

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1968</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/1968</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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MARIETTA MEMORIAL HOSPITAL</u> <u>401 MATTHEW STREET</u> <u>MARIETTA, OH 45750</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>31-4379509</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>740-374-1725</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>622000</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>31-4379509</u>	2c	Plan Sponsor's telephone number <u>740-374-1725</u>	2d	Business code (see instructions) <u>622000</u>
2b	Employer Identification Number (EIN) <u>31-4379509</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.	10/15/2020	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

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1126
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 504 6a(2) 469 6b 401 6c 205 6d 1075 6e 37 6f 1112 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>50259225</u>
b Actuarial value	2b <u>53263546</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>422</u> (2) Vested Funding Target <u>27451063</u> (3) Total Funding Target <u>27451063</u>
b For terminated vested participants.....	<u>200</u> <u>7666184</u> <u>7666184</u>
c For active participants	<u>504</u> <u>26535940</u> <u>26549377</u>
d Total.....	<u>1126</u> <u>61653187</u> <u>61666624</u>
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 <u>5.60</u> %
6 Target normal cost.....	6 <u>117306</u>

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		<u>10/12/2020</u>
	Signature of actuary	Date
<u>JAMES P. VAN VLEET</u>		<u>20-05701</u>
	Type or print name of actuary	Most recent enrollment number
<u>FINDLEY, INC.</u>		<u>614-458-1869</u>
	Firm name	Telephone number (including area code)
<u>65 EAST STATE STREET</u> <u>SUITE 1300</u> <u>COLUMBUS, OH 43215</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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
v. 190130

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	1257194
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1257194
10 Interest on line 9 using prior year's actual return of <u>-6.43</u> %	0	-80838
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		635
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>5.83</u> %		37
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		672
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1176356

Part III Funding Percentages

14 Funding target attainment percentage	14	84.46 %
15 Adjusted funding target attainment percentage	15	84.46 %
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	85.31 %
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
04/15/2019	398906	0			
07/15/2019	398906	0			
10/15/2019	398906	0			
01/15/2020	398906	0			
Totals ▶			18(b)	1595624	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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1539363

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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

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** 0**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** 117306**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance Installment
9579434 2220613**b** Waiver amortization installment**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** 2337919**35** Balances elected for use to offset funding requirement **35** 0 798556 798556**36** Additional cash requirement (line 34 minus line 35) **36** 1539363**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1539363**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****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

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan 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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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 50	TRUSTEE	122523	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
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan 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	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	36442	30809
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	591850	398906
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	575	1616
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2459763	1523348
(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)	47212084	57516436
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	50300714 59471115
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	32006 30295
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	32006 30295
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	50268708 59440820

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1595624
	(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)	1595624
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	44355
	(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)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	44355
(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)	2006184
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2006184
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		8363566
c Other income	2c		6894
d Total income. Add all income amounts in column (b) and enter total	2d		12016623

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2721988	
(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)		2721988
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)	122523	
(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)		122523
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2844511

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9172112
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: 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		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4202878. (See instructions.)

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

A Name of plan <u>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
---------------	----------------------

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>2</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.)
----------------	---

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

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

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

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

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

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

Stock: 59.0 % Investment-Grade Debt: 25.0 % High-Yield Debt: 10.0 % Real Estate: 3.0 % Other: 3.0 %

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Marietta Memorial Hospital Retirement Plan
Financial Statements
Years Ended December 31, 2019 and 2018

Marietta Memorial Hospital Retirement Plan
Table of Contents
Years Ended December 31, 2019 and 2018

	<u>Page</u>
Independent Auditor's Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements.....	5 - 11
Supplemental Schedule	
Schedule of Assets (Held at End of Year)	12

Independent Auditor's Report

To the Board of Directors
Marietta Memorial Hospital Retirement Plan

We were engaged to audit the accompanying financial statements of the Marietta Memorial Hospital Retirement Plan (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information in Note C, which was certified by Peoples Bank, 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 year ended December 31, 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

MCM CPAs & Advisors LLP

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Independent Auditor's Report (Continued)

Disclaimer of Opinion - 2019

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on these 2019 financial statements.

