

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
---	--	---

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 MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1968
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) MARIETTA MEMORIAL HOSPITAL 401 MATTHEW STREET MARIETTA, OH 45750	2b Employer Identification Number (EIN) 31-4379509 2c Plan Sponsor's telephone number 740-374-1725 2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	DEEANN GEHLAUF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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		<div style="display: flex; justify-content: space-between;"> 5 1072 </div>
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		<div style="display: flex; justify-content: space-between;"> 6a(1) 384 </div>
a(2) Total number of active participants at the end of the plan year		<div style="display: flex; justify-content: space-between;"> 6a(2) 346 </div>
b Retired or separated participants receiving benefits		<div style="display: flex; justify-content: space-between;"> 6b 443 </div>
c Other retired or separated participants entitled to future benefits.....		<div style="display: flex; justify-content: space-between;"> 6c 226 </div>
d Subtotal. Add lines 6a(2) , 6b , and 6c		<div style="display: flex; justify-content: space-between;"> 6d 1015 </div>
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<div style="display: flex; justify-content: space-between;"> 6e 35 </div>
f Total. Add lines 6d and 6e		<div style="display: flex; justify-content: space-between;"> 6f 1050 </div>
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<div style="display: flex; justify-content: space-between;"> 6g </div>
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<div style="display: flex; justify-content: space-between;"> 6h 0 </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<div style="display: flex; justify-content: space-between;"> 7 </div>
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>70129148</u>
b Actuarial value	2b <u>66873160</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>462</u> (2) Vested Funding Target <u>33450869</u> (3) Total Funding Target <u>33450869</u>
b For terminated vested participants.....	<u>231</u> <u>9666177</u> <u>9666177</u>
c For active participants.....	<u>384</u> <u>21039715</u> <u>21039715</u>
d Total	<u>1077</u> <u>64156761</u> <u>64156761</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 <u>5.45</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>149900</u>
c Total (line 6a + line 6b)	6c <u>149900</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/09/2023</u>
	Signature of actuary	Date
<u>JAMES P. VAN VLEET</u>	Type or print name of actuary	<u>23-05701</u>
		Most recent enrollment number
<u>USI CONSULTING GROUP</u>	Firm name	<u>614-407-7589</u>
		Telephone number (including area code)
<u>5455 RINGS ROAD</u> <u>SUITE 250</u> <u>DUBLIN, OH 43017</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2022
v. 220413

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1166152
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1166152
10 Interest on line 9 using prior year's actual return of <u>10.87</u> %	0	126761
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		104080
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.63</u> %.....		5860
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		109940
d Portion of (c) to be added to prefunding balance.....		109940
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1402853

Part III Funding Percentages		
14 Funding target attainment percentage	14	102.04 %
15 Adjusted funding target attainment percentage	15	104.23 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	96.08 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/18/2022	88653	0			
07/15/2022	88653	0			
10/17/2022	88653	0			
01/13/2023	88653	0			
			Totals ►	18(b)	354612
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	342390
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years.....**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

149900

b Excess assets, if applicable, but not greater than line 31a**31b**

149900

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

0

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

342390

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

342390

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years.....**40**

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		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 MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 31-4379509	

Part I	Service Provider Information (see instructions)
--------	---

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PEOPLES BANK

31-1278433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	TRUSTEE	132203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> 001 </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARIETTA MEMORIAL HOSPITAL</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>31-4379509</u> </td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) <u>31-4379509</u>			
D Employer Identification Number (EIN) <u>31-4379509</u>						

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
Assets		(a) Beginning of Year	(b) End of Year	
a Total noninterest-bearing cash.....		1a	29607	39223
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....		1b(1)	0	88653
(2) Participant contributions.....		1b(2)		
(3) Other.....		1b(3)	0	0
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	3503281	1132978
(2) U.S. Government securities		1c(2)		
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)		
(B) All other		1c(3)(B)		
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)		
(B) Common.....		1c(4)(B)		
(5) Partnership/joint venture interests		1c(5)		
(6) Real estate (other than employer real property)		1c(6)		
(7) Loans (other than to participants).....		1c(7)		
(8) Participant loans.....		1c(8)		
(9) Value of interest in common/collective trusts.....		1c(9)		
(10) Value of interest in pooled separate accounts		1c(10)		
(11) Value of interest in master trust investment accounts.....		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	66625840	55294575
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)		
(15) Other		1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	70158728	56555429

