

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 SHENANDOAH VALLEY MEDICAL SYSTEM INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1994
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) SHENANDOAH VALLEY MEDICAL SYSTEM INC. 99 TAVERN RD MARTINSBURG, WV 25402-1146
2b	Employer Identification Number (EIN) 55-0563741
2c	Plan Sponsor's telephone number 304-263-4999
2d	Business code (see instructions) 813000

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.	08/21/2023	TODD LOCKCUFF
	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 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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	5 383
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) 287 6a(2) 303 6b 0 6c 110 6d 413 6e 1 6f 414 6g 414 6h 15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 12/31/2022	
A Name of plan SHENANDOAH VALLEY MEDICAL SYSTEM INC. RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHENANDOAH VALLEY MEDICAL SYSTEM INC.	D Employer Identification Number (EIN) 55-0563741

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G76026	374	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	1230146
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	10650439

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 1068208

c	Additions: (1) Contributions deposited during the year	7c(1)	131539	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	13720	
	(4) Transferred from separate account.....	7c(4)	217030	
	(5) Other (specify below)	7c(5)	22736	
	▶ LOAN REPAYMENT			

(6) Total additions..... **7c(6)** 385025

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 1453233

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	160528
(2) Administration charge made by carrier.....	7e(2)	15840
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	46719
▶ LOANS ISSUED		

(5) Total deductions..... **7e(5)** 223087

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1230146

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 12/31/2022		
A Name of plan	B Three-digit plan number (PN)	001
SHENANDOAH VALLEY MEDICAL SYSTEM INC. RETIREMENT PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
SHENANDOAH VALLEY MEDICAL SYSTEM INC.	55-0563741	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR16993	38	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid
5	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS
P O BOX 2239
FORT WAYNE, IN 46801-2239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	N/A	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 214880**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND**b** Balance at the end of the previous year **7b** 223912**c** Additions: (1) Contributions deposited during the year **7c(1)** 0
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 7653
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 1757

▶ FORFEITURES TAKEOVERS LOAN REPAYS AND/OR ADJUSTMENTS

(6) Total additions **7c(6)** 9410**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 233322**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 16372
(2) Administration charge made by carrier **7e(2)** 313
(3) Transferred to separate account **7e(3)** 0
(4) Other (specify below) **7e(4)** 1757

▶ FORFEITURES TAKEOVERS LOAN REPAYS AND/OR ADJUSTMENTS

(5) Total deductions **7e(5)** 18442**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 214880

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SHENANDOAH VALLEY MEDICAL SYSTEM INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHENANDOAH VALLEY MEDICAL SYSTEM INC.	D Employer Identification Number (EIN) 55-0563741	

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
AMERICAN UNITED LIFE INSURANCE CO
35-0145825

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN NATIONAL CORPORATION
35-1140070

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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?
15 50 64 37 38 66 67	NONE	3442	Yes ☒ No ☐	Yes ☐ No ☒	27572	Yes ☒ No ☐

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

WELLS FARGO CLEARING SRVS

34-1542819

(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?
26 27 28 50 51	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH ELLIOTT KEARNS AND COMPANY

52-0783935

(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?
10 50	ACCOUNTANT	13250	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)

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	950	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

FIDELITY INVESTMENTS

04-2647786

(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?
64 65	RECORDKEEPER	215	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
AMERICAN UNITED LIFE INSURANCE CO	66 67	27572

(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.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 12/31/2022		
A Name of plan SHENANDOAH VALLEY MEDICAL SYSTEM INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SHENANDOAH VALLEY MEDICAL SYSTEM INC.	D Employer Identification Number (EIN) 55-0563741	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AUL AMERICAN UNIT TRUST		
b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO		
c EIN-PN 35-0145825-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10650439
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>SHENANDOAH VALLEY MEDICAL SYSTEM INC. 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>SHENANDOAH VALLEY MEDICAL SYSTEM INC.</u>		D Employer Identification Number (EIN) <u>55-0563741</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	51528	51683
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	207533	249031
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15977384	12457646
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1282281	1436907
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	17518726	14195267