Report on Supplementary Information

The supplemental Schedule of Assets (Held at End of Year) at December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Other Matter - 2018 Financial Statements

The financial statements of the Plan as of December 31, 2018 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Peoples Bank, the trustee of the Plan. Their report, dated October 15, 2019, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, was presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2019 financial statements and supplemental schedule, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Louisville, Kentucky
October 13, 2020

**Marietta Memorial Hospital Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Assets		
Cash	\$ 30,809	\$ 36,442
Investments, at fair value		
Money market accounts	1,523,348	2,459,763
Mutual funds	<u>57,516,436</u>	<u>47,212,084</u>
Total investments, at fair value	59,039,784	49,671,847
Receivables		
Employer contribution receivable	398,906	591,850
Interest and dividends receivable	<u>1,616</u>	<u>575</u>
Total receivables	<u>400,522</u>	<u>592,425</u>
Total assets	59,471,115	50,300,714
Liabilities		
Other liabilities	<u>30,295</u>	<u>32,006</u>
Net assets available for plan benefits	<u><u>\$ 59,440,820</u></u>	<u><u>\$ 50,268,708</u></u>

See accompanying notes.

Marietta Memorial Hospital Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions to net assets attributed to		
Investment income		
Interest and dividends	\$ 2,050,539	\$ 2,224,676
Net appreciation in fair value of investments	<u>8,363,566</u>	<u>-</u>
	10,414,105	2,224,676
Employer contributions	1,595,624	1,668,896
Other income	<u>6,894</u>	<u>-</u>
Total additions	12,016,623	3,893,572
Deductions from net assets attributed to		
Benefit payments	2,721,988	2,514,779
Net depreciation in fair value of investments	-	5,657,656
Administrative expenses	<u>122,523</u>	<u>117,307</u>
Total deductions	<u>2,844,511</u>	<u>8,289,742</u>
Net increase (decrease)	9,172,112	(4,396,170)
Net assets available for benefits		
Beginning of year	<u>50,268,708</u>	<u>54,664,878</u>
End of year	<u><u>\$ 59,440,820</u></u>	<u><u>\$ 50,268,708</u></u>

See accompanying notes.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements
Years Ended December 31, 2019 and 2018

Note A - Description of Plan

The following description of the Marietta Memorial Hospital Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General: 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" or "Plan Sponsor") 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"). Effective June 30, 2007, the Hospital froze the Plan to new participants. The accrued benefit of each participant is frozen as of March 31, 2018 for all purposes under the Plan, and no benefits shall accrue after such date.
2. 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.
3. 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 may begin receiving an actuarially decreased benefit as soon as they become disabled.
4. 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, 2019 and 2018.
5. 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:
 - 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.
 - Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
 - All other vested benefits (that is, vested benefits not insured by the PBGC).
 - All non-vested benefits.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2019 and 2018

Note A - Description of Plan (Continued)

5. Plan Termination (Continued): 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 2018, that ceiling was \$5,608 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. 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.

Note B - Summary of Significant Accounting Policies

1. Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board ("FASB") is the sole source of authoritative U.S. GAAP.
2. Valuation of Investments: For 2019 and 2018, 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 or 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 trustee. See Note D for discussion of fair value measurements.

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

3. Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP 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.
4. Benefit Payments: Retirement benefits are recorded when paid.
5. Administrative Expenses: Certain administrative expenses of maintaining the Plan are paid by the Hospital.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2019 and 2018

Note B - Summary of Significant Accounting Policies (Continued)

6. Recent Accounting Pronouncement: In August 2018, the FASB issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan is currently evaluating the impact of this new standard on its financial statements. The adoption of ASU 2018-13 is not expected to have a material impact on the financial statements.
7. Subsequent Events: The Plan has evaluated subsequent events through the date of the Independent Auditor's Report, the date the financial statements were available to be issued. See Note J.

