

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 03/31/2022

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify)
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 08/01/1975
2a Plan sponsor's name (employer, if for a single-employer plan): STONEWALL JACKSON MEMORIAL HOSPITAL
2b Employer Identification Number (EIN): 55-0422958
2c Plan Sponsor's telephone number: 304-269-8000
2d Business code (see instructions): 622000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2022) v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 539
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 327
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2M 2T 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 03/31/2022

A Name of plan <u>STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STONEWALL JACKSON MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>55-0422958</u>	

Part I Service Provider Information (see instructions)

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

NWPS

91-2090931

(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)

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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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:

<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: x-small;">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).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p style="font-size: small;">This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 03/31/2022

<p>A Name of plan <u>STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>002</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>STONEWALL JACKSON MEMORIAL HOSPITAL</u></p>	<p>D Employer Identification Number (EIN) <u>55-0422958</u></p>

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	10387	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	596993	
(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)	18077753	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	18685133	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18685133	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	121632	
(B) Participants.....	2a(1)(B)	203810	
(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)		325442
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(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)	8909	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1316195
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-981844
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	282936	
(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)		282936
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	4257	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4257
j Total expenses. Add all expense amounts in column (b) and enter total	2j		287193
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1269037
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		17416096

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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

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.)

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
MONONGALIA HEALTH RETIREMENT AND SAVINGS PLAN	55-0621551	003

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

Stonewall Jackson Memorial Hospital Voluntary Contribution Plan

Financial Statements

April 1, 2022, and December 31, 2021

CONTENTS

Independent Auditor's Report	1 - 3
------------------------------	-------

Financial Statements:

Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 10

INDEPENDENT AUDITOR'S REPORT

Board of Trustees of the Plan Sponsor
Stonewall Jackson Memorial Hospital
Voluntary Contribution Plan
Weston, West Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements

We have performed the audits of the financial statements of the Stonewall Jackson Memorial Hospital Voluntary Contribution Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of April 1, 2022, and December 31, 2021, and the related statement of changes in net assets available for benefits for the period from January 1, 2022, through April 1, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA (qualified institution).

Management has obtained certifications from the qualified institution as of April 1, 2022, and December 31, 2021, and for the period from January 1, 2022, through April 1, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements related to assets held by and certified to by the qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by the institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Plan Merger and Liquidation Basis of Accounting

As discussed in Note 8 to the financial statements, the governing body of the Plan approved a plan of liquidation on September 24, 2021, and management determined liquidation to be imminent. As a result, the Plan has changed its basis of accounting from the going-concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Baker Tilly US, LLP

New Castle, Pennsylvania
January 13, 2023

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

April 1, 2022, and December 31, 2021

ASSETS	April 1, 2022	December 31, 2021
Investments, participant directed, at fair value:		
Mutual funds	\$ -	\$ 18,077,753
Money market fund	-	596,993
Non-interest bearing cash account	-	10,387
		<hr/>
Net assets available for benefits	\$ -	\$ 18,685,133
		<hr/>

See Notes to Financial Statements

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Period from January 1, 2022, through April 1, 2022

Additions to net assets attributed to:

Investment income:

Interest and dividends \$ 8,909

Contributions:

Employees \$ 203,810

Employer 121,632

Total contributions 325,442

Total additions 334,351

Deductions from net assets attributed to:

Net depreciation in fair value of investments 1,316,195

Benefits paid to participants 282,936

Transfers out of Plan 17,416,096

Administrative expenses 4,257

Total deductions 19,019,484

Net (decrease) (18,685,133)

Net assets available for benefits:

Beginning of period 18,685,133

End of period \$ -

See Notes to Financial Statements

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following is a brief description of the Stonewall Jackson Memorial Hospital Voluntary Contribution Plan (Plan) and provides only general information. Participants should refer to the Plan document or the Summary Plan Description for a complete description of the Plan's provisions.

General: The Plan was a tax-deferred, defined contribution 403(b) plan available to all employees of Stonewall Jackson Memorial Hospital (Hospital), the Plan Sponsor, who were eligible to participate in the Plan upon initial employment. The Plan was intended to satisfy all of the requirements of a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC) and similar state tax laws. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2022, the Plan merged with and transferred rights to the assets of the Plan to the Monongalia Health System Retirement and Savings 403(b) Plan, which is sponsored by the Monongalia Health System. This merger was part of the alignment of benefits between Monongalia Health System and Stonewall Jackson Memorial Hospital.

Eligibility: Employees were eligible to participate in the Plan and received employer matching contributions immediately upon being hired by the Hospital.

