

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>THE OHIOHEALTH CASH BALANCE RETIREMENT 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>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/31/1961</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>07/31/1961</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>07/31/1961</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>OHIOHEALTH CORPORATION</u> <u>3430 OHIOHEALTH PARKWAY</u> <u>COLUMBUS, OH 43202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4394942</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-544-4408</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4394942</u>	2c Plan Sponsor's telephone number <u>614-544-4408</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-4394942</u>					
2c Plan Sponsor's telephone number <u>614-544-4408</u>					
2d Business code (see instructions) <u>622000</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.	10/13/2021	RICHARD HOBACK
	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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	16737
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	9278
a(2) Total number of active participants at the end of the plan year		6a(2)	8613
b Retired or separated participants receiving benefits.....		6b	2075
c Other retired or separated participants entitled to future benefits		6c	5220
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	15908
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	258
f Total. Add lines 6d and 6e		6f	16166
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	21
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
▶ 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 THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN		B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OHIOHEALTH CORPORATION		D Employer Identification Number (EIN) 31-4394942	
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 2020			
2 Assets:			
a Market value		2a	777865200
b Actuarial value		2b	744102267
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.....	2107	107186434	107186434
b For terminated vested participants.....	5352	111488899	111488899
c For active participants	9278	415183332	425086487
d Total.....	16737	633858665	643761820
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	5.39 %	
6 Target normal cost.....	6	26690537	

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>		09/30/2021
Signature of actuary		Date
LORI A. DEVORE		20-05257
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		614-825-9424
Firm name		Telephone number (including area code)
445 HUTCHINSON AVE SUITE 900 COLUMBUS, OH 43235		
Address of the firm		

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	129342801
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	29849034
9	Amount remaining (line 7 minus line 8)	0	99493767
10	Interest on line 9 using prior year's actual return of <u>20.41</u> %	0	20306678
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		5018305
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>5.52</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		1024236
c	Total available at beginning of current plan year to add to prefunding balance		6042541
d	Portion of (c) to be added to prefunding balance		6042541
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	125842986

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.03 %
15	Adjusted funding target attainment percentage	15	115.58 %
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	94.13 %
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
01/15/2021	6305025	0			
04/15/2021	6305025	0			
07/09/2021	4160250	0			
09/15/2021	2015772	0			
Totals ►			18(b)	18786072	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 17549160
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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

59

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** 26690537**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 25502539 Installment 5498006**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** 32188543

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	27983344	27983344

36 Additional cash requirement (line 34 minus line 35) **36** 4205199**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 17549160**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 13343961**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 13343961**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 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942	

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
PRISMA CAPITAL PARTNERS LP
98-0395057

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKSTONE ALTERNATIVE ASSET MGMT.
13-3702086

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
SELECT EQUITY GROUP, L.P.	380 LAFAYETTE STREET, 6TH FLOOR NEW YORK, NY 10003

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CITY OF LONDON INVESTMENT MGMT	77 GRACECHURCH STREET LONDON, ENGLAND EC3V 0AS GB

(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)

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 50	NONE	749044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARION PARTNERS, LLC

13-3379970

(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	NONE	388243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MGMT. INC.

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	NONE	276103	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)

NORTHERN TRUST CORPORATION

36-1561860

(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 51 62 68	NONE	232486	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(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 68	NONE	152752	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LAZARD ASSET MANAGEMENT, LLC

05-0530199

(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 63 68 71	NONE	141578	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)

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?
16 50	NONE	73182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONDRIAN INVESTMENT GROUP (US), INC

56-2475915

(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 56	NONE	71128	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AON CONSULTING GROUP

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?
16 50	NONE	62413	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)

GRYPHON INTERNATIONAL INVESTMENT CO

20 BAY STREET, SUITE 1905
TORONTO, ONTARIO M5J2N8 CA

(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?
27 28 50 51 68	NONE	25093	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BAKER & HOSTETLER, LLP

34-0082025

(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?
29 50	NONE	16261	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN, PLLC

38-1357951

(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?
10 50	NONE	16150	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OHIOHEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>31-4394942</u>
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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: NT COLLECTIVE RUSSELL 1000 INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN <u>45-6138589-095</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>78404189</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GRYPHON INTL EAFE GROWTH GROUP FUND

b Name of sponsor of entity listed in (a): GRYPHON INTL INVESTMENT CORPORATION

c EIN-PN <u>98-0444411-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26688584</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EM SMALL CAP EQUITY TRUST FD

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT

c EIN-PN <u>45-3626181-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG-TERM BOND INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN <u>45-6138589-060</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>157627135</u>
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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)**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)**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)**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)**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)**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)**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)**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)**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)**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)

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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942	

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)	10000000
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	11278
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	4351862
(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)	253797
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	19005468
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	220196621
(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)	40549247
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	16324459
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	467528582
			501159184

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	778221314 856289214
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	778221314 856289214

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	18786072
	(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)	18786072
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-34
	(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)	3843895
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3843861
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	110043
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	25169
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	135212
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	52659429
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	68940867
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-16281438
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	47325573
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	47325573

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		67658196
(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)		3709517
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		445094
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		125622087

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	43750440	
(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)		43750440
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)	1038696	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1287492	
(4) Other.....	2i(4)	1477559	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3803747
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		47554187

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		78067900
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4312207</u> .			

<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>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION		D Employer Identification Number (EIN) 31-4394942
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): 36-2723087		
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		3 487
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) 2020 v. 200204		

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 27.3 % Investment-Grade Debt: 60.4 % High-Yield Debt: 0.0 % Real Estate: 5.2 % Other: 7.1 %

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 _____

Financial Statements and Supplemental Schedules

OhioHealth Cash Balance Retirement Plan
Years Ended December 31, 2020 and 2019
With Report of Independent Auditors

OhioHealth Cash Balance Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2020 and 2019

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Independent Auditor's Report

To the Audit Committee
OhioHealth Cash Balance Retirement Plan

We have audited the accompanying financial statements of OhioHealth Cash Balance Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020 and 2019 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

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2020 and 2019 and the changes in net assets for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As explained in Note 6, the financial statements include investments valued at approximately \$527,848,000 (62 percent of net assets available for benefits) at December 31, 2020 and \$508,077,000 (66 percent of net assets available for benefits) at December 31, 2019 whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the investment managers. Our opinion is not modified with respect to this matter.

To the Audit Committee
OhioHealth Cash Balance Retirement Plan

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of December 31, 2020 and schedule of reportable transactions for the year then ended 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 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
October 6, 2021

OhioHealth Cash Balance Retirement Plan

Statement of Net Assets Available for Benefits

	December 31	
	2020	2019
Assets		
Investments-at fair value:		
Interest-bearing cash	\$ 22,452,883	\$ 4,351,862
Corporate, municipal, and foreign obligations	356,188	253,797
Corporate and foreign stocks	33,999,633	19,005,468
Mutual fund	16,781,126	16,324,459
Common and Collective Trusts valued at NAV (net asset value)	236,031,324	220,196,621
103-12 Investment entities valued at NAV	26,688,584	40,549,247
Alternative investments / Limited Partnerships valued at NAV	501,159,184	467,528,582
	837,468,922	768,210,036
Receivables:		
Contributions receivable from OhioHealth Corporation	18,786,072	10,000,000
Accrued interest	34,220	11,278
	18,820,292	10,011,278
Net assets available for benefits	\$ 856,289,214	\$ 778,221,314

OhioHealth Cash Balance Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Years ended December 31	
	2020	2019
Additions		
Interest and dividends	\$ 3,979,073	\$ 3,926,288
Contributions from OhioHealth Corporation	18,786,072	10,000,000
Realized and unrealized gains on investments	102,856,942	127,674,568
Total additions	125,622,087	141,600,856
Deductions		
Benefit payments to participants	43,750,440	38,718,762
Professional fees	1,038,696	1,093,582
Investment advisory and management fees	1,287,492	1,267,343
Other administrative expenses	1,477,559	1,368,021
Total deductions	47,554,187	42,447,708
Net increase	78,067,900	99,153,148
Net assets available for benefits at beginning of year	778,221,314	679,068,166
Net assets available for benefits at end of year	<u>\$ 856,289,214</u>	<u>\$ 778,221,314</u>

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The OhioHealth Cash Balance Retirement Plan (the Plan) is a non-contributory defined benefit plan which provides for retirement, death and disability benefits. The Plan Sponsor is OhioHealth Corporation (OhioHealth). All eligible employees of OhioHealth and any related entity that has adopted the Plan as a participating employer, and who were hired prior to January 1, 2012, may participate in this Plan. Effective January 1, 2012, OhioHealth froze entrance for new associates to the Plan.

Effective June 30, 2018, the Employees' Retirement Plan of MedCentral Health System (MedCentral Plan) and the Hardin Memorial Hospital Retirement Plan (Hardin Plan) were merged into the Plan. The MedCentral Plan was previously frozen to new participants and benefit accruals effective January 1, 2016. The Hardin Plan was previously frozen to new participants and benefit accruals effective December 31, 2015.

OhioHealth has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. OhioHealth's present intention is to make contributions in amounts that are at least sufficient to meet the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

The Plan (other than for former Hardin Plan participants) is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical individual account balances. For the former participants of the MedCentral Plan, participant account balances increase by the investment credit rate determined annually. The credit rate is set on January 1 each year and is based on the greater of the average yield of the 30-year U.S. Treasury bonds for the December preceding the start of the year or 3.00 percent. The credit rate used for the MedCentral employees was 3.00% for 2020 and 3.10% for 2019. For all other participants, account balances are increased each year by a percentage, based on the sum of age plus service, of the employee's compensation (for those eligible to earn additional benefits) plus an investment credit rate determined annually, based on the greater of the average annual yield of the five-year treasury bond over the last quarter of the preceding year or 2.73%. The credit rate used by the Plan was 2.73% for 2020 and 2.88% for 2019 for OhioHealth employees.

While it has not expressed any intent to do so, OhioHealth has the right under the Plan to terminate the Plan subject to the provisions set forth in the Plan and ERISA. Whether a particular participant's accumulated Plan benefits will be paid upon the termination of the Plan depends on both the priority of those benefits and the level of benefits guaranteed by the

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets in the Plan and the PBGC guaranty, while other benefits may not be provided for at all.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Plan's *Summary Plan Description*. Copies of this document are available in the OhioHealth Benefits Department.

Party-in-Interest Transactions

Certain assets are in investments managed by The Northern Trust Company or their affiliates. The Northern Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 6, 2021, which is the date the financial statements were available to be issued.

2. Significant Accounting Policies

Valuation of Investments

Investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Corporate bonds, municipal and foreign obligations shown in the statement of net assets available for benefits for securities that have no quoted market price, are valued at estimated fair value. Estimated fair value amounts have been determined using available market information and various valuation methods depending on the type of instrument. In evaluating the fair value information, considerable judgment is required to interpret the market data used to develop the estimates.