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	29580	35125
k Total liabilities (add all amounts in lines 1g through 1j)	1k	29580	35125

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	70129148	56520304
---	-----------	----------	----------

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)	354612	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		354612
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24205	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24205
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1743097	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1743097
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-12312829
c Other income	2c		4562
d Total income. Add all income amounts in column (b) and enter total	2d		-10186353
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3290288	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3290288
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	132203	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		132203
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3422491
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-13608844
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: MCM CPAS & ADVISORS LLP

(2) EIN: 27-1235638

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

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

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

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

5c 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 463952.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL		D Employer Identification Number (EIN) 31-4379509
Part I 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): 31-6112142		
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 1
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
----------------	---

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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>69.3</u> % Investment-Grade Debt: <u>20.9</u> % High-Yield Debt: <u>2.6</u> % Real Estate: <u>5.2</u> % Other: <u>2.0</u> %</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____</p>
20	<p>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.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No</p> <p>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:</p> <p>☐ Yes.</p> <p>☐ 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.</p> <p>☐ 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.</p> <p>☐ No. Other. Provide explanation _____</p>

Marietta Memorial Hospital Retirement Plan
Financial Statements
Years Ended December 31, 2022 and 2021

Marietta Memorial Hospital Retirement Plan
Table of Contents
Years Ended December 31, 2022 and 2021

	<u>Page</u>
Independent Auditor's Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements.....	6 - 12
Supplemental Schedules	
Schedule of Assets (Held at End of Year)	13
Schedule of Reportable Transactions.....	14

Independent Auditor's Report

To the Board of Directors
Marietta Memorial Hospital Retirement Plan

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

We have performed audits of the financial statements of the Marietta Memorial Hospital 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). 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 ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

- 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 ("GAAP").
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Independent Auditor's Report (Continued)

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 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 the 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 certification, 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 GAAP.

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 GAAP.

Independent Auditor's Report (Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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 of Assets (Held at End of Year) as of December 31, 2022 and Schedule of Reportable Transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, 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 to 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 to other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(c).



Louisville, Kentucky
October 10, 2023

Marietta Memorial Hospital Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Cash	\$ 39,223	\$ 29,607
Investments, at fair value		
Money market accounts	1,132,978	3,503,281
Mutual funds	<u>55,294,575</u>	<u>66,625,840</u>
Total investments, at fair value	56,427,553	70,129,121
Receivables		
Employer contribution receivable	<u>88,653</u>	<u>-</u>
Total assets	56,555,429	70,158,728
Liabilities		
Other liabilities	<u>35,125</u>	<u>29,580</u>
Net assets available for plan benefits	<u><u>\$ 56,520,304</u></u>	<u><u>\$ 70,129,148</u></u>

See accompanying notes.

Marietta Memorial Hospital Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to		
Investment income		
Interest and dividends	\$ 1,767,302	\$ 3,465,529
Net appreciation in fair value of investments	<u>-</u>	<u>3,566,180</u>
	1,767,302	7,031,709
Employer contributions	354,612	465,767
Other income	<u>4,562</u>	<u>295</u>
Total additions	2,126,476	7,497,771
Deductions from net assets attributed to		
Net depreciation in fair value of investments	12,312,829	-
Benefit payments	3,290,288	3,284,029
Administrative expenses	<u>132,203</u>	<u>149,900</u>
Total deductions	<u>15,735,320</u>	<u>3,433,929</u>
Net (decrease) increase	(13,608,844)	4,063,842
Net assets available for benefits		
Beginning of year	<u>70,129,148</u>	<u>66,065,306</u>
End of year	<u><u>\$ 56,520,304</u></u>	<u><u>\$ 70,129,148</u></u>

See accompanying notes.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements
Years Ended December 31, 2022 and 2021

