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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2024 | DAN WEAVER                                                   |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 1050                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 346<br><b>6a(2)</b> 331<br><b>6b</b> 465<br><b>6c</b> 202<br><b>6d</b> 998<br><b>6e</b> 37<br><b>6f</b> 1035<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                           |

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

1A 1I

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| 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<br>MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN                                                                       | B Three-digit plan number (PN) 001                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MARIETTA MEMORIAL HOSPITAL                                    | D Employer Identification Number (EIN)<br>31-4379509                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 56520149                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 62172163                  |                          |
| 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                                                                                                                                     | 475                        | 35821902                  | 35821902                 |
| b      | For terminated vested participants                                                                                                                                                               | 234                        | 10339322                  | 10339322                 |
| c      | For active participants                                                                                                                                                                          | 346                        | 19461218                  | 19461218                 |
| d      | Total                                                                                                                                                                                            | 1055                       | 65622442                  | 65622442                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.28 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 132203                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 132203                    |                          |

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.

|                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>JAMES P. VAN VLEET</div> <div>Type or print name of actuary</div> <div>USI CONSULTING GROUP</div> <div>Firm name</div> <div>5455 RINGS ROAD<br/>SUITE 250<br/>DUBLIN, OH 43017</div> <div>Address of the firm</div> | <div>10/04/2024</div> <div>Date</div> <div>23-05701</div> <div>Most recent enrollment number</div> <div>614-407-7589</div> <div>Telephone number (including area code)</div> |
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**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 1402853                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 1402853                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-15.40</u> % .....                                                                               | 0                     | -216039                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 342390                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> % ..... |                       | 18660                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 361050                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 1186814                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 92.93 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 92.93 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 102.04 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 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 |
|                                                            |         |         |         |

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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                 |                                                     |                                                           |                                     |
|-------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <b>21</b> Discount rate:                        |                                                     |                                                           |                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                              | 2nd segment:<br>5.00 %                                    | 3rd segment:<br>5.74 %              |
|                                                 | <input type="checkbox"/> N/A, full yield curve used |                                                           |                                     |
| <b>b</b> Applicable month (enter code).....     | <b>21b</b>                                          | 4                                                         |                                     |
| <b>22</b> Weighted average retirement age ..... | <b>22</b>                                           | 63                                                        |                                     |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined      | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |

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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|                                                                                                                                                                        |                                         |                                        |
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| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                         |                                        |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                               |                                        |

|                 |                                                                                |
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| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 132203             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 4637093             | 424668             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 556871             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 556871             | 556871        |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
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| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                    |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN</div>                         | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MARIETTA MEMORIAL HOSPITAL</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>31-4379509</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

PEOPLES BANK

31-1278433

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25 50                  | TRUSTEE                                                                                           | 129002                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                                                 |                     |              |
|--------------------|-------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | MCM CPAS & ADVISORS LLP                         | <b>b</b> EIN:       | 27-1235638   |
| <b>c</b> Position: | ACCOUNTANT                                      |                     |              |
| <b>d</b> Address:  | 101 S 5TH STREET # 2100<br>LOUISVILLE, KY 40202 | <b>e</b> Telephone: | 888-587-1719 |
|                    |                                                 |                     |              |

Explanation: ACCOUNTANT WAS NOT TERMINATED BUT ACQUIRED AND IS NOW PERFORMING THE AUDIT AS CHERRY BEKAERT LLP UNDER EIN 56-0574444

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MARIETTA MEMORIAL HOSPITAL</b>       | <b>D</b> Employer Identification Number (EIN)<br><b>31-4379509</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 39223                 | 68831           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 88653                 | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 0                     | 2464            |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 1132978               | 404982          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 55294575              | 59935231        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 56555429              | 60411508        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 35125                 | 68831           |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 35125                 | 68831           |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 56520304              | 60342677        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 0          |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 76258      |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 76258     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 1874325    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 1874325   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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) |            | 5543375   |
| c Other income .....                                                                            | 2c     |            | 2703      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 7496661   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 3545286 |         |
| (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)  |         | 3545286 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  |         |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 129002  |         |
| (7) Actuarial fees .....                                                             | 2i(7)  |         |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 129002  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 3674288 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 3822373 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> 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. ....                                                                                                                         |                                     |                                     |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 508583.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                         |                                                                         |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN</div>                         | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MARIETTA MEMORIAL HOSPITAL</div> | <div>D Employer Identification Number (EIN)</div> <div>31-4379509</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                                                                                 |              |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                       | <div>1</div> | <div>0</div> |
| <div>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):</div> <div>EIN(s): 31-6112142</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                            | <div>3</div> | <div>6</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</div> |
| <div>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 _____</div> <div>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                             |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                                      | <div>6a</div>                                                                                               |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                          | <div>6b</div>                                                                                               |
| <div>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) .....</div>                                                                                                                                                                                                                    | <div>6c</div>                                                                                               |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                                |                                                                                                             |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</div> |

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

|                                                                                                                                                                                                                                 |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2023  
v. 230707

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>15a</b>                                                                             |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>15b</b>                                                                             |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>16a</b>                                                                             |  |
| <b>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>16b</b>                                                                             |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: <u>68.9</u> % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: <u>25.3</u> %<br>High-Yield Debt: _____ % Real Assets: <u>5.1</u> % Cash or Cash Equivalents: _____ % Other: <u>0.7</u> %<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input checked="" type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A<br><b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____. |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

# **MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN**

## **FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE**

***As of and for the Years Ended December 31, 2023 and 2022***

***And Report of Independent Auditor***

**MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN**  
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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## Report of Independent Auditor

To the Board of Directors  
Marietta Memorial Hospital Retirement Plan  
Marietta, Ohio

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

We have performed audits of the financial statements of the Marietta Memorial Hospital Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the financial statements 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 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).