Investments in 103-12 investments entities and the common and collective trusts 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' net underlying assets. Investments in limited partnerships are valued at the

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

net asset value per share, which is based on the audited financial statements with adjustments to account for partnership activity and other applicable valuation adjustments. Mutual funds and common stocks are valued at quoted market prices. Interest-bearing cash investments are valued at their outstanding balances, which approximates fair value. See Note 6 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 fair 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.

Administrative Expenses

Administrative expenses are paid directly by the Plan. Administrative expenses are principally for actuarial services and audit services, investment advisory and management fees, and PBGC insurance premiums. In addition, the Corporation provides other accounting and administrative services to the Plan at no charge.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' hypothetical individual account balances. The accumulated plan benefits for active employees are based on their annual compensation for the period of credited service preceding the valuation date. Benefits payable under all circumstances-retirement, death, disability, and termination of employment-are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefit Payments

Benefits are recorded when paid.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

2. 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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

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

The accumulated plan benefits at the beginning of the plan year, based upon the latest available actuarial valuation, are as follows:

	January 1, 2020
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 100,013,357
Other participants	488,267,681
	<u>588,281,038</u>
Nonvested benefits	6,774,032
Total actuarial present value of accumulated plan benefits	<u><u>\$ 595,055,070</u></u>

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

A summary of significant changes in the actuarial present value of the accumulated plan benefits for the year ended January 1, 2020 is as follows:

	January 1, 2020
Actuarial present value of accumulated plan benefits	
At January 1, 2019	\$ 561,893,202
Increase (decrease) during the year attributable to:	
Benefits accumulated	
Interest due to increase for the discount period	35,284,508
Benefits paid	(38,718,762)
Plan amendments	118,707
Change in actuarial assumptions	19,124,748
Other	17,352,667
Net increase	33,161,868
Actuarial present value of accumulated plan benefits	
At January 1, 2020	<u>\$ 595,055,070</u>

The above summary of actuarial present value of accumulated plan benefits and summary of changes in the actuarial present value of accumulated plan benefits as of and for the year ended January 1, 2020.

Significant assumptions underlying the actuarial computations as of January 1, 2020 are as follows:

Rate of return on investments:	5.90%
Mortality table:	Pri-2012 employee and healthy annuitant mortality tables projected generationally from 2012 with mortality improvement scale MP-2020.
Actuarial Method:	Standard Unit Credit Cost Method.

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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The plan reporting valuation reflects the following assumption changes:

- A change in the interest rate from 6.50% to 5.90%.
- A change in the generational mortality improvement scale assumption from scale MP-2019 to scale MP-2020.
- A change in the OhioHealth cash balance annuity conversion interest rates from the September 2018 minimum present value segment interest rates prescribed by IRC section 417(e) of 3.21%/4.26%/4.55% to the September 2019 minimum present value segment interest rates prescribed by IRC section 417(e) of 2.13%/3.07%/3.65%.
- A change in the MedCentral cash balance annuity conversion interest rates from the December 2018 minimum present value segment interest rates prescribed by IRC section 417(e) of 3.38%/4.32%/4.69% to the September 2019 minimum present value segment interest rates prescribed by IRC Section 417(e) of 2.13%/3.07%/3.65%.
- The annuity conversion rate for Hardin Employee Contributions was updated from the November 2018 minimum present value segment interest rates prescribed by IRC Section 417(e) of 3.43%/4.46%/4.88% to the September 2019 minimum present value segment interest rates prescribed by IRC Section 417(e) of 2.13%/3.07%/3.65%.
- A change in the interest crediting rate for OhioHealth employees from 2.88% to 2.73%.
- A change in the interest crediting rate for MedCentral employees from 3.10% to 3.00%.

4. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service, dated June 18, 2014, indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying statements.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

5. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics (see Note 3), all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the statements of net assets available for benefits.

6. Fair Value

Accounting Standards Codification (ASC) 820 clarifies the definition of fair value, establishes a framework for measuring fair value, and expands the disclosures for fair value measurements. ASC 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access. 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, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals. 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. 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.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

Disclosure concerning assets measured at fair value are as follows:

Assets and Liabilities Measured at Fair Value at December 31, 2020

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Interest-bearing cash	\$ -	\$ 22,452,883	\$ -	\$ 22,452,883
Corporate, municipal, and foreign obligations	-	356,188	-	356,188
Corporate and foreign stocks	33,999,633	-	-	33,999,633
Mutual fund	16,781,126	-	-	16,781,126
Subtotal	<u>50,780,759</u>	<u>22,809,071</u>	<u>-</u>	<u>73,589,830</u>
Investment valued at NAV				
Fixed income ⁽¹⁾	-	-	-	157,627,135
Equities – domestic ⁽²⁾	-	-	-	78,404,189
Equities – international developed ⁽⁴⁾	-	-	-	26,688,584
Multi-strategy hedge fund ⁽⁵⁾	-	-	-	85,024,810
Emerging markets fund ⁽⁶⁾	-	-	-	25,003,178
Real estate fund ⁽⁷⁾	-	-	-	39,579,323
Equities – international ⁽⁸⁾	-	-	-	18,906,236
Equities – international ⁽⁹⁾	-	-	-	31,560,942
Fixed income long duration fund ⁽¹⁰⁾	-	-	-	138,964,467
Fixed income long duration fund ⁽¹¹⁾	-	-	-	162,120,228
Total	<u>\$ 50,780,759</u>	<u>\$ 22,809,071</u>	<u>\$ -</u>	<u>\$ 837,468,922</u>

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

Assets and Liabilities Measured at Fair Value at December 31, 2019

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Interest-bearing cash	\$ -	\$ 4,351,862	\$ -	\$ 4,351,862
Corporate, municipal, and foreign obligations	-	253,797	-	253,797
Corporate and foreign stocks	19,005,468	-	-	19,005,468
Mutual fund	16,324,459	-	-	16,324,459
Subtotal	35,329,927	4,605,659	-	39,935,586
Investment valued at NAV				
Fixed income ⁽¹⁾	-	-	-	152,171,534
Equities – domestic ⁽²⁾	-	-	-	68,025,087
Equities – international ⁽³⁾	-	-	-	16,912,570
Equities – international developed ⁽⁴⁾	-	-	-	23,636,677
Multi-strategy hedge fund ⁽⁵⁾	-	-	-	54,511,486
Emerging markets fund ⁽⁶⁾	-	-	-	20,402,934
Real estate fund ⁽⁷⁾	-	-	-	40,276,165
Equities – international ⁽⁸⁾	-	-	-	17,131,039
Equities – international ⁽⁹⁾	-	-	-	27,124,737
Fixed income long duration fund ⁽¹⁰⁾	-	-	-	168,182,175
Fixed income long duration fund ⁽¹¹⁾	-	-	-	139,900,046
Total	\$ 35,329,927	\$ 4,605,659	\$ -	\$ 768,210,036

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

- (1) The purpose of the Fund is to provide a passive vehicle to access the United States domestic bond market. The Fund will be maintained by the Trustee with the objective of providing investment results that approximate the overall performance of the Barclay's Capital U.S. Long Term Government Bond Index (the "Index"). The Fund will be invested primarily in securities that comprise the Index, which includes, but may not be limited to: Fixed income securities which the Trustee determines will help achieve the fund's objective.
- (2) The primary objective of the fund is to approximate the risk and return characteristics of the Russell 1000 Index. This index is commonly used to represent the large cap segment of the U.S. market. To achieve its objective, the fund employs a replication technique which generally seeks to hold each index constituent in its proportional index weight.
- (3) The Trust's investment objective is to achieve long-term capital appreciation by investing primarily in equity and equity-related securities of small cap companies that are located in, or do significant business in, emerging market countries. The Investment Manager utilizes a relative value investment philosophy through a process of bottom-up stock selection. This philosophy is implemented by assessing the trade-off between valuation and financial productivity for an individual security. The Investment Manager uses database screening, accounting validation, fundamental analysis and portfolio construction (focusing on macro-economic, political, portfolio and ESG issues risk) to select securities for inclusion in the Trust's portfolio. In searching for under-valued, under-appreciated, and financially productive stocks, the Investment Manager follows an investment process that incorporates three types of investment research – Analytic Framework, Accounting Validation, and Fundamental Analysis – as well as other investment selection techniques. The research is predominantly qualitative, although quantitative research is also used to a lesser extent.
- (4) The investment objective of the Fund is capital appreciation. The Fund intends to achieve its objective by investing primarily in equity securities of issuers from developed markets located in Europe, Australasia and the Far East.
- (5) Multi-strategy Hedge Funds of Funds that target attractive risk-adjusted returns through investments in a well-diversified group of hedge fund managers employing a variety of unique investment strategies including: Global Macro, Fixed Income Arbitrage, Event Driven, Credit Driven, Interest Rate Driven, and Long/Short Equity. The Hedge Funds of Funds are actively managed investment portfolios which attempt to produce stable long-term risk-adjusted returns with lower volatility and low correlation as compared to traditional asset classes.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

- (6) This fund employs a process that is centralized around the purchase and sale of emerging markets closed-end funds. Specifically, the fund seeks to identify and own closed-end funds that trade at a discount to management's estimate of fair market value. The fund is expected to consist of 90 to 110 closed-end funds, with each underlying fund holding approximately 70 securities.
- (7) This investment is an open-end real estate fund that holds a strategically diversified portfolio of real estate assets across the five main property types in major markets located throughout the United States. The investment strategy is to manage a diversified portfolio of primarily institutional quality real estate assets and related investments. The primary performance objective is to combine an attractive income yield with long-term capital growth.
- (8) This fund invests in stocks where rigorous dividend discount analysis isolates value in terms of the long-term flow of dividends. Dividend yield and future real growth play a central role in the investment decision making process and over time the dividend component is expected to be a meaningful portion of total expected return. At any given time, the portfolio is expected to consist of 70-120 international small cap equities.
- (9) The Partnership's investment objective is to achieve maximum total return by investing primarily in equity securities of non-U.S. domiciled issuers. The approach involves selecting long term individual portfolio securities on the basis of rigorous research and fundamental analysis, and seeking to take opportunistic advantage of market inefficiencies by trading securities with a shorter time horizon.
- (10) The Fund's objective is to outperform the benchmark index by investing fund assets in a diversified pool of long duration U.S. investment grade assets while seeking to maximize total return through a combination of income and capital appreciation. The "Benchmark Index" is the Bloomberg Capital Long US Credit Index. The fund will seek to increase total return primarily through active management of interest rate and credit risk. The Investment Adviser anticipates that optimal security selection and sector rotation will permit the construction of a portfolio that delivers consistent excess returns while exhibiting lower overall volatility. In seeking to achieve this objective, the Investment Adviser will also follow its credit selection process. The Investment Adviser's credit oriented investment process seeks to add value through both timely industry rotation and issuer selection.
- (11) The Fund seeks to outperform the Bloomberg U.S. Long Credit Index, which measures the performance of U.S. dollar denominated investment grade corporate securities that have remaining maturities of ten years or more. Securities included in the Index have \$250 million or more of outstanding face value and must be fixed rate and nonconvertible. The Fund's investment objective is to outperform the benchmark by utilizing a disciplined, bottom-up investment approach to seek what the Manager

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

believes to be inefficiently priced securities with strong fundamentals. While the Manager is benchmark aware, the Fund's portfolio is not beholden to the Index's composition and the most attractive opportunities are actively sought. As such, the Manager may deviate from Index sector and constituent weights and may use tactical allocations to the securitized bond sectors as a means of seeking diversification and outperformance.