Note A - Description of Plan

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

1. General: The Plan is a noncontributory defined benefit pension plan that prior to June 30, 2007 covered substantially all employees of Marietta Memorial Hospital (the "Hospital" or "Plan Sponsor") who worked at least 1,000 hours in a consecutive twelve month period and had reached 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective June 30, 2007, the Hospital froze the Plan to new participants. The accrued benefit of each participant is frozen as of March 31, 2018 for all purposes under the Plan, and no benefits shall accrue after such date.
2. Pension Benefits: Employees with five or more years of service or have reached normal retirement age are entitled to annual pension benefits beginning at normal retirement age (65). The Plan provides retirement benefits in the form of direct monthly payments, equal to a percentage of their average compensation times years of service up to a maximum of thirty-five (35) years. In addition to the default direct monthly payment option, participants may elect other forms of benefit payments. The Plan also provides for early retirement, disability retirement, and death benefits in certain circumstances.
3. Death and Disability Benefits: Death benefits may be paid to the participant's beneficiary, depending on the commencement of benefits prior to death, benefit payment method selected, and whether certain plan conditions have been met. Participants retiring from service with the Hospital due to permanent disability have the option to defer benefit payments until normal retirement age may begin receiving an actuarially decreased benefit as soon as they become disabled.
4. Contributions: The Hospital's funding policy is to make quarterly contributions that are actuarially determined in amounts sufficient to meet the minimum funding requirements of ERISA. Participant contributions are not required or permitted by the Plan. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2022 and 2021.
5. Plan Termination: In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:
 - Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
 - Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
 - All other vested benefits (that is, vested benefits not insured by the PBGC).
 - All non-vested benefits.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2022 and 2021

Note A - Description of Plan (Continued)

5. Plan Termination (Continued): Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2022, that ceiling was \$6,204 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note B - Summary of Significant Accounting Policies

1. Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board ("FASB") is the sole source of authoritative GAAP.
2. Valuation of Investments: For 2022 and 2021, Peoples Bank managed the investment portfolio of the Plan with full discretionary authority within the general objectives and guidelines established by the plan administrator. The Plan administrator strives to maintain a diverse investment portfolio and limits any possible concentration in any one entity, industry or investment in order to achieve its objectives. The Plan's investment objective is to invest its funds in such a way as to earn the highest possible real return (capital appreciation and current return) with prudent levels of risk.

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

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

3. Use of Estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Most significantly, estimates are used in determining the actuarial present value of accumulated plan benefits and valuation of investments. Actual results could differ from those estimates.
4. Benefit Payments: Retirement benefits are recorded when paid.
5. Administrative Expenses: Certain administrative expenses of maintaining the Plan are paid by the Hospital.
6. Subsequent Events: The Plan has evaluated subsequent events through the date of the Independent Auditor's Report, the date the financial statements were available to be issued.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2022 and 2021

Note C - Certification of Financial Information

The Plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Peoples Bank, a qualified institution, has certified to the completeness and accuracy of all investments information reflected on the accompanying Statements of Net assets Available for Benefits as of December 31, 2022 and 2021, the Schedule of Assets (Held at End of Year) as of December 31, 2022, and the related interest and dividend income and net appreciation (depreciation) in the fair value of investment income information reflected in the Statements of Changes in Net Assets available for Benefits for the years ended December 31, 2022 and 2021.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements.

Note D - Fair Value Measurements

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2022 and 2021

Note D - Fair Value Measurements (Continued)

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. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2022			
	Level 1	Level 2	Level 3	Total
Money market accounts	\$ -	\$ 1,132,978	\$ -	\$ 1,132,978
Mutual funds	55,294,575	-	-	55,294,575
Investments, at fair value	<u>\$ 55,294,575</u>	<u>\$ 1,132,978</u>	<u>\$ -</u>	<u>\$ 56,427,553</u>

	2021			
	Level 1	Level 2	Level 3	Total
Money market accounts	\$ -	\$ 3,503,281	\$ -	\$ 3,503,281
Mutual funds	66,625,840	-	-	66,625,840
Investments, at fair value	<u>\$ 66,625,840</u>	<u>\$ 3,503,281</u>	<u>\$ -</u>	<u>\$ 70,129,121</u>

The Plan's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels during 2022 and 2021.

Note E - Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired, disabled or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries.