Note C - Information Certified by the Plan's Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Peoples Bank, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2019 and 2018, the Schedule of Assets (Held at End of Year) as of December 31, 2019, and investment related activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018.

Note D - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. 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 (Continued)
Years Ended December 31, 2019 and 2018

Note D - Fair Value Measurements (Continued)

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

Money market accounts: Valued based at the subscription and redemption activity at a \$1 stable net asset value ("NAV"). However, on a daily basis the accounts are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2019			
	Level 1	Level 2	Level 3	Total
Money market accounts	\$ -	\$ 1,523,348	\$ -	\$ 1,523,348
Mutual funds	57,516,436	-	-	57,516,436
Investments, at fair value	<u>\$ 57,516,436</u>	<u>\$ 1,523,348</u>	<u>\$ -</u>	<u>\$ 59,039,784</u>
	2018			
	Level 1	Level 2	Level 3	Total
Money market accounts	\$ -	\$ 2,459,763	\$ -	\$ 2,459,763
Mutual funds	47,212,084	-	-	47,212,084
Investments, at fair value	<u>\$ 47,212,084</u>	<u>\$ 2,459,763</u>	<u>\$ -</u>	<u>\$ 49,671,847</u>

The Plan's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels during 2019 and 2018.

Note E - 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.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2019 and 2018

Note E - Accumulated Plan Benefits (Continued)

Prior to the freezing of plan benefits, accumulated plan benefits under the Plan were based on employees' compensation during their years of participation in the Plan. The accumulated plan benefits for active employees were based on their average compensation prior to the date the benefit information is presented (valuation date). After the freezing of the plan benefits effective March 31, 2018, the accrued benefit of each participant is frozen and no benefits shall accrue after that date, no additional years of service will be credited to the participants and average compensation for the plan will not include compensation paid after March 31, 2018.

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 Findley, Inc. 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, 2019 are as follows:

Discount rate	8.00% in 2018 and 2017
Life expectancy	SOA RP-2014 Total Dataset Mortality scaled back to 2006 using the MP-2014 projection scale and then forward using the MP-2018 projection scale.
Retirement	Actives are assumed to retire based on age and Normal Retirement Age as follows:

Age	Normal retirement age		
	65	66	67
55-59	5%	5%	5%
60-63	15%	15%	15%
64	30%	30%	30%
65	100%	30%	30%
66	0%	100%	50%
67	0%	0%	100%

Actuarial valuation method	Asset method
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Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2019 and 2018

Note - E - Accumulated Plan Benefits (Continued)

Accumulated plan benefit information is as follows as of December 31:

	<u>2018</u>	<u>2017</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 22,554,782	\$ 19,900,119
Other participants	<u>24,747,380</u>	<u>26,860,393</u>
Total vested benefits	47,302,162	46,760,512
Nonvested benefits	<u>8,979</u>	<u>14,263</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 47,311,141</u></u>	<u><u>\$ 46,774,775</u></u>

Changes in the present value of accumulated plan benefits are as follows for the year ended December 31:

	<u>2018</u>	<u>2017</u>
Accumulated plan benefits - beginning of year	\$ 46,774,775	\$ 44,701,841
Increase (decrease) attributable to		
Effect of assumption change	(989,845)	(255,568)
Benefits paid	(2,514,779)	(2,308,201)
Benefits accumulated	397,664	1,151,108
Decrease in the discount period	<u>3,643,326</u>	<u>3,485,595</u>
Net increase	<u>536,366</u>	<u>2,072,934</u>
Accumulated plan benefits - end of year	<u><u>\$ 47,311,141</u></u>	<u><u>\$ 46,774,775</u></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.