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At December 31, 2020 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

	Investments Held at December 31, 2020			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trust				
Fixed income long duration fund	\$ 157,627,135	-	Daily	1 day
Domestic large cap equity	78,404,189	-	Daily	1 day
103-12 Investment Entities				
International equities	26,688,584	-	Monthly	5 days
Alternative Investments – Limited Partnerships				
Emerging markets closed-end funds	25,003,178	-	Monthly	30 days
Real estate funds	39,579,323	-	Quarterly	90 days
International equities	18,906,236	-	Monthly	15 days
International equities	31,560,942	-	Monthly	30 days
Multi-strategy hedge fund	85,024,810	-	Semi Annual	95 days
Fixed income long duration fund	138,964,467	-	Weekly	5 Days
Fixed income long duration fund	162,120,228	-	Daily	5 days
Total	<u>\$ 763,879,092</u>	<u>-</u>		

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

At December 31, 2019 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

	Investments Held at December 31, 2019			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trust				
Fixed income long duration fund	\$ 152,171,534	-	Daily	1 day
Domestic large cap equity	68,025,087	-	Daily	1 day
103-12 Investment Entities				
Emerging markets closed-end funds	16,912,570	-	Monthly	30 days
International equities	23,636,677	-	Monthly	5 days
Alternative Investments – Limited Partnerships				
Emerging markets closed-end funds	20,402,934	-	Monthly	30 days
Real estate funds	40,276,165	-	Quarterly	90 days
International equities	17,131,039	-	Monthly	15 days
International equities	27,124,737	-	Monthly	30 days
Multi-strategy hedge fund	54,511,486	-	Semi Annual	95 days
Fixed income long duration fund	168,182,175	-	Weekly	5 Days
Fixed income long duration fund	139,900,046	-	Daily	5 days
Total	\$ 728,274,450	-		

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2020

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest,				Cost	Current Value
	Par or Maturity Value					
INTEREST-BEARING CASH						
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	Investor Class				\$ 22,452,883	\$ 22,452,883
CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS						
LEHMAN BROTHERS HOLDINGS SR UNSECURED 08/09 0.00000	317,000,000	principal amount	0.000%	due 8/22/2009	252,091	355,040
LEHMAN BROTHERS HOLDINGS SR UNSECURED 12/08 VAR	77,000,000	principal amount	0.000%	due 12/23/2008	60,871	862
SIGMA FIN INC MEDIUM TERM TRANCHE TR 00519	453,249,750	principal amount	0.000%	due 12/31/2040	453,187	286
					766,149	356,188
CORPORATE AND FOREIGN STOCKS						
CAMECO CORP COM	27,474	shares			202,730	368,152
FIRSTSERVICE CORP COM NPV	2,717	shares			117,062	371,577
RITCHIE BROS AUCTIONEERS INC COM	8,566	shares			292,701	595,765
ADR NICE LTD SPONSORED ADR	2,663	shares			298,770	755,067
10X GENOMICS INC CL A CL A	2,911	shares			454,517	412,198
ABIOMED INC COM	975	shares			226,036	316,095
ACADIA HEALTHCARE CO INC COM	5,344	shares			256,756	268,589
ADVANCE AUTO PTS INC COM	2,549	shares			343,024	401,493
ALARM COM HLDGS INC COM	5,700	shares			367,348	589,665
AMEDISYS INC COM	1,810	shares			230,214	530,927
ARES MANAGEMENT LP COM SHS REPSTG LTD PARTNER	7,732	shares			259,542	363,791
ASPEN TECHNOLOGY INC COM	3,507	shares			328,035	456,787
AVALARA INC COM	3,104	shares			201,075	511,819
AXON ENTERPRISE INC COM	4,140	shares			365,921	507,274
BIO-TECHNE CORP COM	1,678	shares			462,723	532,849
BJS WHSL CLUB HLDGS INC COM	13,399	shares			347,045	499,515
BLUEPRINT MEDICINES CORP COM	2,110	shares			247,978	236,637
BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK	2,847	shares			109,752	248,201
BRIGHT HORIZONS FA COM USD0.001	2,691	shares			314,656	465,516
BRINKS CO COM	9,762	shares			633,276	702,864
BROOKS AUTOMATION INC COM	7,529	shares			266,499	510,843
BUILDERS FIRSTSOURCE INC COM STK	10,825	shares			361,417	441,768
BURLINGTON STORES INC COM	1,160	shares			187,380	303,398
BWX TECHNOLOGIES INC COM	13,943	shares			652,316	840,484
CABLE ONE INC COM	244	shares			212,015	543,564
CREE INC COM	3,682	shares			217,932	389,924
CROWN HLDGS INC COM	7,010	shares			423,323	702,402
ENCOMPASS HEALTH CORP	9,129	shares			500,571	754,877
ENTEGRIS INC COM	3,482	shares			169,692	334,620
ETSY INC COM	4,738	shares			214,533	842,938
EURONET WORLDWIDE INC COM	3,740	shares			338,430	542,001
FIRSTCASH INC COM	4,037	shares			254,270	282,751
GENERAC HLDGS INC COM STK	1,881	shares			201,368	427,758
GODADDY INC CL A CL A	5,294	shares			348,797	439,137
GRAND CANYON ED INC COM STK	8,281	shares			666,575	771,044
GUIDEWIRE SOFTWARE INC	2,187	shares			254,006	281,533
HALOZYME THERAPEUTICS INC COM	13,256	shares			212,774	566,164
HEALTH EQUITY INC COM	7,665	shares			383,838	534,327
HEICO CORP NEW CL A CL A	2,290	shares			100,395	268,067
HELEN TROY LTD COM STK	2,190	shares			437,238	486,596
HORIZON THERAPEUTICS PLC	10,796	shares			198,411	789,727
INSMED INC COM PAR \$.01	6,963	shares			239,888	231,798
INSPIRE MED SYS INC COM	1,270	shares			251,181	238,874
INSULET CORP COM STK	1,973	shares			220,072	504,358
J2 GLOBAL INC COM	3,664	shares			260,792	357,936
LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	3,765	shares			345,501	374,429
LINCOLN ELEC HLDGS INC COM	2,227	shares			149,049	258,889
LIVE NATION ENTERTAINMENT INC	5,007	shares			196,117	367,914
LIVERAMP HOLDINGS INC	5,975	shares			341,824	437,310
MARTIN MARIETTA MATLS INC COM	2,700	shares			526,606	766,719
MASIMO CORP COM STK	1,060	shares			183,160	284,483
MAXIMUS INC COM	2,570	shares			171,598	188,098
MERCURY SYSTEMS INC	7,242	shares			552,349	637,731
MERIT MED SYS INC COM	5,800	shares			290,782	321,958
MONGODB INC CL A CL A	1,180	shares			170,804	423,667
NATIONAL INSTRS CORP COM	8,168	shares			321,468	358,902
NATIONAL VISION HLDGS INC COM	7,477	shares			189,989	338,633
NEW FORTRESS INC CL A SHS REPSTG LTD LIABILITY	5,321	shares			270,370	285,152
NOVANTA INC NOVANTA INC	2,150	shares			137,220	254,173
PENUMBRA INC COM	2,813	shares			421,693	492,275
PROOFPOINT INC COM	2,260	shares			264,213	308,287

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2020

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value		Cost	Current Value
CORPORATE AND FOREIGN STOCKS (continued)				
PURE STORAGE INC CL A CL A	28,748	shares	\$ 507,795	\$ 649,992
SOLAREGE TECHNOLOGIES INC	1,806	shares	185,070	576,331
STAR PEAK ENERGY TRANSITION CORP CL A	9,407	shares	172,437	192,467
STERIS PLC ORD USD0.001	2,450	shares	301,225	464,373
TELEDYNE TECHNOLOGIES INC	995	shares	209,814	390,020
TELEFLEX INC COM	1,050	shares	283,696	432,149
TERMINIX GLOBAL HLDGS INC	6,270	shares	283,925	319,833
TREX CO INC COM	7,094	shares	246,230	593,910
TWIST BIOSCIENCE CORP COM	1,394	shares	154,478	196,958
ULTA BEAUTY INC	810	shares	162,353	232,600
VARONIS SYS INC COM	2,590	shares	193,688	423,750
VERACYTE INC COM	10,680	shares	276,751	522,679
VIRTU FINL INC CL A CL A	13,423	shares	278,287	337,857
WESTERN ALLIANCE BANCORPORATION COM	4,320	shares	255,252	258,984
ZENDESK INC COM	2,420	shares	298,363	346,350
ZYNGA INC	44,690	shares	279,664	441,090
			22,254,645	33,999,633
MUTUAL FUND				
ICM SMALL COMPANY PORTFOLIO ICM SMALL COMPANY PORT INSTL	566,738	shares	14,826,605	16,781,126
			14,826,605	16,781,126
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV				
NT COLLECTIVE RUSSELL 1000 INDEX FUND	1,739,609	shares	37,498,362	78,404,189
THE NORTHERN TRUST LONG TERM BOND INDEX FUND LP	2,287,601	shares	103,051,023	157,627,135
			140,549,385	236,031,324
103-12 INVESTMENT ENTITIES VALUED AT NAV				
GRYPHON INTL EAFE GROWTH GROUP LIMITED PARTNERSHIP	977,495	shares	27,871,500	26,688,584
LAZARD EM SMALL CAP EQUITY TRUST FUND	1,065,445	shares	68	-
			27,871,568	26,688,584
ALTERNATIVE INVESTMENTS / LIMITED PARTNERSHIPS VALUED AT NAV				
BPIF NON-TAXABLE L.P.	69,000,000	shares	69,000,000	85,024,810
CITY OF LONDON GLOBAL EMERGING □	276,860	shares	13,856,453	25,003,178
CLARION LION PROPERTIES FUND LLC	26,034	shares	29,278,126	39,579,323
MONDRIAN INTL SMALL CAP LIMITED PARTNERSHIP	464,336	shares	16,588,232	18,906,236
THE LGIMA LONG DURATION US CREDIT FUND ,LLC	78,650,180	shares	78,650,180	138,964,467
IR M LONG CREDIT FUND MUTUAL FUND	10,089,896	shares	101,555,344	162,120,228
BAXTER STREET FUND II LP	18,500,000	shares	18,500,000	31,560,942
			327,428,335	501,159,184
			\$ 556,149,569	\$ 837,468,922