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17518726	14195267
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	398098	
(B) Participants	2a(1)(B)	1011092	
(C) Others (including rollovers)	2a(1)(C)	86741	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1495931
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	8739	
(F) Other	2b(1)(F)	20668	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29407
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	35465	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		35465
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2997750
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-1436947
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1844330	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1844330
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	42182	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42182
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1886512
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-3323459
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: SMITH ELLIOTT KEARNS AND COMPANY

(2) EIN: 52-0783935

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?	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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c 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 _____.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SHENANDOAH VALLEY MEDICAL SYSTEM INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHENANDOAH VALLEY MEDICAL SYSTEM INC.		D Employer Identification Number (EIN) 55-0563741
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 0
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): 35-0145825 35-1140070 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

Audited
Financial
Statements

December 31,
2022

Shenandoah Valley
Medical System, Inc.
Retirement Plan

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Shenandoah Valley Medical System, Inc. Retirement Plan
Martinsburg, West Virginia

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

We have performed audits of the financial statements of Shenandoah Valley Medical System, Inc. Retirement Plan (the 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 plan benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 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 Shenandoah Valley Medical System, Inc. Retirement 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 Rules and Regulations for Reporting and Disclosure under 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from American United Life Insurance Company (AUL), a One America company, Lincoln National Life Insurance Company and Fidelity Management Trust Company, qualified institutions as of December 31, 2022 and 2021, and for the year ended December 31, 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 accompanying 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 accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions 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 Shenandoah Valley Medical System, Inc. Retirement 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.

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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Shenandoah Valley Medical System, Inc. Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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 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 Shenandoah Valley Medical System, Inc. Retirement 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Shenandoah Valley Medical System, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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 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 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Part IV, line 4i – Schedule of Assets (Held at Year End) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Smith Elliott Keams + Company, LLC

Hagerstown, Maryland
August 14, 2023

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN
Statements of Net Assets Available for Plan Benefits
December 31, 2022 and 2021

	2022	2021
ASSETS		
Investments		
Investments, at Fair Value		
Money market funds	\$ 51,683	\$ 51,528
Mutual funds	12,457,646	15,977,384
Fixed income account	206,761	214,073
Investments, at Contract Value		
Insurance company general account fund	<u>1,230,146</u>	<u>1,068,208</u>
Total Investments	<u>13,946,236</u>	<u>17,311,193</u>
Receivables		
Notes receivable from participants	<u>260,622</u>	<u>219,124</u>
TOTAL ASSETS/NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 14,206,858</u></u>	<u><u>\$ 17,530,317</u></u>

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2022

ADDITIONS (SUBTRACTIONS) TO (FROM) NET ASSETS

Investment Income (Loss)	
Net (depreciation) in fair value of investments (including realized gains and losses)	\$ (2,997,750)
Interest	20,668
Dividends	35,465
Interest on notes receivable from participants	8,739
	<u>(2,932,878)</u>
Contributions	
Employer	398,098
Participants	1,011,092
Rollovers	86,741
	<u>1,495,931</u>
Total (Subtractions)	<u>(1,436,947)</u>

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	1,844,330
Administrative expenses	42,182
	<u>1,886,512</u>
Net (Decrease)	(3,323,459)

**NET ASSETS AVAILABLE FOR PLAN BENEFITS,
BEGINNING OF YEAR**

17,530,317

END OF YEAR

\$ 14,206,858

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan participants direct their contributions and any sponsor contributions into their choice of investment options. Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 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 (depreciation) includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net (depreciation) in fair value of investments.

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 2 DESCRIPTION OF PLAN

The following description of the Shenandoah Valley Medical System, Inc. 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. The Plan covers employees of Shenandoah Valley Medical System, Inc. (the Company).

General

The Plan is a 403(b) defined contribution plan covering all eligible full time and regular part time employees of the Company. The Plan is subject to the provisions of ERISA.

