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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [X] 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
MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1966

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)
MONONGAHELA VALLEY HOSPITAL, INC.

1163 COUNTRY CLUB ROAD
MONONGAHELA, PA 15063

2b Employer Identification Number (EIN) 23-7218917

2c Plan Sponsor's telephone number 724-258-1242

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.	03/06/2024	CHRIS KOVSKI
	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

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	1186
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	296
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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
MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MONONGAHELA VALLEY HOSPITAL, INC.

D Employer Identification Number (EIN)
23-7218917

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	111630034
b Actuarial value	**2b**	109069201

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	622	61677111	61677111
b For terminated vested participants	268	8466662	8466662
c For active participants	296	16540729	16732126
d Total	1186	86684502	86875899

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	361379
c Total (line 6a + line 6b)	**6c**	361379

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/22/2023

XIAOHONG RUFORD QI — Type or print name of actuary

23-07518 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

847-771-0164 — Telephone number (including area code)

MSC# 17385
PO BOX 1447
LINCOLNSHIRE, IL 60069

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 [ ]

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)	7592210	6421490
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)	7592210	6421490
10	Interest on line 9 using prior year's actual return of 7.01 %	532214	450146
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.55 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8124424	6871636

Part III Funding Percentages

14	Funding target attainment percentage	14	108.28 %
15	Adjusted funding target attainment percentage	15	125.54 %
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	113.95 %
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
			Totals ► 18(b)	0	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	0

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	5.18 %	5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	361379
b Excess assets, if applicable, but not greater than line 31a	**31b**	361379

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**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶
MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MONONGAHELA VALLEY HOSPITAL, INC.	23-7218917

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).. . . . . [X] 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

NUVEEN ASSET MANAGEMENT, LLC

333 W. WACKER DRIVE
CHICAGO, IA 60606

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

EATON VANCE MANAGEMENT

74-6066759

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

BLACKROCK FUND ADVISORS

400 HOWARD STREET
SAN FRANCISCO, CA 94105

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

J.P. MORGAN INVESTMENT MGMNT INC.

13-3200244

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

POWERSHARES CAPITAL MANAGEMENT LLC

301 WEST ROOSEVELT ROAD
WHEATON, IL 60187

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

VANGUARD EQUITY INVESTMENT GROUP

P.O. BOX 1110
VALLEY FORGE, PA 19482-1110

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

PIMCO

33-0629048

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

TCW INVESTMENT MANAGEMENT COMPANY

865 SOUTH FIGUEROA STREET
SUITE 1800
LOS ANGELES, CA 90017

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

WISDOMTREE INVESTMENTS

245 PARK AVENUE
35TH FLOOR
NEW YORK, NY 10167

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

COHEN AND STEERS

280 PARK AVENUE
NEW YORK, NY 10017

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

HARDING, LOEVNER FUNDS, INC.

801 SOUTH CANAL STREET
CHICAGO, IL 60607

(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)

MATRIX FINANCIAL SOLUTIONS

20-1591048

(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?
21 28 50 51	NONE	234374	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JPMORGAN SECURITIES

13-4110995

(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?
28 50 51	NONE	209088	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
JPMORGAN SECURITIES	63	0

(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.
EATON VANCE MUT FDS	P.O. BOX 9653 PROVIDENCE, RI 02940-9653	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN SECURITIES	63	0

(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.
JP MORGAN GOVT BD FD	P.O. BOX 8528 BOSTON, MA 02266-8528	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN SECURITIES	63	0

(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.
JP MORGAN SHORT DURATION BOND FUND	P.O. BOX 8528 BOSTON, MA 02266-8528	0.25%

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
JPMORGAN SECURITIES	63	0

(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.
JPMORGAN STRATEGIC INCOME P.O. BOX 8528 BOSTON, MA 02266-8528	0.25%

(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: BAKER TILLY US, LLP
b EIN: 39-0859910
c Position: ACCOUNTANT
d Address: 20 STANWIX STREET SUITE 800
PITTSBURGH, PA 15222-4808
e Telephone: 412-697-6400

Explanation: SPONSOR DECIDED TO CHANGE ACCOUNTANT

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MONONGAHELA VALLEY HOSPITAL, INC.

D Employer Identification Number (EIN)
23-7218917

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	542121	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	138061	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36603262	0
(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)	16001236	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1470441	0
(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)	56993188	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	111748309	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	111748309	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18301	
(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)	388229	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		406530
(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)	1533956	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1533956
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	8904972	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8314326	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		590646
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-566113	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-566113

		(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)		-6961300
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-4996281
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5945891	
(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)		5945891
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)	234374	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	209088	
(4) Other	2i(4)	264898	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		708360
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6654251
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-11650532
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		100097777

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) [X] 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) [X] 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: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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:

		Yes	No	Amount
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.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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)
RETIREMENT PLAN FOR EMPLOYEES OF THE ELK REGIONAL HEALTH CENTER	25-0585280	001

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 489441.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MONONGAHELA VALLEY HOSPITAL, INC.

D Employer Identification Number (EIN)
23-7218917

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): 51-0055023

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 | 8

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

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

a Enter the percentage of plan assets held as:
Stock: 13.5 % Investment-Grade Debt: 5.7 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 80.8 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

MONONGAHELA VALLEY HOSPITAL, INC.
RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE

YEARS ENDED DECEMBER 31, 2022 AND 2021

CPAs | CONSULTANTS | WEALTH ADVISORS

CLAconnect.com

MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

INDEPENDENT AUDITORS' REPORT	**1**
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	**5**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	**6**
NOTES TO FINANCIAL STATEMENTS	**7**
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE (ATTACHMENT TO FORM 5500)	
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS	**15**

CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Penn Highlands Healthcare Retirement Plan Committee
Monongahela Valley Hospital, Inc. Retirement Income Plan
St. Marys, Pennsylvania

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the accompanying financial statements of the Monongahela Valley Hospital, Inc. Retirement Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See CLAglobal.com/disclaimer.