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

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

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

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2022 and 2021

Note E - Accumulated Plan Benefits (Continued)

The significant actuarial assumptions underlying the computations for the Plan as of January 1, 2022 are as follows:

Discount rate	7.25% in both 2021 and 2020.
Life expectancy	Pri-2012 Total Dataset Amount-Weighted Mortality Projected with Scale MP-2021 and MP-2020 in 2021 and 2020, respectively, with separate rates for employees, retirees, and contingent survivors.
Retirement	Actives are assumed to retire based on age and normal retirement age as follows:

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

Actuarial valuation method	Asset method
----------------------------	--------------

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

	2022	2021
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 28,777,970	\$ 27,359,466
Other participants	24,226,145	25,023,489
Total vested benefits	53,004,115	52,382,955
Non-vested benefits	-	-
Total actuarial present value of accumulated plan benefits	<u>\$ 53,004,115</u>	<u>\$ 52,382,955</u>

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2022 and 2021

Note E - Accumulated Plan Benefits (Continued)

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

	2022	2021
Accumulated plan benefits - beginning of year	\$ 52,382,955	\$ 52,120,349
Increase (decrease) attributable to		
Effect of assumption change	135,119	(186,581)
Benefits paid	(3,283,734)	(2,917,304)
Benefits accumulated	88,963	(308,332)
Decrease in the discount period	3,680,812	3,674,823
Net increase	621,160	262,606
Accumulated plan benefits - end of year	<u>\$ 53,004,115</u>	<u>\$ 52,382,955</u>

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

Change in accumulated plan benefits due to the effect of actuarial assumption change of \$135,119 was primarily related to changes in the mortality table.

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

Certain administrative services are provided by the Hospital at no cost to the Plan and certain administrative costs incurred by the Plan are paid by the Company. The Plan has entered into various service agreements with parties in interest. It invests in mutual funds managed by Peoples Bank, the trustee custodian of the Plan. The Plan paid fees to Peoples Bank totaling \$132,203 and \$149,900 during the Plan years ended December 31, 2022 and 2021. These transactions qualify as party in interest transactions.

Note G - Tax Status

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

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Marietta Memorial Hospital Retirement Plan
Notes to Financial Statements (Continued)
Years Ended December 31, 2022 and 2021

Note H - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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

Note I - Commitments and Contingencies

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

Supplemental Schedules

Marietta Memorial Hospital Retirement Plan
Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Part IV, Line 4i
EIN: 31-4379509 Plan: 001
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Units / shares	(d) Cost	(e) Current value
Money market accounts				
	Fidelity Investments Gov't Port Cl	1,132,978	\$ 1,132,978	\$ 1,132,978
				1,132,978
Mutual funds				
	Vanguard Intl Index Cl Fund	34,961	8,278,784	11,244,503
	Vanguard Long-Term Invmt Grade Adm Fund	517,374	5,491,631	4,035,517
	Vanguard Intl Growth Adm Fund	33,418	3,467,856	3,021,009
	Vanguard Mid Cap Index Admiral	13,661	2,098,414	3,449,033
	Vanguard Equity Income Adm Fund	37,089	3,087,197	3,138,865
	Dodge & Cox Income Fund	253,636	3,546,177	3,091,822
	Vanguard Total Bond Market Cl Fund	318,798	3,500,895	3,022,203
	Transamerica International Equity Fund	180,272	2,586,977	3,237,689
	JP Morgan Strategic Income Opps	196,040	2,231,678	2,228,980
	Nationwide International Small Cap I Class Fund	243,811	2,092,980	2,116,280
	The Merger Fund Institutional Fund	66,241	1,142,453	1,106,218
	Allspring Absolute Return Cl I Fund	181,948	2,026,201	1,812,201
	Lord Abbett Short Duration Inc Cl	434,994	1,835,006	1,666,029
	Loomis Sayles Small Cap Growth Class N Fund	48,511	1,276,712	1,181,248
	PIMCO Diversified Income Fund	159,628	1,840,342	1,451,015
	DFA Emerging Markets Social Core	145,008	1,830,000	1,830,000
	DFA Emerging Markets Portfolio Fund	68,481	1,699,920	1,726,417
	Gateway Fund Cl Y Fund	47,347	1,662,425	1,682,715
	Mainstay CBRE Global Infrastructure Class I	241,057	2,805,936	2,950,536
	Goldman Sachs Small Cap Value Insights Fund	26,583	1,280,183	1,302,295
				55,294,575
				\$ 56,427,553

See accompanying independent auditor's report.

Marietta Memorial Hospital Retirement Plan
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, Line 4j
EIN: 31-4379509 Plan: 001
Year Ended December 31, 2022

(a) Identity of party involved	(b) Description of transaction	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
<u>Category (iii) - A series of transactions in a security issue aggregating 5% or more of plan assets</u>						
Vanguard Equity Income Adm Fund	Multiple purchases	\$ 3,087,197	\$ -	\$ 3,087,197	\$ 3,087,197	\$ -

There were no reportable category (i), (ii), or (iv) transactions during 2022.