### Basis for Opinion

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

## **2022 Financial Statements**

The financial statements as of and for the year ended December 31, 2022, were audited by MCM CPAs & Advisors LLP, which was acquired by Cherry Bekaert LLP as of October 31, 2023. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of DOL'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 10, 2023, indicated that (a) the amounts and disclosures in the 2022 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, and (b) the information in the 2022 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 the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2022 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).

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

### **Supplemental Schedule Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i, as of and for the year ended December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and to certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and to other additional procedures in accordance with generally accepted auditing standards. 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 DOL'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 DOL'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 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).

*Cherry Bekaert LLP*

Louisville, Kentucky  
October 14, 2024

**MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

*DECEMBER 31, 2023 AND 2022*

|                                          | <b>2023</b>          | <b>2022</b>          |
|------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| Cash                                     | \$ 71,295            | \$ 39,223            |
| Investments, at Fair Value:              |                      |                      |
| Money market accounts                    | 404,982              | 1,132,978            |
| Mutual funds                             | 59,935,231           | 55,294,575           |
| Total Investments, at Fair Value         | 60,340,213           | 56,427,553           |
| Receivables:                             |                      |                      |
| Employer contribution                    | -                    | 88,653               |
| Total Receivables                        | -                    | 88,653               |
| Total Assets                             | 60,411,508           | 56,555,429           |
| <b>LIABILITIES</b>                       |                      |                      |
| Other liabilities                        | 68,831               | 35,125               |
| <b>Net Assets Available for Benefits</b> | <b>\$ 60,342,677</b> | <b>\$ 56,520,304</b> |

The accompanying notes to the financial statements are an integral part of these statements.

**MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

*YEARS ENDED DECEMBER 31, 2023 AND 2022*

|                                                              | <b>2023</b>   | <b>2022</b>   |
|--------------------------------------------------------------|---------------|---------------|
| Additions to net assets attributed to:                       |               |               |
| Investment Income:                                           |               |               |
| Interest and dividends                                       | \$ 1,950,583  | \$ 1,767,302  |
| Net appreciation in fair value of investments                | 5,543,375     | -             |
| Total Investment Income                                      | 7,493,958     | 1,767,302     |
| Employer contributions                                       | -             | 354,612       |
| Other income                                                 | 2,703         | 4,562         |
| Total Additions                                              | 7,496,661     | 2,126,476     |
| Deductions from net assets attributed to:                    |               |               |
| Net depreciation in fair value of investments                | -             | 12,312,829    |
| Benefits paid to participants                                | 3,545,286     | 3,290,288     |
| Administrative fees                                          | 129,002       | 132,203       |
| Total Deductions                                             | 3,674,288     | 15,735,320    |
| Net increase (decrease) in net assets available for benefits | 3,822,373     | (13,608,844)  |
| Net assets available for benefits, beginning of year         | 56,520,304    | 70,129,148    |
| Net assets available for benefits, end of year               | \$ 60,342,677 | \$ 56,520,304 |

The accompanying notes to the financial statements are an integral part of these statements.

# MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

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### Note 1—Description of the Plan

The following description of the Marietta Memorial Hospital Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description, which is available from Marietta Memorial Hospital, (the “Hospital” or “Plan Sponsor”), and contains information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation’s (“PBGC”) benefit guarantee.

*General* – The Plan is a noncontributory defined benefit pension plan that prior to June 30, 2007, covered substantially all employees of Hospital who worked at least 1,000 hours in a consecutive twelve-month period and had reached 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Effective June 30, 2007, the Hospital froze the Plan to new participants. The accrued benefit of each participant is frozen as of March 31, 2018, for all purposes under the Plan, and no benefits shall accrue after such date.

*Funding Policy* – The Hospital’s funding policy is to make quarterly contributions that are actuarially determined in amounts sufficient to meet the minimum funding requirements of ERISA. Participant contributions are not required or permitted by the Plan. The Plan met the minimum funding requirements of ERISA for the 2023 and 2022 Plan years.

*Plan Benefits* – Employees with five or more years of service or have reached normal retirement age are entitled to annual pension benefits beginning at normal retirement age 65. The Plan provides retirement benefits in the form of direct monthly payments, equal to a percentage of their average compensation times years of service up to a maximum of thirty-five years. In addition to the default direct monthly payment option, participants may elect other forms of benefit payments. The Plan also provides for early retirement, disability retirement, and death benefits in certain circumstances.

*Death and Disability Benefits* – Death benefits may be paid to the participant’s beneficiary, depending on the commencement of benefits prior to death, benefit payment method selected, and whether certain plan conditions have been met. Participants retiring from service with the Hospital due to permanent disability have the option to defer benefit payments until normal retirement age or may begin receiving an actuarially decreased benefit as soon as they become disabled.