Contributions: Eligible employees elected to contribute a percentage or fixed amount of their pre-tax compensation to the Plan not to exceed the current federal maximum annual limit. Contributions were subject to certain IRC limitations. Participants who attained age fifty before the end of the Plan year were eligible to make catch-up contributions. Participants could also contribute amounts representing distributions from other qualified plans. Effective January 6, 2022, the Plan was amended and increased the employer match from 50% of deferrals up to 6% of compensation to 100% on the first 3% of employee contributions and 50% on the next 2%, for a 4% total match.

Participant accounts: Each participant account was (a) credited with the participant's and employer's contributions, (b) credited (reduced) with an allocation of investment income (loss) and appreciation (depreciation) in the fair value of investments, (c) reduced by the participant's withdrawals, and (d) reduced by administrative expenses. Allocations were based on participant earnings on account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Allocations to individual participant accounts were based upon unit values at specified valuation dates.

Vesting: Participants were immediately vested in their contributions and rollover contributions, as defined by the Plan document, plus actual earnings thereon. Vesting in the Hospital matching contribution portion of their accounts plus actual earnings thereon was based on years of continuous service. A participant was 100 percent vested after a three-year cliff period of credited service as defined in the Plan document. Additionally, participants became fully vested, regardless of vesting table, upon attainment of normal retirement age, upon retirement due to disability, upon death, and upon termination of the Plan.

Notes receivable from participants: Loans were not permitted under the Plan.

Payment of benefits: Upon death, disability, severance of employment, or attainment of normal retirement age of 65, participants or their spouses and/or beneficiaries received their account as a lump sum cash payment or direct rollover to an individual retirement account (IRA). Further, upon termination of employment, the participant may have elected to transfer his or her account balance to another qualified plan or IRA. Minimum distributions for a participant began on the later of April 1 of the calendar year after a participant attained age 70½, or when the participant actually retired. The Plan required mandatory distributions of terminated participant account balances that did not exceed \$5,000. Such mandatory distributions were rolled over into IRAs established by the Plan Administrator to the extent that the Plan participant did not elect to either have such distribution paid directly to an eligible retirement plan or to receive the distribution directly.

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

Investment options: Participants were allowed to invest in a variety of investment choices as more fully described in the Plan's literature. The Plan offered a variety of mutual funds and a money market fund as investment options for participants. Participants could change their allocation on a daily basis.

Forfeited accounts: Forfeiture of non-vested employer contributions arising from employee terminations and withdrawals could be used to restore participant forfeitures, reduce employer contributions, or reduce Plan expenses. Forfeited non-vested accounts as of April 1, 2022, and December 31, 2021, were \$0 and \$1,207, respectively. During the period from January 1, 2022, through April 1, 2022, \$207 of funds were used to reduce employer contributions and \$1,000 were used to pay Plan expenses.

Note 2. Significant Accounting Policies

The accounting policies followed by the Plan and the method of applying those policies which materially affected the determination of net assets available for benefits and changes in net assets available for benefits were as follows:

Basis of accounting: The financial statements of the Plan were prepared under the liquidation basis of accounting.

Use of estimates: The preparation of financial statements in accordance with the liquidation basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets available for plan benefits and changes therein, and disclosure of contingent assets and liabilities as of the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments were stated at fair value. Fair value was the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of benefits: Benefits were payable upon retirement, disability, death, termination, or in the event of financial hardship. Payments of benefits could be lump sum, partial payments where the minimum amount will be \$2,500, or direct rollover to an individual retirement account, as permitted by the Plan. Benefits were recorded when paid.

Administrative expenses: The Plan's administrative expenses were paid by either the Plan or the Plan Sponsor as provided by the Plan document. Certain administrative functions were performed by employees of the Plan Sponsor. No such employees received compensation from the Plan. Expenses relating to specific participant transactions (distributions) were charged directly to the participant's account.

Subsequent events: In preparing these financial statements, the Plan evaluated events that occurred through January 13, 2023, the date the financial statements were available to be issued, for potential recognition or disclosure.

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified by the Trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA for 2022 and 2021. Accordingly, Matrix Trust Company, Trustee of the Plan, has certified to the completeness and accuracy of all investments reported on the accompanying statements of net assets available for benefits as of April 1, 2022, and December 31, 2021, and the related investment activity reported on the statement of changes in net assets available for benefits for the period from January 1, 2022, through April 1, 2022.

Note 4. Investments and Fair Value Measurements

Authoritative guidance regarding *Fair Value Measurements* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes 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 I measurements) and the lowest priority to unobservable inputs (Level III measurements). The three levels of the fair value hierarchy under the authoritative guidance are described below:

Level I 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 II Inputs to the valuation methodology include:

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

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of April 1, 2022, and December 31, 2021:

Mutual funds: Valued at the closing price reported in the active market in which the individual funds are traded.

Money market fund: Valued at \$1 per unit based on number of units held by the Plan at year end.

Non-interest bearing cash account: Valued at cash value at end of year.

