shortfall Amortization Base

Maintenance of Shortfall Amortization Base (SAB) as of January 1, 2014

Date Established	SAB Original Amount	Original Amort. Period	Balance as of 01/01/2014	Remaining Amort. Period	Shortfall Amortization Installment
01/01/2010	\$ 2,757,362	15	\$ 2,298,641	11	\$ 275,066
01/01/2011	4,325,825	15	3,713,858	12	418,874
01/01/2012	(4,229,242)	7	(3,263,699)	5	(717,806)
01/01/2013	2,581,006	7	2,294,859	6	434,398
01/01/2014	843,780	7	<u>843,780</u>	7	<u>141,214</u>
			\$ 5,887,439		\$ 551,746

Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

1. General Information

- a. Original Effective Date: January 1, 1968
- b. Effective Date of Last Amendment: July 1, 2007
- c. Plan Year: January 1 to December 31
- d. Employer Fiscal Year: October 1 to September 30
- e. Employer ID Number: 31-4379509
- f. Plan Administrator's ID Number: 31-4379509
- g. Plan Number: 001
- h. Plan Administrator: The Pension Committee

2. Eligibility

All employees of the Employer who are in the eligible group are eligible to participate in the Plan on the January 1st or July 1st on or after attainment of age 21 and the completion of one qualifying year of service. Employees hired or rehired on or after July 1, 2007 are not eligible for the plan.

3. Year of Service

Service shall equal total years of service with the employer. An employee receives one year of service for each plan year in which the employee is credited with at least 1,000 hours.

Credited service before January 1, 1976 is the number of completed months of continuous employment.

After January 1, 1976, a year of credited service is credited for each plan year that the employee is credited with 1,800 hours of service. If an employee is credited with between 450-1,800 hours, he shall receive a prorata partial year of credited service. A break in service occurs at the start of any plan year in which the employee works 400 hours or less for the employer in such year.

4. Normal Retirement Date

Normal Retirement Date is the first day of the month coincident or next following:

Year of Birth	Retirement Age
Before 1943	65
1943-1959	66
After 1959	67

5. Annual Compensation

The employee's total wages as reported on Form W-2 paid from the Employer, plus any compensation deferred during a Section 403(b) annuity program. If the employee works less than 1,800 hours in any Plan Year, compensation for the year will be increased pro rata.

6. Average Compensation

The average of the highest sixty consecutive calendar months of compensation.

7. Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be determined using his Average Compensation and Service at the effective date of calculation.

Summary of Plan Provisions

8. Integration Level

The average of the Social Security wage bases for the 35 years through the year the employee attains Social Security retirement age. The table of integration levels will be revised each year in order to reflect any increases in the Social Security Taxable Wage Base.

9. Normal Retirement Benefit

The amount of the monthly benefit to be paid for life is:

The sum of (1) and (2) below:

- (1) .85% of Average Compensation under the Integration Level multiplied by Credited Service, plus,
- (2) 1.6% of Average Compensation in excess of Integration Level, multiplied by Credited Service, not in excess of 35 years.

In no event shall the benefit be less than the benefit as of December 31, 1990.

Special minimums are applicable for former members of the Home Nursing Pension Plan.

10. Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive at actual retirement or death the greater of the actuarial equivalent of his Normal Retirement Benefit and the benefit accrued to his actual retirement date.

11. Early Retirement Benefits

Upon the completion of 5 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the Accrued Benefit at early retirement date. Payments may begin immediately, with the benefit being reduced actuarially for each year that the payment date precedes the Normal Retirement Date.

12. Disability Benefit

Upon the completion of ten Years of Service and satisfying the requirements for a Disability benefit under the Federal Social Security Act, a participant who becomes totally and permanently disabled before his Normal Retirement Date is eligible for a disability benefit. The amount of benefit is based on compensation and service as of the disability date, less any Worker's Compensation benefits.