See accompanying independent auditor's report.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2022 Valuation
Marietta Memorial Hospital Retirement Plan
(EIN: 31-4379509; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	1 (*)	3 (*)	4 (*)	-	-	-	-	-	-
35 to 39	1 (*)	3 (*)	7 (*)	22 (*)	3 (*)	-	-	-	-	-
40 to 44	-	3 (*)	7 (*)	16 (*)	18 (*)	1 (*)	-	-	-	-
45 to 49	-	-	3 (*)	14 (*)	12 (*)	7 (*)	2 (*)	-	-	-
50 to 54	-	2 (*)	1 (*)	26 (*)	26 (*)	15 (*)	10 (*)	-	-	-
55 to 59	-	1 (*)	3 (*)	18 (*)	24 (*)	12 (*)	12 (*)	10 (*)	3 (*)	-
60 to 64	-	1 (*)	2 (*)	17 (*)	12 (*)	8 (*)	12 (*)	8 (*)	17 (*)	1 (*)
65 to 69	-	-	1 (*)	3 (*)	3 (*)	1 (*)	1 (*)	1 (*)	2 (*)	3 (*)
70 & up	-	-	-	1 (*)	-	-	-	-	-	-

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

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of August 2021 and published in September 2021 (as prescribed by IRC 430) and adjusted to reflect BBA: <table><tr><td>Segment 1 (0 – 5 years)</td><td>4.75%</td></tr><tr><td>Segment 2 (5 to 20 years)</td><td>5.18%</td></tr><tr><td>Segment 3 (more than 20 years)</td><td>5.92%</td></tr><tr><td>Effective Interest Rate</td><td>5.45%</td></tr></table>	Segment 1 (0 – 5 years)	4.75%	Segment 2 (5 to 20 years)	5.18%	Segment 3 (more than 20 years)	5.92%	Effective Interest Rate	5.45%
Segment 1 (0 – 5 years)	4.75%								
Segment 2 (5 to 20 years)	5.18%								
Segment 3 (more than 20 years)	5.92%								
Effective Interest Rate	5.45%								
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of August 2021 and published in September 2021 (as prescribed by IRC 430) as follows: <table><tr><td>Segment 1 (0 – 5 years)</td><td>1.07%</td></tr><tr><td>Segment 2 (5 to 20 years)</td><td>2.68%</td></tr><tr><td>Segment 3 (more than 20 years)</td><td>3.36%</td></tr><tr><td>Effective Interest Rate</td><td>2.96%</td></tr></table>	Segment 1 (0 – 5 years)	1.07%	Segment 2 (5 to 20 years)	2.68%	Segment 3 (more than 20 years)	3.36%	Effective Interest Rate	2.96%
Segment 1 (0 – 5 years)	1.07%								
Segment 2 (5 to 20 years)	2.68%								
Segment 3 (more than 20 years)	3.36%								
Effective Interest Rate	2.96%								
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 7.25% Rationale: as selected by the Plan Sponsor								
PBGC Annual Interest Rates	Spot rates for December 2021 published in January 2022 using the Standard Method (as prescribed by IRC 430) as follows: <table><tr><td>Segment 1 (0 – 5 years)</td><td>1.16%</td></tr><tr><td>Segment 2 (5 to 20 years)</td><td>2.72%</td></tr><tr><td>Segment 3 (more than 20 years)</td><td>3.10%</td></tr><tr><td>Effective Interest Rate</td><td>2.86%</td></tr></table>	Segment 1 (0 – 5 years)	1.16%	Segment 2 (5 to 20 years)	2.72%	Segment 3 (more than 20 years)	3.10%	Effective Interest Rate	2.86%
Segment 1 (0 – 5 years)	1.16%								
Segment 2 (5 to 20 years)	2.72%								
Segment 3 (more than 20 years)	3.10%								
Effective Interest Rate	2.86%								
Salary Scale	Not Applicable								
Mortality	Funding: Mortality as provided in Notice 2020-85, sex distinct and separate annuitant/nonannuitant (as prescribed by IRC 430).								

