

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): MARION GENERAL HOSPITAL, INC.
2b Employer Identification Number (EIN): 35-0868130
2c Plan Sponsor's telephone number: 765-660-6600
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	883
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	165
	<b>6a(2)</b>	140
	<b>6b</b>	587
	<b>6c</b>	60
	<b>6d</b>	787
	<b>6e</b>	65
	<b>6f</b>	852
	<b>6g(1)</b>	
<b>6g(2)</b>		
<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:  
11

**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)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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 <u>MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MARION GENERAL HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>35-0868130</u>	
<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 Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>07</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>57271630</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>59676216</u>	
<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 .....	<u>657</u>	<u>52905781</u>	<u>52905781</u>
<b>b</b> For terminated vested participants .....	<u>61</u>	<u>3674571</u>	<u>3674571</u>
<b>c</b> For active participants .....	<u>165</u>	<u>9772856</u>	<u>9818365</u>
<b>d</b> Total .....	<u>883</u>	<u>66353208</u>	<u>66398717</u>
<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>	<u>5.19 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>577500</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>577500</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>  Signature of actuary  <u>ALLEGRA BARRETT</u> Type or print name of actuary  <u>OCTOBER THREE CONSULTING LLC</u> Firm name  <u>233 SOUTH WACKER DR</u> <u>SUITE 8350</u> <u>CHICAGO, IL 60606-7147</u>  Address of the firm	<u>02/02/2026</u> Date  <u>23-09020</u> Most recent enrollment number  <u>847-732-2859</u> Telephone number (including area code)
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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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	2652143
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	2652143
<b>10</b>	Interest on line 9 using prior year's actual return of <u>2.01</u> % .....	0	53308
<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) .....		827930
<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>5.15</u> % .....		42638
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		870568
<b>d</b>	Portion of (c) to be added to prefunding balance .....		
<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	2705451

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	85.80 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	85.80 %
<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>	93.31 %
<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>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
11/12/2025	2000000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	2000000	<b>18(c)</b>	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> 1866330
<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 Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	<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> 61
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI 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 type="checkbox"/> Yes <input checked="" 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 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 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> 577500
<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 .....	9427952		887668	
<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> 1465168
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 1465168
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 1866330
<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> 401162
<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 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 type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>MARION GENERAL HOSPITAL EMPLOYEES' 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 <b>MARION GENERAL HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>35-0868130</b>	

**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

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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)

SCHRODER INVESTMENT MANAGEMENT

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INDEPENDENT	135074	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)

JP MORGAN (BANK ONE)

35-0943060

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	INDEPENDENT	66000	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)

OCTOBER THREE

27-1175487

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	INDEPENDENT	56700	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"/>

**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)

OXFORD

35-1588335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INDEPENDENT	28127	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)

MCCREADY & KEENE

35-0500670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	INDEPENDENT	13433	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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: PHILLIP J. LOFTUS	<b>b</b> EIN: 35-0500670
<b>c</b> Position: ACTUARY	
<b>d</b> Address: P.O. BOX 6094 INDIANAPOLIS, IN 46206-6094	<b>e</b> Telephone: 317-285-2391

Explanation: LISTED ACTUARY LEFT ONEAMERICA IN APRIL 2025.

<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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>MARION GENERAL HOSPITAL EMPLOYEES' 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 <b>MARION GENERAL HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>35-0868130</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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2000000	2000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	426735	820016
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1402021	1601546
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	22423598	25182556
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	16730606	11682520
<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>	14313956	15041870
<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>	57296916	56328508
<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>	57577	695381
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	57577	695381
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	57239339	55633127

**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 Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2000000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> 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>		2000000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	58497	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	1704995	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1763492
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	-1107399	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1128002	
<b>(C)</b> 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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		839511
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4623606

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5404468	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5404468
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	163202	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	70133	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	66000	
(11) Other expenses .....	<b>2i(11)</b>	526015	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		825350
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		6229818

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1606212
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: BLUE & CO., LLC

(2) EIN: 35-1178661

**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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		3000000
<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?		X	
<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?		X	
<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?		X	
<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.)	X		
<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.)	X		
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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 569995.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

<b>A</b> Name of plan <u>MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MARION GENERAL HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>35-0868130</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 13-4994650

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3		4
---	--	---

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<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).....	<b>14a</b>	
<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).....	<b>14b</b>	
<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>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<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>	

**16** 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>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** 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?  Yes  No

**21b** 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).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** 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 \_\_\_\_\_.



**MARION**  
**HEALTH**

**EMPLOYEES' RETIREMENT PLAN**

**FINANCIAL STATEMENTS**

**JUNE 30, 2025 AND 2024**

**AND**

**SUPPLEMENTAL SCHEDULES**

**JUNE 30, 2025**

*CPAs / ADVISORS*



**MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN**

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JUNE 30, 2025 AND 2024

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## REPORT OF INDEPENDENT AUDITORS

Board of Directors  
Marion General Hospital, Inc. dba Marion Health  
Marion, Indiana

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

We have performed audits of the accompanying financial statements of Marion General Hospital Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, 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 the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements 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 (GAAP).
- 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).

Board of Directors  
Marion General Hospital, Inc. dba Marion Health  
Marion, Indiana

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### Other Matters

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

Board of Directors  
Marion General Hospital, Inc. dba Marion Health  
Marion, Indiana

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

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

**Blue & Co., LLC**

Indianapolis, Indiana  
February 16, 2026

## MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS JUNE 30, 2025 AND 2024

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	2025	2024
<b>Assets</b>		
Cash and cash equivalents	\$ 1,601,546	\$ 1,402,021
Employer contribution receivable	2,000,000	2,000,000
Investments, at fair value		
Exchange traded funds	2,720,528	2,632,760
Mutual funds	12,321,342	11,681,196
Fixed income obligations	36,865,076	39,154,204
Total investments, at fair value	51,906,946	53,468,160
Due from brokers	408,600	12
Accrued interest and dividends	411,416	426,723
Total assets	56,328,508	57,296,916
<b>Liabilities</b>		
Due to brokers	594,798	2,060
Accrued administrative fees	100,583	55,517
Total liabilities	695,381	57,577
<b>Net assets available for benefits</b>	<b>\$ 55,633,127</b>	<b>\$ 57,239,339</b>

---

See accompanying notes to financial statements.

## MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED JUNE 30, 2025

---

#### **Additions to net assets attributed to:**

Investment return	
Net change in fair value of investments	\$ 540,509
Interest and dividends	<u>2,083,097</u>
Total investment return	2,623,606
Employer contributions	<u>2,000,000</u>
Total additions	4,623,606

#### **Deductions from net assets attributed to:**

Benefit payments	5,404,468
Administrative expenses	<u>825,350</u>
Total deductions	<u>6,229,818</u>
Net change	(1,606,212)

#### **Net assets available for benefits**

Beginning of year	<u>57,239,339</u>
End of year	<u><u>\$ 55,633,127</u></u>

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See accompanying notes to financial statements.

# MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

---

### 1. DESCRIPTION OF PLAN

The following brief description of the Marion General Hospital Employees' Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### General

The Plan is a noncontributory defined benefit plan, which covers those employees of Marion General Hospital, Inc. dba Marion Health (Hospital or Plan sponsor) who have satisfied the eligibility requirements to participate in the Plan prior to December 31, 2006. The governing body for administration of the Plan is the Board of Directors of the Plan sponsor. The Plan provides retirement, death, and termination benefits. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan sponsor contributes at least the minimum funding requirement and such additional amounts as determined to be prudent.

#### Participation and Vesting

An employee became a participant in the Plan upon reaching age 21 and completing at least one year of eligible service. A year of eligible service was credited to an employee upon the completion of at least 1,000 hours of service in a 12-month period. A participant becomes 100% vested after five years of eligible service, with no vesting before the end of the five-year period.

On December 31, 2006, the Plan was amended to freeze participation for employees hired or rehired after December 31, 2006, or who were not yet participants as of December 31, 2006, and to freeze benefit accruals for participants with less than five years of vesting service as of December 31, 2006. During 2011, the Board of Directors of the Hospital approved a restatement of the Plan agreement, which included freezing benefit accruals for participants as of December 31, 2010, and fully vesting all participants employed as of December 31, 2010.

#### Pension Benefits

Pension benefits are paid to participants either in monthly installments or in a lump-sum based on defined thresholds upon normal retirement, which is defined as 65 years of age. The amounts paid are dependent upon the participant's years of benefit service and salary. The Plan also provides for early retirement (starting at age 55), late retirement, death benefits, joint and survivor benefits, and payment options, all of which may affect the amount of participants' benefits. Participants who terminate employment on or after January 1, 2006, due to disability, will not be eligible for an immediate disability retirement benefit. However, depending on the participant's age and service, a benefit may be payable at early or normal retirement age under other provisions of the Plan.

#### Contributions

The Plan has met the minimum funding requirements of ERISA for 2025 and 2024. The actuarial cost method used to calculate the ERISA minimum funding requirement for 2025 and 2024 was the accrued benefit (unit credit) method. Employer contributions to the Plan were \$2,000,000 for 2025.

# MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

---

### Plan Termination

While the Hospital has not expressed any intent to terminate the Plan or to discontinue contributions, it may do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants would become 100% vested in benefits earned as of the termination date.

Pursuant to ERISA requirements, if a termination is the result of the bankruptcy or near bankruptcy of the Plan's sponsor and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will pay those benefits, which it guarantees, subject to certain limitations. In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits (as described in the Plan) and the level of benefits guaranteed by the PBGC at that time.

If the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Plan sponsor and the Plan has insufficient assets, the Hospital will be required to pay to the Plan an amount, which together with Plan assets will satisfy all benefits accumulated to the date of the Plan termination.

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

- a) Benefits attributable to employee contributions, considering those paid out before termination.
- b) 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.
- c) Other vested benefits insured by the PBGC up to the applicable limitations.
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All nonvested benefits.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

### Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

# MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

---

### Cash and Cash Equivalents

Cash and cash equivalents are defined as investments in highly liquid investments with original maturities of three months or less.

### Valuation of Investments

Investments are stated at fair value as provided by JPMorgan Chase Bank, N.A. (the Trustee) who holds the Plan's investments and executes investment transactions. 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 change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

### Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions 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 or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

Benefits for retired or terminated employees or their beneficiaries are based on the employee's compensation during the five consecutive years, which produce the highest average compensation. The accumulated plan benefits for active employees are based on the highest average compensation preceding the date the benefits were frozen. The highest average compensation as referred to above is subject to the maximum limitation defined in the Plan. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included in accumulated plan benefits, to the extent they are deemed attributable to employee service rendered prior to the valuation date.

### Due to/from Brokers

Balances due to/from brokers represent security purchase and sales transactions awaiting settlement. Credit risk relating to unsettled transactions is considered small due to the short settlement period involved (1-3 business days) and the high credit quality of the brokers used.

### Reclassifications

Certain amounts in the prior year financial statements were reclassified to conform with the current year presentation. There were no changes in previously reported net assets available for benefits or changes in net assets available for benefits.

### Subsequent Events

The Plan has evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements were available to be issued, which was February 16, 2026.

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# MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

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### 3. INVESTMENTS

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, JPMorgan Chase Bank, N.A., the Trustee of the Plan, has certified to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of June 30, 2025 and 2024, the schedule of assets as of June 30, 2025, the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended June 30, 2025, and the schedule of reportable transactions for the year ended June 30, 2025.

During 2025, the Plan's investments (including investments bought, sold, as well as held during the year) increased in fair value by approximately \$541,000. Interest and dividends on the Plan's investments for 2025 were \$2,083,000.

### 4. FAIR VALUE MEASUREMENT OF FINANCIAL INSTRUMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy are described as follows:

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2025 and 2024.

- *Money market mutual funds*: Valued based at the subscription and redemption activity at a \$1 stable net asset value (NAV). However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities.

## MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

- *Exchange traded funds (ETFs)*: Valued at the closing price on the active exchange on which the individual securities are traded. Unlike mutual funds, ETFs trade like common stocks and are not required to publish and transact their daily NAV. The ETFs held by the Plan are deemed to be actively traded.
- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Fixed income obligations*: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The following table sets forth by level, within the hierarchy, the Plan's assets and liabilities measured at fair value on a recurring basis as of June 30, 2025 and 2024 are as follows:

		June 30, 2025			
		Total	Level 1	Level 2	Level 3
Assets					
Cash and cash equivalents					
Money market mutual funds	\$	1,601,546	\$ -0-	\$ 1,601,546	\$ -0-
Investments					
Exchange traded funds	\$	2,720,528	\$ 2,720,528	\$ -0-	\$ -0-
Mutual funds		12,321,342	12,321,342	-0-	-0-
Fixed income obligations		36,865,076	-0-	36,865,076	-0-
Total investments	\$	51,906,946	\$ 15,041,870	\$ 36,865,076	\$ -0-
		June 30, 2024			
		Total	Level 1	Level 2	Level 3
Assets					
Cash and cash equivalents					
Money market mutual funds	\$	1,402,021	\$ -0-	\$ 1,402,021	\$ -0-
Investments					
Exchange traded funds	\$	2,632,760	\$ 2,632,760	\$ -0-	\$ -0-
Mutual funds		11,681,196	11,681,196	-0-	-0-
Fixed income obligations		39,154,204	-0-	39,154,204	-0-
Total investments	\$	53,468,160	\$ 14,313,956	\$ 39,154,204	\$ -0-

## MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

#### 5. ACCUMULATED PLAN BENEFITS

An independent actuary determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The valuation dates of the Plan were June 30, 2025 and 2024.

The accumulated plan benefit information as of the end of each plan year was as follows:

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 49,769,564	\$ 49,389,600
Other participants	9,713,209	12,386,887
Total vested benefits	59,482,773	61,776,487
Non-vested benefits	28,806	41,610
Total present value of accumulated plan benefits	\$ 59,511,579	\$ 61,818,097

Changes in the actuarial present value of accumulated plan benefits were as follows:

	2025	2024
Actuarial present value of accumulated plan benefits		
Beginning of year	\$ 61,818,097	\$ 62,924,242
Change during the year attributable to:		
Benefits accumulated and demographic experience	(611,136)	423,301
Change due to interest costs	3,709,086	3,775,455
Benefits paid	(5,404,468)	(5,304,901)
Net change	(2,306,518)	(1,106,145)
End of year	\$ 59,511,579	\$ 61,818,097

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments – 7.00% for 2025 and 6.30% for 2024
- Mortality basis: Pri-2012 Total Dataset Mortality for 2025 and 2024
- Mortality Improvement: Generational basis using scale MP-2021 for both 2025 and 2024
- Employee turnover: Sarason T-8 Table
- Retirement: Ranging from age 55 to age 65, using various probabilities
- Percent Married: 80% with males two years older than females

# MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

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The actuarial assumptions used in the Plan significantly affect the accounting liabilities for the Plan, which are based on the Plan design, demographics, and current mortality assumptions. Due to the potential of such factors to change, it is at least reasonably possible that management's estimates related to its defined benefit plan may have a significant change in the near term.

The foregoing 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.

### **6. INCOME TAX STATUS**

The Internal Revenue Service has determined and informed the Plan by a letter dated December 15, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **7. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS**

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Trustee of the Plan processed and distributed benefit payments on behalf of the Plan during the year. The Plan holds fixed income corporate obligations of JPMorgan Chase & Co., which is related to the Trustee. Blue & Co., LLC is the independent auditor for the Plan, Schroder Investment Management and Oxford are the investment managers for the Plan, and McCready and Keene and October Three are the actuaries for the Plan. They receive payment for those services. These transactions qualify as party-in-interest transactions.

# MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

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### 8. ADMINISTRATIVE EXPENSES

Administrative expenses consist of the following for 2025:

Investment advisory fees	\$	163,598
PBGC fees		525,619
Trustee fees		66,000
Actuarial and other fees		70,133
		<hr/>
	\$	825,350

The Hospital provides certain administrative services at no cost to the Plan and pays for certain administrative expenses related to the Plan.

### 9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

**Marion General Hospital Employee's Retirement Plan**

EIN / PN: 35-0868130 / 001

Schedule SB, Line 26a – Schedule of Active Participant Data

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**Completed years of credited service as of July 1, 2025**

<b>Attained age</b>	<b>Under 1</b>	<b>1 to 4</b>	<b>5 to 9</b>	<b>10 to 14</b>	<b>15 to 19</b>	<b>20 to 24</b>	<b>25 to 29</b>	<b>30 to 34</b>	<b>35 to 39</b>	<b>40 &amp; over</b>	<b>Total</b>
<b>Under 25</b>											
<b>25 to 29</b>											
<b>30 to 34</b>											
<b>35 to 39</b>											
<b>40 to 44</b>		9	3								12
<b>45 to 49</b>		7	1	7							15
<b>50 to 54</b>		4	4	7	3	1					19
<b>55 to 59</b>		8	3	9	11	3					34
<b>60 to 64</b>	1	8	3	5	5	10	4	2			38
<b>65 to 69</b>		5	4	1	3			3			16
<b>70 &amp; over</b>		1		2			1	1	1		6
<b>Total</b>	<b>1</b>	<b>42</b>	<b>18</b>	<b>31</b>	<b>22</b>	<b>14</b>	<b>5</b>	<b>6</b>	<b>1</b>		<b>140</b>

# Marion General Hospital Employee's Retirement Plan

EIN / PN: 35-0868130 / 001

## Actuarial Methods and Assumptions

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### Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the March immediately preceding the valuation

### Economic Assumptions

	Funding Target		FASB ASC
	With stabilization	Without stabilization	960
First segment rate (years 0 to 4):	4.99%	4.99%	6.00%
Second segment rate (years 5 to 19):	5.30%	5.30%	6.00%
Third segment rate (years 20 and after):	5.50%	5.48%	6.00%
Effective interest rate (current year):	5.31%	5.31%	6.00%

Long-term rate of return on assets (2024): 7.00%

Long-term rate of return on assets (2025): 7.00%

ASC 960 discount rate (current year): 6.00%

For PPA Funding and determination of the Maximum Deductible contribution, the segment rates are set by statute, IRS rule, and employer election. The ASC 960 rate is a long term expected rate of return on plan assets.