Note F - Related Party Transactions and Party-in-interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Hospital and certain others. Investment management fees are paid to Peoples Bank, the trustee. The aforementioned party generally receives payment from the Hospital.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2019 and 2018

Note G - Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated September 25, 2015, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note H - 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. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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.

Note I - 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.

Note J - Subsequent Event

In March 2020, the World Health Organization declared the global novel coronavirus disease 2019 ("COVID-19") outbreak a pandemic. Further, the United States Centers for Disease Control and Prevention confirmed the spread of the disease throughout the United States. The COVID-19 outbreak has triggered volatility in financial markets and a significant negative impact on the global economy. The ultimate impact to the Plan and Plan Sponsor is not known at this point as the scale and severity of the outbreak, and resulting economic impact, is still largely unknown.

Supplemental Schedule

Marietta Memorial Hospital Retirement Plan
Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Part IV, Line 4i
EIN: 31-4379509 Plan: 001
December 31, 2019

(a)	(b) Identity & description of issue, borrower, lessor or similar party	(c) Units/ shares	(d) Cost	(e) Current value
	Money market accounts			
	Fidelity Investments Gov't Port CI	280,048	\$ 280,048	\$ 280,048
*	Peoples Bank Special Money Market	1,243,300	1,243,300	<u>1,243,300</u>
				1,523,348
	Mutual funds			
	Vanguard Instl Index CI Fund	54,871	9,891,972	15,925,255
	Vanguard Long-Term Invmt Grade Adm Fund	454,645	4,771,097	4,978,359
	Dodge & Cox International Stock Fund	109,388	4,458,344	4,769,326
	American Funds Europacific Growth CI A Fund	88,783	4,088,404	4,931,901
	Vanguard Mid Cap Index Admiral	17,342	2,253,090	3,826,629
	Dodge & Cox Income Fund	203,707	2,816,607	2,858,005
	Vanguard Total Bond Market CI Fund	243,970	2,628,761	2,695,873
	Diamond Hill Long Short I Fund	96,599	2,312,512	2,606,243
	JP Morgan Strategic Income Opps	186,923	2,165,655	2,144,002
	The Merger Fund Institutional Fund	99,844	1,681,892	1,707,339
	Wells Fargo Advantage Absolute CI I Fund	147,498	1,669,309	1,662,307
	Lord Abbett Short Duration Inc CI	342,319	1,459,376	1,441,162
	Loomis Sayles Small Cap Growth Class N Fund	43,890	1,158,778	1,176,692
	PIMCO Diversified Income Fund	134,801	1,602,447	1,503,035
	PGIM Global Real Estate CI Z Fund	65,910	1,584,017	1,591,721
	DFA Emerging Markets Portfolio Fund	44,453	1,121,428	1,297,594
	Victory Integrity Small-Cap Value	32,289	918,690	1,143,673
	Harding Loevner Emerging Markets CI	55,683	997,162	<u>1,257,320</u>
				<u>57,516,436</u>
				<u><u>\$ 59,039,784</u></u>

* denotes party-in-interest

See accompanying independent auditor's report.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2019 Valuation
Marietta Memorial Hospital Retirement Plan
(EIN: 31-4379509; PN: 001)