### Note 2—Summary of significant accounting policies

*Basis of Presentation* – The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

*Use of Estimates* – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets, liabilities at the date of the financial statements, the reported amounts of additions, and deductions during the reporting period. Most significantly, estimates are used in determining the actuarial present value of accumulated plan benefits and valuation of investments. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition* – For 2023 and 2022, Peoples Bank managed the investment portfolio of the Plan with full discretionary authority within the general objectives and guidelines established by the Plan administrator. The Plan administrator strives to maintain a diverse investment portfolio and limits any possible concentration in any one entity, industry, or investment in order to achieve its objectives. The Plan’s investment objective is to invest its funds in such a way as to earn the highest possible real return (capital appreciation and current return) with prudent levels of risk.

# MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

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### **Note 2—Summary of significant accounting policies (continued)**

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

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

*Payments of Benefits* – Benefit payments to participants are recorded upon distribution. There were no benefit payments requested and not yet disbursed at December 31, 2023 and 2022.

*Administrative Expenses* – Certain administrative expenses of maintaining the Plan are paid by the Hospital.

*Accumulated Present Value of Accumulated Plan Benefits* – Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Accumulated plan benefits are based on years of service and the highest consecutive 60 months average earnings within the last 120 months of credited service. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

### **Note 3—Information certified by the qualified institution (unaudited)**

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Peoples Bank, a qualified institution, has certified to the completeness and accuracy of the following data included in the accompanying financial statements and supplemental schedule.

- Investments at fair value, as shown in the statements of net assets available for benefits as of December 31, 2023 and 2022.
- Net appreciation (depreciation) in fair value of investments and interest and dividends as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2023.

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

# MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

### Note 4—Fair value measurements

U.S. GAAP provides a framework for measuring fair value. That framework 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 to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following are descriptions of the valuation methodologies used for investments measured at fair value, including the general classification of such assets pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

*Mutual Funds* – Valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are, therefore, classified within Level 1 of the valuation hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

| Assets at Fair Value as of December 31, 2023 |               |         |         |               |
|----------------------------------------------|---------------|---------|---------|---------------|
|                                              | Level 1       | Level 2 | Level 3 | Total         |
| Money market fund                            | \$ 404,982    | \$ -    | \$ -    | \$ 404,982    |
| Mutual funds                                 | 59,935,231    | -       | -       | 59,935,231    |
| Total assets in the fair value hierarchy     | \$ 60,340,213 | \$ -    | \$ -    | \$ 60,340,213 |
| Assets at Fair Value as of December 31, 2022 |               |         |         |               |
|                                              | Level 1       | Level 2 | Level 3 | Total         |
| Money market fund                            | \$ 1,132,978  | \$ -    | \$ -    | \$ 1,132,978  |
| Mutual funds                                 | 55,294,575    | -       | -       | 55,294,575    |
| Total assets in the fair value hierarchy     | \$ 56,427,553 | \$ -    | \$ -    | \$ 56,427,553 |

# MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

### Note 4—Fair value measurements (continued)

The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. There were no transfers between hierarchy levels during 2023 and 2022.

### Note 5—Actuarial present value of accumulated plan benefits

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

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

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

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

The significant actuarial assumptions underlying the computations for the Plan as of January 1, 2023 are as follows:

|                 |                                                                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate   | 7.25% in both 2022 and 2021.                                                                                                                                           |
| Life expectancy | Pri-2012 Total Dataset Amount-Weighted Mortality Projected with Scale MP-2021 in 2022 and 2021, with separate rates for employees, retirees, and contingent survivors. |
| Retirement      | Actives are assumed to retire based on age and normal retirement age as follows:                                                                                       |

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

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

# MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

### Note 5—Actuarial present value of accumulated plan benefits (continued)

The actuarial present value of accumulated plan benefits as of December 31, 2023 and 2022 are as follows:

|                                                            | <u>2023</u>          | <u>2022</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits:      |                      |                      |
| Vested benefits:                                           |                      |                      |
| Participants currently receiving payments                  | \$ 30,372,793        | \$ 28,777,970        |
| Other participants                                         | 22,894,942           | 24,226,145           |
| Total vested benefits                                      | 53,267,735           | 53,004,115           |
| Nonvested benefits                                         | -                    | -                    |
| Total actuarial present value of accumulated plan benefits | <u>\$ 53,267,735</u> | <u>\$ 53,004,115</u> |

The changes in the actuarially computed present value of accumulated plan benefits for the years ended December 31, 2023 and 2022 are as follows:

|                                               | <u>2023</u>          | <u>2022</u>          |
|-----------------------------------------------|----------------------|----------------------|
| Accumulated plan benefits - beginning of year | \$ 53,004,115        | \$ 52,382,955        |
| Increase (decrease) attributable to:          |                      |                      |
| Effect of assumption change                   | -                    | 135,119              |
| Benefits paid                                 | (3,285,726)          | (3,283,734)          |
| Benefits accumulated                          | (176,429)            | 88,963               |
| Decrease in the discount period               | 3,725,775            | 3,680,812            |
| Net increase                                  | 263,620              | 621,160              |
| Accumulated plan benefits - end of year       | <u>\$ 53,267,735</u> | <u>\$ 53,004,115</u> |

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

### Note 6—Related party and party-in-interest transactions

Certain administrative services are provided by the Plan Sponsor at no cost to the Plan, and certain administrative expenses of the Plan are paid by the Plan Sponsor. The Plan has entered into various service agreements with parties-in-interest. It invests in mutual funds managed by Peoples Bank, the trustee of the Plan. The Plan paid fees to Peoples Bank totaling \$129,002 and \$132,203 during the Plan years ended December 31, 2023 and 2022, respectively. These transactions qualify as party-in-interest transactions.