Appendix B (Continued)

Rates of Retirement

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

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

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

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

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

Rates of Turnover

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

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

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

Rates of Disability

None

Appendix B (Continued)

Assumptions Made In Valuing Spouse's Benefit	100% of the employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be the same age as the husband.
Optional Form Selection	All employees are assumed to elect the life annuity form of benefit.
Provision for Expenses	\$149,900 for 2022; the actual administrative expenses paid from the plan assets during the prior year were included in the Target Normal Cost for Minimum Required Contribution purposes.
Standing Elections	The plan sponsor has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement. The plan sponsor also has not signed a standing election to add the maximum amount possible to the Prefunding Balance for any future affected plan year.
Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.
Funding Method	Pure Unit Credit The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model are checked for accuracy and reviewed for reasonableness.
Employees Valued	Only participants as of the valuation date were valued.

Appendix B (Continued)

Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 4.75%, 5.36% and 6.11%. These rates were updated to the rates required for the current plan year.

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

Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

Marietta Memorial Hospital Retirement Plan
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, Line 4j
EIN: 31-4379509 Plan: 001
Year Ended December 31, 2022

(a) Identity of party involved	(b) Description of transaction	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
<u>Category (iii) - A series of transactions in a security issue aggregating 5% or more of plan assets</u>						
Vanguard Equity Income Adm Fund	Multiple purchases	\$ 3,087,197	\$ -	\$ 3,087,197	\$ 3,087,197	\$ -

There were no reportable category (i), (ii), or (iv) transactions during 2022.

See accompanying independent auditor's report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

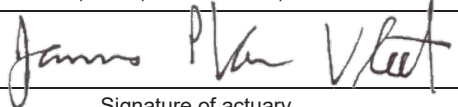
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value	2a	<u>70,129,148</u>	
b Actuarial value	2b	<u>66,873,160</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>462</u>	<u>33,450,869</u>	<u>33,450,869</u>
b For terminated vested participants	<u>231</u>	<u>9,666,177</u>	<u>9,666,177</u>
c For active participants	<u>384</u>	<u>21,039,715</u>	<u>21,039,715</u>
d Total	<u>1,077</u>	<u>64,156,761</u>	<u>64,156,761</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.45%</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>149,900</u>	
c Total (line 6a + line 6b)	6c	<u>149,900</u>	

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/09/2023</u>
Signature of actuary		Date
<u>JAMES P. VAN VLEET</u>		<u>2305701</u>
Type or print name of actuary		Most recent enrollment number
<u>USI Consulting Group</u>		<u>614-407-7589</u>
Firm name		Telephone number (including area code)
<u>5455 Rings Road</u>		
<u>SUITE 250</u>		
<u>DUBLIN OH 43017</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2022
v. 220413

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,166,152
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1,166,152
10 Interest on line 9 using prior year's actual return of <u>10.87</u> %	0	126,761
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		104,080
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.63</u> %		5,860
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		109,940
d Portion of (c) to be added to prefunding balance		109,940
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,402,853

Part III Funding Percentages

14 Funding target attainment percentage	14	102.04 %
15 Adjusted funding target attainment percentage	15	104.23 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.08 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/18/2022	88,653	0			
07/15/2022	88,653	0			
10/17/2022	88,653	0			
01/13/2023	88,653	0			
Totals ▶			18(b)	354,612	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	342,390

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	149,900	
b Excess assets, if applicable, but not greater than line 31a	31b	149,900	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	342,390	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	342,390	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
--

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Marietta Memorial Hospital Retirement Plan
January 1, 2022 Valuation
EIN/PN: 31-4379509 / 001