*The interest rates listed above are compounded annually.*

### Demographic Assumptions

#### ASSUMED RETIREMENT AGE

For actives, 20% at age 62, 10% at ages 55-61, 63 and 64, 100% at later of age 65 or age on valuation date. For vested participants, age 65. These assumptions reflect the expectation of receiving unreduced benefits at 65.

#### WITHDRAWAL

Sarason T-8

#### DISABILITY

None.

#### RATIONALE FOR RETIREMENT AGE, WITHDRAWAL, AND DISABILITY ASSUMPTIONS

Retirement assumptions reflect the expectation of receiving unreduced benefits at 65. Withdrawal rates are a best estimate reflecting insufficient experience to develop plan-specific assumptions. No disability assumptions are used because the plan does not have specific provisions for disability retirement.

#### MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2025 Generational Mortality Table as prescribed by Treasury regulation section 1.430(h)(3)-1. For ASC 960, mortality follows the Pri-2012 generational mortality with MP-2021 improvement. For PPA Funding and determination of the Maximum Deductible contribution, the mortality assumptions are set by statute, IRS rule, and employer election. For the ASC 960 calculations, the mortality assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.

# Marion General Hospital Employee's Retirement Plan

EIN / PN: 35-0868130 / 001

## Actuarial Methods and Assumptions

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### MARITAL STATUS

80% of male and female employees are assumed to be married; husbands are assumed to be 2 years older than their wives. These assumptions are based on plan specific observations and observations of other plans' experience.

### DECREMENT TIMING

Decrements are assumed to occur as of the beginning of the year.

### Other Assumptions

### DEFERRED VESTED COMMENCEMENT

Deferred vested inactive participants and actives who decrement under the termination cause are assumed to commence their benefit at age 65.

### MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is \$350,000 for 2025.

### MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is \$280,000 for 2025.

### ADMINISTRATIVE EXPENSE

Anticipated Administrative Expenses are based on actual administrative expenses paid by the plan in the most recently completed plan year.

### Changes from Prior Year and Rationale for Changes

Assumed expenses were updated to reflect current year expected PBGC Premiums.

### Future Salary Increases

Since the plan is frozen, future salary increases do not impact plan benefits.

## Actuarial Methods and Models

### VALUATION DATE

The valuation date is July 1, 2025.

### ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

### MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

## Marion General Hospital Employee's Retirement Plan

EIN / PN: 35-0868130 / 001

### Actuarial Methods and Assumptions

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#### ASC 960 COST METHOD

The method used to calculate the ASC 960 present value of accumulated plan benefits is the traditional unit credit cost method. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The present value of the accrued benefit is calculated using the applicable ASC 960 assumptions.

#### Changes in Method from Prior Year and Rationale for Changes

None.

#### MODELS

ProVal, a valuation model developed by Winklevoss Technologies, LLC, was used to generate the valuation liabilities. ProVal was set up and reviewed to reflect the data, assumptions, methods and provisions of this plan.

#### OTHER DISCLOSURES PERTAINING TO ECONOMIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect economic assumptions selected as of the valuation date?

None

#### OTHER DISCLOSURES PERTAINING TO DEMOGRAPHIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect demographic assumptions selected as of the valuation date?

None

#### OTHER DISCLOSURES PERTAINING TO PRESCRIBED ASSUMPTIONS OR METHODS

Any prescribed assumption or method set by another party that significantly conflicts with what, in the actuary's professional judgment, would be reasonable for the purpose of the valuation?

None

Any prescribed assumption or method set by another party that the actuary is unable to evaluate for reasonableness for the purpose of the valuation?

None

**MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS  
YEAR ENDED JUNE 30, 2025

SCHEDULE H LINE 4j  
EIN: 35-0868130  
Plan number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)		
<b>Money Market (P33391)</b>								
(1) *	JPMorgan US Govt MIMKT Fund Capital Shares - Fund	\$ 5,748,720		\$ 5,748,720	\$ 5,748,720			
(1) *	JPMorgan US Govt MIMKT Fund Capital Shares - Fund		\$ 5,481,860	\$ 5,481,860	\$ 5,481,860	\$ -0-		
<b>Bond Account (P33652)</b>								
(1) *	JPMorgan US Govt MIMKT Fund Capital Shares - Fund	\$ 13,248,360		\$ 13,248,360	\$ 13,248,360			
(1) *	JPMorgan US Govt MIMKT Fund Capital Shares - Fund		\$ 12,739,421	\$ 12,739,421	\$ 12,739,421	\$ -0-		
(1)	United States Of America Bond Fixed	\$ 3,074,334		\$ 3,074,334	\$ 3,074,334			
(1)	United States Of America Bond Fixed		\$ 2,953,509	\$ 3,111,939	\$ 3,111,939	\$ (158,430)		

\* Indicates a party-in-interest to the Plan

(1) Category (iii) - Represents a series of transactions in securities of the same issue in excess of 5% of Plan's beginning of the year net assets available for benefits.

There were no category (i), (ii) or (iv) reportable transactions during 2025.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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.