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 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.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 audit 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 accounting principles generally accepted in the United States of America.

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

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

Other Matters

2022 Supplemental Schedule Required by ERISA

The supplemental schedule of reportable transactions as of and for the year ended December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2021 Financial Statements
Predecessor auditors performed an audit of the 2021 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 17, 2022 indicated that (a) the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2021 supplemental schedules, other than the information in the 2021 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2021 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Baltimore, Maryland
February 29, 2024

MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS		
CASH	$ -	$ 542,121
INVESTMENTS (at Fair Value)		
Money Market Funds	-	36,603,262
Exchange Traded Funds	-	21,983,529
Mutual Funds	-	35,009,659
Common and Preferred Stock	-	1,470,441
Corporate Bonds	-	16,001,236
Total Investments (at Fair Value)	-	111,068,127
ACCRUED INCOME AND OTHER RECEIVABLES	-	138,061
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 111,748,309

See accompanying Notes to Financial Statements.

MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	$ (6,818,492)	$ 5,931,726
Interest and Dividends	1,822,211	1,668,085
Total Investment Income (Loss)	(4,996,281)	7,599,811
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	5,945,891	5,448,598
ADMINISTRATIVE EXPENSES	708,360	605,294
PENSION BENEFIT GUARANTY CORPORATION PREMIUMS	-	99,674
Total Deductions	6,654,251	6,153,566
NET INCREASE (DECREASE) BEFORE TRANSFER	(11,650,532)	1,446,245
Transfer of Assets to Retirement Plan for Employees of The Elk Regional Health Center	(100,097,777)	-
Transfer of Assets from The Orthopedic Group, P.C. Defined Benefit Pension Plan	-	241,149
NET INCREASE (DECREASE)	(111,748,309)	1,687,394
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	111,748,309	110,060,915
End of Year	$ -	$ 111,748,309

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following description of the Monongahela Valley Hospital, Inc. Retirement Income Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan established January 1, 1966. The Plan has been amended and restated throughout the years to comply with tax legislation and was most recently amended effective December 30, 2022.

The Plan covers nearly all active salaried and hourly employees of Monongahela Valley Hospital, Inc. (the Employer) employed prior to January 1, 2012. The Plan provides, in general, for monthly pension benefits upon normal retirement or early retirement at age 60 upon completion of 15 years of service. The amount of benefits depends on the participant's status, length of service, and level of compensation. Effective December 31, 2011, the Plan was amended to close the Plan to new entrants and all benefit and service accruals were frozen for all participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective October 1, 2021, Monongahela Valley Hospital, Inc. merged with Penn Highlands Healthcare. There were no changes to the Plan as a result of the affiliation.

Effective October 20, 2021, the Plan was amended to merge The Orthopedic Group, P.C. Defined Benefit Pension Plan (TOG Plan) into the Plan effective December 31, 2021. Total assets transferred were $241,149 of which $221,363 was transferred on December 31, 2021 and $19,786 remained as a receivable to the Plan at December 31, 2021. Total participants transferred to the Plan were 31. The TOG plan was fully funded. The amendment to merge the plans also contained a provision that no changes to the payout options to the TOG Plan participants would be made.

Effective December 30, 2022, the Plan merged into the Retirement Plan for Employees of The Elk Regional Health Center. Net assets of $100,097,777 and estimated benefit obligations of $78,000,000 were transferred to the successor plan. Provisions of the Plan are preserved and shall continue to apply to Mon Valley plan participants in the successor plan.

Funding Policy

The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2022 and 2021, the Employer made no contributions. The Employer's contributions met the minimum funding requirements of ERISA.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Pension Benefits

Benefits under the Plan are based on employees' highest average annual earnings received for any 120 consecutive months during their last 10 years of credited service prior to December 31, 2011. Normal retirement age for plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 60, provided they have at least 15 years of service with the Employer.

The Plan provides for alternative forms of payment for retirement benefits. The basic form provides for monthly income continuing for the life of the participant. The qualified joint and survivor annuity provides for monthly income payable for the lifetime of the participant and continues at 50% of the monthly income to the participant's spouse for life. The contingent annuitant option provides for monthly income payable for the lifetime of the participant and continuing thereafter in the amount of 50%, 66 2/3%, or 100% to a beneficiary designated by the participant for the beneficiary's life. The benefits are subject to certain limitations relating to life expectancy. If the present value of the vested accrued benefit is less than or equal to $15,000, it will be paid in a lump sum without a participant's consent.

Death and Disability Benefits

The Plan provides for death benefits to beneficiaries. The retirement benefit for disabled participants is based on the credited service earned before disability.

Vesting

Eligible employees are fully vested upon completion of five years of vesting service.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported 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 Penn Highlands Healthcare Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustees. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment 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.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer as provided by the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through February 29, 2024, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered through December 31, 2011. Accumulated plan benefits include benefits expected to be paid to:

a) retired or terminated employees or their beneficiaries,
b) beneficiaries of employees who have died, and
c) present employees or their beneficiaries.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS CONTINUED)

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

The following is a summary of actuarial present value of accumulated plan benefits as of December 31, 2021:

Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants Currently Receiving Payments	$ 63,765,137
Other Participants	28,298,121
Total Vested Benefits	92,063,258
Nonvested Benefits	17,359
Total Actuarial Present Value of Accumulated Plan Benefits	$ 92,080,617

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the year ended December 31, 2021:

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	$ 95,538,454
Increase (Decrease) During the Year Attributable to:	
Benefit Accumulated and Actuarial Gain (Loss)	-
Interest	4,177,938
Benefits Paid	(5,450,764)
Change in Actuarial Assumptions	(2,696,876)
Other Changes	160,917
Transfer from TOG Plan	350,948
Actuarial Present Value of Accumulated Plan Benefits - End of Year	$ 92,080,617

The significant actuarial assumptions used in the valuation as of December 31, 2021 were:

a. Life expectancy of Participants (the amounts weighted Pri-2012 Mortality Table generationally projected using Scale MP-2021).
b. Retirement Age Assumptions (Normal retirement at the later of age 65 years or five years of service).
c. Investment Return of 4.75%

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS CONTINUED)

Changes in actuarial assumptions since prior valuation include an change in the investment return. The investment return as of December 31, 2020 was 4.50%.