Participation and Eligibility

Employees are eligible to participate once they satisfy the Plan's eligibility conditions described in the Plan's agreement and are not an excluded employee. Employees become eligible to participate in the Plan immediately and receive employer contributions once they have completed one year of service and have also attained age 18. Once they have completed 1,000 hours of service, they are credited with a year of service for vesting.

The Company provides an optional profit sharing contribution equal to a uniform percentage of the participant deferrals, which the percentage is determined each year by the Plan sponsor. The participant must satisfy the conditions in the Plan's agreement.

Contributions

Each year, participants may elect to defer on a pre-tax or after-tax (Roth) basis up to a maximum amount allowed under the Internal Revenue Code. Participants who have attained age 50 before the end of the year may make an additional catch-up contribution. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Company contributes a fixed matching contribution to participants employed as of the plan year end and who have completed one year of service (at least 1,000 hours). The Company matches the first one and a half percent of salary deferrals up to a maximum of \$150,000 of compensation. The Company's matching contribution was \$190,100 for year ended December 31, 2022. A discretionary contribution to the Plan may also be made at the option of the Plan sponsor. The discretionary contribution is equal to a maximum one and a half percent of compensation up to \$150,000. The discretionary contribution was \$207,998 for the year ended December 31, 2022. Both participant and employer contributions are subject to limitations under applicable provisions of the Internal Revenue Code.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are vested immediately in their voluntary contributions plus actual earnings thereon. A participant with an original hire date on or before May 31, 2007 is 100 percent vested at all times in the Company contributions.

Participants hired on or after June 1, 2007 become vested in the Company employer matching contributions and discretionary contributions based on years of continuous service as follows:

Years of Service	Vested Interest
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Participants automatically become fully vested upon reaching normal retirement age (65 years old), or in the event of disability or death.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. For loans issued through One America, the loan interest rate is determined by the Plan Administrator and is based on a reasonable rate of interest that is comparable to the rates being charged by lending institutions (4.25% at December 31, 2022). Principal and interest is paid ratably through bi-weekly payroll deductions. For loans from the Lincoln Financial accounts, the loan interest rate is set at an annual rate of 7.00%. Principal and interest is paid ratably through monthly or quarterly home bill payments that are sent directly from the participant to Lincoln Financial.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons a participant may elect to receive either a lump-sum amount equal to the vested balance of his or her account, installment payments over a period elected by the participant, annual installments over the life expectancy of the participant, or annual installments over the life expectancy of the participant and after the death of the participant a percentage of these payments will be continued to the participant's beneficiary. Distributions of account balances of \$1,000 to \$5,000 that meet the provisions for a mandatory distribution will be paid by a direct rollover to an individual retirement plan designated by the Plan Administrator if the participant does not elect the distribution method.

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Forfeited Accounts

At December 31, 2022 and 2021 forfeited nonvested participant accounts totaled \$1,523 and \$3,261 respectively. These accounts will be used to reduce future employer contributions or pay plan expenses. Also, in 2022, plan expenses were reduced by \$13,350 from forfeited nonvested accounts.

Hardship Distribution

Participants may withdraw money from their account in the event of financial hardship if they meet the conditions stated in the plan agreement. The distribution is not in addition to the participants' other benefits and will therefore reduce the value of the benefits they receive at retirement. The only amounts that can be distributed to a participant on account of hardship are from their salary deferral and employer accounts with respect to amounts which are 100% vested and are not held as security for a plan loan.

NOTE 3 INFORMATION CERTIFIED BY CUSTODIANS

Following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedule that was prepared by the asset custodians of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from American United Life Insurance Company (AUL), a One America company, Fidelity Management Trust Company, and Lincoln National Life Insurance Company, the asset custodians, that such information is complete and accurate as of December 31.

