

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1978</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-0678022</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>740-356-7628</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1978</u>		2b Employer Identification Number (EIN) <u>31-0678022</u>		2c Plan Sponsor's telephone number <u>740-356-7628</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>										
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2b Employer Identification Number (EIN) <u>31-0678022</u>											
2c Plan Sponsor's telephone number <u>740-356-7628</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOUTHERN OHIO MEDICAL CENTER</u> <u>TREASURY SERVICES</u> <u>1248 KINNEYS LN</u> <u>PORTSMOUTH, OH 45662-2927</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2020	VICKI NOEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE SOMC PENSION COMMITTEE SOUTHERN OHIO MEDICAL CENTER 1805 27TH STREET PORTSMOUTH, OH 45662	3b Administrator's EIN 31-0678022 3c Administrator's telephone number 740-356-5000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3033
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2480 6a(2) 2392 6b 221 6c 272 6d 2885 6e 32 6f 2917 6g 6h 58
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <u>SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHERN OHIO MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0678022</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>68853393</u>
b Actuarial value	2b <u>72419973</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>252</u> (2) Vested Funding Target <u>5993031</u> (3) Total Funding Target <u>5993031</u>
b For terminated vested participants.....	<u>301</u> <u>5019789</u> <u>5019789</u>
c For active participants	<u>2480</u> <u>50024985</u> <u>50486704</u>
d Total.....	<u>3033</u> <u>61037805</u> <u>61499524</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.34</u> %
6 Target normal cost.....	6 <u>4067732</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>07/16/2020</u>
	Signature of actuary	Date
<u>MARTIN MOLLOY</u>	Type or print name of actuary	<u>20-06227</u>
		Most recent enrollment number
<u>AON CONSULTING, INC.</u>	Firm name	<u>614-436-8100</u>
<u>445 HUTCHINSON AVENUE SUITE 900 COLUMBUS, OH 43235</u>	Address of the firm	Telephone number (including area code)

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) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18000525
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4159980
9 Amount remaining (line 7 minus line 8)	0	13840545
10 Interest on line 9 using prior year's actual return of <u>-5.51</u> %	0	-762614
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3260268
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-179641
c Total available at beginning of current plan year to add to prefunding balance		3080627
d Portion of (c) to be added to prefunding balance		3080627
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16158558

Part III Funding Percentages

14 Funding target attainment percentage	14	91.48 %
15 Adjusted funding target attainment percentage	15	117.75 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.63 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/18/2020	4500000	0			
Totals ▶			18(b)	4500000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4170487

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	4067732	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5238109	1125706	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	5193438	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4674096	4674096
36 Additional cash requirement (line 34 minus line 35)	36	519342	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4170487	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3651145	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	3651145	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)
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41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN OHIO MEDICAL CENTER	D Employer Identification Number (EIN) 31-0678022	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

MERCER INVESTMENT MANAGEMENT

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE KNOWN	349348	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

AON CONSULTING, INC.

23-2293237

(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	NONE KNOWN	187641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	82867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

(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?
19 25 99	NONE KNOWN	16247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	14758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINDELL TRAIN LIMITED

98-1104976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 61 62 68	NONE KNOWN	13150	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
19 50 51	NONE KNOWN	10639	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
19 25 28 50 62 68	NONE KNOWN	10078	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 62	NONE KNOWN	7424	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

GLOBAL TRUST COMPANY

26-3761443

(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	NONE KNOWN	5098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) <u>003</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN OHIO MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0678022</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SMALL/MID CAP EQUITY PTFL</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LARGE CAP CORE PASSIVE EQ</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE LONG CORPORATE FIXED</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>45-6178743-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER CORE PASSIVE FIXED INCOME PO</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566612-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY PORTFOLIO</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY PORT</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>32-6219484-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER GLOBAL LOW VOLATILITY EQUITY</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>35-7004395-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER OPPORTUNISTIC FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 36-7630030-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER ERISA HEDGE FUND INVESTORS**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 47-2199849-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE STREET US LONG GOV BOND IN NL**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE STREET INT US CREDIT IN NL FD**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-442	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN OHIO MEDICAL CENTER	D Employer Identification Number (EIN) 31-0678022	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	4500000	4500000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	323
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2138989	352419
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	432	373
(5) Partnership/joint venture interests	1c(5)	0	70511375
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	62314016	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	4682469
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	68953437	80046959

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	68953437	80046959
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10910	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10910
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	68476	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68491
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11157559	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10386748	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		770811
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8258259	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8258259

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3176161
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		220942
c Other income	2c		1609
d Total income. Add all income amounts in column (b) and enter total	2d		17007183