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4j - Schedule of Reportable Transactions
 Year ended December 31, 2020

Identity of Party Involved	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (iii) - Series of transactions in excess of 5 percent of plan assets.</u>			
NORTHERN TRUST COLTV SHORT TERM INVT FD			
182 Purchases	\$ 115,252,243	\$ 115,252,243	\$ -
205 Sales	97,123,812	97,123,812	-
THE LGIMA LONG DURATION US			
2 Sales	40,000,000	40,000,000	-

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2020.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

Attained Age	Number of Participants, Average Compensation and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	4	29 \$44,957 \$1,404	111 \$56,740 \$7,753	4						
30-34	8	50 \$41,248 \$2,199	362 \$65,387 \$13,465	202 \$70,154 \$21,546	9					
35-39	5	55 \$50,944 \$4,053	326 \$64,793 \$14,466	498 \$80,596 \$28,773	183 \$74,114 \$37,493	11				
40-44	17	55 \$47,692 \$5,107	229 \$73,584 \$19,020	386 \$90,453 \$35,515	369 \$93,186 \$52,893	118 \$76,441 \$57,522	1			
45-49	12	30 \$38,707 \$3,431	218 \$73,241 \$21,708	390 \$95,253 \$42,410	329 \$85,446 \$55,351	258 \$87,923 \$70,453	77 \$86,870 \$81,542	7		
50-54	13	18 \$70,069 \$20,770	187 \$83,225 \$41,389	328 \$79,225 \$55,478	303 \$79,034 \$73,217	234 \$83,870 \$88,657	160 \$86,518 \$103,269	135	5	
55-59	12	17 \$72,795 \$25,115	174 \$81,329 \$45,312	313 \$75,373 \$58,686	264 \$81,856 \$81,638	202 \$82,695 \$91,993	176 \$87,867 \$117,807	254 \$78,016 \$112,016	99	27 \$67,051 \$108,518
60-64	20 \$20,648 \$33	17 \$70,882 \$27,487	112 \$80,873 \$48,428	248 \$78,759 \$67,978	210 \$75,614 \$85,635	184 \$87,493 \$109,645	138 \$82,354 \$125,083	192 \$83,019 \$133,634	123	133 \$75,812 \$134,109
65-69	8	9 \$66,654 \$28,030	47 \$84,901 \$56,566	103 \$66,984 \$70,645	77 \$83,595 \$103,862	69 \$81,572 \$128,218	46 \$79,752 \$141,801	56 \$75,432 \$143,672	39	54 \$71,112 \$142,971
70+	12	3 \$73,042 \$82,688	14	19	20	13	10	8	4	16

N-9,278

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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

Interest Rates	Based on segment rates with a four month lookback (as of September 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.64%
2nd Segment Rate	5.21%
3rd Segment Rate	5.94%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2019), without regard to interest rate stabilization
1st Segment Rate	2.79%
2nd Segment Rate	3.92%
3rd Segment Rate	4.38%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	
OhioHealth	2.73%
MedCentral	3.00%
Cash Balance Annuity Conversion Rate	Based on the underlying interest rates and the applicable mortality table as of the valuation date
Hardin Employee Contributions	2.00% interest crediting rate
	Annuity conversion rate based on the underlying interest rates and the applicable mortality table as of the valuation date

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Optional Payment Form Elections – OhioHealth

Active Retirements	20% life annuity, 80% immediate lump sum
Future Vested Deferreds	25% immediate lump sum, 75% deferred to 65 lump sum
Current Vested Deferreds	
— Terminated prior to January 1, 1998	90% life annuity, 10% deferred to 65 lump sum
— Terminated after December 31, 1997	10% life annuity, 90% deferred to 65 lump sum
Future Deaths	100% immediate lump sum

Optional Payment Form Elections - MedCentral

Active Retirements	25% life annuity, 75% immediate lump sum
Future Vested Deferreds	100% immediate lump sum
Current Vested Deferreds	
– with a Mansfield Plan benefit	100% life annuity
– with only a cash balance benefit	25% life annuity, 75% lump sum upon retirement
Future Deaths	100% lump sum

Optional Payment Form Elections - Hardin

100% life annuity

Retirement Age

Active Participants	See Tables 2-4
Terminated Vested Participants	Age 65 for OhioHealth, Age 62 for MedCentral, Age 67 for Hardin

Mortality Rates

Healthy and Disabled	2020 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
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Withdrawal Rates

See Table 5

Disability Rates

None

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

2019 plan year pensionable earnings for OhioHealth

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the 401(a)(17) compensation limit of \$285,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2018 Plan Year

6.00%

2019 Plan Year

6.50%, limited to 6.11%

2020 Plan Year

5.90%

Trust Expenses Included in Target Normal Cost

The administrative and investment expenses paid from the plan's trust for the previous plan year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 1

Salary Increases – January 1, 2020 Valuation

Attained Age Rate

Under 35	4.00%
35–39	3.50%
40–44	3.25%
45–49	2.75%
50+	2.00%

Table 2

Retirement Rates – OhioHealth Pension Plan

Attained Age Rate

Under age 54	2.5%
54–59	4.5%
60–61	7.5%
62	10.0%
63	12.5%
64	15.0%
65	20.0%
66–67	25.0%
68–70	20.0%
71–74	25.0%
75+	100.0%

Table 3

Retirement Rates – MedCentral Pension Plan

Attained Age Rate

55–60	5.0%
61	7.5%
62	15.0%
63	17.5%
64	20.0%
65	33.0%
66	40.0%
67–68	25.0%
69	40.0%
70	50.0%
71	100.0%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 4

Retirement Rates – Hardin Pension Plan

Attained Age	Rate
65+	100.0%

Table 5

Withdrawal—Sample Rates

Attained Age	OhioHealth	MedCentral	Hardin
25	15.30%	10.61%	13.65%
30	10.12%	7.38%	10.85%
35	8.01%	6.24%	8.47%
40	6.52%	5.72%	6.58%
45	5.70%	5.20%	5.11%
50	5.47%	4.68%	3.92%
55	5.16%	4.16%	2.94%
60	4.78%	3.64%	2.10%

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4j - Schedule of Reportable Transactions
 Year ended December 31, 2020

Identity of Party Involved		Cost of Asset		Current Value of Asset on Transaction Date		Net Gain (Loss)
<u>Category (iii) - Series of transactions in excess of 5 percent of plan assets.</u>						
NORTHERN TRUST COLTV SHORT TERM INVT FD						
	182 Purchases	\$ 115,252,243		\$ 115,252,243	\$	-
	205 Sales	97,123,812		97,123,812		-
THE LGIMA LONG DURATION US						
	2 Sales	40,000,000		40,000,000		-

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2020.

SCHEDULE SB (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>	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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

► **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 OhioHealth Cash Balance Retirement Plan	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OhioHealth Corporation	D Employer Identification Number (EIN) 31-4394942	
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>2020</u>				
2 Assets:				
a Market value.....	2a	777,865,200		
b Actuarial value.....	2b	744,102,267		
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.....	2,107	107,186,434	107,186,434	
b For terminated vested participants	5,352	111,488,899	111,488,899	
c For active participants.....	9,278	415,183,332	425,086,487	
d Total.....	16,737	633,858,665	643,761,820	
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 5.39%			
6 Target normal cost.....	6 26,690,537			

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

SIGN HERE	 Signature of actuary	 Date 2005257
Lori A. DeVore Type or print name of actuary		Most recent enrollment number 614-825-9424
Aon Consulting, Inc. Firm name		Telephone number (including area code)
445 Hutchinson Ave Suite 900 Columbus OH 43235 Address of the firm		

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

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

**Schedule SB (Form 5500) 2020
v. 200204**

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	129,342,801
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	29,849,034
9 Amount remaining (line 7 minus line 8)	0	99,493,767
10 Interest on line 9 using prior year's actual return of <u>20.41</u> %	0	20,306,678
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5,018,305
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>5.52</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,024,236
c Total available at beginning of current plan year to add to prefunding balance		6,042,541
d Portion of (c) to be added to prefunding balance		6,042,541
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	125,842,986

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	96 . 03%
15	Adjusted funding target attainment percentage.....	15	115 . 58%
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	94 . 13%
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
01/15/2021	6,305,025	0			
04/15/2021	6,305,025	0			
07/09/2021	4,160,250	0			
09/15/2021	2,015,772	0			
			Totals ►	18(b)	18(c)
				18,786,072	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	17,549,160

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 59
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	26,690,537	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	25,502,539	5,498,006	
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	32,188,543	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	27,983,344	27,983,344
36 Additional cash requirement (line 34 minus line 35).....	36	4,205,199	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	17,549,160	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13,343,961	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	13,343,961	
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)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2020

Date	Amount	Days to Discount to 1/1/2020 at 5.39%	Interest Adjusted Contribution
January 15, 2021	\$ 6,305,025	380	\$ 5,970,530
April 15, 2021	6,305,025	470	5,893,742
July 9, 2021	4,160,250	555	3,841,619
September 15, 2021	<u>2,015,772</u>	623	<u>1,843,269</u>
Total Contribution	\$ 18,786,072		\$ 17,549,160

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement 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 beginning of year.