13. Death Benefit

In the event of a vested participant's death on or before early retirement date, it will be assumed the participant had terminated on the earlier of date of termination or date of death, survived to the earliest retirement date under the plan, had commenced receiving payment of a joint and one-half survivor annuity, then died on the day after his earliest retirement date.

In the event of an active vested participant's death after meeting the requirements of the Plan for early or normal retirement, it will be assumed the participant had terminated on the day prior to death and elected a joint and one-half contingent annuitant survivor benefit, commencing at the earliest possible retirement date. Payments will continue thereafter for the life of the surviving spouse with the last payment payable on the first day of the month in which the death of the surviving spouse occurs.

Summary of Plan Provisions

14. Severance Benefits

Upon the termination of employment after 5 or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at his Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

In the event that the participant had met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefits.

15. Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity, a life annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [a] below with the spouse as the beneficiary. The options are:

- a. A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to a beneficiary for their lifetime.
- b. A reduced benefit to be paid during the participant's lifetime with two-thirds the reduced benefit to be continued to a beneficiary for their lifetime.
- c. A reduced benefit to be paid during the participant's lifetime with three-fourths the reduced benefit to be continued to a beneficiary for their lifetime.
- d. A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to a beneficiary for their lifetime
- e. A reduced benefit to be paid for 120 months certain and thereafter for life.
- f. A reduced benefit to be paid for 60 months certain and thereafter for life.
- g. A lump sum benefit, if less than \$15,000 (special exceptions apply).

All Optional Methods of Settlement except the lump sum benefit are actuarially equivalent to the normal form of annuity based on the 1971 Group Annuity Table for males projected to 1990 by Scale D with no setback for the participant and a five year for beneficiaries and a 7% interest rate.

Lump sums are based on the 417(e) applicable mortality table and the 417(e) segment rates for the November preceding the first day of the Plan year.

16. Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Actuarial Assumptions

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been mandated by statute and regulation or selected to reasonably anticipate future experience with respect to these variables.

Funding Target and Liability for Maximum Contribution

Interest Rate for Funding Target: September, 2013 24 month average IRS Segmented Yield Curve limited by 2014 MAP-21 corridor adjusted for HATFA.

Interest Rate for Liability for Maximum Contribution and PBGC Premium: September, 2013 24 month average IRS Segmented Yield Curve without regard to MAP-21 corridor

	Funding <u>Target</u>	<u>Max. Cont.</u>	<u>PBGC Premium</u>
1st Segment	4.99%	1.37%	1.37%
2nd Segment	6.32%	4.05%	4.05%
3rd Segment	6.99%	5.06%	5.06%

Preretirement Mortality: IRC Sec 430 2014 Static Non-Annuitant Tables

Postretirement Mortality: IRC Sec 430 2014 Static Annuitant Tables

Retirement Age: Normal Retirement Age, or age at valuation if later.

Termination: Tabular (see rates on next page)

Incidence of Disability: None

Asset Smoothing Rate 8.00% but not greater than the appropriate third segment rate for each year as described in Treasury Regulation 430(h) and associated guidance.

Marriage: It is assumed that 100% of participants are married and that a male is same age as his female spouse.

Expenses: \$129,000 for 2014, 2 year avg. of administrative expense

ASC 960 Liabilities and Present Value of Future Benefits

Interest: 7.50%

Preretirement Mortality: 1983 GAM M and F

Postretirement Mortality: 1983 GAM M and F

All other assumptions are the same as those used in the measure of Funding Target as stated above.

Actuarial Assumptions

Termination (sample rates)

<u>Age</u>	<u>0 Yrs of Service</u>	<u>1 Yr of Service</u>	<u>2 Yrs of Service</u>
25	0.20000	0.15000	0.11624
30	0.20000	0.15000	0.11210
35	0.20000	0.15000	0.10554
40	0.20000	0.15000	0.09396
45	0.20000	0.15000	0.07545
50	0.20000	0.15000	0.04833
55	0.20000	0.15000	0.01726
60	0.20000	0.15000	0.00161

Assumed Retirement Age

Normal Retirement Age, or age at Valuation, if later.

