

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <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.	10/06/2022	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 (2021)
v. 210624

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	16173
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)	8613
a(2) Total number of active participants at the end of the plan year		6a(2)	7923
b Retired or separated participants receiving benefits.....		6b	2165
c Other retired or separated participants entitled to future benefits		6c	5245
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	15333
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	270
f Total. Add lines 6d and 6e		6f	15603
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	19
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan <u>THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OHIOHEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>31-4394942</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>855941039</u>
b Actuarial value	2b <u>783468720</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>2209</u> (2) Vested Funding Target <u>116938581</u> (3) Total Funding Target <u>116938581</u>
b For terminated vested participants.....	<u>5351</u> <u>125731152</u> <u>125731152</u>
c For active participants	<u>8613</u> <u>438947043</u> <u>446612612</u>
d Total.....	<u>16173</u> <u>681616776</u> <u>689282345</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>4.96</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>23509219</u>
b Expected plan-related expenses	6b <u>3804000</u>
c Total (line 6a + line 6b)	6c <u>27313219</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/26/2022</u>
Signature of actuary		Date
<u>LORI A. DEVORE</u>		<u>20-05257</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>614-825-9424</u>
Firm name		Telephone number (including area code)
<u>8940 LYRA DR.</u> <u>SUITE 250</u> <u>COLUMBUS, OH 43240</u>		
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) 2021
v. 201209

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	125842986
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	27983344
9 Amount remaining (line 7 minus line 8)	0	97859642
10 Interest on line 9 using prior year's actual return of <u>14.27</u> %	0	13964571
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13343961
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>5.39</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1904183
c Total available at beginning of current plan year to add to prefunding balance		15248144
d Portion of (c) to be added to prefunding balance		15248144
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	127072357

Part III Funding Percentages

14 Funding target attainment percentage	14	95.22 %
15 Adjusted funding target attainment percentage	15	113.66 %
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	96.03 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 58
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 6c)	31a	27313219	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	32885982	7424325	
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	34737544	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	34737544	34737544
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
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
BLACKSTONE ALTERNATIVE ASSET MGMT.
13-3702086

(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
PRISMA CAPITAL PARTNERS LP
98-0395057

(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

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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	739422	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	398903	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	298051	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	209586	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	198795	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SILCHESTER INTERNATIONAL INVESTOR I

36-7045783

(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	NONE	163134	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)

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	147704	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	80157	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	74294	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	65638	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	32678	Yes ☒ No ☐	Yes ☒ No ☐	0	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	14500	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)

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	6549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
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>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
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>71056936</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GRYPHON INTL EAFE GROWTH GROUP FUND</u>		
b Name of sponsor of entity listed in (a): <u>GRYPHON INTL INVESTMENT CORPORATION</u>		
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>217745</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF THE SILCHESTER INTL INVESTOR INT</u>		
b Name of sponsor of entity listed in (a): <u>THE SILCHESTER INTL INVESTOR</u>		
c EIN-PN <u>36-7045783-001</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>21245810</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE LONG-TERM BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
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>176709617</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF WILLIAM BLAIR EMERGING MKTS</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>27-6331814-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19759050</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFB NT COLLECTIVE EASE INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE NORTHERN TURST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-024</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>21778105</u>
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)**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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OHIOHEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>31-4394942</u>	

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)	18786072	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	34220	33231
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22452883	6352437
(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)	356188	175060
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	33999633	18998155
(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)	236031324	289303708
(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)	26688584	21463555
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16781126	20923595
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	501159184	483931815

		(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	856289214 841181556
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	856289214 841181556

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	79324
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2843781
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	2923105
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	38308599
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	40118675
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-1810076
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	15181131
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	15181131

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		14466950
(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)		-278121
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4830685
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		35313674
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	46623164	
(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)		46623164
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)	982469	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1446992	
(4) Other.....	2i(4)	1368707	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3798168
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		50421332
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-15107658
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 436986.

<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>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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	492

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) 2021
v. 201209

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: 27.6 % Investment-Grade Debt: 57.5 % High-Yield Debt: 0.0 % Real Estate: 4.7 % Other: 10.2 %

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, 2021 and 2020
With Report of Independent Auditors

OhioHealth Cash Balance Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2021 and 2020

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Independent Auditor's Report

To the Plan Administrator
OhioHealth Cash Balance Retirement Plan

Opinion

We have audited the financial statements of OhioHealth Cash Balance Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2021 and 2020 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.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020 and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter

As explained in Note 6, the financial statements include investments valued at approximately \$505,395,000 (60 percent of net assets available for benefits) at December 31, 2021 and \$527,848,000 (62 percent of net assets available for benefits) at December 31, 2020 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

To the Plan Administrator
OhioHealth Cash Balance Retirement Plan

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

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 end of year) as of December 31, 2021 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 (DOL) 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 (GAAS).