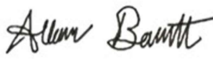
<b>A</b> Name of plan MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARION GENERAL HOSPITAL, INC.		<b>D</b> Employer Identification Number (EIN) 35-0868130	
<b>E</b> Type of plan: <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	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	57,271,630	
<b>b</b> Actuarial value .....	<b>2b</b>	59,676,216	
<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 .....	657	52,905,781	52,905,781
<b>b</b> For terminated vested participants .....	61	3,674,571	3,674,571
<b>c</b> For active participants .....	165	9,772,856	9,818,365
<b>d</b> Total .....	883	66,353,208	66,398,717
<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>	5.19%	
<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>	577,500	
<b>c</b> Target normal cost .....	<b>6c</b>	577,500	

**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>		02/02/2026
	Signature of actuary	Date
Allegra Barrett		2309020
	Type or print name of actuary	Most recent enrollment number
October Three Consulting LLC		847-732-2859
	Firm name	Telephone number (including area code)
233 South Wacker Dr Suite 8350 Chicago IL 60606-7147		
	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) 2024  
v. 240311**



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	<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> 61
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI 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 type="checkbox"/> Yes <input checked="" 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 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 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> 577,500
<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 .....	9,427,952		887,668	
<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> 1,465,168
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....				0
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 1,465,168
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 1,866,330
<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> 401,162
<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 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 type="checkbox"/> 2021				

SCHEDULE SB LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

July 1, 2024 - June 30, 2025

PLAN NAME: Marion General Hospital Employees' Retirement Plan

EIN: 35-0868130 Plan Number: 001

Plan Year Beginning:	7/1/2024	Valuation Date:	7/1/2025
Effective Interest Rate:	5.19%		
Interest Rate for Late Quarterlies:	10.19%		

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Days Late	Days to		Remaining Discount	Discounted Value
						Discount to 7/1/2022	Late Discount		
1	19c		10/15/2024	10/15/2023	0	106	1.000000	0.985561	\$ 0
2	19c		1/15/2025	1/15/2024	0	198	1.000000	0.973199	0
3	19c		4/15/2025	4/15/2024	0	289	1.000000	0.961123	0
4	19c		7/15/2025	7/15/2024	0	380	1.000000	0.949197	0
5	19c	2,000,000	11/12/2025	3/15/2025	0	503	1.000000	0.933697	1,866,330
Total		\$ 2,000,000							\$ 1,866,330

<u>Classification</u>	<u>Description</u>	<u>SB Line</u>
1-4	Number of Quarterly Contribution	19c
5	Other Contributions for Minimum Funding	19c
6	Contributions to Avoid Benefit Restrictions (not included in Prefunding	19b
7	Contributions to Meet Funding Deficiency (prior years' minimum funding	19a
8	Contributions Necessary to Meet Liquidity Requirements	19c

**Schedule SB - Line 22 - Description of Weighted Average Retirement Age**

**Plan Name:** Marion General Hospital Employees' Retirement Plan  
**EIN:** 35-0868130  
**PN:** 001  
**Plan Year:** July 1, 2024 - June 30, 2025

(a) Retirement Age	(b) Retirement Rate	(c) Survival to Age	(a) x (b) x (c)
55	0.100	1.000	5.5
56	0.100	0.900	5.0
57	0.100	0.810	4.6
58	0.100	0.729	4.2
59	0.100	0.656	3.9
60	0.100	0.590	3.5
61	0.100	0.531	3.2
62	0.200	0.478	5.9
63	0.100	0.383	2.4
64	0.100	0.344	2.2
65	1.000	0.310	20.2
AVERAGE RETIREMENT AGE			61.0

# Marion General Hospital Employee's Retirement Plan

EIN / PN: 35-0868130 / 001

## Plan Provisions

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### Effective Date

The plan was originally effective as of July 1, 1966. The plan was last restated effective July 1, 2015. The plan was last amended effective April 1, 2019.

### Plan Year

July 1 to June 30

### Participation

One year of eligibility service and age 21 (Entry occurs January 1 or July 1)  
(Participation frozen as of December 31, 2006)

### Eligibility

Participation into the plan frozen effective December 31, 2006

### Final Average Monthly Salary (FAMS)

Average monthly base salary paid in the five consecutive years of the ten years preceding termination which produces the highest average.

### Vesting

100% vesting after 5 years of service

### Normal Retirement Age

Later of age 65 and fifth anniversary of date of hire (Age 65 for participants as of June 30, 1996)

### Normal Retirement Benefit

Effective, January 1, 2010, the standard retirement benefit is a monthly benefit payable for life equal to the sum of (a) and (b) as follows:

- (a) This benefit is a frozen benefit as of December 31, 2009 (for participants with five or more years of Vesting Service as of December 31, 2006), based on Benefit Service credited and Compensation paid as of December 31, 2009, and is the greater of (1), (2), or (3), as defined below.  
Effective July 1, 1996, the standard retirement benefit is a monthly benefit payable for life equal to the greater of (1) and (2): (Benefits Frozen for participants with less than 5 years of vesting service as of December 31, 2006)
  - (1) 1.0% of Monthly Plan Compensation (2006 and later salaries cannot exceed 2005 calendar year compensation or compensation in most recent calendar year of at least 1,000 hours) multiplied by years of benefit service at normal retirement date (not to exceed 35 years) plus 0.585% of Monthly Plan Compensation in excess of covered compensation\* multiplied by benefit service at normal retirement date (not to exceed 35 years),
  - (2) For participants in the plan as of June 30, 1996, the greater of (a) and (b);
    - (a) 1.5% of Monthly Plan Compensation (1996 and later salaries cannot exceed 1995 calendar year basic Compensation) multiplied by years of benefit service\*\* at normal retirement date, or
    - (b) 1.75% of Monthly Plan Compensation (1996 and later salaries cannot exceed 1995 calendar year basic Compensation) multiplied by benefit service\*\* at normal retirement date (not to exceed 25 years) plus 0.50% of Monthly Plan Compensation (1996 and later salaries cannot exceed 1995 calendar year basic Compensation) in excess of integration level (fixed at \$2,402 for plan years after 1995) multiplied by benefit service\*\* at normal retirement date (not to exceed 25 years).
- (b) This benefit applies only to participants who were credited with five or more years of Vesting Service as of December 31, 2006, and were continuously employed from December 31, 2006 through December 31, 2009, and equals 0.5% of his Monthly Plan Compensation, multiplied by his total years of Benefit Service credited after

# Marion General Hospital Employee's Retirement Plan

EIN / PN: 35-0868130 / 001

## Plan Provisions

December 31, 2009, and prior to termination of employment. Finally, benefit accruals ceased effective December 31, 2010.