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4975304	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4975304
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	213966	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	485439	
(4) Other	2i(4)	238952	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		938357
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5913661

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11093522
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: PLANTE MORAN, PLLC

(2) EIN: 38-1357951

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4236858. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN OHIO MEDICAL CENTER		D Employer Identification Number (EIN) 31-0678022
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1867445 41-6271370		
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		3 202
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☒ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year **14a**

b The plan year immediately preceding the current plan year **14b**

c The second preceding plan year **14c**

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

a The corresponding number for the plan year immediately preceding the current plan year **15a**

b The corresponding number for the second preceding plan year **15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year **16a**

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers **16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 27.0 % Investment-Grade Debt: 63.7 % High-Yield Debt: 0.5 % Real Estate: 0.0 % Other: 8.8 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Southern Ohio Medical Center Cash Balance Pension Plan

**Financial Report
December 31, 2019**

Southern Ohio Medical Center Cash Balance Pension Plan

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Independent Auditor's Report

To the Plan Administrator and
Board of Directors
Southern Ohio Medical Center
Cash Balance Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Southern Ohio Medical Center Cash Balance Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility for the 2019 Financial Statements

Our responsibility is to express an opinion on the 2019 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2019 financial statements.

Auditor's Responsibility for the 2018 Financial Statements

Our responsibility is to express an opinion on the 2018 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion on the 2018 Financial Statements* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on the 2018 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the investment assets held by State Street Bank and Trust Company (the "Custodian") and transactions in those investments were excluded from the scope of our audit of the Plan's 2018 financial statements, except for comparing the information provided by the Custodian, which is summarized in Note 3, with the related information included in the financial statements.

To the Plan Administrator and
Board of Directors
Southern Ohio Medical Center
Cash Balance Pension Plan

Disclaimer of Opinion on the 2018 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2018 Financial Statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2018 financial statements.

Opinion on the 2019 Financial Statements

In our opinion, the 2019 financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2019 and the changes in net assets for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2019 was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2019 and reportable transactions for the year ended December 31, 2019 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2019 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Columbus, Ohio
September 25, 2020

Southern Ohio Medical Center Cash Balance Pension Plan

Statement of Net Assets Available for Benefits

		December 31, 2019 and 2018	
		2019	2018
Assets			
Investments at fair value:			
Money market fund	\$	352,419	\$ 2,138,989
Common collective trust funds		-	62,314,016
Corporate stock		373	432
Mutual funds		4,682,469	-
Comingled funds		70,511,375	-
Total investments at fair value		75,546,636	64,453,437
Contributions receivable		4,500,000	4,500,000
Accrued income		323	-
Net Assets Available for Benefits	\$	80,046,959	\$ 68,953,437

Southern Ohio Medical Center Cash Balance Pension Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2019 and 2018

	2019	2018
Additions		
Contributions - Employer	\$ 4,500,000	\$ 4,500,000
Investment income (loss):		
Interest and dividends	83,269	23,830
Net realized and unrealized gains (losses) on investments	12,423,914	(3,812,387)
Total investment income (loss)	12,507,183	(3,788,557)
Total additions	17,007,183	711,443
Deductions		
Benefits paid directly to participants or beneficiaries	4,975,304	5,508,297
Administrative expenses	938,357	718,838
Total deductions	5,913,661	6,227,135
Net Increase (Decrease)	11,093,522	(5,515,692)
Net Assets Available for Benefits		
Beginning of year	68,953,437	74,469,129
End of year	<u><u>\$ 80,046,959</u></u>	<u><u>\$ 68,953,437</u></u>

Southern Ohio Medical Center Cash Balance Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 1 - Plan Description

The following description of Southern Ohio Medical Center Cash Balance Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan covering all employees of Southern Ohio Medical Center (the "Organization") who meet certain requirements as to age and length of service, and it provides for retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has a cash balance aspect that reports accrued benefits to participants in the form of hypothetical individual account balances. Account balances are increased annually by a percentage, based on years of service, of the employee's compensation, plus an interest crediting rate determined annually, based on the average yield of the 10-year Treasury bond as of November of the preceding plan year.

Employees become participants in the Plan following attainment of the age of 21 and completion of one full year of service and at least 1,000 hours and are fully vested for normal retirement benefits after three years of service.

Pension Benefits

Employees with three or more years of service are entitled to normal annual pension benefits beginning at the normal retirement age of 65, as described in the Plan. The individual pension benefit is calculated as a single-life annuity commencing on the first day of the calendar month coincident with or next following the date the participant attains normal retirement age and is equal to the greater of the participant's prior plan benefit or the actuarial equivalent of the participant's cash balance account as of his or her normal retirement age.