	One America	Lincoln Financial	Fidelity Investments	Total
2022				
Investments, at fair value	<u>\$ 10,650,439</u>	<u>\$ 1,162,832</u>	<u>\$ 902,819</u>	<u>\$ 12,716,090</u>
Investments, at contract value	<u>\$ 1,230,146</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,230,146</u>
Notes receivable from participants	<u>\$ 240,912</u>	<u>\$ 8,119</u>	<u>\$ -</u>	<u>\$ 249,031 #</u>
Net (depreciation) in fair value of investments				<u>\$ (2,997,750)</u>
Interest				<u>\$ 20,668</u>
Dividends				<u>\$ 35,465</u>
Interest on notes receivable from participants				<u>\$ 8,739</u>
2021				
Investments, at fair value	<u>\$ 12,920,670</u>	<u>\$ 1,382,417</u>	<u>\$ 1,939,898</u>	<u>\$ 16,242,985</u>
Investments, at contract value	<u>\$ 1,068,208</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,068,208</u>
Notes receivable from participants	<u>\$ 197,695</u>	<u>\$ 9,838</u>	<u>\$ -</u>	<u>\$ 207,533 #</u>

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 3 INFORMATION CERTIFIED BY CUSTODIANS (CONTINUED)

The difference of \$11,591 compared to the balance on the statements of net assets available for plan benefits as of December 31, 2022 and 2021, is due to defaulted loans deemed distributed for 5500 purposes only.

NOTE 4 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). The three levels of the fair value hierarchy under FASB ASC 820 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.

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, 2022 and 2021.

Money Market Funds and 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 (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Fixed Income Account

Valued at contract value, which approximates fair value based on formulas and schedules provided by the contract issuer using observable inputs including the amounts contributed or transferred to the fixed account less withdrawals and transfers out, plus accrued interest.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021.

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
December 31, 2022				
Fixed Income Account	\$ -	\$ 206,761	\$ -	\$ 206,761
Money Market Funds	51,683	-	-	51,683
Mutual Funds	12,457,646	-	-	12,457,646
Total Investments at Fair Value	<u>\$ 12,509,329</u>	<u>\$ 206,761</u>	<u>\$ -</u>	<u>\$ 12,716,090</u>
December 31, 2021				
Fixed Income Account	\$ -	\$ 214,073	\$ -	\$ 214,073
Money Market Funds	51,528	-	-	51,528
Mutual Funds	15,977,384	-	-	15,977,384
Total Investments at Fair Value	<u>\$ 16,028,912</u>	<u>\$ 214,073</u>	<u>\$ -</u>	<u>\$ 16,242,985</u>

NOTE 5 INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan maintains a benefit-responsive investment contract with American United Life Insurance Company (AUL) totaling \$1,230,146 for 2022 and \$1,068,208 in 2021. AUL maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for plan withdrawals and administrative expenses charged by AUL. Interest is earned at the guaranteed rate under the contract declared in advance by AUL. The AUL general account is invested in a conservatively managed, well diversified portfolio consisting predominately of fixed-income investments (bonds, mortgages, and private placement) where the objective is to maximize long-term, risk-adjusted returns. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the schedule maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by AUL, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 5 INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 7 TAX STATUS

The Company adopted the One America Financial Partners Inc. Volume Submitter 403(b) Plan as the base for the Shenandoah Valley Medical System, Inc. Retirement Plan. An IRS opinion letter dated November 22, 2017, has been obtained for this prototype plan as it was restated to incorporate technical changes in pension law provisions to remain in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan is subject to routine audits by taxing jurisdictions; generally for a period of three years after the returns are filed; however, there are currently no audits for any tax periods in progress.

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 8 RELATED –PARTY TRANSACTIONS AND PARTIES IN INTEREST TRANSACTIONS

Certain Plan investments are managed by American United Life Insurance Company (AUL), a One America company, Lincoln National Life Insurance Company and Fidelity Management Trust Company, the custodians as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan made direct payments to American United Life Insurance Company (AUL), Fidelity Investments, and Lincoln National Life Insurance Company, totaling \$3,932. The Plan also made direct payments to Smith Elliott Kearns & Company, LLC for professional fees totaling \$13,250 and Wells Fargo for investment advisory fees totaling \$25,000 in 2022. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE 9 CONCENTRATIONS OF INVESTMENTS

The following table represents the Plan's investments that are considered to be significant concentrations as of December 31, 2022.