Retirement Rates - OhioHealth Pension Plan				Retirement Rates - MedCentral Pension Plan			
(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)	Age	Rate	Weight	Product (a) × (b) × (c)
40	2.50%	1.0000	1.00	55	5.00%	1.0000	2.75
41	2.50%	0.9750	1.00	56	5.00%	0.9500	2.66
42	2.50%	0.9506	1.00	57	5.00%	0.9025	2.57
43	2.50%	0.9269	1.00	58	5.00%	0.8574	2.49
44	2.50%	0.9037	0.99	59	5.00%	0.8145	2.40
45	2.50%	0.8811	0.99	60	5.00%	0.7738	2.32
46	2.50%	0.8591	0.99	61	7.50%	0.7351	3.36
47	2.50%	0.8376	0.98	62	15.00%	0.6800	6.32
48	2.50%	0.8167	0.98	63	17.50%	0.5780	6.37
49	2.50%	0.7962	0.98	64	20.00%	0.4768	6.10
50	2.50%	0.7763	0.97	65	33.00%	0.3815	8.18
51	2.50%	0.7569	0.97	66	40.00%	0.2556	6.75
52	2.50%	0.7380	0.96	67	25.00%	0.1533	2.57
53	2.50%	0.7195	0.95	68	25.00%	0.1150	1.96
54	4.50%	0.7016	1.70	69	40.00%	0.0863	2.38
55	4.50%	0.6700	1.66	70	50.00%	0.0518	1.81
56	4.50%	0.6398	1.61	71	100.00%	0.0259	1.84
57	4.50%	0.6110	1.57	MedCentral - Weighted Average			62.83
58	4.50%	0.5836	1.52	MedCentral - Active Count			1,385
59	4.50%	0.5573	1.48	Retirement Rates - Hardin Pension Plan			
60	7.50%	0.5322	2.39	Hardin - Single Point Age			65.00
61	7.50%	0.4923	2.25	Hardin - Active Count			94
62	10.00%	0.4554	2.82				
63	12.50%	0.4098	3.23				
64	15.00%	0.3586	3.44				
65	20.00%	0.3048	3.96				
66	25.00%	0.2439	4.02				
67	25.00%	0.1829	3.06				
68	20.00%	0.1372	1.87				
69	20.00%	0.1097	1.51				
70	20.00%	0.0878	1.23				
71	25.00%	0.0702	1.25				
72	25.00%	0.0527	0.95				
73	25.00%	0.0395	0.72				
74	25.00%	0.0296	0.55				
75	100.00%	0.0222	1.67				
OhioHealth - Weighted Average			58.22				
OhioHealth - Active Count			7,831				

Overall Weighted Average Retirement Age: 58.97

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates with a four month lookback (as of September 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.64%
2nd Segment Rate	5.21%
3rd Segment Rate	5.94%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2019), without regard to interest rate stabilization
1st Segment Rate	2.79%
2nd Segment Rate	3.92%
3rd Segment Rate	4.38%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	
OhioHealth	2.73%
MedCentral	3.00%
Cash Balance Annuity Conversion Rate	Based on the underlying interest rates and the applicable mortality table as of the valuation date
Hardin Employee Contributions	2.00% interest crediting rate
	Annuity conversion rate based on the underlying interest rates and the applicable mortality table as of the valuation date

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Optional Payment Form Elections – OhioHealth

Active Retirements	20% life annuity, 80% immediate lump sum
Future Vested Deferreds	25% immediate lump sum, 75% deferred to 65 lump sum
Current Vested Deferreds	
— Terminated prior to January 1, 1998	90% life annuity, 10% deferred to 65 lump sum
— Terminated after December 31, 1997	10% life annuity, 90% deferred to 65 lump sum
Future Deaths	100% immediate lump sum

Optional Payment Form Elections - MedCentral

Active Retirements	25% life annuity, 75% immediate lump sum
Future Vested Deferreds	100% immediate lump sum
Current Vested Deferreds	
– with a Mansfield Plan benefit	100% life annuity
– with only a cash balance benefit	25% life annuity, 75% lump sum upon retirement
Future Deaths	100% lump sum

Optional Payment Form Elections - Hardin

100% life annuity

Retirement Age

Active Participants	See Tables 2-4
Terminated Vested Participants	Age 65 for OhioHealth, Age 62 for MedCentral, Age 67 for Hardin

Mortality Rates

Healthy and Disabled	2020 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
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Withdrawal Rates

See Table 5

Disability Rates

None

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

2019 plan year pensionable earnings for OhioHealth

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the 401(a)(17) compensation limit of \$285,000.
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 excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2018 Plan Year	6.00%
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	5.90%
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous plan year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Table 1

Salary Increases – January 1, 2020 Valuation

Attained Age	Rate
Under 35	4.00%
35–39	3.50%
40–44	3.25%
45–49	2.75%
50+	2.00%

Table 2

Retirement Rates – OhioHealth Pension Plan

Attained Age	Rate
Under age 54	2.5%
54–59	4.5%
60–61	7.5%
62	10.0%
63	12.5%
64	15.0%
65	20.0%
66–67	25.0%
68–70	20.0%
71–74	25.0%
75+	100.0%

Table 3

Retirement Rates – MedCentral Pension Plan

Attained Age	Rate
55–60	5.0%
61	7.5%
62	15.0%
63	17.5%
64	20.0%
65	33.0%
66	40.0%
67–68	25.0%
69	40.0%
70	50.0%
71	100.0%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Table 4

Retirement Rates – Hardin Pension Plan

Attained Age	Rate
65+	100.0%

Table 5

Withdrawal—Sample Rates

Attained Age	OhioHealth	MedCentral	Hardin
25	15.30%	10.61%	13.65%
30	10.12%	7.38%	10.85%
35	8.01%	6.24%	8.47%
40	6.52%	5.72%	6.58%
45	5.70%	5.20%	5.11%
50	5.47%	4.68%	3.92%
55	5.16%	4.16%	2.94%
60	4.78%	3.64%	2.10%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date:	July 31, 1961
Effective Date of Last Amendment:	January 1, 2020
Plan Year:	January 1 to December 31
Employer Fiscal Year	July 1 to June 30
Employer ID Number:	31-4394942
Plan Administrator's ID Number:	31-4394942
Plan Number:	333
Plan Administrator:	OhioHealth Corporation

Eligibility

OhioHealth: All covered employees become participants on the January 1 following the attainment of age 20½ and completion of 6 months of employment. Effective January 1, 2012, no new participants will be permitted to enter the Plan.

MedCentral: All covered employees become participants on the as of the January 1 or July 1 after attaining age 21 and completing a year of employment with at least 1,000 hours of service. No new employees will be eligible on or after January 1, 2016.

Hardin: Prior to January 1, 2016, employees who attained age 21 and completed one year of eligibility service were eligible to participant in the plan. Effective January 1, 2016, no new employees are eligible to participate in the plan.

Service

OhioHealth and MedCentral: A year of service is granted for a plan year if an employee is paid for at least 1,000 hours of work in the plan year.

Hardin: Service is granted for a plan year in which an employee works at least 900 hours. In addition, service is granted for the sum of service earned before January 1, 1974 that would have been recognized under the prior plan in determining retirement benefits and years of service on and after January 1, 1974 in which at least 900 hours are worked. Effective January 1, 2016, service for benefit accrual purposes has been frozen.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Participant Contributions

OhioHealth and MedCentral: None

Hardin: Participants contribute 2% of gross pay for each pay period. Effective January 1, 2016, no further participant contributions will be required. Participant contributions are tracked in the Participant's Required Contribution Account which grants interest at 120% of the Mid Term Rate in effect at the beginning of each plan year.

Normal Retirement Date

OhioHealth: For participants who terminate employment on or after January 1, 2014, the first of the month coincident with or next following the attainment of age 65. For participants who terminated prior to January 1, 2014, the first of the month coincident with or next following age 65 or the fifth anniversary of his or her participation, if later.

MedCentral: For those who become participants after January 1, 1997, the last day of the month in which an employee attains age 65 or the fifth anniversary of his or her participation, if later. For those who were participants on or before January 1, 1997, the last day of the month in which an employee attains age 65.

Hardin: The first of the month coincident with or next following the later of the attainment of age 65 and five years after plan entry date.

Normal Retirement Benefit

OhioHealth and MedCentral: The retirement plan account with accruals to Normal Retirement. The retirement plan account is a cash balance account which is determined based on Compensation Credits and Interest Credits provided by the plan. Minimum benefits apply to certain OhioHealth participants who were former employees of either Riverside Hospital or Grant Hospital based on provisions of the prior plans. Minimum benefits apply to MedCentral participants who were eligible for benefits as of December 31, 1996.

Hardin: A monthly annuity payable for a participant's lifetime in the amount of 1.01% of Average Compensation times accrual Service on such date. The monthly annuity benefit is guaranteed to be at least equal to the accumulation of the employee's contribution balance as of his normal retirement date.

Delayed Retirement

OhioHealth and MedCentral: A participant is eligible to retire any time after reaching the Normal Retirement Date. The cash balance account will be based on the cash balance account as of the Delayed Retirement date or, if greater, the Normal Retirement Benefit adjusted to reflect the delayed commencement date for OhioHealth participants.

Hardin: A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit he would have received on his Normal Retirement Date, increased according to factors in the plan document to reflect delayed payment. However, the benefit will not be less than the benefit accrued at Delayed Retirement reflecting Service and compensation to such date.

Schedule SB Attachment (Form 5500)—2020 Plan Year

OhioHealth Cash Balance Retirement Plan

EIN: 31-4394942 PN: 333

Early Retirement

OhioHealth: A participant is eligible to retire anytime on or after the date the sum of age and service equals or exceeds 70. The benefit is based on the cash balance account with accruals to the date of determination.

MedCentral: A participant is eligible to retire anytime on or after the attainment of age 55 and completion of three or more years of service. The benefit is the cash balance account with accruals to the date of determination.

Hardin: After the attainment of age 62 and ten years of service, a participant may elect to commence his plan benefit. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the Accrued Benefit at early retirement date. Payments may begin immediately, with the benefit being reduced 1/180 for each month by which the payment date precedes the Normal Retirement Date.

Disability Retirement

OhioHealth: Upon termination of employment due to disability, such participant shall continue to earn Interest Credits under the plan. Such participant is entitled to receive the vested account balance upon severance of employment due to the disability. Provided the disability occurs while a participant of the employer, the condition will be deemed to satisfy the disability provision if the participant is determined as disabled under the Social Security Act.

MedCentral: Upon termination of employment due to disability after completion of 15 years of service, such participant shall continue to earn Interest Credits under the plan. Such participant is entitled to receive the vested account balance upon severance of employment due to the disability.

Hardin: Upon termination of employment due to disability, active participants who have attained ten years of service are eligible to commence their plan benefits. The benefit will be paid as a monthly annuity until the earlier of the participant's Normal Retirement Date, recovery from disability, or the date of death. If a participant recovers from being disabled, he will be entitled to a deferred annuity payable at his Normal Retirement Date. The monthly benefit payable on date of disability will be the greater of the participant's monthly Accrued Benefit and \$20.

Compensation Credits

OhioHealth: Participants will have their accounts credited on the last day of the plan year with a percentage of pay that varies based on age and service as of December 31 of each year. The schedule of contribution percentages is as follows:

Age Plus Service	Pay Credits
0-29	3%
30-44	4%
45-59	5%
60-74	6%
75+	7%

Transition credits were provided for the period of January 1, 1998 through December 31, 2002 for participants meeting certain criteria as of January 1, 1998.