Funding Methods

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service and salary increase in the current plan year plus administrative expenses expected to be paid out of plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

Summary of Plan Sponsor Elections

Actuarial Value of Assets

Asset Valuation:

Averaging Method

Election Effective Date:

January 1, 2009

Yield Curve

Applicable Month:

September

Election Effective Date:

January 1, 2010

Summary of Changes to Funding Methods

None

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

**FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES**

DECEMBER 31, 2014 AND 2013

CPAs / ADVISORS



**MARIETTA MEMORIAL HOSPITAL
RETIREMENT PLAN**

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DECEMBER 31, 2014 AND 2013**

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REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Marietta Memorial Hospital Retirement Plan
Marietta, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Marietta Memorial Hospital Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, 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

Plan 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 State 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 Peoples Bank National Association, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significant 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 – Supplemental Schedules

The supplemental schedules of Assets Held at End of Year and Schedule of Reportable Transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules referred to above.

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 schedules, other than that derived from the information certified by the trustee, 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.

Blue & Co., LLC

Columbus, Ohio
October 5, 2015

**MARIETTA MEMORIAL HOSPITAL
RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013**

	<u>2014</u>	<u>2013</u>
Investments at fair value		
Cash	\$ 118,990	\$ 62,304
Mutual funds	<u>42,891,327</u>	<u>39,938,097</u>
 Total investments	 43,010,317	 40,000,401
 Receivables		
Contributions receivable	310,527	1,019,840
Interest and dividends receivable	<u>666</u>	<u>10</u>
 Total receivables	 <u>311,193</u>	 <u>1,019,850</u>
 Net assets available for plan benefits	 <u><u>\$ 43,321,510</u></u>	 <u><u>\$ 41,020,251</u></u>

See accompanying notes to financial statements.

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Additions		
Employer contributions	\$ 1,337,321	\$ 1,407,817
Interest and dividend income	1,465,681	2,740,965
Net appreciation in fair value of investments	1,465,767	2,433,897
Total additions	<u>4,268,769</u>	<u>6,582,679</u>
Deductions		
Benefit payments	1,874,406	1,966,051
Administrative expenses	93,104	113,161
Total deductions	<u>1,967,510</u>	<u>2,079,212</u>
Net change	2,301,259	4,503,467
Net assets available for benefits - beginning of year	<u>41,020,251</u>	<u>36,516,784</u>
Net assets available for benefits - end of year	<u><u>\$ 43,321,510</u></u>	<u><u>\$ 41,020,251</u></u>

See accompanying notes to financial statements.

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

1. DESCRIPTION OF THE PLAN

The Marietta Memorial Hospital Retirement Plan (the Plan) is a noncontributory defined benefit pension plan that prior to June 30, 2007 covered substantially all employees of Marietta Memorial Hospital (the Hospital) who worked at least 1,000 hours in a consecutive twelve month period and had reached 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

Effective June 30, 2007, the Hospital froze the Plan. No new participants were able to enter the Plan after June 30, 2007. Participants in the Plan prior to it being frozen will continue to accrue benefits and are still eligible to receive the benefits they accrued prior to June 30, 2007.

Pension Benefits

Employees with five or more years of service or have reached normal retirement age are entitled to annual pension benefits beginning at normal retirement age (65). The Plan provides retirement benefits in the form of direct monthly payments, equal to a percentage of their average compensation times years of service up to a maximum of thirty-five (35) years. In addition to the default direct monthly payment option, participants may elect other forms of benefit payments. The Plan also provides for early retirement, disability retirement, and death benefits in certain circumstances.

Death and Disability Benefits

Death benefits may be paid to the participant's beneficiary, depending on the commencement of benefits prior to death, benefit payment method selected, and whether certain plan conditions have been met. Participants retiring from service with the Hospital due to permanent disability have the option to defer benefit payments until normal retirement age or may begin receiving an actuarially decreased benefit as soon as they become disabled.