American Funds 2050 Trgt Date Retire R6	10%
Vanguard 500 Index Adm	10%

NOTE 10 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statements of net assets available for plan benefits.

NOTE 11 RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for plan benefits and certain deemed distributions of participant loans listed on the Form 5500 to the financial statements.

	2022	2021
Net assets available for plan benefits, per Form 5500 Schedule H	\$ 14,195,267	\$ 17,518,726
Add: Loans in default	11,591	11,591
Net Assets Available for Plan Benefits, per the Financial Statements	<u>\$ 14,206,858</u>	<u>\$ 17,530,317</u>

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN

Notes to Financial Statements

NOTE 12 SUBSEQUENT EVENTS

The Plan administrator has evaluated events and transactions subsequent to December 31, 2022 through August 14, 2023, the date these financial statements were available to be issued. Management has not identified any events that have occurred subsequent to December 31, 2022 and through August 14, 2023, that require recognition or disclosure in the financial statements.

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN
Form 5500 Schedule H Part IV Question 4i
As of December 31, 2022
Employer Identification Number 55-0563741; Plan No. 001

Schedule of Assets Held for Investment Purposes at Year End

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Money Market Funds		
*	Lincoln Financial Group	LVIP Government Money Market	**	\$ 48,345
*	Fidelity Investments	Fidelity Government Cash Reserve	**	3,338
		Fixed Income Account		
*	Lincoln Financial Group	Lincoln Financial Group Fixed Account	**	206,761
		Insurance Company General Account		
*	American United Life Insurance Co.	AUL Stable Value Account	**	1,230,146
		Mutual Funds		
	American Century Investments	American Century MidCap Value R6	**	369,124
	American Funds	American Funds American Balanced R6	**	60,884
	American Funds	American Funds New Perspective R6	**	51,866
	American Funds	American Funds New World R6	**	5,054
	American Funds	American Funds 2010 Trgt Date Retire R6	**	45,885
	American Funds	American Funds 2015 Trgt Date Retire R6	**	101,220
	American Funds	American Funds 2020 Trgt Date Retire R6	**	245,016
	American Funds	American Funds 2025 Trgt Date Retire R6	**	208,693
	American Funds	American Funds 2030 Trgt Date Retire R6	**	999,215
	American Funds	American Funds 2035 Trgt Date Retire R6	**	1,047,726
	American Funds	American Funds 2040 Trgt Date Retire R6	**	603,325
	American Funds	American Funds 2045 Trgt Date Retire R6	**	969,208
	American Funds	American Funds 2050 Trgt Date Retire R6	**	1,361,221
	American Funds	American Funds 2055 Trgt Date Retire R6	**	459,698
	American Funds	American Funds 2060 Trgt Date Retire R6	**	61,553
	American Funds	American Funds 2065 Trgt Date Retire R6	**	11,790
	Blackrock Funds	Blackrock High Yield Bond K	**	74,230
	Blackrock Funds	Blackrock Inflation Protected Bond K	**	29
	John Hancock	John Hancock Bond R6	**	460,275
	JPMorgan	JPMorgan Equity Income R6	**	20,462
	JPMorgan	JPMorgan Large Cap Growth R6	**	948,746
	Lord Abbett	Lord Abbett Bond-Debenture R6	**	18,230
	Lord Abbett	Lord Abbett Developing Growth R6	**	35,960
	MFS	MFS Intl Diversification R6	**	21,535
	Vanguard	Vanguard 500 Index Adm	**	1,434,464
	Vanguard	Vanguard International Growth Adm	**	397,144
	Vanguard	Vanguard LifeStrategy Growth Inv	**	13,567
	Vanguard	Vanguard Mid Cap Index Adm	**	140,212
	Vanguard	Vanguard Small Cap Index Adm	**	469,925
	Vanguard	Vanguard Wellesley Income Adm	**	14,182
	AllianceBernstein	AllianceBernstein Global Thematic Growth	**	1,517
	American Funds	American Funds Global Growth	**	358
	American Funds	American Funds Growth	**	16,106
	American Funds	American Funds Growth Income	**	1,125
	American Funds	American Funds International	**	204
	Delaware Investments	Delaware VIP Reit	**	785
	Delaware Investments	Delaware VIP High Yield	**	293
	Delaware Investments	Delaware VIP Diversified Income	**	112
	Delaware Investments	Delaware VIP Small Cap Value	**	464
	Delaware Investments	Delaware VIP SMid Cap Core Series	**	69