Monthly plan compensation is 1/12th of the average of the compensation amounts for the five consecutive calendar years which produce the highest average (not to exceed salary limit).

For 1995 and prior calendar years, compensation is basic compensation including Section 403(b) and Section 125 deferrals but excluding overtime, bonuses, gain share, call-in and on-call, etc.

For 1996 and later calendar years, compensation is taxable compensation plus Section 125 and Section 403(b) deferrals (excluding fringe benefits such as awards, moving expenses and educational programs).

The normal form of retirement benefit for married participants shall be an actuarially equivalent reduced monthly pension which provides for a 50% continuation of monthly payments to a surviving spouse. However, a participant may elect to receive the standard retirement benefit or various optional benefits in lieu of this form of annuity.

Covered compensation is defined to be a 35-year average of taxable wage bases ending with the year in which the participant attains Social Security retirement age.

Benefit was frozen as of July 1, 1996 for all Highly Compensated Employees. Any Participant who becomes a Highly Compensated Employee in any subsequent Plan Year shall have his benefit frozen as of the first day of the Plan Year in which he becomes a Highly Compensated Employee. All benefit accruals ceased effective December 31, 2010.

### Early Retirement Age

Later of age 55 and 5 years of vesting service (Age 55 for employees who were participating in the plan and had attained age 55 as of June 30, 1996).

### Early Retirement Benefit

A participant who elects to retire early is entitled to the accrued retirement benefit determined as of his early retirement date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced amount determined in accordance with the provisions of the plan. Benefits are reduced 5/12ths percent for each month (or 5% for each full year) by which the early retirement date precedes the normal retirement date.

### Deferred Vested Benefit

A participant who terminates employment after completing at least five years of vesting service shall be 100% vested in his accrued retirement benefit, determined as of his termination date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence as of his early retirement date in a reduced amount, determined in the same manner as early retirement benefits. All active plan participants as of December 31, 2010 are considered fully vested as of the date of the plan freeze.

### Late Retirement Benefit

A participant whose employment continues after his normal retirement date shall be entitled to his accrued benefit based on monthly plan compensation and service as of his late retirement date. The benefit shall not be payable until his late retirement date.

### Pre-retirement Death Benefit

If a married participant dies while employed or after termination of employment but before his benefits commence, his surviving spouse shall be entitled to a monthly benefit payable for life equal to the qualified pre-retirement survivor annuity (a monthly benefit payable for life equal to 50% of the amount that would have been payable to the participant had he retired the day prior to his death and elected the joint and 50% survivor option).

If an unmarried participant dies while employed or after termination of employment but before benefits commence, no benefit is payable.

## Marion General Hospital Employee's Retirement Plan

EIN / PN: 35-0868130 / 001

### Plan Provisions

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#### Optional Forms of Payment

Life Annuity, Life Annuity with 5, 10 or 15 years certain, Joint and Survivor with 50%, 66-2/3%, 75% or 100% to beneficiary, Lump Sum not to exceed \$10,000.

#### Basis for Conversion to Optional Forms of Payment

For all benefits except lump sums, optional forms are determined using UP-84 (set back three years for participants and zero years for beneficiaries) and 6% interest. Lump sums are calculated using the Applicable Mortality Table for that year under 417(e)(3) and the IRS segment rates for the May preceding the plan year in which the distribution occurs.

NOTE: If information given in this Summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

**MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN**

SCHEDULE OF ASSETS HELD AT THE END OF YEAR  
JUNE 30, 2025

SCHEDULE H LINE 4i

EIN: 35-0868130

Plan number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>Cash and cash equivalents</b>				
*	JPMorgan money market mutual funds	1,601,546 shares	\$ 1,601,546	\$ 1,601,546
<b>Exchange traded funds</b>				
*	JPMorgan Inflation Managed Bond ETF	56,384 shares	2,784,372	2,720,528
<b>Mutual funds</b>				
	Dfa Us Large Cap Value Portfolio Open-End	44,444 shares	2,018,368	2,267,972
	Europacific Growth Fund Open-End Fund Us	50,585 shares	3,297,573	3,065,931
	Gmo Resources Series Fund Open-End Fund	172,620 shares	3,885,379	3,098,532
	Vanguard Total Stock Market Index Fund Open-End	26,275 shares	2,996,889	3,888,907
	Total mutual funds		12,198,209	12,321,342
<b>Fixed income obligations</b>				
US Treasury obligations				
	United States Of America Bond Fixed	1.875% due 11/15/2051	1,889,265	1,114,882
	United States Of America Bond Fixed	2.250% due 02/15/2052	395,061	265,524
	United States Of America Bond Fixed	2.375% due 02/15/2042	2,866,880	2,235,317
	United States Of America Bond Fixed	2.875% due 05/15/2052	927,047	719,936
	United States Of America Bond Fixed	2.000% due 08/15/2051	389,115	220,866
	United States Of America Bond Fixed	2.000% due 11/15/2041	2,508,651	1,774,492
	United States Of America Bond Fixed	3.250% due 05/15/2042	1,019,653	891,666
	United States Of America Bond Fixed	3.375% due 08/15/2042	1,030,440	942,574
	United States Of America Bond Fixed	3.625% due 02/15/2053	384,103	326,858
	United States Of America Bond Fixed	3.625% due 05/15/2053	326,477	283,185
	United States Of America Bond Fixed	3.875% due 02/15/2043	184,396	162,918
	United States Of America Bond Fixed	3.875% due 05/15/2043	817,185	755,650
	United States Of America Bond Fixed	3.000% due 08/15/2052	738,070	584,326
	United States Of America Bond Fixed	4.125% due 08/15/2053	1,030,958	991,256
	United States Of America Bond Fixed	4.250% due 02/15/2054	80,520	75,712
	United States Of America Bond Fixed	4.250% due 08/15/2054	312,610	286,563
	United States Of America Bond Fixed	4.500% due 02/15/2044	513,797	515,011
	United States Of America Bond Fixed	4.500% due 11/15/2054	733,500	729,593
	United States Of America Bond Fixed	4.625% due 05/15/2054	86,555	77,603
	United States Of America Bond Fixed	4.625% due 05/15/2044	166,385	159,358
	United States Of America Bond Fixed	4.625% due 11/15/2044	117,136	117,469
	United States Of America Bond Fixed	4.625% due 02/15/2055	235,991	235,572
	United States Of America Bond Fixed	4.750% due 11/15/2053	498,158	455,930
	United States Of America Bond Fixed	4.750% due 11/15/2043	97,760	94,400
	United States Of America Bond Fixed	4.750% due 02/15/2045	617,161	605,765
	United States Of America Bond Fixed	4.750% due 05/15/2055	197,976	202,853
	United States Of America Bond Fixed	4.000% due 11/15/2052	532,386	439,559
	United States Of America Bond Fixed	5.000% due 05/15/2045	475,471	483,805
	United States Of America Bond Fixed	0.000% due 02/15/2052	244,349	162,988
	United States Of America Note Fixed	3.125% due 08/31/2027	1,165,879	1,182,271
	United States Of America Note Fixed	3.125% due 08/31/2029	250,804	251,772
	United States Of America Note Fixed	3.500% due 09/15/2025	152,520	153,832
	United States Of America Note Fixed	3.500% due 09/30/2029	163,872	166,307
	United States Of America Note Fixed	3.625% due 03/31/2028	386,816	385,337
	United States Of America Note Fixed	3.875% due 11/30/2029	105,892	107,071
	United States Of America Note Fixed	3.875% due 08/15/2034	32,120	31,244
	United States Of America Note Fixed	4.250% due 03/15/2027	124,141	125,947
	United States Of America Note Fixed	4.250% due 11/15/2034	405,900	412,549
	United States Of America Note Fixed	4.250% due 01/15/2028	192,992	195,495
	United States Of America Note Fixed	4.250% due 05/15/2035	383,231	388,606
	United States Of America Note Fixed	4.375% due 11/30/2028	436,557	438,953
	United States Of America Note Fixed	4.500% due 11/15/2033	290,466	289,461