Death Benefits

In certain circumstances, if an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the Plan.

Funding

Contributions are made by the Organization in actuarially determined amounts. The Organization's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by State Street Bank and Trust Company and Mercer Investment Management, Inc. State Street Bank and Trust Company and Mercer Investment Management, Inc. are the custodians of the plan investments, and Mercer Investment Management, Inc. was the Plan's investment advisor until March 2019 when funds were transferred to US Bank; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value.

December 31, 2019 and 2018

Note 2 - Summary of Significant Accounting Policies (Continued)

The common collective trust and comingled funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. All other investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Plan and the Organization.

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2019 are summarized as follows:

Actuarial cost method	Standard unit credit cost method
Interest rate	For 2019 - 6.0 percent per annum
Mortality basis	For 2019 - Amounts-weighted aggregate rates from the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2019
Crediting rate of interest	4.01 percent
Retirement	Below are the retirement assumptions for the Plan:

Attained Age	Rate
55-58	0.03%
59-61	0.08
62-64	0.14
65	0.34
66-67	0.28
68	0.15
69	0.28
70+	1.00

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.

December 31, 2019 and 2018

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 25, 2020, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

In 2019, the Plan changed its custodian from State Street Bank and Trust Company (the "Former Custodian") to US Bank. The Former Custodian of the Plan held the Plan's investments and executed all investment transactions prior to March 31, 2019. The investment balances and investment income for the year ended December 31, 2018 are based solely on information certified by the Former Custodian.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Southern Ohio Medical Center Cash Balance Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 4 - Fair Value Measurements (Continued)

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2019 and 2018:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2019				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 352,419	\$ 352,419	\$ -	\$ -
Corporate stock	373	373	-	-
Mutual funds - Fixed income	4,682,469	4,682,469	-	-
Total	5,035,261	<u>\$ 5,035,261</u>	<u>\$ -</u>	<u>\$ -</u>
Comingled funds measured at NAV	<u>70,511,375</u>			
Total investments at fair value	<u>\$ 75,546,636</u>			

Assets Measured at Fair Value on a Recurring Basis at December 31, 2018				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 2,138,989	\$ 2,138,989	\$ -	\$ -
Corporate stock	432	432	-	-
Total	2,139,421	<u>\$ 2,139,421</u>	<u>\$ -</u>	<u>\$ -</u>
Common collective trust funds measured at NAV	<u>62,314,016</u>			
Total investments at fair value	<u>\$ 64,453,437</u>			

The comingled funds and common collective trust funds invest in diversified portfolios in common stocks of U.S. and multinational companies; equity securities issued by non-U.S. companies of any size located in the world's developed and emerging capital markets; U.S. dollar-denominated investment grade fixed-income securities, including government securities, corporate bonds, and mortgage- and asset-backed securities; noninvestment-grade bonds; non-U.S. dollar-denominated bonds; and bonds issued by issuers of emerging capital markets.

Of the total investments valued at net asset value held at December 31, 2019, comingled funds of \$7,319,661 have a monthly redemption frequency, and comingled funds of \$2,954,021 have a weekly redemption frequency. There were no redemption restrictions as of December 31, 2018. There are no unfunded commitments for investments measured at net asset value.

Southern Ohio Medical Center Cash Balance Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 5 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which were made as of the most recent actuarial valuation at January 1, 2019, are as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefit payments	\$ 5,584,725
Other vested participants	52,331,475
Total vested benefits	57,916,200
Nonvested benefits	442,319
Total actuarial present value of accumulated plan benefits	<u>\$ 58,358,519</u>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2019 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	\$ 55,295,721
Increase (decrease) during the year attributable to:	
Benefits accumulated	3,200,000
Actuarial gains and losses	316,196
Interest accumulation	3,365,394
Benefit payments	(5,508,297)
Changes of assumptions	1,689,505
Net increase	<u>3,062,798</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 58,358,519</u>

The increase in the accumulated plan benefits related to assumption change in 2019 of \$1,689,505 was the result of the following assumption changes:

- Change in mortality assumption from the MP-2018 improvement scale to the MP-2019 improvement scale
- Change in the mortality assumption for lump-sum payments from the 2018 IRC table to the 2019 IRC table