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

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2022. Had the valuation been performed as of December 31, 2021, there would be no material differences. Effective December 31, 2022, the plan merged into The Elk Regional Health Center (See note 1).

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Matrix Trust Company and U.S. Bank National Association, the trustees of the Plan, has supplied the Plan administrator with certifications as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, the statements of changes in net assets available for benefits for the years then ended, except for the net depreciation for the year ended December 31, 2022 totaling $6,818.492.

NOTE 5 INVESTMENTS AND 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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.

NOTE 5 INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market 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 valuation methodologies used at December 31, 2022 and 2021.

Money Market Funds, Exchange Traded Funds (ETFs), and Mutual Funds: Valued at the daily closing price as reported by the fund. Money market funds, ETFs, and mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market funds, ETFs, and mutual funds held by the Plan are deemed to be actively traded.

*Common and Preferred Stock: V*alued at the closing price reported on the New York Stock Exchange.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

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

	2021			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 36,603,262	$ -	$ -	$ 36,603,262
Exchange Traded Funds	21,983,529	-	-	21,983,529
Mutual Funds	35,009,659	-	-	35,009,659
Common and Preferred Stock	1,470,441	-	-	1,470,441
Corporate Bonds	-	16,001,236	-	16,001,236
Total	$ 95,066,891	$ 16,001,236	$ -	$ 111,068,127

NOTE 6 PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 7 TAX STATUS OF PLAN

The Plan obtained its latest determination letter on October 14, 2015, in which the Internal Revenue Service (IRS) stated the Plan and related trust are designed in accordance 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 designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE 7 TAX STATUS OF PLAN (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 PARTIES-IN-INTEREST

The Plan investments are managed by the investment managers and trustees; therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 9 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements 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.

MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN
E.I.N. 23-7218917 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred with Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (i) - A Single Transaction in Excess of 5% of Plan Assets								
First American Funds	Government Obligations Fund	$ 28,940,773	$ -	$ -	$ -	$ 28,940,773	$ 28,940,773	$ -
First American Funds	Government Obligations Fund	-	24,964,415	-	-	24,964,415	24,964,415	-
Fidelity Investments	Money Market Government Portfolio	-	8,618,028	-	-	8,618,028	8,618,028	-
* JPMorgan	Deposit Account A	-	9,735,113	-	-	9,735,113	9,735,113	-
* JPMorgan	Deposit Account A	-	9,983,534	-	-	9,983,534	9,983,534	-
* JPMorgan	Deposit Account A	-	7,754,856	-	-	7,754,856	7,754,856	-
* JPMorgan	Deposit Account B	10,012,915	-	-	-	10,012,915	10,012,915	-
* JPMorgan	Deposit Account B	10,017,759	-	-	-	10,017,759	10,017,759	-
* JPMorgan	Deposit Account B	7,763,027	-	-	-	7,763,027	7,763,027	-
* JPMorgan	Deposit Account B	8,637,755	-	-	-	8,637,755	8,637,755	-
* JPMorgan	Deposit Account B	25,895,351	-	-	-	25,895,351	25,895,351	-
* JPMorgan	Deposit Account B	5,704,687	-	-	-	5,704,687	5,704,687	-
* JPMorgan	Deposit Account B	-	10,621,891	-	-	10,621,891	10,621,891	-
* JPMorgan	Deposit Account B	-	9,534,745	-	-	9,534,745	9,534,745	-
* JPMorgan	Deposit Account B	-	7,784,138	-	-	7,784,138	7,784,138	-
* JPMorgan	Deposit Account B	-	34,533,011	-	-	34,533,011	34,533,011	-
* JPMorgan	Deposit Account B	-	6,235,291	-	-	6,235,291	6,235,291	-
* JPMorgan	Government Bond Fund		7,252,074	-	-	8,333,315	7,252,074	(1,081,241)
* JPMorgan	Strategic Income Opportunities Fund		14,881,258	-	-	15,257,827	14,881,258	(376,569)

MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN
E.I.N. 23-7218917 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred with Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
First American Funds	Government Obligations Fund							
	1 purchase	$ 28,940,773	$ -	$ -	$ -	$ 28,940,773	$ 28,940,773	$ -
	5 sales	-	28,940,773	-	-	28,940,773	28,940,773	-
Fidelity Investments	Money Market Government Portfolio							
	12 purchases	117,265	-	-	-	117,265	117,265	-
	2 sales	-	10,118,028	-	-	10,118,028	10,118,028	-
* JPMorgan	Deposit Account A							
	118 purchases	9,284,187	-	-	-	9,284,187	9,284,187	-
	18 sales	-	35,613,932	-	-	35,613,932	35,613,932	-
* JPMorgan	Deposit Account B							
	68 purchases	73,188,304	-	-	-	73,188,304	73,188,304	-
	14 sales	-	73,461,058	-	-	73,461,058	73,461,058	-
* JPMorgan	U.S. Government Money Market							
	20 purchases	5,931,221	-	-	-	5,931,221	5,931,221	-
	40 sales	-	5,916,791	-	-	5,916,791	5,916,791	-

** Indicates Party-in-Interest*

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2022.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		4								
35-39		17	5							
40-44		5	6							
45-49	1	1	7	17	3	1				
50-54		11	12	11	10	5	1			
55-59		8	11	9	11	29	15	1		
60-64		11	17	16	8	10	12	17	1	
65-69						1	1			
70+			1							

N-296

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Optional Payment Form (Only for TOG Plan)	
Election Percentage	100% Lump Sum
Conversion Interest Rate & Mortality	Same as funding interest rates above for lump sum with a four-month lookback (as of September 2021)
	Current IRC 417(e) mortality table for lump sums
Retirement Age	
Active Participants	Age 65 for Legacy TOG participants, see Table 1 for all other participants
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.
Withdrawal Rates	None for Legacy TOG participants, see Table 2 for all other participants
Disability Rates	None
Decrement Timing	Beginning of year decrements

Surviving Spouse Benefit	Legacy TOG Participants: 100% of Males and 100% of Females have an eligible spouse, and that males are the same age as their spouses. All Other Participants: 90% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2020 Plan Year	6.50%, limited to 5.94%
2021 Plan Year	4.50%
2022 Plan Year	4.75%
Trust Expenses Included in Target Normal Cost	Prior Year's administrative expenses of $361,379
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Table 1

Retirement Rates

Age	Rate
60	10.00%
61	10.00%
62	25.00%
63	25.00%
64	35.00%
65	75.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
56	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
57	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
58	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
59	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
60+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [X] 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
MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1966

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)

MONONGAHELA VALLEY HOSPITAL, INC.