Rates of Retirement

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

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

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

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

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

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

January 1, 2022 Valuation
 Marietta Memorial Hospital Retirement Plan
 (EIN: 31-4379509; PN: 001)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
			Receiving Payments	
Current Plan Year	267,768	250,081	2,961,701	3,479,551
Current Plan Year + 1	477,740	290,287	2,905,583	3,673,611
Current Plan Year + 2	704,514	389,317	2,844,332	3,938,164
Current Plan Year + 3	889,102	449,824	2,778,214	4,117,140
Current Plan Year + 4	1,012,168	516,705	2,704,532	4,233,406
Current Plan Year + 5	1,124,123	528,813	2,629,077	4,282,013
Current Plan Year + 6	1,244,647	611,715	2,548,339	4,404,701
Current Plan Year + 7	1,346,137	711,767	2,463,366	4,521,270
Current Plan Year + 8	1,431,764	792,280	2,374,091	4,598,135
Current Plan Year + 9	1,510,771	850,967	2,279,530	4,641,267
Current Plan Year + 10	1,578,549	899,835	2,180,408	4,658,791
Current Plan Year + 11	1,629,470	916,226	2,077,410	4,623,106
Current Plan Year + 12	1,672,022	948,213	1,970,138	4,590,373
Current Plan Year + 13	1,707,396	953,375	1,858,931	4,519,702
Current Plan Year + 14	1,733,617	967,783	1,744,271	4,445,671
Current Plan Year + 15	1,759,220	1,042,269	1,626,776	4,428,264
Current Plan Year + 16	1,767,984	1,058,750	1,507,185	4,333,920
Current Plan Year + 17	1,768,749	1,073,225	1,386,375	4,228,350
Current Plan Year + 18	1,760,975	1,112,235	1,265,351	4,138,561
Current Plan Year + 19	1,738,885	1,099,278	1,145,225	3,983,388
Current Plan Year + 20	1,721,359	1,073,671	1,027,181	3,822,210
Current Plan Year + 21	1,701,036	1,050,060	912,415	3,663,511
Current Plan Year + 22	1,668,886	1,043,321	802,080	3,514,287
Current Plan Year + 23	1,630,660	1,020,267	697,256	3,348,183
Current Plan Year + 24	1,594,057	996,582	598,938	3,189,576
Current Plan Year + 25	1,562,758	966,412	507,999	3,037,168
Current Plan Year + 26	1,522,080	935,331	425,135	2,882,546
Current Plan Year + 27	1,482,361	891,246	350,812	2,724,419
Current Plan Year + 28	1,413,662	860,930	285,235	2,559,828
Current Plan Year + 29	1,346,220	807,019	228,346	2,381,585
Current Plan Year + 30	1,284,446	756,192	179,855	2,220,493
Current Plan Year + 31	1,211,071	707,823	139,285	2,058,179
Current Plan Year + 32	1,141,216	661,831	105,990	1,909,036
Current Plan Year + 33	1,058,674	614,828	79,201	1,752,703
Current Plan Year + 34	977,164	568,898	58,084	1,604,146
Current Plan Year + 35	896,774	520,535	41,785	1,459,094
Current Plan Year + 36	819,949	474,229	29,473	1,323,651
Current Plan Year + 37	747,116	430,154	20,378	1,197,647
Current Plan Year + 38	678,565	388,427	13,808	1,080,799
Current Plan Year + 39	614,450	349,127	9,168	972,745
Current Plan Year + 40	554,806	312,306	5,966	873,078
Current Plan Year + 41	499,567	277,988	3,804	781,359
Current Plan Year + 42	448,582	246,173	2,377	697,132
Current Plan Year + 43	401,632	216,847	1,456	619,935
Current Plan Year + 44	358,458	189,964	874	549,297
Current Plan Year + 45	318,783	165,454	514	484,752
Current Plan Year + 46	282,336	143,233	297	425,866
Current Plan Year + 47	248,865	123,201	168	372,234
Current Plan Year + 48	218,148	105,247	93	323,488
Current Plan Year + 49	189,999	89,260	51	279,309

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Memorial Health System								
EIN/PN	31-4379509/001								
Effective Date	January 1, 1968. Restated effective January 1, 2014; last amended effective March 31, 2018.								
Plan Year	The 12-consecutive month period ending each December 31.								
Participation	All employees of the Employer who are in the eligible group are eligible to participate in the Plan on the January 1 or July 1 on or after attainment of age 21 and the completion of one qualifying year of service. Employees hired or rehired on or after July 1, 2007 are not eligible for the plan.								
Service	<p>Service shall equal total years of service with the employer. An employee receives one year of service for each plan year in which the employee is credited with at least 1,000 hours.</p> <p>A break in service occurs at the start of any plan year in which the employee works 400 hours or less for the employer in such year.</p>								
Credited Service	<p>Credited service before January 1, 1976 is the number of completed months of continuous employment. After January 1, 1976, a year of credited service is credited for each plan year that the employee is credited with 1,800 hours of service. If an employee is credited with between 450-1,800 hours, he shall receive a pro-rata partial year of credited service.</p> <p>Credited service was frozen effective March 31, 2018 for all participants.</p>								
Normal Retirement Date	<p>The first day of the month coincident or next following:</p> <table><tr><td><u>Year of Birth</u></td><td><u>Retirement Age</u></td></tr><tr><td>Before 1943</td><td>65</td></tr><tr><td>1943-1959</td><td>66</td></tr><tr><td>After 1959</td><td>67</td></tr></table>	<u>Year of Birth</u>	<u>Retirement Age</u>	Before 1943	65	1943-1959	66	After 1959	67
<u>Year of Birth</u>	<u>Retirement Age</u>								
Before 1943	65								
1943-1959	66								
After 1959	67								
Annual Compensation	The annual W-2 compensation amounts plus any compensation deferred during a Section 403(b) annuity program. If the employee works less than 1,800 hours in any Plan Year, compensation for the year will be increased pro-rata.								
Average Compensation	<p>The average of the highest sixty consecutive calendar months of compensation.</p> <p>Average Compensation was frozen effective March 31, 2018 for all participants.</p>								