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

To the Plan Administrator
OhioHealth Cash Balance Retirement Plan

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Columbus, Ohio
October 3, 2022

OhioHealth Cash Balance Retirement Plan

Statement of Net Assets Available for Benefits

	December 31	
	2021	2020
Assets		
Investments-at fair value:		
Interest-bearing cash	\$ 6,352,437	\$ 22,452,883
Corporate, municipal, and foreign obligations	175,060	356,188
Corporate and foreign stocks	18,998,155	33,999,633
Mutual fund	20,923,595	16,781,126
Common and Collective Trusts valued at NAV (net asset value)	289,303,708	236,031,324
103-12 Investment entities valued at NAV	21,463,555	26,688,584
Alternative investments / Limited Partnerships valued at NAV	483,931,815	501,159,184
	841,148,325	837,468,922
Receivables:		
Contributions receivable from OhioHealth Corporation	-	18,786,072
Accrued interest	33,231	34,220
	33,231	18,820,292
Net assets available for benefits	\$ 841,181,556	\$ 856,289,214

OhioHealth Cash Balance Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Years ended December 31	
	2021	2020
Additions		
Interest and dividends	\$ 2,923,105	\$ 3,979,073
Contributions from OhioHealth Corporation	-	18,786,072
Realized and unrealized gains on investments	32,390,569	102,856,942
Total additions	35,313,674	125,622,087
Deductions		
Benefit payments to participants	46,623,164	43,750,440
Professional fees	982,469	1,038,696
Investment advisory and management fees	1,446,992	1,287,492
Other administrative expenses	1,368,707	1,477,559
Total deductions	50,421,332	47,554,187
Net (decrease) increase	(15,107,658)	78,067,900
Net assets available for benefits at beginning of year	856,289,214	778,221,314
Net assets available for benefits at end of year	<u>\$ 841,181,556</u>	<u>\$ 856,289,214</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 3.52% for 2021 and 3.00% for 2020. 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 2021 and 2.73% for 2020 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 3, 2022, 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, 2021
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 111,934,617
Other participants	<u>534,520,916</u>
	646,455,533
Nonvested benefits	<u>4,110,386</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 650,565,919</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, 2021 is as follows:

	<u>January 1, 2021</u>
Actuarial present value of accumulated plan benefits	
At January 1, 2020	\$ 595,055,070
Increase (decrease) during the year attributable to:	
Benefits accumulated	
Interest due to increase for the discount period	33,836,106
Benefits paid	(43,750,440)
Change in actuarial assumptions	40,829,584
Other	24,595,599
Net increase	<u>55,510,849</u>
Actuarial present value of accumulated plan benefits	
At January 1, 2021	<u><u>\$ 650,565,919</u></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, 2021.

Significant assumptions underlying the actuarial computations as of January 1, 2021 are as follows:

Rate of return on investments:	5.20%
Mortality table:	Pri-2012 employee and retiree mortality table projected generationally from 2012 with mortality improvement scale MP-2021.
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 5.90% to 5.20%.
- A change in the generational mortality improvement scale assumption from scale MP-2020 to scale MP-2021.
- A change in the OhioHealth cash balance annuity conversion interest rates from the September 2019 minimum present value segment interest rates prescribed by IRC section 417(e) of 2.13%/3.07%/3.65% to the September 2020 minimum present value segment interest rates prescribed by IRC section 417(e) of 0.51%/2.31%/3.15%.
- A change in the MedCentral cash balance annuity conversion interest rates from the September 2019 minimum present value segment interest rates prescribed by IRC section 417(e) of 2.13%/3.07%/3.65% to the September 2020 minimum present value segment interest rates prescribed by IRC Section 417(e) of 0.51%/2.31%/3.15%.
- The annuity conversion rate for Hardin Employee Contributions was updated from the September 2019 minimum present value segment interest rates prescribed by IRC Section 417(e) of 2.13%/3.07%/3.65% to the September 2020 minimum present value segment interest rates prescribed by IRC Section 417(e) of 0.51%/2.31%/3.15%.
- A change in the retirement age assumption.
- A change in the withdrawal rate assumption.
- A change in the optional payment form election assumption.
- A change in the interest crediting rate for MedCentral employees from 3.00% to 3.52%.