Attained Age	Years of Credited Service									
	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
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	2 (*)	-	-	-	-	-	-	-
30 to 34	1 (*)	2 (*)	5 (*)	22 (*)	-	-	-	-	-	-
35 to 39	-	4 (*)	9 (*)	28 (*)	16 (*)	-	-	-	-	-
40 to 44	-	1 (*)	5 (*)	13 (*)	17 (*)	5 (*)	-	-	-	-
45 to 49	-	2 (*)	3 (*)	29 (*)	29 (*)	16 (*)	7 (*)	-	-	-
50 to 54	-	1 (*)	3 (*)	20 (*)	23 (*)	11 (*)	15 (*)	6 (*)	-	-
55 to 59	-	2 (*)	4 (*)	26 (*)	21 (*)	12 (*)	13 (*)	9 (*)	17 (*)	1 (*)
60 to 64	-	1 (*)	4 (*)	10 (*)	21 (*)	11 (*)	20 (*)	7 (*)	13 (*)	8 (*)
65 to 69	-	-	-	2 (*)	-	-	1 (*)	1 (*)	1 (*)	4 (*)
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of August 2018 and published in September 2018 (as prescribed by IRC 430) and adjusted to reflect BBA: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 3.74%Segment 2 (5 to 20 years) 5.35%Segment 3 (more than 20 years) 6.11%Effective Interest Rate 5.60%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of August 2018 and published in September 2018 (as prescribed by IRC 430) as follows: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 2.28%Segment 2 (5 to 20 years) 3.81%Segment 3 (more than 20 years) 4.46%Effective Interest Rate 4.08%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 8.00%
	Rationale: as selected by the Plan Sponsor
PBGC Annual Interest Rates	Spot rates for December 2018 published in January 2019 using the Standard Method (as prescribed by IRC 430) as follows: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 3.38%Segment 2 (5 to 20 years) 4.32%Segment 3 (more than 20 years) 4.69%Effective Interest Rate 4.47%
ASC 960 Discount Rate	Discount Rate 8.00%
	Rationale: as selected by the Plan Sponsor
Salary Scale	Not Applicable
Mortality	Funding: Mortality as provided in Notice 2018-2, sex distinct and separate annuitant/nonannuitant (as prescribed by IRC 430). ASC 960-20: SOA RP-2014 Total Dataset Mortality scaled back to 2006 using the MP-2014 projection scale and then forward using the MP-2018 projection scale. (as selected by Plan Sponsor to reflect the most recent mortality assumption published).

Appendix B (Continued)

Rates of Retirement

Actives are assume to retire based on age and Normal Retirement Age (NRA) as follows:

Age	Normal Retirement Age (NRA)		
	65	66	67
55-59	5%	5%	5%
60-63	15%	15%	15%
64	30%	30%	30%
65	100%	30%	30%
66		100%	50%
67			100%

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Rationale: as adopted by Plan Sponsor based on experience study completed in 2019 to reasonably align with historical experience

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Turnover

Sarason's T-6 Table. Sample rates and ages as follows:

Age	Turnover Rate
25	7.724%
30	7.397%
35	6.858%
40	6.113%
45	5.163%
50	3.616%
55	1.371%
60	0.132%

Rationale: as adopted by Plan Sponsor based on experience study completed in 2019 to reasonably align with historical experience

Rates of Disability

None

Appendix B (Continued)

Assumptions Made In Valuing Spouse's Benefit	100% of the employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be the same age as the husband.
Optional Form Selection	All employees are assumed to elect the life annuity form of benefit.
Provision for Expenses	\$117,306 for 2019; the actual administrative expenses paid from the plan assets during the prior year were included in the Target Normal Cost for Minimum Required Contribution purposes.
Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement. The client also has not signed a standing election to add the maximum amount possible to the Prefunding Balance for any future affected plan year.
Asset Method	<p>Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.</p> <p>ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.</p>
Funding Method	Pure Unit Credit
Employees Valued	Only participants as of the valuation date were valued.

Appendix B (Continued)

Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 3.92%, 5.52% and 6.29%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

The retirement rates were updated as a result of an experience study performed in 2019, the previous rates assumed all employees would retire at their Normal Retirement Age, or age at Valuation if later.

The turnover rates were updated as a result of an experience study performed in 2019, the previous rates were:

Age	Years of Service		
	0	1	2+
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

The mortality for ASC 960 purposes has been updated to reflect the change from MP-2017 to MP-2018 projection scale.