See report of independent auditors on pages 1 through 4.

# MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

## SCHEDULE OF ASSETS HELD AT THE END OF YEAR JUNE 30, 2025

SCHEDULE H LINE 4i

EIN: 35-0868130

Plan number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	United States Of America Note Fixed	4.500% due 05/15/2027	161,000	163,119
	United States Of America Note Fixed	4.625% due 10/15/2026	202,096	204,808
	United States Of America Note Fixed	4.625% due 04/30/2029	461,528	472,313
	United States Of America Note Fixed	4.625% due 02/15/2035	363,219	365,435
	United States Of America Note Fixed	4.875% due 11/30/2025	268,439	267,563
	United States Of America Note Fixed	4.000% due 02/28/2030	267,542	269,597
	United States Of America Note Fixed	4.000% due 01/31/2029	186,730	188,687
	United States Of America Note Fixed	4.000% due 05/31/2030	337,144	337,236
	United States Of America Bill Zero Cpn	0.000% due 10/30/2025	2,088,396	2,087,234
	Total US Treasury obligations		27,844,340	24,396,468
	Corporate obligations			
	Apa Corp Callable Notes	6.100% due 02/15/2035	270,719	279,508
	Beacon Funding Trust Callable Bond	6.266% due 08/15/2054	242,000	239,560
	Belrose Funding Trust Ii Callable Notes	6.792% due 05/15/2055	238,000	243,281
	Brooklyn Union Gas Co/The Callable Notes	6.415% due 07/18/2054	87,000	89,993
	Columbia Pipelines Operating Co LLC	6.544% due 11/15/2053	51,048	52,711
	Columbia Pipelines Operating Co LLC	6.497% due 08/15/2043	111,027	114,625
	Columbia Pipelines Operating Co LLC	5.962% due 02/15/2055	199,000	190,822
	Cox Communications Inc Callable Notes	5.950% due 09/01/2054	153,803	142,970
	Five Corners Funding Trust Iv Callable Bond	5.997% due 02/15/2053	119,000	121,353
	High Street Funding Trust Iii Callable Note	5.807% due 02/15/2055	129,000	125,189
	Intesa Sanpaolo Spa Notes	7.800% due 11/28/2053	268,381	314,624
	Liberty Mutual Group Inc Callable Notes	5.500% due 06/15/2052	187,585	174,085
	Nwmlc	6.170% due 05/29/2055	137,989	144,108
	Omnis Funding Trust Callable Bond	6.722% due 05/15/2055	233,000	241,452
	Peachtree Corners Funding Trust	6.012% due 05/15/2035	210,796	215,244
	Societe Generale Sa Callable Notes	7.132% due 01/19/2055	200,000	203,685
	Stellantis Finance Us Inc Callable Notes	6.450% due 03/18/2035	198,440	200,976
	Unum Group Callable Notes	4.046% due 08/15/2041	103,000	82,289
	American Tower Corp Callable Notes	3.700% due 10/15/2049	49,856	36,540
	At&T Inc Callable Notes	4.500% due 03/09/2048	47,569	41,612
	Bank Of America Corp Callable Notes	3.419% due 12/20/2028	249,498	262,943
	Bank Of Montreal Callable Notes	5.518% due 10/25/2035	498,825	516,005
	Barrick North America Finance LLC	5.700% due 05/30/2041	52,758	50,149
	Bat Capital Corp Callable Notes	4.540% due 08/15/2047	34,000	27,466
	Bat Capital Corp Callable Notes	5.650% due 03/16/2052	119,627	123,922
	Bat Capital Corp Callable Notes	7.079% due 08/02/2043	103,000	113,442
	Boeing Co/The Callable Notes	5.805% due 05/01/2050	155,793	158,235
	Charter Communications Operating LLC	3.900% due 06/01/2052	139,935	97,456
	Charter Communications Operating LLC	3.500% due 03/01/2042	118,111	84,853
	Citigroup Inc Callable Notes	5.827% due 02/13/2035	225,000	229,582
	Citigroup Inc Callable Notes	3.070% due 02/24/2028	97,581	97,784
	Citigroup Inc Callable Notes	6.020% due 01/24/2036	97,000	99,611
	Conocophillips Co Callable Notes	5.500% due 01/15/2055	266,116	253,335
	Diamondback Energy Inc Callable Notes	5.750% due 04/18/2054	225,679	210,707
	Diamondback Energy Inc Callable Notes	5.900% due 04/18/2064	53,975	49,979
	Duke Energy Carolinas LLC	3.875% due 03/15/2046	113,324	95,979
	Duke Energy Indiana LLC Callable Bond	5.400% due 04/01/2053	72,934	69,542
	Enbridge Inc Callable Notes	6.700% due 11/15/2053	101,867	110,314
	Enel Finance America LLC Notes	2.875% due 12/07/2041	306,184	211,178
	Energy Transfer Lp Callable Notes	5.950% due 05/15/2054	73,647	70,396
	Energy Transfer Lp Callable Notes	6.050% due 09/01/2054	397,844	384,430
	Enterprise Products Operating LLC	3.200% due 02/15/2052	56,853	54,811
	Enterprise Products Operating LLC	3.300% due 02/15/2053	76,727	75,383
	Expand Energy Corp Callable Notes	5.700% due 01/15/2035	99,609	101,426
	Flowers Foods Inc Callable Notes	6.200% due 03/15/2055	412,220	410,751