Contributions

The Hospital's funding policy is to make quarterly contributions that are actuarially determined in amounts sufficient to meet the minimum funding requirements of ERISA. Participant contributions are not required or permitted by the Plan. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2014 and 2013.

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2014, that ceiling was \$4,943 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Valuation of Investments

For 2014 and 2013, Peoples Bank managed the investment portfolio of the Plan with full discretionary authority within the general objectives and guidelines established by the plan administrator. The plan administrator strives to maintain a diverse investment portfolio and limits any possible concentration in any one entity, industry of investment in order to achieve its objectives. The Plan's investment objective is to invest its funds in such a way as to earn the highest possible real return (capital appreciation and current return) with prudent levels of risk.

Investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 3 for discussion of fair value measurements

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

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. Most significantly, estimates are used in determining the actuarial present value of accumulated plan benefits and valuation of investments. Actual results could differ from those estimates.

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

Benefit Payments

Retirement benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses of maintaining the Plan are paid by the plan sponsor.

Subsequent Events

The Plan has evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements are available to be issued, which is October 5, 2015.

3. FAIR VALUE OF FINANCIAL INSTRUMENTS

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

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

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. No transfers between levels occurred in 2014 and 2013.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013:

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

Assets measured at fair value on a recurring basis as of December 31, 2014 are as follows:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Large blend funds	\$ 15,244,085	\$ -	\$ -	\$ 15,244,085
Fixed income funds	12,272,147	-	-	12,272,147
Growth funds	4,020,727	-	-	4,020,727
International funds	8,258,665	-	-	8,258,665
Other funds	3,095,703	-	-	3,095,703
Total assets at fair value	<u>\$ 42,891,327</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 42,891,327</u>

Assets measured at fair value on a recurring basis as of December 31, 2013 are as follows:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Large blend funds	\$ 10,333,921	\$ -	\$ -	\$ 10,333,921
Fixed income funds	14,233,012	-	-	14,233,012
Growth funds	4,280,958	-	-	4,280,958
International funds	8,000,571	-	-	8,000,571
Other funds	3,089,635	-	-	3,089,635
Total assets at fair value	<u>\$ 39,938,097</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 39,938,097</u>

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired, disabled or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their years of participation in the Plan. The accumulated plan benefits for active employees are based on their average compensation prior to the date the benefit information is presented (valuation date). Benefits payable under all circumstances – retirement, disability, death and termination of employment are included, to the extent they are deemed attributable to employee services rendered prior to the valuation date.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The actuarial present value of accumulated plan benefits is determined by an actuary from MassMutual and is an amount that results from applying actuarial assumption to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions underlying the computations for the Plan as of January 1, 2014 are as follows

	<u>2014</u>	<u>2013</u>
Discount rate	7.50%	7.50%
Life Expectancy	Pre-Retirement: IRC Sec 430 2014 Static Non-Annuitant Tables Post-Retirement: IRC Sec 430 2014 Static Annuitant Tables	
Retirement	Normal Retirement Age, or Valuation Age if later	
Actuarial Valuation Method	3-year averaging method	

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

Accumulated plan benefit information is as follows:

	2014	2013
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 14,590,859	\$ 12,716,877
Other participants	<u>22,936,873</u>	<u>22,505,238</u>
Total vested benefits	37,527,732	35,222,115
Nonvested benefits	<u>137,743</u>	<u>155,282</u>
Actuarial present value of accumulated Plan benefits	<u>\$ 37,665,475</u>	<u>\$ 35,377,397</u>

Changes in the present value of accumulated plan benefits are as follows:

	2014	2013
Accumulated plan benefits - beginning of year	\$ 35,377,397	\$ 32,330,938
Increase attributable to:		
Benefits paid	(1,966,051)	(1,637,407)
Benefits accumulated	1,330,953	1,361,162
Decrease in the discount period	2,679,399	2,363,418
Effect of miscellaneous gains/losses and other demographic changes	<u>243,777</u>	<u>959,286</u>
Net Increase	<u>2,288,078</u>	<u>3,046,459</u>
Accumulated plan benefits - end of year	<u>\$ 37,665,475</u>	<u>\$ 35,377,397</u>

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

5. INVESTMENTS

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held, net appreciation (depreciation) in fair value of investments, interest, and dividends for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustees.