### Note 7—Income tax status

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

# MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN

## NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

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### Note 7—Income tax status (continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 8—Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan at any time, subject to the provisions of 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:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2023, that ceiling was \$6,750 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

### Note 9—Risks and uncertainties

The Plan invests in various investment securities. Investment securities, in general, 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 investment securities will occur in the near term and such changes could materially affect amounts reported in the financial statements.

# **MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN**

## **NOTES TO THE FINANCIAL STATEMENTS**

*DECEMBER 31, 2023 AND 2022*

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### **Note 9—Risks and uncertainties (continued)**

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

### **Note 10—Commitments and contingencies**

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

### **Note 11—Subsequent events**

The Plan has evaluated all subsequent events through October 14 2024, which is the date these financial statements were available to be issued and has determined there are no subsequent events that require disclosure.

## **SUPPLEMENTAL SCHEDULE**

**MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
 FORM 5500, SCHEDULE H, PART IV, LINE 4i  
 EIN: 31-4379509, PLAN NUMBER: 001

DECEMBER 31, 2023

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Shares/<br>Units | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|-------------------------|-------------|-------------------------|
|     | <b>Money Market:</b>                                            |                         |             |                         |
| *   | Peoples Bank Special Money Market                               | 404,982                 | 404,982     | \$ 404,982              |
|     | <b>Mutual Funds:</b>                                            |                         |             |                         |
|     | Vanguard Instl Index CI Fund                                    | 33,055                  | 8,212,302   | 13,006,567              |
|     | Vanguard Long-Term Invmt Grade Adm Fund                         | 542,930                 | 5,691,465   | 4,414,019               |
|     | Vanguard Intl Growth Adm Fund                                   | 30,516                  | 3,185,567   | 3,106,860               |
|     | Vanguard Mid Cap Index Admiral                                  | 13,149                  | 2,066,280   | 3,787,868               |
|     | Vanguard Equity Income Adm Fund                                 | 40,140                  | 3,340,459   | 3,382,581               |
|     | Dodge & Cox Income Fund                                         | 263,847                 | 3,671,546   | 3,329,751               |
|     | Vanguard Total Bond Market CI Fund                              | 329,044                 | 3,598,208   | 3,195,021               |
|     | Transamerica International Equity Fund                          | 164,979                 | 2,404,948   | 3,330,925               |
|     | JP Morgan Strategic Income Opps                                 | 205,617                 | 2,340,703   | 2,348,145               |
|     | Nationwide International Small Cap I Class Fund                 | 227,892                 | 1,969,678   | 2,233,346               |
|     | Allspring Absolute Return CI I Fund                             | 187,751                 | 2,089,450   | 2,046,481               |
|     | Lord Abbett Short Duration Inc CI                               | 454,832                 | 1,910,978   | 1,755,652               |
|     | Loomis Sayles Small Cap Growth Class N Fund                     | 49,615                  | 1,306,459   | 1,323,718               |
|     | DFA Emerging Markets Social Core                                | 70,911                  | 1,763,681   | 1,952,178               |
|     | Gateway Fund CI Y Fund                                          | 47,494                  | 1,679,765   | 1,930,055               |
|     | Mainstay CBRE Global Infrastructure Class I                     | 247,374                 | 2,882,083   | 3,067,443               |
|     | Driehaus Emerging Market Growth Fund                            | 53,523                  | 1,821,990   | 1,863,148               |
|     | Fidelity Intermediate Treasury Bond                             | 267,513                 | 2,590,374   | 2,608,251               |
|     | Goldman Sachs Small Cap Value Insights Fund                     | 22,075                  | 1,076,545   | 1,253,222               |
|     | <b>Total Mutual Funds</b>                                       |                         |             | 59,935,231              |
|     | <b>Total Assets (Held at End of Year)</b>                       |                         |             | \$ 60,340,213           |

\* Represents party-in-interest to the plan

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2023 Valuation  
Marietta Memorial Hospital Retirement Plan  
(EIN: 31-4379509; PN: 001)

| Attained<br>Age | Years of Credited Service |          |          |           |           |           |           |           |           |          |
|-----------------|---------------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|
|                 | Under 1                   | 1 to 4   | 5 to 9   | 10 to 14  | 15 to 19  | 20 to 24  | 25 to 29  | 30 to 34  | 35 to 39  | 40 & up  |
| Under 25        | -                         | -        | -        | -         | -         | -         | -         | -         | -         | -        |
| 25 to 29        | -                         | -        | -        | -         | -         | -         | -         | -         | -         | -        |
| 30 to 34        | -                         | -        | 1<br>(*) | -         | -         | -         | -         | -         | -         | -        |
| 35 to 39        | 1<br>(*)                  | 3<br>(*) | 7<br>(*) | 20<br>(*) | 1<br>(*)  | -         | -         | -         | -         | -        |
| 40 to 44        | -                         | 4<br>(*) | 8<br>(*) | 18<br>(*) | 18<br>(*) | -         | -         | -         | -         | -        |
| 45 to 49        | -                         | -        | 3<br>(*) | 14<br>(*) | 12<br>(*) | 7<br>(*)  | -         | -         | -         | -        |
| 50 to 54        | -                         | 2<br>(*) | 1<br>(*) | 21<br>(*) | 24<br>(*) | 14<br>(*) | 7<br>(*)  | -         | -         | -        |
| 55 to 59        | -                         | -        | 2<br>(*) | 17<br>(*) | 21<br>(*) | 11<br>(*) | 13<br>(*) | 10<br>(*) | 2<br>(*)  | -        |
| 60 to 64        | -                         | 2<br>(*) | 1<br>(*) | 17<br>(*) | 13<br>(*) | 8<br>(*)  | 9<br>(*)  | 7<br>(*)  | 11<br>(*) | 1<br>(*) |
| 65 to 69        | -                         | -        | 1<br>(*) | 3<br>(*)  | 2<br>(*)  | 2<br>(*)  | 2<br>(*)  | -         | 2<br>(*)  | 2<br>(*) |
| 70 & up         | -                         | -        | -        | 1<br>(*)  | -         | -         | -         | -         | -         | -        |