Justification for Changes in Actuarial Assumptions

Assumption changes other than to prescribed actuarial assumptions were made to better anticipate future experience and to comply with ASOP 35. We believe that no approval is required for these changes because aggregate underfunding for PBGC premium purposes within the Controlled Group, excluding overfunded plans, for this plan year does not exceed \$50,000,000.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

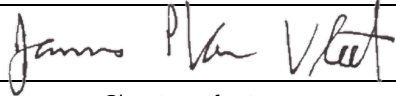
▶ **Round off amounts to nearest dollar.**

▶ **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>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value.....	2a <u>50,259,225</u>
b Actuarial value	2b <u>53,263,546</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>422</u> (2) Vested Funding Target <u>27,451,063</u> (3) Total Funding Target <u>27,451,063</u>
b For terminated vested participants	<u>200</u> <u>7,666,184</u> <u>7,666,184</u>
c For active participants	<u>504</u> <u>26,535,940</u> <u>26,549,377</u>
d Total	<u>1,126</u> <u>61,653,187</u> <u>61,666,624</u>
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 <u>5.60%</u>
6 Target normal cost	6 <u>117,306</u>

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		<u>10/12/2020</u>
Signature of actuary		Date
<u>JAMES P. VAN VLEET</u>		<u>2005701</u>
Type or print name of actuary		Most recent enrollment number
<u>FINDLEY, INC.</u>		<u>614-458-1869</u>
Firm name		Telephone number (including area code)
<u>65 EAST STATE STREET</u>		
<u>SUITE 1300</u>		
<u>COLUMBUS</u>	<u>OH</u>	<u>43215</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 Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2019
v. 190130**

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	1,257,194
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	1,257,194
10 Interest on line 9 using prior year's actual return of <u>-6.43%</u>	0	-80,838
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		635
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>5.83%</u>		37
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		672
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1,176,356

Part III Funding Percentages

14 Funding target attainment percentage	14	84.46%
15 Adjusted funding target attainment percentage.....	15	84.46%
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	85.31%
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
04/15/2019	398,906	0			
07/15/2019	398,906	0			
10/15/2019	398,906	0			
01/15/2020	398,906	0			
Totals ▶			18(b)	1,595,624	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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,539,363

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	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 62**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** 0**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** 117,306**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment 9,579,434 2,220,613**b** Waiver amortization installment**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** 2,337,919

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement..... 0 798,556 798,556**36** Additional cash requirement (line 34 minus line 35)..... **36** 1,539,363**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1,539,363**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****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

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Marietta Memorial Hospital Retirement Plan
January 1, 2019 Valuation
EIN/PN: 31-4379509 / 001

Rates of Retirement

Actives are assume to retire based on age and Normal Retirement Age (NRA) as follows:

Age	Normal Retirement Age (NRA)		
	65	66	67
55-59	5%	5%	5%
60-63	15%	15%	15%
64	30%	30%	30%
65	100%	30%	30%
66		100%	50%
67			100%

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Rationale: as adopted by Plan Sponsor based on experience study completed in 2019 to reasonably align with historical experience

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Memorial Health System								
EIN/PN	31-4379509/001								
Effective Date	January 1, 1968. Restated effective January 1, 2014; last amended effective March 31, 2018.								
Plan Year	The 12-consecutive month period ending each December 31.								
Participation	All employees of the Employer who are in the eligible group are eligible to participate in the Plan on the January 1 or July 1 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.								
Service	<p>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.</p> <p>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.</p>								
Credited Service	<p>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 pro-rata partial year of credited service.</p> <p>Credited service was frozen effective March 31, 2018 for all participants.</p>								
Normal Retirement Date	<p>The first day of the month coincident or next following:</p> <table><tr><td><u>Year of Birth</u></td><td><u>Retirement Age</u></td></tr><tr><td>Before 1943</td><td>65</td></tr><tr><td>1943-1959</td><td>66</td></tr><tr><td>After 1959</td><td>67</td></tr></table>	<u>Year of Birth</u>	<u>Retirement Age</u>	Before 1943	65	1943-1959	66	After 1959	67
<u>Year of Birth</u>	<u>Retirement Age</u>								
Before 1943	65								
1943-1959	66								
After 1959	67								
Annual Compensation	The annual W-2 compensation amounts 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.								
Average Compensation	<p>The average of the highest sixty consecutive calendar months of compensation.</p> <p>Average Compensation was frozen effective March 31, 2018 for all participants.</p>								

Appendix A (Continued)

Integration Level

The average of 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.