Appendix A (Continued)

Integration Level

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

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

Accrued Benefit

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

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

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

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

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

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

Normal Retirement Benefit

Eligibility:

Retirement on the Normal Retirement Date.

Monthly Benefit:

The Accrued Benefit.

Delayed Retirement Benefit

Eligibility:

Retirement after the Normal Retirement Date.

Monthly Benefit:

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

Early Retirement Benefit

Eligibility:

Age 55 and 5 years of service.

Monthly Benefit:

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

Appendix A (Continued)

Termination Benefit

Eligibility:

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

Monthly Benefit:

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

Disability Benefit

Eligibility:

Totally and permanently disabled with ten years of service.

Monthly Benefit:

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

Death Benefit

Eligibility:

100% vested and married.

Monthly Benefit:

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

Optional Forms

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

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

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

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

Appendix A (Continued)

Optional Forms (Continued)

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

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

Changes in Plan Operations

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

Marietta Memorial Hospital Retirement Plan
Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Part IV, Line 4i
EIN: 31-4379509 Plan: 001
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Units / shares	(d) Cost	(e) Current value
Money market accounts				
	Fidelity Investments Gov't Port Cl	1,132,978	\$ 1,132,978	\$ 1,132,978
				1,132,978
Mutual funds				
	Vanguard Intl Index Cl Fund	34,961	8,278,784	11,244,503
	Vanguard Long-Term Invmt Grade Adm Fund	517,374	5,491,631	4,035,517
	Vanguard Intl Growth Adm Fund	33,418	3,467,856	3,021,009
	Vanguard Mid Cap Index Admiral	13,661	2,098,414	3,449,033
	Vanguard Equity Income Adm Fund	37,089	3,087,197	3,138,865
	Dodge & Cox Income Fund	253,636	3,546,177	3,091,822
	Vanguard Total Bond Market Cl Fund	318,798	3,500,895	3,022,203
	Transamerica International Equity Fund	180,272	2,586,977	3,237,689
	JP Morgan Strategic Income Opps	196,040	2,231,678	2,228,980
	Nationwide International Small Cap I Class Fund	243,811	2,092,980	2,116,280
	The Merger Fund Institutional Fund	66,241	1,142,453	1,106,218
	Allspring Absolute Return Cl I Fund	181,948	2,026,201	1,812,201
	Lord Abbett Short Duration Inc Cl	434,994	1,835,006	1,666,029
	Loomis Sayles Small Cap Growth Class N Fund	48,511	1,276,712	1,181,248
	PIMCO Diversified Income Fund	159,628	1,840,342	1,451,015
	DFA Emerging Markets Social Core	145,008	1,830,000	1,830,000
	DFA Emerging Markets Portfolio Fund	68,481	1,699,920	1,726,417
	Gateway Fund Cl Y Fund	47,347	1,662,425	1,682,715
	Mainstay CBRE Global Infrastructure Class I	241,057	2,805,936	2,950,536
	Goldman Sachs Small Cap Value Insights Fund	26,583	1,280,183	1,302,295
				55,294,575
				\$ 56,427,553

See accompanying independent auditor's report.

Schedule SB, line 32 – Schedule of Amortization Bases
Marietta Memorial Hospital Retirement Plan
January 1, 2022 Valuation
EIN/PN: 31-4379509 / 001

Exhibit VII

Schedule of Amortization Bases

Shortfall Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2022	\$ <u>0</u>	15	\$ <u>0</u>
Total	\$ 0		\$ 0

Waiver Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2022	\$ <u>0</u>	N/A	\$ <u>0</u>
Total	\$ 0		\$ 0