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

## Appendix B

### Statement of Actuarial Assumptions and Methods

|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                             |                         |       |                           |       |                                |       |                         |       |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------|---------------------------|-------|--------------------------------|-------|-------------------------|-------|
| <b>Minimum Funding<br/>Annual Interest Rates</b>    | 24-month segment rates averaged through the end of August 2022 and published in September 2022 (as prescribed by IRC 430) and adjusted to reflect BBA: <table><tr><td>Segment 1 (0 – 5 years)</td><td>4.75%</td></tr><tr><td>Segment 2 (5 to 20 years)</td><td>5.00%</td></tr><tr><td>Segment 3 (more than 20 years)</td><td>5.74%</td></tr><tr><td>Effective Interest Rate</td><td>5.28%</td></tr></table> | Segment 1 (0 – 5 years) | 4.75% | Segment 2 (5 to 20 years) | 5.00% | Segment 3 (more than 20 years) | 5.74% | Effective Interest Rate | 5.28% |
| Segment 1 (0 – 5 years)                             | 4.75%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Segment 2 (5 to 20 years)                           | 5.00%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Segment 3 (more than 20 years)                      | 5.74%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Effective Interest Rate                             | 5.28%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| <b>Maximum Deductible<br/>Annual Interest Rates</b> | 24-month segment rates averaged through the end of August 2022 and published in September 2022 (as prescribed by IRC 430) as follows: <table><tr><td>Segment 1 (0 – 5 years)</td><td>1.41%</td></tr><tr><td>Segment 2 (5 to 20 years)</td><td>3.09%</td></tr><tr><td>Segment 3 (more than 20 years)</td><td>3.58%</td></tr><tr><td>Effective Interest Rate</td><td>3.25%</td></tr></table>                  | Segment 1 (0 – 5 years) | 1.41% | Segment 2 (5 to 20 years) | 3.09% | Segment 3 (more than 20 years) | 3.58% | Effective Interest Rate | 3.25% |
| Segment 1 (0 – 5 years)                             | 1.41%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Segment 2 (5 to 20 years)                           | 3.09%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Segment 3 (more than 20 years)                      | 3.58%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Effective Interest Rate                             | 3.25%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| <b>Annual Expected<br/>Return on Assets</b>         | Interest Rate for developing Actuarial Value of Assets;<br>limited to third segment rate<br><br>7.25%                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
|                                                     | Rationale: as selected by the Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                  |                         |       |                           |       |                                |       |                         |       |
| <b>PBGC Annual<br/>Interest Rates</b>               | Spot rates for December 2022 published in January 2023 using the Standard Method (as prescribed by IRC 430) as follows: <table><tr><td>Segment 1 (0 – 5 years)</td><td>4.84%</td></tr><tr><td>Segment 2 (5 to 20 years)</td><td>5.15%</td></tr><tr><td>Segment 3 (more than 20 years)</td><td>4.85%</td></tr><tr><td>Effective Interest Rate</td><td>5.00%</td></tr></table>                                | Segment 1 (0 – 5 years) | 4.84% | Segment 2 (5 to 20 years) | 5.15% | Segment 3 (more than 20 years) | 4.85% | Effective Interest Rate | 5.00% |
| Segment 1 (0 – 5 years)                             | 4.84%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Segment 2 (5 to 20 years)                           | 5.15%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Segment 3 (more than 20 years)                      | 4.85%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| Effective Interest Rate                             | 5.00%                                                                                                                                                                                                                                                                                                                                                                                                       |                         |       |                           |       |                                |       |                         |       |
| <b>Salary Scale</b>                                 | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                              |                         |       |                           |       |                                |       |                         |       |
| <b>Mortality</b>                                    | Funding: Mortality as provided in Notice 2022-22, male and female, with different rates for annuitants and nonannuitants (as prescribed by IRC 430).                                                                                                                                                                                                                                                        |                         |       |                           |       |                                |       |                         |       |

## Appendix B (Continued)

### Rates of Retirement

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

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

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

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

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

### Rates of Turnover

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

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

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

### Rates of Disability

None

## Appendix B (Continued)

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assumptions Made In Valuing Spouse's Benefit | 100% of the employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be the same age as the husband.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Optional Form Selection                      | All employees are assumed to elect the life annuity form of benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Provision for Expenses                       | \$132,203 for 2023; the actual administrative expenses paid from the plan assets during the prior year were included in the Target Normal Cost for Minimum Required Contribution purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Standing Elections                           | The plan sponsor has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement. The plan sponsor also has not signed a standing election to add the maximum amount possible to the Prefunding Balance for any future affected plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Asset Method                                 | Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets. |
| Funding Method                               | Pure Unit Credit<br><br>The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model are checked for accuracy and reviewed for reasonableness.                                                                                                                                                                                                                                                                                                           |
| Employees Valued                             | Only participants as of the valuation date were valued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

## Appendix B (Continued)

### Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 4.75%, 5.18% and 5.92%. These rates were updated to the rates required for the current plan year.