Note 6 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note 7 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Schedule SB Attachment (Form 5500)—2019 Plan Year
 Southern Ohio Medical Center Cash Balance Pension Plan
 EIN: 31-0678022 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		188 \$34,459 \$1,263	5							
25-29		260 \$41,102 \$2,111	119 \$42,601 \$5,349	6						
30-34		140 \$48,060 \$2,482	136 \$56,269 \$8,360	72 \$58,929 \$13,923	5					
35-39		92 \$82,499 \$4,667	62 \$66,891 \$9,481	56 \$58,996 \$15,228	50 \$55,839 \$23,962	1				
40-44		59 \$42,249 \$2,116	57 \$82,434 \$12,228	42 \$67,515 \$18,190	52 \$60,436 \$28,079	40 \$74,965 \$46,031	2			
45-49		48 \$57,535 \$2,474	57 \$55,955 \$8,132	43 \$61,770 \$16,021	42 \$55,470 \$25,445	50 \$72,287 \$44,945	33 \$81,974 \$67,072	1		
50-54		39 \$56,306 \$2,460	40 \$59,943 \$8,282	30 \$40,472 \$11,410	31 \$59,165 \$27,155	29 \$66,419 \$41,722	32 \$76,462 \$71,818	21 \$84,861 \$98,981	3	
55-59		24 \$70,569 \$3,550	27 \$59,870 \$9,124	33 \$76,010 \$22,275	32 \$46,206 \$23,301	26 \$51,455 \$38,290	36 \$69,931 \$67,605	18 \$73,577 \$110,318	37	6
60-64		22 \$44,380 \$2,171	35 \$43,529 \$6,564	12	16	20 \$47,368 \$34,627	14	8	24 \$64,005 \$109,466	53 \$72,853 \$143,089
65-69		10	6	2	10	6	6	4	9	12
70+		5	3	6	4	4	1	1	1	4

N-2,480

Schedule SB Attachment (Form 5500)—2019 Plan Year
 Southern Ohio Medical Center Cash Balance Pension Plan
 EIN: 31-0678022 PN: 003

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

Interest Rates	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Salary Increases	
Minimum Funding Target Normal Cost	2.50% inflationary increases, plus merit increase (see Table 1)
Maximum Tax Expected Benefit Increase	2.50% inflationary increases, plus merit increase (see Table 1)
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	4.01%
Optional Payment Form Election Percentage	<p>For participants under age 55, we assume 50% of eligible participants choose an immediate lump sum form of payment, 20% choose a lump sum deferred for one year, 15% choose a lump sum deferred for two years, and 15% choose a lump sum deferred for three years.</p> <p>For participants age 55 to 64, we assume 50% of eligible participants choose an immediate lump sum form of payment, 30% choose a lump sum deferred for one year, 15% choose a lump sum deferred for two years, and 5% choose a life annuity.</p> <p>For participants age 65 and over, we assume 87.5% of eligible participants choose an immediate lump sum form of payment and 12.5% choose a life annuity.</p>

Schedule SB Attachment (Form 5500)—2019 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
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Optional Payment Form Election Percentage	For terminated vested participants, we assume a lump sum election at the later of two years from the valuation date and age 55.
Optional Payment Form Conversion Interest Rate	4.01%
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2019 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e) and IRS Notice 2018-02.
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2018 pensionable earnings
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$225,000 and the IRC section 401(a)(17) compensation limit of \$280,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in</p>

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Valuation of Plan Assets	excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2017 Plan Year	6.40%
2018 Plan Year	6.40%, limited to 6.29%
2019 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	0.50% of the market value of assets
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
 Southern Ohio Medical Center Cash Balance Pension Plan
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Table 1

Salary Merit Increase Rates—Merit Scales

Age	Rate	Age	Rate
15	6.30%	45	1.20%
16	6.30%	46	1.20%
17	6.30%	47	1.20%
18	6.30%	48	1.20%
19	6.30%	49	1.20%
20	6.30%	50	1.20%
21	6.30%	51	1.20%
22	6.30%	52	1.20%
23	6.30%	53	1.20%
24	6.30%	54	1.20%
25	3.20%	55	1.20%
26	3.20%	56	1.20%
27	3.20%	57	1.20%
28	3.20%	58	1.20%
29	3.20%	59	1.20%
30	3.20%	60+	0.00%
31	3.20%		
32	3.20%		
33	3.20%		
34	3.20%		
35	2.80%		
36	2.80%		
37	2.80%		
38	2.80%		
39	2.80%		
40	2.40%		
41	2.40%		
42	2.40%		
43	2.40%		
44	2.40%		

Schedule SB Attachment (Form 5500)—2019 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
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Table 2

Retirement Rates—Active Participants

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	8.00%
60	8.00%
61	8.00%
62	14.00%
63	14.00%
64	14.00%
65	34.00%
66	28.00%
67	28.00%
68	15.00%
69	28.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
 Southern Ohio Medical Center Cash Balance Pension Plan
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Table 3—Page 1 of 2