SHENANDOAH VALLEY MEDICAL SYSTEM, INC. RETIREMENT PLAN
Form 5500 Schedule H Part IV Question 4i
As of December 31, 2022
Employer Identification Number 55-0563741; Plan No. 001

Schedule of Assets Held for Investment Purposes at Year End (Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Mutual Funds (Continued)				
	Delaware Investments	Delaware VIP Value	**	435
*	Fidelity Investments	Fidelity VIP Contrafund	**	2,665
*	Fidelity Investments	Fidelity VIP Growth	**	348
*	Lincoln Financial Group	LVIP Baron Growth Opportunities	**	2,423
*	Lincoln Financial Group	LVIP BlackRock Dividend Value Managed Volatility Fund	**	60,173
*	Lincoln Financial Group	LVIP Blended Large Cap Growth Managed Volatility	**	42,468
*	Lincoln Financial Group	LVIP Delaware Wealth Builder Fund	**	68,624
*	Lincoln Financial Group	LVIP Delaware Bond	**	2,420
*	Lincoln Financial Group	LVIP Delaware Social Awareness	**	311,225
*	Lincoln Financial Group	LVIP Delaware Mid-Cap Value Fund	**	21
*	Lincoln Financial Group	LVIP Dimensional U.S. Core Equity 1	**	36,892
*	Lincoln Financial Group	LVIP Global Moderate Allocation Mgd Risk	**	4,040
*	Lincoln Financial Group	LVIP JPMorgan Retirement Income Fund	**	121,083
*	Lincoln Financial Group	LVIP Mondrian International Value	**	161,907
*	Lincoln Financial Group	LVIP SSGA S&P 500 Index	**	18,771
*	Lincoln Financial Group	LVIP SSGA Small-Cap Index	**	3
*	Lincoln Financial Group	LVIP T. Rowe Price Structured Mid-Cap Growth	**	52,880
	MFS	MFS Utilities	**	314
*	Fidelity Investments	Fidelity Magellan	**	203,035
*	Fidelity Investments	Fidelity Equity Income	**	103,741
*	Fidelity Investments	Fidelity Growth Company	**	101,965
*	Fidelity Investments	Fidelity Growth & Income	**	34,531
*	Fidelity Investments	Fidelity Select Energy	**	676
*	Fidelity Investments	Fidelity Select Chemicals	**	15,541
*	Fidelity Investments	Fidelity Overseas	**	10,729
*	Fidelity Investments	Fidelity International Discovery	**	18,206
*	Fidelity Investments	Fidelity Blue Chip Growth	**	4,322
*	Fidelity Investments	Fidelity Disciplined Equity	**	218,242
*	Fidelity Investments	Fidelity Asset Manager 70%	**	39,127
*	Fidelity Investments	Fidelity Growth Strategies	**	509
*	Fidelity Investments	Fidelity China Region	**	10,995
*	Fidelity Investments	Fidelity Select Medical Technology and Devices	**	9,898
*	Fidelity Investments	Fidelity Intermediate Government Income	**	3,549
*	Fidelity Investments	Fidelity 500 Index PR	**	120,423
*	Fidelity Investments	Fidelity Inflation Protected Bond	**	3,993
Total Investments				13,946,236
*	Participant Loans	Interest ranging from 4.25% - 7.00%	0	249,031 #
Total				<u><u>\$ 14,195,267</u></u>