During 2014 and 2013 the Plan's investments (including investments bought and sold, as well as held during the year) appreciated in fair value as follows:

	2014	2013
Mutual funds	<u>\$ 1,465,767</u>	<u>\$ 2,433,897</u>

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

Investments that represent 5 percent or more of the Plan's net assets are as follows:

	2014	2013
American Funds Europacific Growth Cl A Fund	\$ 3,152,087	\$ 3,281,836
Diamond Hill Long Short I Fund	\$ 2,905,324	N/A
Dodge & Cox Income Fund	\$ 2,706,642	\$ 3,124,192
Dodge & Cox International Stock Fund	\$ 3,114,658	\$ 3,183,445
PIMCO All Asset Inst Cl Fund	N/A	\$ 2,485,919
PIMCO Total Return Instl Fund	N/A	\$ 2,967,789
T ROWE Price Instl US Structured Rsrch Fund	\$ 2,492,498	\$ 2,248,254
Vanguard Instl Index Cl Fund	\$ 9,011,831	\$ 8,085,667
Vanguard Long-Term Invmt Grade Adm Fund	\$ 3,599,450	\$ 3,185,061
Vanguard Mid Cap Index Admiral	*	\$ 2,082,208
Vanguard Total Bond Market Index Fund Admiral	\$ 2,527,365	N/A
Wells Fargo Advantage Absolute Cl I Fund	\$ 3,154,034	\$ 2,194,010

* Less than 5% of net assets available for benefits

6. TRANSACTIONS WITH PARTIES-IN-INTEREST

Peoples Bank is the trustee of the Plan, and manages all of the Plan's assets. The Plan pays Peoples Bank trustee fees and asset management fees throughout the plan year.

Blue and Co., LLC serves as the Plan auditor. All fees associated with the audits were paid by the plan sponsor.

Mass Mutual serves as the Plan actuary. All fees associated with the actuary services were paid by the plan sponsor.

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on November 24, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing Jurisdictions. However, as of the date the financial statements were available to be issued, there were no audits for any tax period in progress. Management believes it is no longer subject to income tax examination for years prior to 2012.

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 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. COMMITMENTS AND CONTINGENCIES

The Plan maintains deposits at various financial institutions covered by Federal Deposit Insurance Corporation ("FDIC"). At various times throughout the year, the Plan may maintain amounts in excess of the FDIC insured limits. Due to the strong credit rating of these financial institutions, the Plan believes that any credit risk related to these deposits is minimal.

Supplemental Schedules

**MARIETTA MEMORIAL HOSPITAL
RETIREMENT PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, LINE 4i
DECEMBER 31, 2014**