Withdrawal Rates—Termination Rates

Age	Years of Service		
	0-1	2	3+
15	7.04%	11.35%	9.24%
16	7.04%	11.35%	9.24%
17	7.04%	11.35%	9.24%
18	7.04%	11.35%	9.24%
19	7.04%	11.35%	9.24%
20	7.04%	11.35%	9.24%
21	7.04%	11.35%	9.24%
22	7.04%	11.35%	9.24%
23	8.42%	10.70%	9.02%
24	9.80%	10.05%	8.80%
25	11.19%	9.40%	8.58%
26	12.57%	8.75%	8.35%
27	13.95%	8.10%	8.13%
28	13.64%	9.34%	8.11%
29	13.35%	10.60%	8.10%
30	13.05%	11.86%	8.09%
31	12.75%	13.11%	8.07%
32	12.45%	14.37%	8.06%
33	13.80%	13.64%	7.54%
34	15.14%	12.90%	7.03%
35	16.48%	12.16%	6.51%
36	17.81%	11.42%	5.99%
37	19.15%	10.67%	5.47%
38	18.15%	11.01%	5.18%
39	17.14%	11.34%	4.89%
40	16.14%	11.68%	4.61%
41	15.13%	12.01%	4.32%
42	14.13%	12.34%	4.03%
43	14.28%	11.36%	4.04%
44	14.43%	10.38%	4.04%

Schedule SB Attachment (Form 5500)—2019 Plan Year
 Southern Ohio Medical Center Cash Balance Pension Plan
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Table 3—Page 2 of 2

Withdrawal Rates—Termination Rates

Age	Years of Service		
	0-1	2	3+
45	14.59%	9.40%	4.05%
46	14.73%	8.40%	4.05%
47	14.87%	7.41%	4.05%
48	13.43%	7.06%	4.23%
49	11.99%	6.70%	4.41%
50	10.54%	6.32%	4.56%
51	9.09%	5.96%	4.73%
52	7.63%	5.58%	4.89%
53	7.57%	5.52%	4.26%
54	7.52%	5.47%	3.63%
55+	7.46%	5.41%	3.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
 Southern Ohio Medical Center Cash Balance Pension Plan
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Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Southern Ohio Medical Center Cash Balance Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j

EIN 31-0678022, Plan No. 003

Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Mercer Global Investments	MGI Collective Tr	\$ -	\$ 4,626,784	\$ 2,948,397	\$ 4,626,784	\$ 1,678,387
Mercer Global Investments	MGI Collective Tr	-	9,364,115	8,670,779	9,634,115	963,336
Mercer Global Investments	MGI Collective Tr	-	5,352,653	3,121,914	5,352,653	2,230,739
Mercer Global Investments	MGI Group Act Long Corp	-	24,539,019	23,069,660	24,539,019	1,469,359
Mercer Global Investments	Mercer Collective Tr	-	3,773,695	3,560,320	3,773,695	213,375
State Street Global Advisors	SSGA Intermediate U.S. Credit Index	-	3,645,941	3,564,417	3,645,941	81,524
State Street Global Advisors	State Str Instl Inv Tr	4,811,530	-	4,811,530	4,811,530	-
Mercer Global Investments	Mercer Erisa Hedge Fund Investment	-	5,500,000	5,500,000	5,500,000	-
First American	First Am Govt Ob Fd Cl Z	52,000,000	-	52,000,000	52,000,000	-
First American	First Am Govt Ob Fd Cl Z	-	52,000,000	52,000,000	52,000,000	-
First American	First Am Govt Ob Fd Cl Z	4,500,000	-	4,500,000	4,500,000	-
First American	First Am Govt Ob Fd Cl Z	5,602,518	-	5,602,518	5,602,518	-
State Street Global Advisors	SSGA Russell 1000 Index NI (Cb)	6,250,000	-	6,250,000	6,250,000	-
IR&M	Ir&m Long Credit Fund LLC (Cb)	11,500,000	-	11,500,000	11,500,000	-
State Street Global Advisors	SSGA Intermediate U.S. Credit Index	9,000,000	-	9,000,000	9,000,000	-
State Street Global Advisors	Ssga 20+ Year US Treasury Strips	9,500,000	-	9,500,000	9,500,000	-
State Street Global Advisors	Ssga Msci Eafe 100% Hedged	3,750,000	-	3,750,000	3,750,000	-
Parametric	Parametric Global Defensive Equity Fund LLC	3,500,000	-	3,500,000	3,500,000	-

Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:

State Street Global Advisors	State Str Instl Inv Tr:					
	Purchases - 14	5,348,274	-	5,348,274	5,348,274	-
	Sales - 20	-	7,487,263	7,487,263	7,487,263	-
Mercer Global Investments	MGI Group Act Long Corp -					
	Sales - 2	-	24,789,019	23,304,990	24,789,019	1,484,029
Mercer Global Investments	MGI Collective Tr -					
	Sales - 3	-	19,343,554	14,741,090	19,343,554	4,602,464
Mercer Global Investments	Mercer Collective Tr -					
	Sales - 3	-	7,183,433	5,993,655	7,183,433	1,189,778
State Street Global Advisors	SSGA Intermediate U.S. Credit Index -					
	Sales - 1	-	3,645,941	3,564,417	3,645,941	81,524

Southern Ohio Medical Center Cash Balance Pension Plan

Schedule of Reportable Transactions (Continued)

Form 5500, Schedule H, Line 4j
EIN 31-0678022, Plan No. 003
Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
First American	First Am Govt Ob Fd Cl Z: Purchases - 54 Sales - 73	\$ 70,783,445 -	\$ - 70,431,024	\$ 70,783,445 70,431,024	\$ 70,783,445 70,431,024	\$ - -
John Hancock	John Hancock Income Fund Class R6: Purchases - 17 Sales - 6	3,304,328 -	- 1,020,000	3,304,328 985,418	3,304,328 1,020,000	- 34,582
State Street Global Advisors	Ssga Russell 1000 Index NI (Cb): Purchases - 3 Sales - 5	7,400,000 -	- 630,445	7,400,000 598,947	7,400,000 630,445	- 31,498
State Street Global Advisors	Ssga Msci Eafe 100% Hedged: Purchases - 3 Sales - 2	4,100,000 -	- 957	4,100,000 903	4,100,000 957	- 54
IR&M	Ir&m Long Credit Fund LLC (Cb): Purchases - 2 Sales - 10	11,700,000 -	- 1,544,758	11,700,000 1,326,174	11,700,000 1,544,758	- 218,584
State Street Global Advisors	Ssga Intermediate US Credit Index: Purchases - 5 Sales - 5	12,680,000 -	- 2,080,956	12,680,000 2,011,456	12,680,000 2,080,956	- 69,500
State Street Global Advisors	Ssga 20+ Year US Treasury Strips: Purchases - 2 Sales - 8	9,700,000 -	- 841,413	9,700,000 710,407	9,700,000 841,413	- 131,006
Invesco	Invesco Global Targeted Returns: Purchases - 4 Sales - 10	5,000,000 -	- 2,157,848	5,000,000 2,148,549	5,000,000 2,157,848	- 9,299
Parametric	Parametric Global Defensive Equity Fund LLC - Purchases - 3	4,230,000	-	4,230,000	4,230,000	-
State Street Global Advisors	Ssga Daily Msci USA Incx NI Fund Cmeu: Purchases - 5 Sales - 6	1,954,500 -	- 2,168,037	1,954,500 1,949,993	1,954,500 2,168,037	- 218,044

There were no Category (ii) or (iv) reportable transactions during the year.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefits 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. 1510-0110

2019This Form is Open to Public
Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

Round off amounts to nearest dollar.

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

A Name of plan SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN		B Three-digit plan number (PIN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHERN OHIO MEDICAL CENTER		D Employer identification number (EIN) 31-0678022
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019			
2 Assets			
a Market value	2a 68,853,393		
b Actuarial value	2b 72,419,973		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	252	5,993,031	5,993,031
b For terminated vested participants	301	5,019,789	5,019,789
c For active participants	2,480	50,024,985	50,486,704
d Total	3,033	61,037,805	61,499,524
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.34%	
6 Target normal cost	6	4,067,732	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Martin Molloy / MM

Signature of actuary

07/16/2020

Date

MARTIN MOLLOY

2006227

Type or print name of actuary

ACM CONSULTING, INC.

Most recent enrollment number

Firm name

614-436-8100

445 HUTCHINSON AVENUE
SUITE 900
COLUMBUS OH 43235

Address of the firm

Telephone number (including area code)

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) 2019
v. 100130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	18,000,525
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,159,980
9 Amount remaining (line 7 minus line 8).....	0	13,840,545
10 Interest on line 9 using prior year's actual return of <u>-5.51%</u>	0	-762,614
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		3,260,268
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-179,641
c Total available at beginning of current plan year to add to prefunding balance		3,080,627
d Portion of (c) to be added to prefunding balance.....		3,080,627
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	16,158,558

Part III Funding Percentages

14 Funding target attainment percentage	14	91.48%
15 Adjusted funding target attainment percentage.....	15	117.75%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.63%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/18/2020	4,500,000	0			
Totals ▶			18(b)	4,500,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	4,170,487