* Identifies a party-in-interest

** Cost is not to be reported as the plan is an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account

The difference of \$11,591 compared to the balance on the statement of net assets available for plan benefits is due to defaulted loans deemed distributed for 5500 purposes only.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: SHENANDOAH VALLEY MEDICAL SYSTEM INC. RETIREMENT PLAN
Employer Identification Number: 55-0563741
For plan year (beginning/ending): 01-01-2022 TO 12-31-2022 Plan number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN CENTURY	AMERCENT MIDCAP VAL R6 MUTUAL FUND SHARES	0	369,124
	AMERICAN FUNDS	AMERFDS 2010 TRGT DATE RET R6 MUTUAL FUND SHARES	0	45,885
	AMERICAN FUNDS	AMERFDS 2015 TRGT DATE RET R6 MUTUAL FUND SHARES	0	101,220
	AMERICAN FUNDS	AMERFDS 2020 TRGT DATE RET R6 MUTUAL FUND SHARES	0	245,016
	AMERICAN FUNDS	AMERFDS 2025 TRGT DATE RET R6 MUTUAL FUND SHARES	0	208,693
	AMERICAN FUNDS	AMERFDS 2030 TRGT DATE RET R6 MUTUAL FUND SHARES	0	999,215
	AMERICAN FUNDS	AMERFDS 2035 TRGT DATE RET R6 MUTUAL FUND SHARES	0	1,047,726
	AMERICAN FUNDS	AMERFDS 2040 TRGT DATE RET R6 MUTUAL FUND SHARES	0	603,325
	AMERICAN FUNDS	AMERFDS 2045 TRGT DATE RET R6 MUTUAL FUND SHARES	0	969,208
	AMERICAN FUNDS	AMERFDS 2050 TRGT DATE RET R6 MUTUAL FUND SHARES	0	1,361,221
	AMERICAN FUNDS	AMERFDS 2055 TRGT DATE RET R6 MUTUAL FUND SHARES	0	459,698
	AMERICAN FUNDS	AMERFDS 2060 TRGT DATE RET R6 MUTUAL FUND SHARES	0	61,554
	AMERICAN FUNDS	AMERFDS 2065 TRGT DATE RET R6 MUTUAL FUND SHARES	0	11,790
	AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R6 MUTUAL FUND SHARES	0	60,884
	AMERICAN FUNDS	AMERFDS NEW PERSPECTIVE R6 MUTUAL FUND SHARES	0	51,866
	AMERICAN FUNDS	AMERFDS NEW WORLD R6 MUTUAL FUND SHARES	0	5,054
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	1,230,146
	BLACKROCK	BLACKROCK HIGH YIELD BOND K MUTUAL FUND SHARES	0	74,230
	BLACKROCK	BLACKROCK INFL PROT BOND K MUTUAL FUND SHARES	0	29
	JOHN HANCOCK	JHANCOCK BOND R6 MUTUAL FUND SHARES	0	460,275
	JPMORGAN	JPMORGAN EQUITY INCOME R6 MUTUAL FUND SHARES	0	20,462
	JPMORGAN	JPMORGAN LARGE CAP GROWTH R6 MUTUAL FUND SHARES	0	948,746
	PARTICIPANTS	LOANS 4.25% TO 4.25%	0	240,912
	LORD ABBETT	LORD ABBETT BOND DEBENTURE R6 MUTUAL FUND SHARES	0	18,230
	LORD ABBETT	LORD ABBETT DEV GROWTH R6 MUTUAL FUND SHARES	0	35,960
	MFS	MFS INTL DIVERSIFICATION R6 MUTUAL FUND SHARES	0	21,535
	VANGUARD	VANGUARD 500 INDEX ADM MUTUAL FUND SHARES	0	1,434,464
	VANGUARD	VANGUARD INTL GR ADM MUTUAL FUND SHARES	0	397,144
	VANGUARD	VANGUARD LIFESTRAT GRTH INV MUTUAL FUND SHARES	0	13,567
	VANGUARD	VANGUARD MID CAP INDEX ADM MUTUAL FUND SHARES	0	140,212
	VANGUARD	VANGUARD SMALL CAP INDEX ADM MUTUAL FUND SHARES	0	469,925
	VANGUARD	VANGUARD WELLESLEY INCOME ADM MUTUAL FUND SHARES	0	14,182
*	LINCOLN NAT'L LIFE MULTIFUND	AB VPS GLOBAL THEMATIC GROWTH	0	1,517
*	LINCOLN NAT'L LIFE MULTIFUND	AMERICAN FUNDS GLOBAL GROWTH	0	358
*	LINCOLN NAT'L LIFE MULTIFUND	AMERICAN FUNDS GROWTH	0	16,106
*	LINCOLN NAT'L LIFE MULTIFUND	AMERICAN FUNDS GROWTH-INCOME	0	1,125
*	LINCOLN NAT'L LIFE MULTIFUND	AMERICAN FUNDS INTERNATIONAL	0	204
*	LINCOLN NAT'L LIFE MULTIFUND	DELAWARE VIP SMALL CAP VALUE	0	464
*	LINCOLN NAT'L LIFE MULTIFUND	FIDELITY VIP CONTRAFUND	0	2,665