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

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Assets at Fair Value as of December 31, 2021			
	Total	Level I	Level II	Level III
Investments in the fair value hierarchy:				
Mutual funds	\$ 18,077,753	\$ 18,077,753	\$ -	\$ -
Money market fund	596,993	596,993	-	-
Non-interest bearing cash	10,387	10,387	-	-
	<u>\$ 18,685,133</u>	<u>\$ 18,685,133</u>	<u>\$ -</u>	<u>\$ -</u>

Note 5. Related Party Transactions

During 2022, transactions with a party-in-interest primarily included administrative expenses amounting to \$4,257, related to invested assets and benefit payment processing fees paid to Matrix Trust Company.

All other Plan administrative expenses for the period from January 1, 2022, through April 1, 2022, were paid by the Plan Sponsor and not charged to the Plan. Additionally, certain administrative functions were performed by employees of the Plan Sponsor at no cost to the Plan.

Note 6. Plan Termination

Although it had not expressed any intent to do so, the Plan Sponsor had the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the ERISA (Note 8).

Note 7. Tax Status

The Plan had adopted a volume submitter plan sponsored by the Plan's third party administrator. The volume submitter plan document had received an opinion letter from the Internal Revenue Service dated March 31, 2017, as to the volume submitter plan's qualified status. Plan management believed the Plan was designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax had been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America required plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan had taken an uncertain position that more likely than not would not be sustained upon examination by the appropriate taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, tax returns for the years ended December 31, 2019, and thereafter remain subject to examination by the appropriate taxing authorities.

Note 8. Plan Transfers

Funds transferred out of the Plan reflected amounts transferred to the Monongalia Health System Retirement and Savings 403(b) Plan related to the merger, effective April 1, 2022, and amounted to \$17,416,096.

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Risks and Uncertainties

The Plan invested in various investment securities. Investment securities were exposed to various risks, such as interest rate, market, and credit risks.

Stonewall Jackson Memorial Hospital Voluntary Contribution Plan

Financial Statements

April 1, 2022, and December 31, 2021

CONTENTS

Independent Auditor's Report	1 - 3
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Financial Statements:

Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 10



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INDEPENDENT AUDITOR'S REPORT

Board of Trustees of the Plan Sponsor
Stonewall Jackson Memorial Hospital
Voluntary Contribution Plan
Weston, West Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements

We have performed the audits of the financial statements of the Stonewall Jackson Memorial Hospital Voluntary Contribution Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of April 1, 2022, and December 31, 2021, and the related statement of changes in net assets available for benefits for the period from January 1, 2022, through April 1, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA (qualified institution).

Management has obtained certifications from the qualified institution as of April 1, 2022, and December 31, 2021, and for the period from January 1, 2022, through April 1, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements related to assets held by and certified to by the qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by the institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Plan Merger and Liquidation Basis of Accounting

As discussed in Note 8 to the financial statements, the governing body of the Plan approved a plan of liquidation on September 24, 2021, and management determined liquidation to be imminent. As a result, the Plan has changed its basis of accounting from the going-concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Baker Tilly US, LLP

New Castle, Pennsylvania
January 13, 2023

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

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See Notes to Financial Statements

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Period from January 1, 2022, through April 1, 2022

Additions to net assets attributed to:

Investment income:

Interest and dividends \$ 8,909

Contributions:

Employees

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Employer

121,632

Total contributions

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Total additions

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Benefits paid to participants

282,936

Transfers out of Plan

17,416,096

Administrative expenses

4,257

Total deductions

19,019,484

Net (decrease)

(18,685,133)

Net assets available for benefits:

Beginning of period

18,685,133

End of period

\$ -

See Notes to Financial Statements

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

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Participant accounts: Each participant account was (a) credited with the participant's and employer's contributions, (b) credited (reduced) with an allocation of investment income (loss) and appreciation (depreciation) in the fair value of investments, (c) reduced by the participant's withdrawals, and (d) reduced by administrative expenses. Allocations were based on participant earnings on account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

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Notes receivable from participants: Loans were not permitted under the Plan.

Payment of benefits: Upon death, disability, severance of employment, or attainment of normal retirement age of 65, participants or their spouses and/or beneficiaries received their account as a lump sum cash payment or direct rollover to an individual retirement account (IRA). Further, upon termination of employment, the participant may have elected to transfer his or her account balance to another qualified plan or IRA. Minimum distributions for a participant began on the later of April 1 of the calendar year after a participant attained age 70½, or when the participant actually retired. The Plan required mandatory distributions of terminated participant account balances that did not exceed \$5,000. Such mandatory distributions were rolled over into IRAs established by the Plan Administrator to the extent that the Plan participant did not elect to either have such distribution paid directly to an eligible retirement plan or to receive the distribution directly.