1163 COUNTRY CLUB ROAD

MONONGAHELA PA 15063

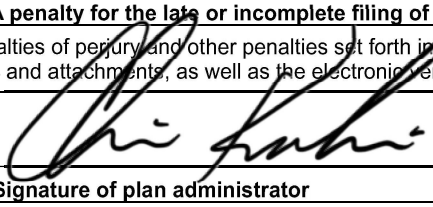
2b Employer Identification Number (EIN) 23-7218917

2c Plan Sponsor's telephone number 724-258-1242

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		5/6/24	CHRIS KOVSKI
	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

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	1,186
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	296
a(2)	Total number of active participants at the end of the plan year	0
b	Retired or separated participants receiving benefits	0
c	Other retired or separated participants entitled to future benefits	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0
f	Total. Add lines **6d** and **6e**.	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	

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 3H

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **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_____

MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN
E.I.N. 23-7218917 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred with Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (i) - A Single Transaction in Excess of 5% of Plan Assets								
First American Funds	Government Obligations Fund	$ 28,940,773	$ -	$ -	$ -	$ 28,940,773	$ 28,940,773	$ -
First American Funds	Government Obligations Fund	-	24,964,415	-	-	24,964,415	24,964,415	-
Fidelity Investments	Money Market Government Portfolio	-	8,618,028	-	-	8,618,028	8,618,028	-
* JPMorgan	Deposit Account A	-	9,735,113	-	-	9,735,113	9,735,113	-
* JPMorgan	Deposit Account A	-	9,983,534	-	-	9,983,534	9,983,534	-
* JPMorgan	Deposit Account A	-	7,754,856	-	-	7,754,856	7,754,856	-
* JPMorgan	Deposit Account B	10,012,915	-	-	-	10,012,915	10,012,915	-
* JPMorgan	Deposit Account B	10,017,759	-	-	-	10,017,759	10,017,759	-
* JPMorgan	Deposit Account B	7,763,027	-	-	-	7,763,027	7,763,027	-
* JPMorgan	Deposit Account B	8,637,755	-	-	-	8,637,755	8,637,755	-
* JPMorgan	Deposit Account B	25,895,351	-	-	-	25,895,351	25,895,351	-
* JPMorgan	Deposit Account B	5,704,687	-	-	-	5,704,687	5,704,687	-
* JPMorgan	Deposit Account B	-	10,621,891	-	-	10,621,891	10,621,891	-
* JPMorgan	Deposit Account B	-	9,534,745	-	-	9,534,745	9,534,745	-
* JPMorgan	Deposit Account B	-	7,784,138	-	-	7,784,138	7,784,138	-
* JPMorgan	Deposit Account B	-	34,533,011	-	-	34,533,011	34,533,011	-
* JPMorgan	Deposit Account B	-	6,235,291	-	-	6,235,291	6,235,291	-
* JPMorgan	Government Bond Fund		7,252,074	-	-	8,333,315	7,252,074	(1,081,241)
* JPMorgan	Strategic Income Opportunities Fund		14,881,258	-	-	15,257,827	14,881,258	(376,569)

MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN
E.I.N. 23-7218917 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred with Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
First American Funds	Government Obligations Fund							
	1 purchase	$ 28,940,773	$ -	$ -	$ -	$ 28,940,773	$ 28,940,773	$ -
	5 sales	-	28,940,773	-	-	28,940,773	28,940,773	-
Fidelity Investments	Money Market Government Portfolio							
	12 purchases	117,265	-	-	-	117,265	117,265	-
	2 sales	-	10,118,028	-	-	10,118,028	10,118,028	-
* JPMorgan	Deposit Account A							
	118 purchases	9,284,187	-	-	-	9,284,187	9,284,187	-
	18 sales	-	35,613,932	-	-	35,613,932	35,613,932	-
* JPMorgan	Deposit Account B							
	68 purchases	73,188,304	-	-	-	73,188,304	73,188,304	-
	14 sales	-	73,461,058	-	-	73,461,058	73,461,058	-
* JPMorgan	U.S. Government Money Market							
	20 purchases	5,931,221	-	-	-	5,931,221	5,931,221	-
	40 sales	-	5,916,791	-	-	5,916,791	5,916,791	-

** Indicates Party-in-Interest*

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2022.

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
MONONGAHELA VALLEY HOSPITAL, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MONONGAHELA VALLEY HOSPITAL, INC.

D Employer Identification Number (EIN)
23-7218917

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	111,630,034
b Actuarial value	**2b**	109,069,201

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	622	61,677,111	61,677,111
b For terminated vested participants	268	8,466,662	8,466,662
c For active participants	296	16,540,729	16,732,126
d Total	1,186	86,684,502	86,875,899

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	361,379
c Total (line 6a + line 6b)	**6c**	361,379

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 XIAOHONG RUFORD QI

Signature of actuary — Date: 09/22/2023

XIAOHONG RUFORD QI
Type or print name of actuary

2307518
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-771-0164
Telephone number (including area code)

MSC# 17385
PO BOX 1447
LINCOLNSHIRE IL 60069
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 [ ]

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)	7,592,210	6,421,490
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)	7,592,210	6,421,490
10	Interest on line 9 using prior year's actual return of 7.01 %	532,214	450,146
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.55 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8,124,424	6,871,636

Part III Funding Percentages

14	Funding target attainment percentage	14	108.28 %
15	Adjusted funding target attainment percentage	15	125.54 %
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	113.95 %
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
			Totals ▶ 18(b)	0	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	0

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	5.18 %	5.92%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	361,379
b Excess assets, if applicable, but not greater than line 31a	**31b**	361,379

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**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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 Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation.