EIN 31-4379509 Plan 001

		(c)			
(a)	(b)	Description of Investment including maturity date, rate of interest, collateral, par or maturity value		(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party				Cost	Current Value
<u>Cash and cash equivalents</u>					
* Cash		Cash		118,990	118,990
Total cash				118,990	118,990
<u>Mutual Funds</u>					
American Funds Europacific Growth Cl A Fund		Mutual fund		3,000,000	3,152,087
DFA Emerging Markets Portfolio Fund		Mutual fund		817,338	799,388
Diamond Hill Long Short I Fund		Mutual fund		2,830,000	2,905,324
Dodge & Cox Income Fund		Mutual fund		2,724,252	2,706,642
Dodge & Cox International Stock Fund		Mutual fund		2,900,000	3,114,658
Fidelity Instl Govt Port Class I		Mutual fund		1,383,882	1,383,882
Franklin Templeton Small Cap Growth		Mutual fund		885,024	868,640
Harding Loevner Emerging Markets Cl		Mutual fund		896,272	834,432
PIMCO Diversified Income Fund		Mutual fund		1,283,553	1,119,668
Prudential Global Real Estate Cl Z Fund		Mutual fund		1,175,000	1,190,585
T ROWE Price Instl US Structured Rsrch Fund		Mutual fund		2,257,601	2,492,498
Vanguard Instl Index Cl Fund		Mutual fund		7,308,804	9,011,831
Vanguard Long-Term Invmt Grade Adm Fund		Mutual fund		3,567,634	3,599,450
Vanguard Mid Cap Index Admiral		Mutual fund		1,580,467	2,146,973
Vanguard Total Bond Market Cl Fund		Mutual fund		953,764	935,140
Vanguard Total Bond Market Index Fund Admiral		Mutual fund		2,506,494	2,527,365
Victory Integrity Small-Cap Value		Mutual fund		752,807	948,730
Wells Fargo Advantage Absolute Cl I Fund		Mutual fund		3,264,606	3,154,034
Total mutual funds				40,087,498	42,891,327
Total Investments				\$ 40,206,488	\$ 43,010,317

*denotes party-in-interest

See report of independent auditors on pages 1 and 2.

**MARIETTA MEMORIAL HOSPITAL
RETIREMENT PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, LINE 4j
YEAR ENDED DECEMBER 31, 2014**

EIN 31-4379509 Plan 001

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
Single transactions representing 5% or more of assets available for plan benefits at the beginning of the year:								
Vanguard Total Bond Market Index Fund	Mutual fund	2,500,000	-	-	-	2,500,000	2,500,000	-
PIMCO Total Return Instl Fund	Mutual fund	-	2,518,220	-	-	2,586,366	2,518,220	(68,146)
Aggregate transactions representing 5% or more of assets available for plan benefits at the beginning of the year:								
Fidelity Instl Govt Port Class I	Mutual fund	2,761,733	-	-	-	2,761,733	2,761,733	-
Vanguard Total Bond Market Index	Mutual fund	2,506,494	-	-	-	2,506,494	2,506,494	-
Diamond Hill Long Short I Fund	Mutual fund	2,830,000	-	-	-	2,830,000	2,830,000	-
PIMCO Total Return Instl Fund	Mutual fund	-	3,018,220	-	-	3,100,153	3,018,220	(81,933)
PIMCO All Asset Instl Cl Fund	Mutual fund	-	2,553,936	-	-	2,600,000	2,553,936	(46,064)

See report of independent auditors on pages 1 and 2.

**MARIETTA MEMORIAL HOSPITAL
RETIREMENT PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, LINE 4i
DECEMBER 31, 2014**

EIN 31-4379509 Plan 001

		(c)			
(a)	(b)	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d)	(e)	
Identity of Issue, Borrower, Lessor, or Similar Party			Cost	Current Value	
<u>Cash and cash equivalents</u>					
*	Cash		118,990	118,990	
	Total cash		118,990	118,990	
<u>Mutual Funds</u>					
American Funds Europacific Growth Cl A Fund		Mutual fund	3,000,000	3,152,087	
DFA Emerging Markets Portfolio Fund		Mutual fund	817,338	799,388	
Diamond Hill Long Short I Fund		Mutual fund	2,830,000	2,905,324	
Dodge & Cox Income Fund		Mutual fund	2,724,252	2,706,642	
Dodge & Cox International Stock Fund		Mutual fund	2,900,000	3,114,658	
Fidelity Instl Govt Port Class I		Mutual fund	1,383,882	1,383,882	
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Vanguard Instl Index Cl Fund		Mutual fund	7,308,804	9,011,831	
Vanguard Long-Term Invmt Grade Adm Fund		Mutual fund	3,567,634	3,599,450	
Vanguard Mid Cap Index Admiral		Mutual fund	1,580,467	2,146,973	
Vanguard Total Bond Market Cl Fund		Mutual fund	953,764	935,140	
Vanguard Total Bond Market Index Fund Admiral		Mutual fund	2,506,494	2,527,365	
Victory Integrity Small-Cap Value		Mutual fund	752,807	948,730	
Wells Fargo Advantage Absolute Cl I Fund		Mutual fund	3,264,606	3,154,034	
Total mutual funds			40,087,498	42,891,327	
Total Investments			\$ 40,206,488	\$ 43,010,317	