MedCentral: Participants will have their accounts credited on the last day of the plan year with a percentage of pay that varies based on attained age as of December 31. The schedule of contribution percentages is as follows. No Compensation Credits will be credited after December 31, 2015.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Age	Compensation Credits
0-29	2.5%
30-49	3.0%
40-49	4.0%
50-59	5.0%
60+	6.0%

Interest Credits

OhioHealth: Interest will be credited to the cash balance account on the last day of the plan year. The interest is based on the average annual yield on 5-year Treasury securities for the fourth quarter of the preceding plan year. This amount will not be less than 2.73%. Interest is granted on the cash balance account as of the end of the prior plan year. Interest is credited through the end of the month preceding the date of distribution.

MedCentral: Interest will be credited to the cash balance account on the last day of the plan year. The interest is based on the average of 30-year Treasury bills for the December preceding plan year. This amount will not be less than 3%. Interest is granted on the cash balance account as of the beginning of the plan year. Interest is credited through the end of the month preceding the date of distribution.

Average Compensation

Hardin: Monthly average of total pay received for those five consecutive compensation years out of the latest ten years which gave the highest average. Average compensation is frozen as of December 31, 2015.

Accrued Benefit

OhioHealth and MedCentral: The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the cash balance account as of the date of determination. Minimum benefits apply for certain former employees of Riverside Hospital and Grant Hospital based on provisions of prior plans. For MedCentral, minimum benefits apply to participants who were eligible for benefits as of December 31, 1996.

Hardin: The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the benefit described under Normal Retirement Benefit above, using Average Compensation and accrual service as of the date of determination.

The Participant's Accrued Benefit resulting from employer contributions is equal to the participant's total Accrued Benefit reduced by the Participant's Required Contribution Account Accrued Benefit.

For all participants, in no case will the benefit determined as of the date of determination be less than the accrued benefit available as of January 1, 2020 using prior actuarial equivalent assumptions.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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Death Benefit

OhioHealth: The surviving spouse will receive the preretirement death benefit equivalent to the value of the participant's vested cash account balance payable as a monthly annuity over the lifetime of the spouse. If unmarried, the designated beneficiary will receive an immediate payment of the vested cash balance account. Alternatively, the surviving spouse can elect to receive an immediate vested cash balance account.

MedCentral: If a participant dies after becoming vested but before retiring, the surviving beneficiary is entitled to a pre-retirement death benefit. For married participants, this benefit is an annuity determined as if the participant had terminated employment the day prior to death, survived to the early retirement date, elected a joint and one-half survivor annuity, and died the following day. The surviving spouse may elect to receive 50% of the deceased participant's Account Balance in lieu of the monthly benefit. The beneficiary or estate of an unmarried participant shall receive 50% of the participant's Account Balance upon the participant's death.

Hardin: In the event of a married participant's death after the completion of three years of service, but prior to meeting the requirements for early retirement, it will be assumed the participant had terminated employment the day prior to death, survived to his early retirement date, elected a joint and one-half survivor benefit on the vested portion his benefit, and died the following day.

In the event of a participant's death after meeting the requirements for early retirement, his surviving spouse will receive one-half of the vested joint and one-half survivor benefit calculated on the day of his death.

For a vested terminated participant, death benefits are calculated as for active participants, but based on the participant's vested Accrued Benefit at his termination date.

The death benefit described above cannot be less than the Participant's Required Contribution Account. In addition, for those not eligible for the death benefit described above, a Single Sum Death Benefit is available. This benefit is equal to the Participant's Required Contribution Account as of date of death.

Severance Benefit

OhioHealth and MedCentral: Upon the termination of employment, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 3	0%
3 or more	100%

The cash balance account will continue to earn Interest Credits until this participant's Normal Retirement Date. The participant has the option to receive an immediate distribution of the cash balance account if requested within 180 days of termination. Effective for OhioHealth employees hired on or after January 1, 2003, distributions are disallowed until the sum of the terminated participant's age and service equals or exceeds 70 unless the lump sum value is less than or equal to \$20,000.

Hardin: Upon the termination of employment after three or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

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Years of Service	Vested Percent
Fewer than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

A vested terminated participant who met the service condition for Early Retirement at the time of their termination may elect to receive his vested interest at age 62. Such benefit will be reduced as described under Early Retirement Benefits.

Prior to retirement, if a participant's accrued benefit is determined to have a present value of less than \$5,000, the present value will be offered as a lump sum option. If a lump sum is not elected by the participant, payment shall be made on the participant's behalf as a direct rollover to an individual retirement plan designated by the plan administrator.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 66 2/3% (Hardin only) or 75% of the reduced benefit or the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 (Hardin Only), 120, or 180 (OhioHealth and Hardin only) months certain and thereafter for life.
- (4) A single life annuity
- (5) A lump sum settlement.

OhioHealth and MedCentral: The conversion of the cash balance account to a single life annuity and all optional methods of settlement actuarially equivalent to the normal form of annuity are based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the fourth month preceding the Annuity Start Date. In no case, shall any participant receive less than the benefit they could have received as of January 1, 2020 based upon the applicable prior actuarial equivalence assumptions.

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Hardin: All optional methods of settlement and lump sum values are based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the fourth month preceding the Annuity Start Date. In no case, shall any participant receive an annuity benefit less than the benefit they could have received as of January 1, 2020 based upon the applicable prior actuarial equivalence assumptions.

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Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Changes Since the Prior Year

The funding and financial accounting valuations reflect the actuarial equivalence update on January 1, 2020.

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB does not reflect stabilized 2020 minimum funding interest rates that are adjusted for ARPA. Via this filing, OhioHealth will irrevocably commit the OhioHealth Cash Balance Retirement Plan to defer use of those rates to the 2021 or 2022 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 interest rate assumption from segment rates as of September 2018 to segment rates as of September 2019, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2019 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e) to the 2020 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e).
- A change in the interest crediting rate for OhioHealth employees from 2.88% to 2.73%.
- A change in the interest crediting rate for MedCentral employees from 3.10% to 3.00%.
- A change in the expected return on assets from 6.11% to 5.90%.

The rationales for selecting each of the assumptions used in the funding valuation and for the assumption changes summarized above are described in more detail in the document entitled “Actuarial Assumptions Review” dated August 2017.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	4	29 \$44,957 \$1,404	111 \$56,740 \$7,753	4						
30-34	8	50 \$41,248 \$2,199	362 \$65,387 \$13,465	202 \$70,154 \$21,546	9					
35-39	5	55 \$50,944 \$4,053	326 \$64,793 \$14,466	498 \$80,596 \$28,773	183 \$74,114 \$37,493	11				
40-44	17	55 \$47,692 \$5,107	229 \$73,584 \$19,020	386 \$90,453 \$35,515	369 \$93,186 \$52,893	118 \$76,441 \$57,522	1			
45-49	12	30 \$38,707 \$3,431	218 \$73,241 \$21,708	390 \$95,253 \$42,410	329 \$85,446 \$55,351	258 \$87,923 \$70,453	77 \$86,870 \$81,542	7		
50-54	13	18 \$70,069 \$20,770	187 \$83,225 \$41,389	328 \$79,225 \$55,478	303 \$79,034 \$73,217	234 \$83,870 \$88,657	160 \$86,518 \$103,269	135	5	
55-59	12	17 \$72,795 \$25,115	174 \$81,329 \$45,312	313 \$75,373 \$58,686	264 \$81,856 \$81,638	202 \$82,695 \$91,993	176 \$87,867 \$117,807	254 \$78,016 \$112,016	99	27 \$67,051 \$108,518
60-64	20 \$20,648 \$33	17 \$70,882 \$27,487	112 \$80,873 \$48,428	248 \$78,759 \$67,978	210 \$75,614 \$85,635	184 \$87,493 \$109,645	138 \$82,354 \$125,083	192 \$83,019 \$133,634	123	133 \$75,812 \$134,109
65-69	8	9 \$66,654 \$28,030	47 \$84,901 \$56,566	103 \$66,984 \$70,645	77 \$83,595 \$103,862	69 \$81,572 \$128,218	46 \$79,752 \$141,801	56 \$75,432 \$143,672	39	54 \$71,112 \$142,971
70+	12	3 \$73,042 \$82,688	14	19	20	13	10	8	4	16

N-9,278

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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	\$ 854,961	January 1, 2017	4	\$ 225,336
Shortfall	\$ 19,717,877	January 1, 2018	5	\$ 4,230,483
Shortfall	\$ 11,095,088	January 1, 2019	6	\$ 2,040,798
Shortfall	\$ (6,165,387)	January 1, 2020	7	\$ (998,611)

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2020

Date	Amount	Days to Discount to 1/1/2020 at 5.39%	Interest Adjusted Contribution
January 15, 2021	\$ 6,305,025	380	\$ 5,970,530
April 15, 2021	6,305,025	470	5,893,742
July 9, 2021	4,160,250	555	3,841,619
September 15, 2021	<u>2,015,772</u>	623	<u>1,843,269</u>
Total Contribution	\$ 18,786,072		\$ 17,549,160

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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 beginning of year.

Retirement Rates - OhioHealth Pension Plan				Retirement Rates - MedCentral Pension Plan			
(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)	Age	Rate	Weight	Product (a) × (b) × (c)
40	2.50%	1.0000	1.00	55	5.00%	1.0000	2.75
41	2.50%	0.9750	1.00	56	5.00%	0.9500	2.66
42	2.50%	0.9506	1.00	57	5.00%	0.9025	2.57
43	2.50%	0.9269	1.00	58	5.00%	0.8574	2.49
44	2.50%	0.9037	0.99	59	5.00%	0.8145	2.40
45	2.50%	0.8811	0.99	60	5.00%	0.7738	2.32
46	2.50%	0.8591	0.99	61	7.50%	0.7351	3.36
47	2.50%	0.8376	0.98	62	15.00%	0.6800	6.32
48	2.50%	0.8167	0.98	63	17.50%	0.5780	6.37
49	2.50%	0.7962	0.98	64	20.00%	0.4768	6.10
50	2.50%	0.7763	0.97	65	33.00%	0.3815	8.18
51	2.50%	0.7569	0.97	66	40.00%	0.2556	6.75
52	2.50%	0.7380	0.96	67	25.00%	0.1533	2.57
53	2.50%	0.7195	0.95	68	25.00%	0.1150	1.96
54	4.50%	0.7016	1.70	69	40.00%	0.0863	2.38
55	4.50%	0.6700	1.66	70	50.00%	0.0518	1.81
56	4.50%	0.6398	1.61	71	100.00%	0.0259	1.84
57	4.50%	0.6110	1.57	MedCentral - Weighted Average			62.83
58	4.50%	0.5836	1.52	MedCentral - Active Count			1,385
59	4.50%	0.5573	1.48	Retirement Rates - Hardin Pension Plan			
60	7.50%	0.5322	2.39	Hardin - Single Point Age			65.00
61	7.50%	0.4923	2.25	Hardin - Active Count			94
62	10.00%	0.4554	2.82				
63	12.50%	0.4098	3.23				
64	15.00%	0.3586	3.44				
65	20.00%	0.3048	3.96				
66	25.00%	0.2439	4.02				
67	25.00%	0.1829	3.06				
68	20.00%	0.1372	1.87				
69	20.00%	0.1097	1.51				
70	20.00%	0.0878	1.23				
71	25.00%	0.0702	1.25				
72	25.00%	0.0527	0.95				
73	25.00%	0.0395	0.72				
74	25.00%	0.0296	0.55				
75	100.00%	0.0222	1.67				
OhioHealth - Weighted Average			58.22				
OhioHealth - Active Count			7,831				

Overall Weighted Average Retirement Age: 58.97

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Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date:	July 31, 1961
Effective Date of Last Amendment:	January 1, 2020
Plan Year:	January 1 to December 31
Employer Fiscal Year	July 1 to June 30
Employer ID Number:	31-4394942
Plan Administrator's ID Number:	31-4394942
Plan Number:	333
Plan Administrator:	OhioHealth Corporation

Eligibility

OhioHealth: All covered employees become participants on the January 1 following the attainment of age 20½ and completion of 6 months of employment. Effective January 1, 2012, no new participants will be permitted to enter the Plan.