The weighted average retirement age was determined using participant data as of the valuation date for both legacy plans.

For the legacy MVH plan, the age reported is the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age.

For the legacy TOG plan, the assumed retirement age is 65.

All retirements are assumed to occur at beginning of year.

Legacy MVH

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60	10.00%	1.0000	6.00
61	10.00%	0.9000	5.49
62	25.00%	0.8100	12.56
63	25.00%	0.6075	9.57
64	35.00%	0.4556	10.21
65	75.00%	0.2962	14.44
66	20.00%	0.0740	0.98
67	20.00%	0.0592	0.79
68	20.00%	0.0474	0.64
69	20.00%	0.0379	0.52
70	100.00%	0.0303	2.12
	Weighted Average		**63.32**

Legacy Plan	Number of Active Participants	Weighted Avg Ret Age	Weighting	Results
MVH	288	63.32	97.30%	61.61
TOG	8	65.00	2.70%	1.76
Total	296			
Composite Weighted Retirement Age				**63.37**

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the expected long-term rate of return on plan assets from 4.50% to 4.75%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		4								
35-39		17	5							
40-44		5	6							
45-49	1	1	7	17	3	1				
50-54		11	12	11	10	5	1			
55-59		8	11	9	11	29	15	1		
60-64		11	17	16	8	10	12	17	1	
65-69						1	1			
70+			1							

N-296

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	192,331	95,991	5,588,083	5,876,404
2023	372,680	138,551	5,510,795	6,022,026
2024	538,244	231,748	5,424,152	6,194,144
2025	675,855	262,279	5,327,079	6,265,212
2026	827,079	334,154	5,207,963	6,369,196
2027	928,742	421,543	5,080,342	6,430,627
2028	1,045,886	548,352	4,938,946	6,533,184
2029	1,132,208	555,702	4,805,160	6,493,070
2030	1,226,829	563,231	4,658,093	6,448,153
2031	1,303,511	613,391	4,500,138	6,417,039
2032	1,382,209	654,018	4,337,328	6,373,555
2033	1,391,550	667,287	4,168,699	6,227,536
2034	1,423,198	693,980	3,991,403	6,108,581
2035	1,452,279	722,069	3,805,746	5,980,093
2036	1,468,132	736,185	3,612,139	5,816,456
2037	1,506,657	731,090	3,411,114	5,648,861
2038	1,476,077	787,665	3,203,354	5,467,096
2039	1,491,167	779,345	2,989,740	5,260,251
2040	1,451,775	786,303	2,771,410	5,009,488
2041	1,420,766	781,994	2,549,782	4,752,542
2042	1,389,293	765,546	2,326,556	4,481,395
2043	1,351,303	755,987	2,103,696	4,210,987
2044	1,305,477	735,483	1,883,413	3,924,373
2045	1,256,627	711,330	1,668,123	3,636,080
2046	1,202,832	690,068	1,460,374	3,353,275
2047	1,151,509	662,327	1,262,707	3,076,543
2048	1,087,652	635,098	1,077,499	2,800,250
2049	1,024,937	608,715	906,786	2,540,438
2050	976,741	577,585	752,120	2,306,445
2051	901,757	542,406	614,494	2,058,657
2052	832,659	510,284	494,295	1,837,238
2053	766,781	474,497	391,305	1,632,583
2054	692,061	437,230	304,769	1,434,060
2055	623,159	400,654	233,496	1,257,308
2056	556,952	365,137	175,964	1,098,053
2057	494,057	330,770	130,461	955,288
2058	435,059	298,047	95,197	828,303
2059	380,427	267,136	68,415	715,978
2060	330,389	238,133	48,477	617,000
2061	285,119	211,144	33,915	530,178
2062	244,572	186,218	23,467	454,257
2063	208,617	163,362	16,090	388,068
2064	177,038	142,544	10,953	330,536

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	149,549	123,714	7,418	280,680
2066	125,816	106,791	5,006	237,612
2067	105,480	91,680	3,371	200,531
2068	88,170	78,274	2,267	168,711
2069	73,515	66,455	1,523	141,493
2070	61,162	56,094	1,022	118,278
2071	50,781	47,069	683	98,534

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Optional Payment Form (Only for TOG Plan)	
Election Percentage	100% Lump Sum
Conversion Interest Rate & Mortality	Same as funding interest rates above for lump sum with a four-month lookback (as of September 2021)
	Current IRC 417(e) mortality table for lump sums
Retirement Age	
Active Participants	Age 65 for Legacy TOG participants, see Table 1 for all other participants
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.
Withdrawal Rates	None for Legacy TOG participants, see Table 2 for all other participants
Disability Rates	None
Decrement Timing	Beginning of year decrements

Surviving Spouse Benefit	Legacy TOG Participants: 100% of Males and 100% of Females have an eligible spouse, and that males are the same age as their spouses. All Other Participants: 90% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2020 Plan Year	6.50%, limited to 5.94%
2021 Plan Year	4.50%
2022 Plan Year	4.75%
Trust Expenses Included in Target Normal Cost	Prior Year's administrative expenses of $361,379
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Table 1

Retirement Rates

Age	Rate
60	10.00%
61	10.00%
62	25.00%
63	25.00%
64	35.00%
65	75.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
56	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
57	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
58	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
59	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
60+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions: Retirement Income Plan