The Integration Level was frozen effective March 31, 2018 for all participants.

Accrued Benefit

A monthly life annuity equal to (a)+(b):

(a) $0.85\% \times \text{Average Compensation under the Integration Level} \times \text{Credited Service}$

(b) $1.6\% \times \text{Average Compensation in excess of the Integration Level} \times \text{Credited Service, not in excess of 35 years}$

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.

The Accrued Benefit was frozen effective March 31, 2018 for all participants.

Normal Retirement Benefit

Eligibility:

Retirement on the Normal Retirement Date.

Monthly Benefit:

The Accrued Benefit.

Delayed Retirement Benefit

Eligibility:

Retirement after the Normal Retirement Date.

Monthly Benefit:

The greater of the actuarial equivalent of the Normal Retirement Benefit and the benefit accrued to the actual retirement date.

Early Retirement Benefit

Eligibility:

Age 55 and 5 years of service.

Monthly Benefit:

The Accrued Benefit at early retirement reduced actuarially for early commencement.

Appendix A (Continued)

Termination Benefit

Eligibility:

Termination of employment prior to retirement after five years of service.

Monthly Benefit:

The vested benefit commences in full at Normal Retirement Age or in a reduced amount under the early retirement provisions.

Disability Benefit

Eligibility:

Totally and permanently disabled with ten years of service.

Monthly Benefit:

The benefit accrued as of the disability date less any Worker's Compensation benefits.

Death Benefit

Eligibility:

100% vested and married.

Monthly Benefit:

Upon the death of a married participant with at least five years of service, it will be assumed that the participant had terminated on the day prior to death and elected a joint and one-half survivor benefit payable at the participant's earliest retirement date.

Optional Forms

Single Life Annuity – This form provides monthly payments during the participant's lifetime.

Joint & Survivor 50%, 66 2/3%, 75% and 100% Annuity – This form provides reduced monthly payments during the participant's lifetime with monthly payments to the surviving spouse after the participant's death equal to 50%, 66 2/3%, 75% and 100%, respectively, of the amount paid during the participant's lifetime. The payments are the Actuarial Equivalent value of the Life Annuity Form of Benefit.

Life Annuity with 60 or 120 payments guaranteed – This form provides reduced monthly payment during the participant's lifetime with 60 or 120 payments guaranteed to the participant's beneficiary. The payments are the Actuarial Equivalent Value of the Life Annuity Form of Benefit.

Optional annuity forms are determined using the 1971 Group Annuity Mortality Table for males projected to 1990 by Scale D with five year setback for beneficiaries, and 7% interest.

Appendix A (Continued)

Optional Forms (Continued)

Lump Sum – A one-time lump sum benefit, if less than \$15,000.

Lump sum conversion factors are based on the Applicable Mortality Table and the Applicable Interest Rate as required under IRC 417(e)(3) for each November preceding the plan year of distribution.

Changes in Plan Operations

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized.