*denotes party-in-interest

See report of independent auditors on pages 1 and 2.

**MARIETTA MEMORIAL HOSPITAL
RETIREMENT PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, LINE 4j
YEAR ENDED DECEMBER 31, 2014**

EIN 31-4379509 Plan 001

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single transactions representing 5% or more of assets available for plan benefits at the beginning of the year:								
Vanguard Total Bond Market Index Fund	Mutual fund	2,500,000	-	-	-	2,500,000	2,500,000	-
PIMCO Total Return Instl Fund	Mutual fund	-	2,518,220	-	-	2,586,366	2,518,220	(68,146)
Aggregate transactions representing 5% or more of assets available for plan benefits at the beginning of the year:								
Fidelity Instl Govt Port Class I	Mutual fund	2,761,733	-	-	-	2,761,733	2,761,733	-
Vanguard Total Bond Market Index	Mutual fund	2,506,494	-	-	-	2,506,494	2,506,494	-
Diamond Hill Long Short I Fund	Mutual fund	2,830,000	-	-	-	2,830,000	2,830,000	-
PIMCO Total Return Instl Fund	Mutual fund	-	3,018,220	-	-	3,100,153	3,018,220	(81,933)
PIMCO All Asset Instl Cl Fund	Mutual fund	-	2,553,936	-	-	2,600,000	2,553,936	(46,064)

See report of independent auditors on pages 1 and 2.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>► File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em;">2014</div> <div style="text-align: center;">This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>Marietta Memorial Hospital Retirement Plan</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Marietta Memorial Hospital</u>	D Employer Identification Number (EIN) <u>31-4379509</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	40,993,894	
b Actuarial value	2b	38,921,487	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	326	16,036,345	16,036,345
b For terminated vested participants.....	200	5,101,760	5,101,760
c For active participants.....	718	21,658,177	21,775,157
d Total.....	1,244	42,796,282	42,913,262
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.60%	
6 Target normal cost	6	1,674,243	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>10/13/2015</u> Date
	<u>JAMES P. VAN VLEET</u> Type or print name of actuary	<u>14-05701</u> Most recent enrollment number
	<u>MASSMUTUAL RETIREMENT SERVICES</u> Firm name	<u>(614) 659-0116</u> Telephone number (including area code)
	<u>40 VILLAGE POINTE DRIVE</u> <u>POWELL</u> OH <u>43065-7760</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,408,237
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	755,378
9 Amount remaining (line 7 minus line 8)	0	1,652,859
10 Interest on line 9 using prior year's actual return of <u>14.69%</u>	0	242805
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.7%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1895664

Part III Funding Percentages

14 Funding target attainment percentage	14	86.28 %
15 Adjusted funding target attainment percentage	15	86.28 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.03 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/16/2014	513,397				
07/14/2014	513,397				
04/02/2015	54,691				
06/10/2015	54,691				
08/21/2015	201,145				
Totals ▶			18(b)	1,337,321	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,281,793

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 67
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	1,674,243
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,887,439	551,746	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	2,225,989
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	944,988	944,988
36 Additional cash requirement (line 34 minus line 35)	36	1,281,001	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,281,793	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	792
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	792
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☒ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011	
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	