Effective Date	The effective date of the plan was January 1, 1966. The plan was last amended November 1, 2012.
Contributions	The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate. Employee contributions are neither required nor permitted under the plan.
Expenses	All expenses incurred in connection with the administration of the plan and the Trust are paid by the fund to the extent they are not paid by the company.
Employees Eligible for Participation	Employment while not classified as a physician. Participation is frozen for collectively bargaining employees who are hired or rehired on or after July 16, 2009.
Status of Plan	As of December 31, 2011, benefits are frozen and all participants are vested.
Definitions	
Vesting Service	All years of service with the employer from the date of employment to the earlier of termination of employment, retirement date, or death. Based on the 1,000 hour rule within each plan year.
Credited Service	As of December 31, 2011, credited service is frozen. After January 1, 1994, participants shall be credited with credited service based on the following:

Hours of Service	Years of Credited Service
Less than 1,000	0
1,000 to 1,499	1/2
1,500 to 2,079	3/4
2,080 or more	1

Prior to January 1, 1994, the participant shall be credited with credited service for purposes of the plan for periods

prior to such date equal to the credited service credited in accordance with the plan provisions in effect immediately prior to such date.

Final Average Earnings

The average of total pay received during any 120 full consecutive calendar months before retirement date or the date service ceases, if earlier.

As of December 31, 2011, final average earnings is frozen.

Accrued Benefit

Salaried Division: Greater of A or C.
Hourly Division: Greater of B or C.

A. 1% of final average earnings multiplied by years of credited service.

B. 1% of final average earnings multiplied by years of credited service, minus $960.

C. Benefit level in effect at termination, multiplied by years of credited service.

Year of Termination	Annual Benefit Level
2004	$276
2005	$294
2006	$312
2007	$330
2008	$348
2009	$366
2011 (July 1, 2011 and later)	$384

Normal Retirement Date

The first of the month coincident with or next following both the attainment of age 65 and after either the fifth anniversary of plan participation or completion of five years of vesting service.

Actuarial Equivalence

Determined using the 1971 Group Annuity Mortality Table for male lives, with ages for participants set back five years and ages for beneficiaries set back one year and an interest rate of 6%, except that the present value of a single sum payment shall be determined in accordance with section 417(e) of the Code using the applicable mortality and applicable interest rate.

Normal Retirement Eligibility

Termination of employment after both the attainment of age 65 and after either the fifth anniversary of plan

	participation or completion of five years of vesting service.
Benefit	The accrued benefit payable at normal retirement date.
Early Retirement	
Eligibility	Five years early with 15 years of service.
Benefit	Normal retirement benefit accrued to early retirement, reduced 7.2% for each year by which the annuity commencement date precedes the normal retirement date. Early retirement benefit can only be paid within the five-year period preceding normal retirement.
Deferred Vested Pension	
Eligibility	Termination of employment after completing five years of vesting service.
Benefit	The accrued benefit calculated at date of termination and payable at normal retirement date. If the benefit is commenced before age 65, but no earlier than the five-year period preceding normal retirement, the benefit is reduced in the same manner as the early retirement benefit.
Preretirement Spouse Benefit	
Eligibility	Eligible for vesting and married as of date of death.
Benefit	100% of the pension benefit accrued to the date of death, payment deferred to no earlier than the early retirement date of the deceased participant and reduced by the appropriate early retirement and joint and survivor factors guaranteed for 60 payments then reducing to 50% of above payable for life thereafter.
Forms of Payment	The normal form is a five-year certain and life annuity. The optional forms of payment are five-year certain and life annuity, 10-year certain and life annuity, 50%, 66⅔%, and 100% joint and survivor annuity with five years certain, and a lump sum if the amount is less than or equal to $15,000.

Plan Provisions: The Orthopedic Group, P.C. Defined Benefit Pension Plan

Effective Date	The effective date of the plan was July 1, 2001. The plan was last amended December 4, 2014.
Contributions	The employer shall pay to the Trustee from time to time such amounts in cash as the administrator and employer shall determine to be necessary to provide the benefits under the plan determined by the application of accepted actuarial methods and assumptions. No contribution shall be required under the plan from any participant.
Expenses	All expenses incurred in connection with the administration of the plan and the Trust are paid by the fund to the extent they are not paid by the company.
Employees Eligible for Participation	All eligible employees with one year of service and has attained age 21. The plan was closed to new entrants as of December 19, 2014.
Status of Plan	As of December 19, 2014, benefits are frozen and all participants are vested.
Definitions	
Year of Service	Computation period of 12 consecutive months during which an employee has at least 1,000 hours of service.
Vesting Schedule	The vested portion of any participant's accrued benefit shall be a percentage of the participant's accrued benefit determined on the basis of the participant's number of years of service according to the following schedule:

Years	Percent
0–1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service.

Credited Service	Year of service for benefit accrual purpose. As of December 19, 2014, credited service is frozen.
Average Earnings	The average of total pay received during any 36 full consecutive calendar months which produce the highest average before retirement date or the date service ceases, if earlier. As of December 19, 2014, average earnings are frozen.
Accrued Benefit	Frozen accrued benefit as of December 19, 2014.
Normal Retirement Date	The first of the month coincident with or next following attainment of age 65 and completion of five years of participation.
Actuarial Equivalence	Determined using the G83—1983 Group Annuity blended 50.00% male and 50.00% female rates and an interest rate of 6.5% (assuming no mortality for preretirement). For Lump sum form, shall be determined in accordance with section 417(e) of the Code using the applicable mortality and applicable interest rate.

Normal Retirement

Eligibility	Age 65 and five years of service.
Benefit	The accrued benefit payable at normal retirement date. A participant's accrued benefit is based on the sum of the participant's frozen benefit and a retirement benefit formula equal to the percentage of such participant's average monthly compensation or dollar amount shown in the table below multiplied by the participant's total number or year of service, computed to the nearest cent.