MedCentral: All covered employees become participants on the as of the January 1 or July 1 after attaining age 21 and completing a year of employment with at least 1,000 hours of service. No new employees will be eligible on or after January 1, 2016.

Hardin: Prior to January 1, 2016, employees who attained age 21 and completed one year of eligibility service were eligible to participant in the plan. Effective January 1, 2016, no new employees are eligible to participate in the plan.

Service

OhioHealth and MedCentral: A year of service is granted for a plan year if an employee is paid for at least 1,000 hours of work in the plan year.

Hardin: Service is granted for a plan year in which an employee works at least 900 hours. In addition, service is granted for the sum of service earned before January 1, 1974 that would have been recognized under the prior plan in determining retirement benefits and years of service on and after January 1, 1974 in which at least 900 hours are worked. Effective January 1, 2016, service for benefit accrual purposes has been frozen.

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Participant Contributions

OhioHealth and MedCentral: None

Hardin: Participants contribute 2% of gross pay for each pay period. Effective January 1, 2016, no further participant contributions will be required. Participant contributions are tracked in the Participant's Required Contribution Account which grants interest at 120% of the Mid Term Rate in effect at the beginning of each plan year.

Normal Retirement Date

OhioHealth: For participants who terminate employment on or after January 1, 2014, the first of the month coincident with or next following the attainment of age 65. For participants who terminated prior to January 1, 2014, the first of the month coincident with or next following age 65 or the fifth anniversary of his or her participation, if later.

MedCentral: For those who become participants after January 1, 1997, the last day of the month in which an employee attains age 65 or the fifth anniversary of his or her participation, if later. For those who were participants on or before January 1, 1997, the last day of the month in which an employee attains age 65.

Hardin: The first of the month coincident with or next following the later of the attainment of age 65 and five years after plan entry date.

Normal Retirement Benefit

OhioHealth and MedCentral: The retirement plan account with accruals to Normal Retirement. The retirement plan account is a cash balance account which is determined based on Compensation Credits and Interest Credits provided by the plan. Minimum benefits apply to certain OhioHealth participants who were former employees of either Riverside Hospital or Grant Hospital based on provisions of the prior plans. Minimum benefits apply to MedCentral participants who were eligible for benefits as of December 31, 1996.

Hardin: A monthly annuity payable for a participant's lifetime in the amount of 1.01% of Average Compensation times accrual Service on such date. The monthly annuity benefit is guaranteed to be at least equal to the accumulation of the employee's contribution balance as of his normal retirement date.

Delayed Retirement

OhioHealth and MedCentral: A participant is eligible to retire any time after reaching the Normal Retirement Date. The cash balance account will be based on the cash balance account as of the Delayed Retirement date or, if greater, the Normal Retirement Benefit adjusted to reflect the delayed commencement date for OhioHealth participants.

Hardin: A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit he would have received on his Normal Retirement Date, increased according to factors in the plan document to reflect delayed payment. However, the benefit will not be less than the benefit accrued at Delayed Retirement reflecting Service and compensation to such date.

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OhioHealth Cash Balance Retirement Plan
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Early Retirement

OhioHealth: A participant is eligible to retire anytime on or after the date the sum of age and service equals or exceeds 70. The benefit is based on the cash balance account with accruals to the date of determination.

MedCentral: A participant is eligible to retire anytime on or after the attainment of age 55 and completion of three or more years of service. The benefit is the cash balance account with accruals to the date of determination.

Hardin: After the attainment of age 62 and ten years of service, a participant may elect to commence his plan benefit. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the Accrued Benefit at early retirement date. Payments may begin immediately, with the benefit being reduced 1/180 for each month by which the payment date precedes the Normal Retirement Date.

Disability Retirement

OhioHealth: Upon termination of employment due to disability, such participant shall continue to earn Interest Credits under the plan. Such participant is entitled to receive the vested account balance upon severance of employment due to the disability. Provided the disability occurs while a participant of the employer, the condition will be deemed to satisfy the disability provision if the participant is determined as disabled under the Social Security Act.

MedCentral: Upon termination of employment due to disability after completion of 15 years of service, such participant shall continue to earn Interest Credits under the plan. Such participant is entitled to receive the vested account balance upon severance of employment due to the disability.

Hardin: Upon termination of employment due to disability, active participants who have attained ten years of service are eligible to commence their plan benefits. The benefit will be paid as a monthly annuity until the earlier of the participant's Normal Retirement Date, recovery from disability, or the date of death. If a participant recovers from being disabled, he will be entitled to a deferred annuity payable at his Normal Retirement Date. The monthly benefit payable on date of disability will be the greater of the participant's monthly Accrued Benefit and \$20.

Compensation Credits

OhioHealth: Participants will have their accounts credited on the last day of the plan year with a percentage of pay that varies based on age and service as of December 31 of each year. The schedule of contribution percentages is as follows:

Age Plus Service	Pay Credits
0-29	3%
30-44	4%
45-59	5%
60-74	6%
75+	7%

Transition credits were provided for the period of January 1, 1998 through December 31, 2002 for participants meeting certain criteria as of January 1, 1998.

MedCentral: Participants will have their accounts credited on the last day of the plan year with a percentage of pay that varies based on attained age as of December 31. The schedule of contribution percentages is as follows. No Compensation Credits will be credited after December 31, 2015.

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Age	Compensation Credits
0-29	2.5%
30-49	3.0%
40-49	4.0%
50-59	5.0%
60+	6.0%

Interest Credits

OhioHealth: Interest will be credited to the cash balance account on the last day of the plan year. The interest is based on the average annual yield on 5-year Treasury securities for the fourth quarter of the preceding plan year. This amount will not be less than 2.73%. Interest is granted on the cash balance account as of the end of the prior plan year. Interest is credited through the end of the month preceding the date of distribution.

MedCentral: Interest will be credited to the cash balance account on the last day of the plan year. The interest is based on the average of 30-year Treasury bills for the December preceding plan year. This amount will not be less than 3%. Interest is granted on the cash balance account as of the beginning of the plan year. Interest is credited through the end of the month preceding the date of distribution.

Average Compensation

Hardin: Monthly average of total pay received for those five consecutive compensation years out of the latest ten years which gave the highest average. Average compensation is frozen as of December 31, 2015.

Accrued Benefit

OhioHealth and MedCentral: The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the cash balance account as of the date of determination. Minimum benefits apply for certain former employees of Riverside Hospital and Grant Hospital based on provisions of prior plans. For MedCentral, minimum benefits apply to participants who were eligible for benefits as of December 31, 1996.

Hardin: The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the benefit described under Normal Retirement Benefit above, using Average Compensation and accrual service as of the date of determination.

The Participant's Accrued Benefit resulting from employer contributions is equal to the participant's total Accrued Benefit reduced by the Participant's Required Contribution Account Accrued Benefit.

For all participants, in no case will the benefit determined as of the date of determination be less than the accrued benefit available as of January 1, 2020 using prior actuarial equivalent assumptions.

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OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Death Benefit

OhioHealth: The surviving spouse will receive the preretirement death benefit equivalent to the value of the participant's vested cash account balance payable as a monthly annuity over the lifetime of the spouse. If unmarried, the designated beneficiary will receive an immediate payment of the vested cash balance account. Alternatively, the surviving spouse can elect to receive an immediate vested cash balance account.

MedCentral: If a participant dies after becoming vested but before retiring, the surviving beneficiary is entitled to a pre-retirement death benefit. For married participants, this benefit is an annuity determined as if the participant had terminated employment the day prior to death, survived to the early retirement date, elected a joint and one-half survivor annuity, and died the following day. The surviving spouse may elect to receive 50% of the deceased participant's Account Balance in lieu of the monthly benefit. The beneficiary or estate of an unmarried participant shall receive 50% of the participant's Account Balance upon the participant's death.

Hardin: In the event of a married participant's death after the completion of three years of service, but prior to meeting the requirements for early retirement, it will be assumed the participant had terminated employment the day prior to death, survived to his early retirement date, elected a joint and one-half survivor benefit on the vested portion his benefit, and died the following day.

In the event of a participant's death after meeting the requirements for early retirement, his surviving spouse will receive one-half of the vested joint and one-half survivor benefit calculated on the day of his death.

For a vested terminated participant, death benefits are calculated as for active participants, but based on the participant's vested Accrued Benefit at his termination date.

The death benefit described above cannot be less than the Participant's Required Contribution Account. In addition, for those not eligible for the death benefit described above, a Single Sum Death Benefit is available. This benefit is equal to the Participant's Required Contribution Account as of date of death.

Severance Benefit

OhioHealth and MedCentral: Upon the termination of employment, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 3	0%
3 or more	100%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
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The cash balance account will continue to earn Interest Credits until this participant's Normal Retirement Date. The participant has the option to receive an immediate distribution of the cash balance account if requested within 180 days of termination. Effective for OhioHealth employees hired on or after January 1, 2003, distributions are disallowed until the sum of the terminated participant's age and service equals or exceeds 70 unless the lump sum value is less than or equal to \$20,000.

Hardin: Upon the termination of employment after three or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

A vested terminated participant who met the service condition for Early Retirement at the time of their termination may elect to receive his vested interest at age 62. Such benefit will be reduced as described under Early Retirement Benefits.