*	LINCOLN NAT'L LIFE MULTIFUND	FIDELITY VIP GROWTH	0	348
*	LINCOLN NAT'L LIFE MULTIFUND	FIXED ACCOUNT	0	206,761
*	LINCOLN NAT'L LIFE MULTIFUND	LOANS 7.00%	0	8,119
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP BARON GROWTH OPPORTUNITIES	0	2,423
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	0	60,173
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP BLENDED LRG CAP GROWTH MNGD VOLTLY	0	42,468
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE BOND	0	2,420
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE DIVERSIFIED INCOME SE	0	112
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE HIGH YIELD FUND	0	293
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE MID CAP VALUE FUND	0	21
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE REIT SERIES	0	785
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE SMID CAP CORE SERIES	0	69
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE SOCIAL AWARENESS	0	311,225
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE VALUE SERIES	0	435
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DELAWARE WEALTH BUILDER FUND	0	68,624
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP DIMENSIONAL U.S. CORE EQUITY 1	0	36,892
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP GLOBAL MODERATE ALLOCAITON MDG RISK	0	4,040
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP GOVERNMENT MONEY MARKET	0	48,345
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP JPMORGAN RETIREMENT INCOME FUND	0	121,083
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP MONDRIAN INTERNATIONAL VALUE	0	161,907
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP SSGA S&P 500 INDEX	0	18,771
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP SSGA SMALL-CAP INDEX	0	3
*	LINCOLN NAT'L LIFE MULTIFUND	LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	0	52,880
*	LINCOLN NAT'L LIFE MULTIFUND	MFS UTILITIES	0	314
*	FIDELITY INVESTMENTS	FID MAGELLAN	0	203,035
*	FIDELITY INVESTMENTS	FID EQUITY INC	0	103,741
*	FIDELITY INVESTMENTS	FID GROWTH COMPANY	0	101,965
*	FIDELITY INVESTMENTS	FID GROWTH & INC	0	34,531
*	FIDELITY INVESTMENTS	FID GOV CASH RESERVE	0	3,338
*	FIDELITY INVESTMENTS	FID SEL ENERGY	0	676
*	FIDELITY INVESTMENTS	FID SEL CHEMICALS	0	15,541
*	FIDELITY INVESTMENTS	FID OVERSEAS	0	10,729
*	FIDELITY INVESTMENTS	FID INTL DISCOVERY	0	18,206
*	FIDELITY INVESTMENTS	FID BLUE CIHP GR	0	4,322
*	FIDELITY INVESTMENTS	FID DISCIPLND EQTY	0	218,242
*	FIDELITY INVESTMENTS	FID ASSET MGR 70%	0	39,126
*	FIDELITY INVESTMENTS	FID GROWTH STRAT	0	509
*	FIDELITY INVESTMENTS	FID CHINA REGION	0	10,995
*	FIDELITY INVESTMENTS	FID SEL MED TECH&DV	0	9,898
*	FIDELITY INVESTMENTS	FID INTM GOVT INCOME	0	3,549
*	FIDELITY INVESTMENTS	FID 500 INDEX	0	120,423
*	FIDELITY INVESTMENTS	FID INFL PR BD IDX	0	3,993