Group	Percent of AMC/Dollar Amount
1	3.35%
2	3.65%
3	2.65%
4	1.30%
5	$15.00

	For purposes of above formula, the groups are defined as follows:

Group	Description
1	Scott Baron
2	Thomas Brockmeyer
3	Alexander Kandabarow
4	Ari Pressman
5	All other participants who are eligible for an accrual

Early Retirement	Not provided.
Death Benefit	Present value of accrued benefit.
Forms of Payment	The normal form is life annuity. The optional forms of payment are 10-year certain and life annuity, 50%, 75%, and 100% joint and survivor annuity and a lump sum.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

The Orthopedic Group, P.C. Defined Benefit Pension Plan (EIN: 25-1483685, PN: 004) merged into the Monongahela Valley Hospital, Inc. Retirement Income plan (EIN: 23-7218917, PN: 001) effective January 1, 2022.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Effective December 31, 2022, the Monongahela Valley Hospital, Inc. Retirement Income Plan (EIN: 23-7218917, PN: 001) was merged into the PHH Pension Plan (formerly the Retirement Plan for Employees of the Elk Regional Health Center, EIN: 25-0585280, PN:001).

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation.

The weighted average retirement age was determined using participant data as of the valuation date for both legacy plans.

For the legacy MVH plan, the age reported is the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age.

For the legacy TOG plan, the assumed retirement age is 65.

All retirements are assumed to occur at beginning of year.

Legacy MVH

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60	10.00%	1.0000	6.00
61	10.00%	0.9000	5.49
62	25.00%	0.8100	12.56
63	25.00%	0.6075	9.57
64	35.00%	0.4556	10.21
65	75.00%	0.2962	14.44
66	20.00%	0.0740	0.98
67	20.00%	0.0592	0.79
68	20.00%	0.0474	0.64
69	20.00%	0.0379	0.52
70	100.00%	0.0303	2.12
	Weighted Average		**63.32**

Legacy Plan	Number of Active Participants	Weighted Avg Ret Age	Weighting	Results
MVH	288	63.32	97.30%	61.61
TOG	8	65.00	2.70%	1.76
Total	296			
Composite Weighted Retirement Age				**63.37**

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	192,331	95,991	5,588,083	5,876,404
2023	372,680	138,551	5,510,795	6,022,026
2024	538,244	231,748	5,424,152	6,194,144
2025	675,855	262,279	5,327,079	6,265,212
2026	827,079	334,154	5,207,963	6,369,196
2027	928,742	421,543	5,080,342	6,430,627
2028	1,045,886	548,352	4,938,946	6,533,184
2029	1,132,208	555,702	4,805,160	6,493,070
2030	1,226,829	563,231	4,658,093	6,448,153
2031	1,303,511	613,391	4,500,138	6,417,039
2032	1,382,209	654,018	4,337,328	6,373,555
2033	1,391,550	667,287	4,168,699	6,227,536
2034	1,423,198	693,980	3,991,403	6,108,581
2035	1,452,279	722,069	3,805,746	5,980,093
2036	1,468,132	736,185	3,612,139	5,816,456
2037	1,506,657	731,090	3,411,114	5,648,861
2038	1,476,077	787,665	3,203,354	5,467,096
2039	1,491,167	779,345	2,989,740	5,260,251
2040	1,451,775	786,303	2,771,410	5,009,488
2041	1,420,766	781,994	2,549,782	4,752,542
2042	1,389,293	765,546	2,326,556	4,481,395
2043	1,351,303	755,987	2,103,696	4,210,987
2044	1,305,477	735,483	1,883,413	3,924,373
2045	1,256,627	711,330	1,668,123	3,636,080
2046	1,202,832	690,068	1,460,374	3,353,275
2047	1,151,509	662,327	1,262,707	3,076,543
2048	1,087,652	635,098	1,077,499	2,800,250
2049	1,024,937	608,715	906,786	2,540,438
2050	976,741	577,585	752,120	2,306,445
2051	901,757	542,406	614,494	2,058,657
2052	832,659	510,284	494,295	1,837,238
2053	766,781	474,497	391,305	1,632,583
2054	692,061	437,230	304,769	1,434,060
2055	623,159	400,654	233,496	1,257,308
2056	556,952	365,137	175,964	1,098,053
2057	494,057	330,770	130,461	955,288
2058	435,059	298,047	95,197	828,303
2059	380,427	267,136	68,415	715,978
2060	330,389	238,133	48,477	617,000
2061	285,119	211,144	33,915	530,178
2062	244,572	186,218	23,467	454,257
2063	208,617	163,362	16,090	388,068
2064	177,038	142,544	10,953	330,536

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	149,549	123,714	7,418	280,680
2066	125,816	106,791	5,006	237,612
2067	105,480	91,680	3,371	200,531
2068	88,170	78,274	2,267	168,711
2069	73,515	66,455	1,523	141,493
2070	61,162	56,094	1,022	118,278
2071	50,781	47,069	683	98,534

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions: Retirement Income Plan

Effective Date	The effective date of the plan was January 1, 1966. The plan was last amended November 1, 2012.
Contributions	The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate. Employee contributions are neither required nor permitted under the plan.
Expenses	All expenses incurred in connection with the administration of the plan and the Trust are paid by the fund to the extent they are not paid by the company.
Employees Eligible for Participation	Employment while not classified as a physician. Participation is frozen for collectively bargaining employees who are hired or rehired on or after July 16, 2009.
Status of Plan	As of December 31, 2011, benefits are frozen and all participants are vested.
Definitions	
Vesting Service	All years of service with the employer from the date of employment to the earlier of termination of employment, retirement date, or death. Based on the 1,000 hour rule within each plan year.
Credited Service	As of December 31, 2011, credited service is frozen. After January 1, 1994, participants shall be credited with credited service based on the following:

Hours of Service	Years of Credited Service
Less than 1,000	0
1,000 to 1,499	1/2
1,500 to 2,079	3/4
2,080 or more	1

Prior to January 1, 1994, the participant shall be credited with credited service for purposes of the plan for periods

prior to such date equal to the credited service credited in accordance with the plan provisions in effect immediately prior to such date.

Final Average Earnings

The average of total pay received during any 120 full consecutive calendar months before retirement date or the date service ceases, if earlier.