See report of independent auditors on pages 1 through 4.

# MARION GENERAL HOSPITAL EMPLOYEES' RETIREMENT PLAN

## SCHEDULE OF ASSETS HELD AT THE END OF YEAR JUNE 30, 2025

SCHEDULE H LINE 4i

EIN: 35-0868130

Plan number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Ford Motor Credit Co LLC Callable Notes	6.125% due 03/08/2034	385,034	382,567
	General Motors Financial Co Inc Callable	5.900% due 01/07/2035	178,256	180,955
	Glp Capital Lp / Glp Financing Ii Inc	6.250% due 09/15/2054	120,011	118,114
	Goldman Sachs Group Inc/The Callable Note	5.561% due 11/19/2045	394,000	387,908
	Hca Inc Callable Notes	6.000% due 04/01/2054	127,937	129,919
	Kilroy Realty Lp Callable Notes	6.250% due 01/15/2036	56,361	56,827
	Lloyds Banking Group Plc Callable Notes	6.068% due 06/13/2036	200,000	205,620
	Marathon Petroleum Corp Callable Notes	4.750% due 09/15/2044	191,661	133,911
	Mplx Lp Callable Notes	5.650% due 03/01/2053	50,763	46,795
	Nevada Power Co Callable Bond	5.900% due 05/01/2053	70,590	70,519
	Oracle Corp Callable Notes	3.600% due 04/01/2050	70,925	69,934
	Oracle Corp Callable Notes	5.375% due 09/27/2054	105,961	106,040
	Pacific Gas And Electric Co Callable Bond	3.500% due 08/01/2050	88,877	60,271
	Pacific Gas And Electric Co Callable Bond	6.750% due 01/15/2053	99,500	100,615
	Pg&E Energy Recovery Funding LLC Bond	2.822% due 07/15/2048	250,988	175,611
	Pg&E Recovery Funding LLC Notes	5.529% due 06/01/2051	124,995	123,015
	Quanta Services Inc Callable Notes	3.050% due 10/01/2041	171,848	121,966
	Regal Rexnord Corp Callable Notes	6.400% due 04/15/2033	151,255	150,980
	Sempra Callable Notes	4.000% due 02/01/2048	156,860	117,346
	Siegr	5.900% due 05/28/2065	198,934	207,168
	Southern California Edison Co Callable Bond	3.650% due 02/01/2050	156,082	97,820
	Southern California Edison Co Callable Bond	5.700% due 03/01/2053	64,695	58,310
	Totalenergys Capital Sa Callable Notes	5.488% due 04/05/2054	129,000	124,139
	Unh	5.950% due 06/15/2055	56,427	57,888
	Vale Overseas Ltd Callable Notes	6.400% due 06/28/2054	66,922	65,846
	Williams Cos Inc/The Callable Notes	5.800% due 11/15/2054	36,400	39,044
	Total corporate obligations		11,089,602	10,603,434
	Municipal and foreign obligations			
	Frenship Tex Indpt Sch Dist Unltd Tax	5.000% due 02/15/2055	206,236	202,732
	Golden St Tob Securitization Corp	3.293% due 06/01/2042	175,000	129,941
	Massachusetts St Go Bonds	5.000% due 04/01/2055	361,646	362,109
	North Tex Mun Wtr Dist Tex Wtr Sys	5.000% due 09/01/2055	252,648	254,567
	Oklahoma Dev Fin Auth Rev Taxable	5.087% due 02/01/2052	90,000	88,427
	Pomona Calif Pension Oblig Taxable Bonds	3.716% due 08/01/2040	50,000	41,309
	Electricite De France Sa Callable Bond	6.375% due 01/13/2055	382,491	384,194
	United Mexican States Callable Bond	6.400% due 05/07/2054	211,558	195,747
	United Mexican States Callable Bond	7.375% due 05/13/2055	205,160	206,148
	Total municipal and foreign obligations		1,934,739	1,865,174
	Total fixed income obligations		40,868,681	36,865,076
			<u>\$ 57,452,808</u>	<u>\$ 53,508,492</u>

\* Denotes party-in-interest.

See report of independent auditors on pages 1 through 4.

# Marion General Hospital Employee's Retirement Plan

EIN / PN: 35-0868130 / 001

Schedule SB, Line 32 – Schedule of Amortization Bases

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Shorfall Amortization Installments <u>Valuation Date</u>	Present Value of <u>Future Insatllments</u>	Years <u>Remaining</u>	Amortization <u>Installments</u>
2023	\$4,302,805	14	\$415,464
2024	<u>\$5,125,147</u>	15	<u>\$472,204</u>
Total	\$9,427,952		\$887,668