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	4,067,732										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>5,238,109</td> <td>1,125,706</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	5,238,109	1,125,706	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	5,238,109	1,125,706										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	5,193,438										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement	0	4,674,096	4,674,096									
36 Additional cash requirement (line 34 minus line 35)	36	519,342										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4,170,487										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	3,651,145										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	3,651,145										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2019 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.34%	Interest Adjusted Contribution
June 18, 2020	<u>\$ 4,500,000</u>	534	<u>\$ 4,170,487</u>
Total Contribution	\$ 4,500,000		\$ 4,170,487

Schedule SB Attachment (Form 5500)—2019 Plan Year
 Southern Ohio Medical Center Cash Balance Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	8.00%	0.8853	4.21
60.5	8.00%	0.8145	3.94
61.5	8.00%	0.7493	3.69
62.5	14.00%	0.6894	6.03
63.5	14.00%	0.5929	5.27
64.5	14.00%	0.5099	4.60
65.5	34.00%	0.4385	9.76
66.5	28.00%	0.2894	5.39
67.5	28.00%	0.2084	3.94
68.5	15.00%	0.1500	1.54
69.5	28.00%	0.1275	2.48
70	100.00%	0.0918	6.43
Weighted Average			63.81

Schedule SB Attachment (Form 5500)—2019 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

History of Plan

The Mercy Hospital Corporation Retirement Plan was amended and restated effective January 1, 1978. Prior to this date, the Hospital participated in a multi-hospital plan sponsored by the Sisters of the Academy of Our Lady of Lourdes. This plan satisfied the criteria of Code Section 501 to qualify as a church plan and therefore was not subject to the funding rules of the Employee Retirement Income Security Act of 1974 (ERISA).

The retirement plan as restated by Mercy Hospital is substantially the same as the prior plan.

The plan was amended effective July 31, 1982, to refund the past member contributions and to eliminate future member contributions.

The plan was amended effective January 1, 1984, to provide a benefit equal to the prior plan accrued benefit as of January 1, 1984, plus a career average benefit for service after January 1, 1984, equal to 1.5% of monthly compensation up to \$1,250 and 2.5% of monthly compensation in excess of \$1,250. There is a minimum benefit equal to the prior plan accrued benefit as of July 1, 1984, for any member in the plan on that date.

The plan was amended effective January 1, 1985, to comply with the Retirement Equity Act. Specifically, the eligibility requirements for plan participation were lowered to age 21 with one year of service. The plan's death benefit coverage was expanded to cover all vested participants. Employees are required to share in the cost of the protection provided.

Effective January 1, 1989, employees with five years of vesting service were fully vested in their accrued benefit. Also, both the compensation considered in the benefit calculation and the overall maximum benefit were reduced.

The Southern Hills Restated Retirement Plan was merged into the Scioto Memorial Hospital Restated Retirement Plan effective September 30, 1989. That plan was subsequently merged into the Mercy Hospital Corporation Retirement Plan effective December 31, 1989. The plan was then renamed the Southern Ohio Medical Center Retirement Plan.

Effective January 1, 1990, the plan was amended to provide a benefit of 0.75% of pay (as defined under the plan) with certain minimum benefits for plan participants age 60 and over on that date. In addition, the plan's early retirement reduction factors were modified.

Effective January 1, 1999, the plan was amended to stop benefit accruals under the old formula and convert the plan to a cash balance plan. The plan was renamed as the Southern Ohio Medical Center Cash Balance Pension Plan.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
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Effective Date	October 1947: Amended and restated January 1, 2008.
Eligibility for Participation	Employees who were members in the prior plan continue as members on January 1, 1999. Other employees become members on the January 1 or July 1 following attainment of age 21 and completing one year of employment during which at least 1,000 hours are worked.
Eligibility for Benefits	
Normal Retirement	Age 65 and the third anniversary of plan participation.
Vested Termination	Upon termination of employment after completion of three years of service.
Preretirement Death Benefit	Three years of service.
Amount of Benefits	
Normal Retirement and Vested Termination	The greater of: <ul style="list-style-type: none">▪ The prior plan benefit; and▪ The actuarial equivalent of the cash balance account.
Preretirement Death Benefit	50% of the actuarial equivalent of the cash balance account.
Form of Benefit	
Automatic Form	A monthly amount payable during the employee's lifetime and thereafter 50% of such monthly amount continuing to the surviving spouse until the spouse's death.
Optional Forms	(a) Life annuity. (b) Life annuity with 5, 10, or 20 years certain. (c) 50%, 75%, or 100% joint and survivor annuity. (d) Lump sum. (e) All optional forms are calculated as the actuarial equivalent of the cash balance account on the annuity start date.