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

### Justification for Changes in Actuarial Assumptions

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

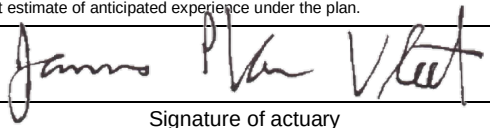
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                                    |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> 56,520,149                                                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> 62,172,163                                                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                               |
|                                                                                                                                                                                                                 | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 475 35,821,902 35,821,902                                                     |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 234 10,339,322 10,339,322                                                     |
| <b>c</b> For active participants.....                                                                                                                                                                           | 346 19,461,218 19,461,218                                                     |
| <b>d</b> Total .....                                                                                                                                                                                            | 1,055 65,622,442 65,622,442                                                   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> 5.28%                                                                |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> 0                                                                   |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> 132,203                                                             |
| <b>c</b> Target normal cost.....                                                                                                                                                                                | <b>6c</b> 132,203                                                             |

**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.

|                                                 |                                                                                     |                                        |
|-------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                |  | 10/04/2024                             |
|                                                 | Signature of actuary                                                                | Date                                   |
| JAMES P. VAN VLEET                              | Type or print name of actuary                                                       | 2305701                                |
|                                                 |                                                                                     | Most recent enrollment number          |
| USI Consulting Group                            | Firm name                                                                           | 614-407-7589                           |
|                                                 |                                                                                     | Telephone number (including area code) |
| 5455 Rings Road<br>SUITE 250<br>DUBLIN OH 43017 | Address of the firm                                                                 |                                        |

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

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

**Schedule SB (Form 5500) 2023**  
**v. 230728**

| Part II   |                                                                                                                                                                      | Beginning of Year Carryover and Prefunding Balances |                        |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|
|           |                                                                                                                                                                      | (a) Carryover balance                               | (b) Prefunding balance |
| <b>7</b>  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                                                   | 1,402,853              |
| <b>8</b>  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                   | 0                      |
| <b>9</b>  | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                                                   | 1,402,853              |
| <b>10</b> | Interest on line 9 using prior year's actual return of <u>-15.40</u> % .....                                                                                         | 0                                                   | -216,039               |
| <b>11</b> | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                     |                        |
|           | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                     | 342,390                |
|           | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> % ..... |                                                     | 18,660                 |
|           | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                     | 0                      |
|           | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                     | 361,050                |
|           | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                     | 0                      |
| <b>12</b> | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                   | 0                      |
| <b>13</b> | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                                                   | 1,186,814              |

| Part III  |                                                                                                                                                                  | Funding Percentages |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | <b>14</b>           | 92.93 %  |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>           | 92.93 %  |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>           | 102.04 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b>           | %        |

| Part IV                                                                                  |                                   | Contributions and Liquidity Shortfalls |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                        |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                        | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                        |                          | 0                                 | 0                               |

|                                                                                                                                                                                  |            |         |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |         |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                             | <b>19a</b> | 0       |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                               | <b>19b</b> | 0       |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                          | <b>19c</b> | 0       |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |         |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |         |
| <b>c</b> 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 |
|                                                                                                                                                                                  |            |         |         |

|                  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                                         | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment:<br/>4.75 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment:<br/>5.00 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment:<br/>5.74 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code).....                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      | <b>21b</b> 4                                                        |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | <b>22</b> 63                                                        |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      | <b>27</b>                                                           |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years.....                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      | <b>28</b> 0                                                         |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      | <b>29</b> 0                                                         |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      | <b>30</b> 0                                                         |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Target normal cost (line 6c).....                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      | <b>31a</b> 132,203                                                  |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      | <b>31b</b> 0                                                        |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                           | Outstanding Balance<br>4,637,093                                                                                                                                                                                                                                                                                                                                                     | Installment<br>424,668                                              |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                   |
| <b>33</b>        | 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 .....                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      | <b>33</b>                                                           |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      | <b>34</b> 556,871                                                   |
|                  | Carryover balance                                                                                                                                                                                                                                                                                      | Prefunding balance                                                                                                                                                                                                                                                                                                                                                                   | Total balance                                                       |
| <b>35</b>        | Balances elected for use to offset funding requirement.....                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                    | 556,871                                                             |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      | <b>36</b> 0                                                         |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      | <b>37</b> 0                                                         |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                      | <b>38a</b> 0                                                        |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | <b>38b</b>                                                          |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | <b>39</b> 0                                                         |
| <b>40</b>        | Unpaid minimum required contributions for all years.....                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                      | <b>40</b> 0                                                         |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>41</b>        | 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |

Schedule SB, line 22 – Description of Weighted Average Retirement Age  
Marietta Memorial Hospital Retirement Plan  
January 1, 2023 Valuation  
EIN/PN: 31-4379509 / 001

**Rates of Retirement**

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

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

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

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

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

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

January 1, 2023 Valuation  
Marietta Memorial Hospital Retirement Plan  
(EIN: 31-4379509; PN: 001)

| Plan Year | Active<br>Participants | Terminated<br>Vested<br>Participants | Retired<br>Participants and<br>Beneficiaries<br>Receiving | Total     |
|-----------|------------------------|--------------------------------------|-----------------------------------------------------------|-----------|
|           |                        |                                      | Payments                                                  |           |
| 2023      | 265,366                | 22,928                               | 3,361,485                                                 | 3,649,779 |
| 2024      | 483,874                | 119,889                              | 3,299,121                                                 | 3,902,885 |
| 2025      | 652,437                | 191,684                              | 3,231,336                                                 | 4,075,457 |
| 2026      | 775,197                | 255,272                              | 3,155,176                                                 | 4,185,645 |
| 2027      | 888,596                | 291,245                              | 3,076,955                                                 | 4,256,796 |
| 2028      | 1,015,573              | 366,398                              | 2,993,064                                                 | 4,375,036 |
| 2029      | 1,122,355              | 490,226                              | 2,904,234                                                 | 4,516,815 |
| 2030      | 1,213,109              | 584,148                              | 2,810,349                                                 | 4,607,606 |
| 2031      | 1,298,154              | 649,810                              | 2,710,430                                                 | 4,658,393 |
| 2032      | 1,371,330              | 710,881                              | 2,604,985                                                 | 4,687,196 |
| 2033      | 1,427,240              | 744,973                              | 2,494,214                                                 | 4,666,427 |
| 2034      | 1,474,410              | 777,953                              | 2,378,348                                                 | 4,630,711 |
| 2035      | 1,512,911              | 792,569                              | 2,257,276                                                 | 4,562,757 |
| 2036      | 1,542,917              | 817,111                              | 2,131,383                                                 | 4,491,411 |
| 2037      | 1,570,249              | 910,011                              | 2,001,204                                                 | 4,481,463 |
| 2038      | 1,583,180              | 937,753                              | 1,867,434                                                 | 4,388,367 |
| 2039      | 1,588,617              | 963,973                              | 1,730,939                                                 | 4,283,529 |
| 2040      | 1,584,905              | 1,024,398                            | 1,592,756                                                 | 4,202,059 |
| 2041      | 1,571,048              | 1,023,637                            | 1,454,076                                                 | 4,048,761 |
| 2042      | 1,561,250              | 1,010,668                            | 1,316,208                                                 | 3,888,126 |
| 2043      | 1,548,179              | 999,863                              | 1,180,526                                                 | 3,728,567 |
| 2044      | 1,525,317              | 1,004,827                            | 1,048,420                                                 | 3,578,564 |
| 2045      | 1,496,975              | 992,905                              | 921,259                                                   | 3,411,139 |
| 2046      | 1,470,114              | 979,602                              | 800,366                                                   | 3,250,083 |
| 2047      | 1,445,380              | 965,374                              | 686,970                                                   | 3,097,724 |
| 2048      | 1,414,614              | 942,543                              | 582,139                                                   | 2,939,296 |
| 2049      | 1,382,872              | 908,458                              | 486,698                                                   | 2,778,029 |
| 2050      | 1,324,856              | 883,830                              | 401,186                                                   | 2,609,873 |
| 2051      | 1,267,549              | 834,258                              | 325,834                                                   | 2,427,642 |
| 2052      | 1,212,269              | 791,285                              | 260,582                                                   | 2,264,136 |
| 2053      | 1,148,013              | 744,717                              | 205,098                                                   | 2,097,827 |
| 2054      | 1,086,277              | 699,460                              | 158,798                                                   | 1,944,535 |
| 2055      | 1,011,412              | 650,142                              | 120,898                                                   | 1,782,452 |
| 2056      | 936,671                | 603,323                              | 90,481                                                    | 1,630,475 |
| 2057      | 862,170                | 553,506                              | 66,558                                                    | 1,482,234 |
| 2058      | 790,351                | 505,344                              | 48,126                                                    | 1,343,821 |
| 2059      | 721,721                | 459,155                              | 34,217                                                    | 1,215,092 |
| 2060      | 656,670                | 415,177                              | 23,937                                                    | 1,095,784 |
| 2061      | 595,462                | 373,584                              | 16,493                                                    | 985,539   |
| 2062      | 538,239                | 334,501                              | 11,207                                                    | 883,948   |
| 2063      | 485,041                | 298,003                              | 7,523                                                     | 790,567   |
| 2064      | 435,803                | 264,123                              | 4,998                                                     | 704,924   |
| 2065      | 390,384                | 232,858                              | 3,292                                                     | 626,534   |
| 2066      | 348,581                | 204,166                              | 2,153                                                     | 554,900   |
| 2067      | 310,153                | 177,974                              | 1,400                                                     | 489,527   |
| 2068      | 274,856                | 154,195                              | 904                                                       | 429,955   |
| 2069      | 242,449                | 132,719                              | 580                                                       | 375,748   |
| 2070      | 212,719                | 113,429                              | 369                                                       | 326,517   |
| 2071      | 185,479                | 96,213                               | 232                                                       | 281,924   |
| 2072      | 160,576                | 80,953                               | 144                                                       | 241,674   |

## Appendix A

### Summary of Principal Plan Provisions

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

## Appendix A (Continued)

### Integration Level

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

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

### Accrued Benefit

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

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

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

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

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

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

### Normal Retirement Benefit

Eligibility:

Retirement on the Normal Retirement Date.