As of December 31, 2011, final average earnings is frozen.

Accrued Benefit

Salaried Division: Greater of A or C.
Hourly Division: Greater of B or C.

A. 1% of final average earnings multiplied by years of credited service.

B. 1% of final average earnings multiplied by years of credited service, minus $960.

C. Benefit level in effect at termination, multiplied by years of credited service.

Year of Termination	Annual Benefit Level
2004	$276
2005	$294
2006	$312
2007	$330
2008	$348
2009	$366
2011 (July 1, 2011 and later)	$384

Normal Retirement Date

The first of the month coincident with or next following both the attainment of age 65 and after either the fifth anniversary of plan participation or completion of five years of vesting service.

Actuarial Equivalence

Determined using the 1971 Group Annuity Mortality Table for male lives, with ages for participants set back five years and ages for beneficiaries set back one year and an interest rate of 6%, except that the present value of a single sum payment shall be determined in accordance with section 417(e) of the Code using the applicable mortality and applicable interest rate.

Normal Retirement Eligibility

Termination of employment after both the attainment of age 65 and after either the fifth anniversary of plan

	participation or completion of five years of vesting service.
Benefit	The accrued benefit payable at normal retirement date.
Early Retirement	
Eligibility	Five years early with 15 years of service.
Benefit	Normal retirement benefit accrued to early retirement, reduced 7.2% for each year by which the annuity commencement date precedes the normal retirement date. Early retirement benefit can only be paid within the five-year period preceding normal retirement.
Deferred Vested Pension	
Eligibility	Termination of employment after completing five years of vesting service.
Benefit	The accrued benefit calculated at date of termination and payable at normal retirement date. If the benefit is commenced before age 65, but no earlier than the five-year period preceding normal retirement, the benefit is reduced in the same manner as the early retirement benefit.
Preretirement Spouse Benefit	
Eligibility	Eligible for vesting and married as of date of death.
Benefit	100% of the pension benefit accrued to the date of death, payment deferred to no earlier than the early retirement date of the deceased participant and reduced by the appropriate early retirement and joint and survivor factors guaranteed for 60 payments then reducing to 50% of above payable for life thereafter.
Forms of Payment	The normal form is a five-year certain and life annuity. The optional forms of payment are five-year certain and life annuity, 10-year certain and life annuity, 50%, 66⅔%, and 100% joint and survivor annuity with five years certain, and a lump sum if the amount is less than or equal to $15,000.

Plan Provisions: The Orthopedic Group, P.C. Defined Benefit Pension Plan

Effective Date	The effective date of the plan was July 1, 2001. The plan was last amended December 4, 2014.
Contributions	The employer shall pay to the Trustee from time to time such amounts in cash as the administrator and employer shall determine to be necessary to provide the benefits under the plan determined by the application of accepted actuarial methods and assumptions. No contribution shall be required under the plan from any participant.
Expenses	All expenses incurred in connection with the administration of the plan and the Trust are paid by the fund to the extent they are not paid by the company.
Employees Eligible for Participation	All eligible employees with one year of service and has attained age 21. The plan was closed to new entrants as of December 19, 2014.
Status of Plan	As of December 19, 2014, benefits are frozen and all participants are vested.
Definitions	
Year of Service	Computation period of 12 consecutive months during which an employee has at least 1,000 hours of service.
Vesting Schedule	The vested portion of any participant's accrued benefit shall be a percentage of the participant's accrued benefit determined on the basis of the participant's number of years of service according to the following schedule:

Years	Percent
0–1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service.

Credited Service	Year of service for benefit accrual purpose. As of December 19, 2014, credited service is frozen.
Average Earnings	The average of total pay received during any 36 full consecutive calendar months which produce the highest average before retirement date or the date service ceases, if earlier. As of December 19, 2014, average earnings are frozen.
Accrued Benefit	Frozen accrued benefit as of December 19, 2014.
Normal Retirement Date	The first of the month coincident with or next following attainment of age 65 and completion of five years of participation.
Actuarial Equivalence	Determined using the G83—1983 Group Annuity blended 50.00% male and 50.00% female rates and an interest rate of 6.5% (assuming no mortality for preretirement). For Lump sum form, shall be determined in accordance with section 417(e) of the Code using the applicable mortality and applicable interest rate.

Normal Retirement

Eligibility	Age 65 and five years of service.
Benefit	The accrued benefit payable at normal retirement date. A participant's accrued benefit is based on the sum of the participant's frozen benefit and a retirement benefit formula equal to the percentage of such participant's average monthly compensation or dollar amount shown in the table below multiplied by the participant's total number or year of service, computed to the nearest cent.

Group	Percent of AMC/Dollar Amount
1	3.35%
2	3.65%
3	2.65%
4	1.30%
5	$15.00

	For purposes of above formula, the groups are defined as follows:

Group	Description
1	Scott Baron
2	Thomas Brockmeyer
3	Alexander Kandabarow
4	Ari Pressman
5	All other participants who are eligible for an accrual

Early Retirement	Not provided.
Death Benefit	Present value of accrued benefit.
Forms of Payment	The normal form is life annuity. The optional forms of payment are 10-year certain and life annuity, 50%, 75%, and 100% joint and survivor annuity and a lump sum.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

The Orthopedic Group, P.C. Defined Benefit Pension Plan (EIN: 25-1483685, PN: 004) merged into the Monongahela Valley Hospital, Inc. Retirement Income plan (EIN: 23-7218917, PN: 001) effective January 1, 2022.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Effective December 31, 2022, the Monongahela Valley Hospital, Inc. Retirement Income Plan (EIN: 23-7218917, PN: 001) was merged into the PHH Pension Plan (formerly the Retirement Plan for Employees of the Elk Regional Health Center, EIN: 25-0585280, PN:001).

Schedule SB Attachment (Form 5500)—2022 Plan Year
Monongahela Valley Hospital, Inc. Retirement Income Plan
EIN: 23-7218917 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the expected long-term rate of return on plan assets from 4.50% to 4.75%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.