Marietta Memorial Hospital Retirement Plan
Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Part IV, Line 4i
EIN: 31-4379509 Plan: 001
December 31, 2019

(a)	(b) Identity & description of issue, borrower, lessor or similar party	(c) Units/ shares	(d) Cost	(e) Current value
	Money market accounts			
	Fidelity Investments Gov't Port CI	280,048	\$ 280,048	\$ 280,048
*	Peoples Bank Special Money Market	1,243,300	1,243,300	<u>1,243,300</u>
				1,523,348
	Mutual funds			
	Vanguard Instl Index CI Fund	54,871	9,891,972	15,925,255
	Vanguard Long-Term Invmt Grade Adm Fund	454,645	4,771,097	4,978,359
	Dodge & Cox International Stock Fund	109,388	4,458,344	4,769,326
	American Funds Europacific Growth CI A Fund	88,783	4,088,404	4,931,901
	Vanguard Mid Cap Index Admiral	17,342	2,253,090	3,826,629
	Dodge & Cox Income Fund	203,707	2,816,607	2,858,005
	Vanguard Total Bond Market CI Fund	243,970	2,628,761	2,695,873
	Diamond Hill Long Short I Fund	96,599	2,312,512	2,606,243
	JP Morgan Strategic Income Opps	186,923	2,165,655	2,144,002
	The Merger Fund Institutional Fund	99,844	1,681,892	1,707,339
	Wells Fargo Advantage Absolute CI I Fund	147,498	1,669,309	1,662,307
	Lord Abbett Short Duration Inc CI	342,319	1,459,376	1,441,162
	Loomis Sayles Small Cap Growth Class N Fund	43,890	1,158,778	1,176,692
	PIMCO Diversified Income Fund	134,801	1,602,447	1,503,035
	PGIM Global Real Estate CI Z Fund	65,910	1,584,017	1,591,721
	DFA Emerging Markets Portfolio Fund	44,453	1,121,428	1,297,594
	Victory Integrity Small-Cap Value	32,289	918,690	1,143,673
	Harding Loevner Emerging Markets CI	55,683	997,162	<u>1,257,320</u>
				<u>57,516,436</u>
				<u><u>\$ 59,039,784</u></u>

* denotes party-in-interest

See accompanying independent auditor's report.

Schedule SB, line 32 – Schedule of Amortization Bases
 Marietta Memorial Hospital Retirement Plan
 January 1, 2019 Valuation
 EIN/PN: 31-4379509 / 001

Exhibit VII

Schedule of Amortization Bases

Shortfall Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2019	\$ 1,759,059	7	\$ 285,826
1/1/2018	612,576	6	112,962
1/1/2017	1,570,031	5	337,478
1/1/2016	994,397	4	262,454
1/1/2015	(137,884)	3	(47,659)
1/1/2014	277,337	2	141,214
1/1/2013	434,398	1	434,398
1/1/2011	2,577,880	7	418,874
1/1/2010	<u>1,491,640</u>	6	<u>275,066</u>
Total	\$ 9,579,434		\$ 2,220,613

Waiver Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2019	\$ <u>0</u>	N/A	\$ <u>0</u>
Total	\$ 0		\$ 0

Schedule SB, Line 24 – Change in Actuarial Assumptions
 Marietta Memorial Hospital Retirement Plan
 January 1, 2019 Valuation
 EIN/PN: 31-4379509 / 001

Changes in
 Assumptions and
 Methods since the
 Last Actuarial
 Valuation

The interest rates used for determining the funding target were 3.92%, 5.52% and 6.29%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

The retirement rates were updated as a result of an experience study performed in 2019, the previous rates assumed all employees would retire at their Normal Retirement Age, or age at Valuation if later.

The turnover rates were updated as a result of an experience study performed in 2019, the previous rates were:

Age	Years of Service		
	0	1	2+
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

The mortality for ASC 960 purposes has been updated to reflect the change from MP-2017 to MP-2018 projection scale.

Justification for
 Changes in Actuarial
 Assumptions

Assumption changes other than to prescribed actuarial assumptions were made to better anticipate future experience and to comply with ASOP 35. We believe that no approval is required for these changes because aggregate underfunding for PBGC premium purposes within the Controlled Group, excluding overfunded plans, for this plan year does not exceed \$50,000,000.