Prior to retirement, if a participant's accrued benefit is determined to have a present value of less than \$5,000, the present value will be offered as a lump sum option. If a lump sum is not elected by the participant, payment shall be made on the participant's behalf as a direct rollover to an individual retirement plan designated by the plan administrator.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 66 2/3% (Hardin only) or 75% of the reduced benefit or the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 (Hardin Only), 120, or 180 (OhioHealth and Hardin only) months certain and thereafter for life.
- (4) A single life annuity
- (5) A lump sum settlement.

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OhioHealth Cash Balance Retirement Plan
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OhioHealth and MedCentral: The conversion of the cash balance account to a single life annuity and all optional methods of settlement actuarially equivalent to the normal form of annuity are based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the fourth month preceding the Annuity Start Date. In no case, shall any participant receive less than the benefit they could have received as of January 1, 2020 based upon the applicable prior actuarial equivalence assumptions.

Hardin: All optional methods of settlement and lump sum values are based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the fourth month preceding the Annuity Start Date. In no case, shall any participant receive an annuity benefit less than the benefit they could have received as of January 1, 2020 based upon the applicable prior actuarial equivalence assumptions.

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Amendment or Termination of Plan

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If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Changes Since the Prior Year

The funding and financial accounting valuations reflect the actuarial equivalence update on January 1, 2020.

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB does not reflect stabilized 2020 minimum funding interest rates that are adjusted for ARPA. Via this filing, OhioHealth will irrevocably commit the OhioHealth Cash Balance Retirement Plan to defer use of those rates to the 2021 or 2022 plan year.

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2020

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value				Cost	Current Value
INTEREST-BEARING CASH						
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	Investor Class				\$ 22,452,883	\$ 22,452,883
CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS						
LEHMAN BROTHERS HOLDINGS SR UNSECURED 08/09 0.00000	317,000,000	principal amount	0.000%	due 8/22/2009	252,091	355,040
LEHMAN BROTHERS HOLDINGS SR UNSECURED 12/08 VAR	77,000,000	principal amount	0.000%	due 12/23/2008	60,871	862
SIGMA FIN INC MEDIUM TERM TRANCHE TR 00519	453,249,750	principal amount	0.000%	due 12/31/2040	453,187	286
					766,149	356,188
CORPORATE AND FOREIGN STOCKS						
CAMECO CORP COM	27,474	shares			202,730	368,152
FIRSTSERVICE CORP COM NPV	2,717	shares			117,062	371,577
RITCHIE BROS AUCTIONEERS INC COM	8,566	shares			292,701	595,765
ADR NICE LTD SPONSORED ADR	2,663	shares			298,770	755,067
10X GENOMICS INC CL A CL A	2,911	shares			454,517	412,198
ABIOMED INC COM	975	shares			226,036	316,095
ACADIA HEALTHCARE CO INC COM	5,344	shares			256,756	268,589
ADVANCE AUTO PTS INC COM	2,549	shares			343,024	401,493
ALARM COM HLDGS INC COM	5,700	shares			367,348	589,665
AMEDISYS INC COM	1,810	shares			230,214	530,927
ARES MANAGEMENT LP COM SHS REPSTG LTD PARTNER	7,732	shares			259,542	363,791
ASPEN TECHNOLOGY INC COM	3,507	shares			328,035	456,787
AVALARA INC COM	3,104	shares			201,075	511,819
AXON ENTERPRISE INC COM	4,140	shares			365,921	507,274
BIO-TECHNE CORP COM	1,678	shares			462,723	532,849
BJS WHSL CLUB HLDGS INC COM	13,399	shares			347,045	499,515
BLUEPRINT MEDICINES CORP COM	2,110	shares			247,978	236,637
BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK	2,847	shares			109,752	248,201
BRIGHT HORIZONS FA COM USD0.001	2,691	shares			314,656	465,516
BRINKS CO COM	9,762	shares			633,276	702,864
BROOKS AUTOMATION INC COM	7,529	shares			266,499	510,843
BUILDERS FIRSTSOURCE INC COM STK	10,825	shares			361,417	441,768
BURLINGTON STORES INC COM	1,160	shares			187,380	303,398
BWX TECHNOLOGIES INC COM	13,943	shares			652,316	840,484
CABLE ONE INC COM	244	shares			212,015	543,564
CREE INC COM	3,682	shares			217,932	389,924
CROWN HLDGS INC COM	7,010	shares			423,323	702,402
ENCOMPASS HEALTH CORP	9,129	shares			500,571	754,877
ENTEGRIS INC COM	3,482	shares			169,692	334,620
ETSY INC COM	4,738	shares			214,533	842,938
EURONET WORLDWIDE INC COM	3,740	shares			338,430	542,001
FIRSTCASH INC COM	4,037	shares			254,270	282,751
GENERAC HLDGS INC COM STK	1,881	shares			201,368	427,758
GODADDY INC CL A CL A	5,294	shares			348,797	439,137
GRAND CANYON ED INC COM STK	8,281	shares			666,575	771,044
GUIDEWIRE SOFTWARE INC	2,187	shares			254,006	281,533
HALOZYME THERAPEUTICS INC COM	13,256	shares			212,774	566,164
HEALTH EQUITY INC COM	7,665	shares			383,838	534,327
HEICO CORP NEW CL A CL A	2,290	shares			100,395	268,067
HELEN TROY LTD COM STK	2,190	shares			437,238	486,596
HORIZON THERAPEUTICS PLC	10,796	shares			198,411	789,727
INSMED INC COM PAR \$.01	6,963	shares			239,888	231,798
INSPIRE MED SYS INC COM	1,270	shares			251,181	238,874
INSULET CORP COM STK	1,973	shares			220,072	504,358
J2 GLOBAL INC COM	3,664	shares			260,792	357,936
LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	3,765	shares			345,501	374,429
LINCOLN ELEC HLDGS INC COM	2,227	shares			149,049	258,889
LIVE NATION ENTERTAINMENT INC	5,007	shares			196,117	367,914
LIVERAMP HOLDINGS INC	5,975	shares			341,824	437,310
MARTIN MARIETTA MATLS INC COM	2,700	shares			526,606	766,719
MASIMO CORP COM STK	1,060	shares			183,160	284,483
MAXIMUS INC COM	2,570	shares			171,598	188,098
MERCURY SYSTEMS INC	7,242	shares			552,349	637,731
MERIT MED SYS INC COM	5,800	shares			290,782	321,958
MONGODB INC CL A CL A	1,180	shares			170,804	423,667
NATIONAL INSTRS CORP COM	8,168	shares			321,468	358,902
NATIONAL VISION HLDGS INC COM	7,477	shares			189,989	338,633
NEW FORTRESS INC CL A SHS REPSTG LTD LIABILITY	5,321	shares			270,370	285,152
NOVANTA INC NOVANTA INC	2,150	shares			137,220	254,173
PENUMBRA INC COM	2,813	shares			421,693	492,275
PROOFPOINT INC COM	2,260	shares			264,213	308,287

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2020

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value		Cost	Current Value
CORPORATE AND FOREIGN STOCKS (continued)				
PURE STORAGE INC CL A CL A	28,748	shares	\$ 507,795	\$ 649,992
SOLAREGE TECHNOLOGIES INC	1,806	shares	185,070	576,331
STAR PEAK ENERGY TRANSITION CORP CL A	9,407	shares	172,437	192,467
STERIS PLC ORD USD0.001	2,450	shares	301,225	464,373
TELEDYNE TECHNOLOGIES INC	995	shares	209,814	390,020
TELEFLEX INC COM	1,050	shares	283,696	432,149
TERMINIX GLOBAL HLDGS INC	6,270	shares	283,925	319,833
TREX CO INC COM	7,094	shares	246,230	593,910
TWIST BIOSCIENCE CORP COM	1,394	shares	154,478	196,958
ULTA BEAUTY INC	810	shares	162,353	232,600
VARONIS SYS INC COM	2,590	shares	193,688	423,750
VERACYTE INC COM	10,680	shares	276,751	522,679
VIRTU FINL INC CL A CL A	13,423	shares	278,287	337,857
WESTERN ALLIANCE BANCORPORATION COM	4,320	shares	255,252	258,984
ZENDESK INC COM	2,420	shares	298,363	346,350
ZYNGA INC	44,690	shares	279,664	441,090
			22,254,645	33,999,633
MUTUAL FUND				
ICM SMALL COMPANY PORTFOLIO ICM SMALL COMPANY PORT INSTL	566,738	shares	14,826,605	16,781,126
			14,826,605	16,781,126
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV				
NT COLLECTIVE RUSSELL 1000 INDEX FUND	1,739,609	shares	37,498,362	78,404,189
THE NORTHERN TRUST LONG TERM BOND INDEX FUND LP	2,287,601	shares	103,051,023	157,627,135
			140,549,385	236,031,324
103-12 INVESTMENT ENTITIES VALUED AT NAV				
GRYPHON INTL EAFE GROWTH GROUP LIMITED PARTNERSHIP	977,495	shares	27,871,500	26,688,584
LAZARD EM SMALL CAP EQUITY TRUST FUND	1,065,445	shares	68	-
			27,871,568	26,688,584
ALTERNATIVE INVESTMENTS / LIMITED PARTNERSHIPS VALUED AT NAV				
BPIF NON-TAXABLE L.P.	69,000,000	shares	69,000,000	85,024,810
CITY OF LONDON GLOBAL EMERGING □	276,860	shares	13,856,453	25,003,178
CLARION LION PROPERTIES FUND LLC	26,034	shares	29,278,126	39,579,323
MONDRIAN INTL SMALL CAP LIMITED PARTNERSHIP	464,336	shares	16,588,232	18,906,236
THE LGIMA LONG DURATION US CREDIT FUND ,LLC	78,650,180	shares	78,650,180	138,964,467
IR M LONG CREDIT FUND MUTUAL FUND	10,089,896	shares	101,555,344	162,120,228
BAXTER STREET FUND II LP	18,500,000	shares	18,500,000	31,560,942
			327,428,335	501,159,184
			\$ 556,149,569	\$ 837,468,922

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 854,961	January 1, 2017	4	\$ 225,336
Shortfall	\$ 19,717,877	January 1, 2018	5	\$ 4,230,483
Shortfall	\$ 11,095,088	January 1, 2019	6	\$ 2,040,798
Shortfall	\$ (6,165,387)	January 1, 2020	7	\$ (998,611)

Schedule SB Attachment (Form 5500)—2020 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2018 to segment rates as of September 2019, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2019 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e) to the 2020 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e).
- A change in the interest crediting rate for OhioHealth employees from 2.88% to 2.73%.
- A change in the interest crediting rate for MedCentral employees from 3.10% to 3.00%.
- A change in the expected return on assets from 6.11% to 5.90%.

The rationales for selecting each of the assumptions used in the funding valuation and for the assumption changes summarized above are described in more detail in the document entitled “Actuarial Assumptions Review” dated August 2017.