Monthly Benefit:

The Accrued Benefit.

### Delayed Retirement Benefit

Eligibility:

Retirement after the Normal Retirement Date.

Monthly Benefit:

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

### Early Retirement Benefit

Eligibility:

Age 55 and 5 years of service.

Monthly Benefit:

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

## Appendix A (Continued)

### Termination Benefit

Eligibility:

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

Monthly Benefit:

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

### Disability Benefit

Eligibility:

Totally and permanently disabled with ten years of service.

Monthly Benefit:

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

### Death Benefit

Eligibility:

100% vested and married.

Monthly Benefit:

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

### Optional Forms

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

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

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

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

## Appendix A (Continued)

### Optional Forms (Continued)

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

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

### Changes in Plan Operations

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

**MARIETTA MEMORIAL HOSPITAL RETIREMENT PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
 FORM 5500, SCHEDULE H, PART IV, LINE 4i  
 EIN: 31-4379509, PLAN NUMBER: 001

DECEMBER 31, 2023

| (a)                                       | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Shares/<br>Units | (d)<br>Cost | (e)<br>Current<br>Value |
|-------------------------------------------|-----------------------------------------------------------------|-------------------------|-------------|-------------------------|
| <b>Money Market:</b>                      |                                                                 |                         |             |                         |
| *                                         | Peoples Bank Special Money Market                               | 404,982                 | 404,982     | \$ 404,982              |
| <b>Mutual Funds:</b>                      |                                                                 |                         |             |                         |
|                                           | Vanguard Instl Index CI Fund                                    | 33,055                  | 8,212,302   | 13,006,567              |
|                                           | Vanguard Long-Term Invmt Grade Adm Fund                         | 542,930                 | 5,691,465   | 4,414,019               |
|                                           | Vanguard Intl Growth Adm Fund                                   | 30,516                  | 3,185,567   | 3,106,860               |
|                                           | Vanguard Mid Cap Index Admiral                                  | 13,149                  | 2,066,280   | 3,787,868               |
|                                           | Vanguard Equity Income Adm Fund                                 | 40,140                  | 3,340,459   | 3,382,581               |
|                                           | Dodge & Cox Income Fund                                         | 263,847                 | 3,671,546   | 3,329,751               |
|                                           | Vanguard Total Bond Market CI Fund                              | 329,044                 | 3,598,208   | 3,195,021               |
|                                           | Transamerica International Equity Fund                          | 164,979                 | 2,404,948   | 3,330,925               |
|                                           | JP Morgan Strategic Income Opps                                 | 205,617                 | 2,340,703   | 2,348,145               |
|                                           | Nationwide International Small Cap I Class Fund                 | 227,892                 | 1,969,678   | 2,233,346               |
|                                           | Allspring Absolute Return CI I Fund                             | 187,751                 | 2,089,450   | 2,046,481               |
|                                           | Lord Abbett Short Duration Inc CI                               | 454,832                 | 1,910,978   | 1,755,652               |
|                                           | Loomis Sayles Small Cap Growth Class N Fund                     | 49,615                  | 1,306,459   | 1,323,718               |
|                                           | DFA Emerging Markets Social Core                                | 70,911                  | 1,763,681   | 1,952,178               |
|                                           | Gateway Fund CI Y Fund                                          | 47,494                  | 1,679,765   | 1,930,055               |
|                                           | Mainstay CBRE Global Infrastructure Class I                     | 247,374                 | 2,882,083   | 3,067,443               |
|                                           | Driehaus Emerging Market Growth Fund                            | 53,523                  | 1,821,990   | 1,863,148               |
|                                           | Fidelity Intermediate Treasury Bond                             | 267,513                 | 2,590,374   | 2,608,251               |
|                                           | Goldman Sachs Small Cap Value Insights Fund                     | 22,075                  | 1,076,545   | 1,253,222               |
| <b>Total Mutual Funds</b>                 |                                                                 |                         |             | 59,935,231              |
| <b>Total Assets (Held at End of Year)</b> |                                                                 |                         |             | \$ 60,340,213           |

\* Represents party-in-interest to the plan

Schedule SB, line 32 – Schedule of Amortization Bases  
Marietta Memorial Hospital Retirement Plan  
January 1, 2023 Valuation  
EIN/PN: 31-4379509 / 001

## Exhibit VII

### Schedule of Amortization Bases

#### Shortfall Amortization Bases

| Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Amortization<br>Installment |
|---------------------|------------------------------|--------------------|-----------------------------|
| 1/1/2023            | \$ <u>4,637,093</u>          | 15                 | \$ <u>424,668</u>           |
| Total               | \$ 4,637,093                 |                    | \$ 424,668                  |

#### Waiver Amortization Bases

| Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Amortization<br>Installment |
|---------------------|------------------------------|--------------------|-----------------------------|
| 1/1/2023            | \$ <u>0</u>                  | N/A                | \$ <u>0</u>                 |
| Total               | \$ 0                         |                    | \$ 0                        |