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

Investment options: Participants were allowed to invest in a variety of investment choices as more fully described in the Plan's literature. The Plan offered a variety of mutual funds and a money market fund as investment options for participants. Participants could change their allocation on a daily basis.

Forfeited accounts: Forfeiture of non-vested employer contributions arising from employee terminations and withdrawals could be used to restore participant forfeitures, reduce employer contributions, or reduce Plan expenses. Forfeited non-vested accounts as of April 1, 2022, and December 31, 2021, were \$0 and \$1,207, respectively. During the period from January 1, 2022, through April 1, 2022, \$207 of funds were used to reduce employer contributions and \$1,000 were used to pay Plan expenses.

Note 2. Significant Accounting Policies

The accounting policies followed by the Plan and the method of applying those policies which materially affected the determination of net assets available for benefits and changes in net assets available for benefits were as follows:

Basis of accounting: The financial statements of the Plan were prepared under the liquidation basis of accounting.

Use of estimates: The preparation of financial statements in accordance with the liquidation basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets available for plan benefits and changes therein, and disclosure of contingent assets and liabilities as of the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments were stated at fair value. Fair value was the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of benefits: Benefits were payable upon retirement, disability, death, termination, or in the event of financial hardship. Payments of benefits could be lump sum, partial payments where the minimum amount will be \$2,500, or direct rollover to an individual retirement account, as permitted by the Plan. Benefits were recorded when paid.

Administrative expenses: The Plan's administrative expenses were paid by either the Plan or the Plan Sponsor as provided by the Plan document. Certain administrative functions were performed by employees of the Plan Sponsor. No such employees received compensation from the Plan. Expenses relating to specific participant transactions (distributions) were charged directly to the participant's account.

Subsequent events: In preparing these financial statements, the Plan evaluated events that occurred through January 13, 2023, the date the financial statements were available to be issued, for potential recognition or disclosure.

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified by the Trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA for 2022 and 2021. Accordingly, Matrix Trust Company, Trustee of the Plan, has certified to the completeness and accuracy of all investments reported on the accompanying statements of net assets available for benefits as of April 1, 2022, and December 31, 2021, and the related investment activity reported on the statement of changes in net assets available for benefits for the period from January 1, 2022, through April 1, 2022.

Note 4. Investments and Fair Value Measurements

Authoritative guidance regarding *Fair Value Measurements* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes 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 I measurements) and the lowest priority to unobservable inputs (Level III measurements). The three levels of the fair value hierarchy under the authoritative guidance are described below:

Level I 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 II Inputs to the valuation methodology include:

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

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of April 1, 2022, and December 31, 2021:

Mutual funds: Valued at the closing price reported in the active market in which the individual funds are traded.

Money market fund: Valued at \$1 per unit based on number of units held by the Plan at year end.

Non-interest bearing cash account: Valued at cash value at end of year.

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

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Assets at Fair Value as of			
	December 31, 2021			
	Total	Level I	Level II	Level III
Investments in the fair value hierarchy:				
Mutual funds	\$ 18,077,753	\$ 18,077,753	\$ -	\$ -
Money market fund	596,993	596,993	-	-
Non-interest bearing cash	10,387	10,387	-	-
	<u>\$ 18,685,133</u>	<u>\$ 18,685,133</u>	<u>\$ -</u>	<u>\$ -</u>

Note 5. Related Party Transactions

During 2022, transactions with a party-in-interest primarily included administrative expenses amounting to \$4,257, related to invested assets and benefit payment processing fees paid to Matrix Trust Company.

All other Plan administrative expenses for the period from January 1, 2022, through April 1, 2022, were paid by the Plan Sponsor and not charged to the Plan. Additionally, certain administrative functions were performed by employees of the Plan Sponsor at no cost to the Plan.

Note 6. Plan Termination

Although it had not expressed any intent to do so, the Plan Sponsor had the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the ERISA (Note 8).

Note 7. Tax Status

The Plan had adopted a volume submitter plan sponsored by the Plan's third party administrator. The volume submitter plan document had received an opinion letter from the Internal Revenue Service dated March 31, 2017, as to the volume submitter plan's qualified status. Plan management believed the Plan was designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax had been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America required plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan had taken an uncertain position that more likely than not would not be sustained upon examination by the appropriate taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, tax returns for the years ended December 31, 2019, and thereafter remain subject to examination by the appropriate taxing authorities.

Note 8. Plan Transfers

Funds transferred out of the Plan reflected amounts transferred to the Monongalia Health System Retirement and Savings 403(b) Plan related to the merger, effective April 1, 2022, and amounted to \$17,416,096.

STONEWALL JACKSON MEMORIAL HOSPITAL VOLUNTARY CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Risks and Uncertainties

The Plan invested in various investment securities. Investment securities were exposed to various risks, such as interest rate, market, and credit risks.