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Definitions

Cash Balance Account

The notional account equal to the sum of:

- (a) The initial account balance;
- (b) Contribution credits;
- (c) Interest credits; and
- (d) Transition credits, if applicable.

Initial Account Balance

The actuarial equivalent lump sum amount of the prior plan benefit in the form of a single life annuity commencing at normal retirement age.

Contribution Credits

A percent of compensation credited to the cash balance account on the last day of each plan year, provided the participant earns a year of service. The percent is based on years of service as of the beginning of the plan year according to the following table:

Years of Service	Percent of Compensation
0–4	2.0%
5–9	2.5%
10–14	3.0%
15–19	4.0%
20–24	5.0%
25–29	6.0%
30+	7.0%

Interest Credits

An amount credited to the cash balance account on the last day of each plan year determined by multiplying the value of the cash balance account at the beginning of the plan year by the interest credit rate. Interest credits will be given for each year the participant has an account up until the participant commences benefits.

Transition Credits

Three percent of compensation credited to the cash balance account on the last day of each plan year for the first five plan years following the January 1, 1999 effective date, provided the participant was age 50 or older with five or more years of service as of January 1, 1999.

Prior Plan Benefit

The benefit as determined on December 31, 1998 under the provisions of the plan in effect on that date.

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Actuarial Equivalent

The cash balance account is converted to the form of payment using the following basis:

- (a) Annuities—The cash balance account will be converted to an annuity based on the November 10-year Treasury rate for the prior plan year with a minimum rate of 4.01% and the current 417(e) mortality table for lump sums.
- (b) Lump sum—The lump sum amount is equal to the cash balance account.

Interest Credit Rate

November 10-year Treasury rate for the prior plan year with a minimum rate of 4.01%.

Compensation

Total remuneration paid to a member of the plan. For 2018 recognizable compensation is limited to \$275,000.

Service

One year of service shall be credited for each year an employee completes at least 1,000 hours.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Southern Ohio Medical Center Cash Balance Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 31-0678022, Plan No. 003
 December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Comingled funds:		
State Street Global Advisors	Msci Acwi Index NI Fund	\$ 2,619,239	\$ 2,709,194
AllianzGI	Allianzgi International Small Cap	1,900,000	2,137,242
State Street Global Advisors	Ssga Russell 2000 Index NI Ctf	2,099,869	2,483,032
State Street Global Advisors	Ssga Russell 1000 Index NI (Cb)	6,801,054	7,979,344
GQG Partners	Gqg Partners Global Equity Fund (Cb)	2,500,000	2,954,021
State Street Global Advisors	Ssga Msci Eafe 100% Hedged	4,099,097	4,666,274
IR&M	Ir&m Long Credit Fund LLC (Cb)	10,374,009	12,416,728
State Street Global Advisors	Ssga Intermediate US Credit Index	10,623,861	11,318,331
State Street Global Advisors	Ssga 20+ Year US Treasury Strips	8,989,594	10,968,540
UBS	Ubs Emerging Markets Equity Opportunity	1,100,000	1,264,124
Invesco	Invesco Global Targeted Returns	2,851,452	2,945,946
William Blair	William Blair Emerging Markets Growth Cit	1,145,333	1,344,117
Lindsell Train	Lindsell Train Global Equity LLC	2,488,358	2,833,498
Parametric	Parametric Global Defensive Equity Fund LLC	4,230,000	4,486,163
State Street Global Advisors	Ssga Daily Msci USA Incx NI Fund Cmeu	4,409	4,821
First American	Money market fund - First American Government	352,419	352,419
	Corporate stock:		
Exterran Holdings Inc.	Exterran Hldgs Inc	13	102
Archrock Inc.	Archrock Inc.	27	271
	Mutual fund:		
John Hancock	John Hancock Income Fund Class R6	2,318,908	2,381,929
Ashmore	Ashmore Sicav Em Local Currency	2,152,260	2,300,540
	Total	<u>\$ 66,649,902</u>	<u>\$ 75,546,636</u>

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,218,613	January 1, 2016	4	\$ 321,632
Shortfall	\$ 1,634,712	January 1, 2017	5	\$ 351,381
Shortfall	\$ 2,974,582	January 1, 2018	6	\$ 548,528
Shortfall	\$ (589,798)	January 1, 2019	7	\$ (95,835)

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected return on assets from 6.40% to 6.00%.

The non-prescribed change was made to better reflect the anticipated plan experience. This change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.