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, 2021

	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	\$ -	\$ 6,352,437	\$ -	\$ 6,352,437
Corporate, municipal, and foreign obligations	-	175,060	-	175,060
Corporate and foreign stocks	18,998,155	-	-	18,998,155
Mutual fund	20,923,595	-	-	20,923,595
Subtotal	39,921,750	6,527,497	-	46,449,247
Investment valued at NAV				
Fixed income ⁽¹⁾	-	-	-	176,709,617
Equities – domestic ⁽²⁾	-	-	-	71,056,936
Equities – emerging markets ⁽³⁾	-	-	-	19,759,050
Equities – international ⁽⁴⁾	-	-	-	21,778,105
Equities – international ⁽⁵⁾	-	-	-	217,745
Equities – international ⁽⁶⁾	-	-	-	21,245,810
Multi-strategy hedge fund ⁽⁷⁾	-	-	-	91,993,839
Equities – Emerging markets fund ⁽⁸⁾	-	-	-	19,145,229
Real estate fund ⁽⁹⁾	-	-	-	47,544,933
Equities – international ⁽¹¹⁾	-	-	-	26,795,194
Fixed income long duration fund ⁽¹²⁾	-	-	-	137,350,665
Fixed income long duration fund ⁽¹³⁾	-	-	-	161,101,955
Total	\$ 39,921,750	\$ 6,527,497	\$ -	\$ 841,148,325

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

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	50,780,759	22,809,071	-	73,589,830
Investment valued at NAV				
Fixed income ⁽¹⁾	-	-	-	157,627,135
Equities – domestic ⁽²⁾	-	-	-	78,404,189
Equities – international ⁽⁵⁾	-	-	-	26,688,584
Multi-strategy hedge fund ⁽⁷⁾	-	-	-	85,024,810
Equities – Emerging markets fund ⁽⁸⁾	-	-	-	25,003,178
Real estate fund ⁽⁹⁾	-	-	-	39,579,323
Equities – international ⁽¹⁰⁾	-	-	-	18,906,236
Equities – international ⁽¹¹⁾	-	-	-	31,560,942
Fixed income long duration fund ⁽¹²⁾	-	-	-	138,964,467
Fixed income long duration fund ⁽¹³⁾	-	-	-	162,120,228
Total	\$ 50,780,759	\$ 22,809,071	\$ -	\$ 837,468,922

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 Fund's investment objective is to seek long term capital appreciation. The primary benchmark for this strategy will be the MSCI Emerging Markets IMI Index (Net). The Fund intends to invest in a growth-oriented, diversified portfolio. The Fund's investment philosophy seeks to invest primarily in equity securities issued by emerging markets companies of all sizes that the Investment Adviser believes have above-average growth, profitability, and quality characteristics.
- (4) The Fund will be invested primarily in equity securities of business enterprises organized and domiciled outside of the U.S. or for which the principal trading market is outside the U.S. In the Fund, and where applicable with respect to the Fund, the Trustee will employ statistical methods to select securities which comprise or will comprise the relevant Index without necessarily buying all the relevant Index equities. Such securities will be selected, acquired, held and liquidated solely on the basis of such methods and not on the basis of any economic, financial, market timing, or other analysis. The Fund will be rebalanced from time to time in order to minimize the expected or predicted deviation between the performance of the Fund and the performance of the Index, or to reflect changes in the composition of the Index.
- (5) The Fund has a long-term objective of capital appreciation, and its performance is measured against the MSCI EAFE Index. 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. The manager Fund's investment objective by implementing a long only equity investment strategy that utilizes its proprietary investment models for stock selection, portfolio construction and risk and volatility controls.
- (6) The Fund's investment objective is to achieve long-term growth primarily by investing in a diversified portfolio of equity securities of companies located in any country other than the United States. To achieve its objective, the Fund generally seeks to invest in a portfolio of equity securities that, in its opinion, possess fundamental investment value.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

The Fund invests primarily in established international markets but may invest a portion of the Fund's assets in emerging market securities and currencies.

- (7) 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.
- (8) 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.
- (9) 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.
- (10) 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.
- (11) 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, seeking to take opportunistic advantage of market inefficiencies by trading securities with a shorter time horizon.
- (12) 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 U.S. Long 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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

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.

- (13) 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 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, 2021 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

Investments Held at December 31, 2021				
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trusts				
Fixed income long duration fund	\$ 176,709,617	-	Daily	1 day
Domestic large cap equity	71,056,936	-	Daily	1 day
Emerging markets	19,759,050	-	Daily	10 days
International equities	21,778,105	-	Daily	1 day
103-12 Investment Entities				
International equities	217,745	-	Monthly	5 days
International equities	21,245,810	-	Monthly	30 days
Alternative Investments – Limited Partnerships				
Emerging markets	19,145,229	-	Monthly	30 days
Real estate funds	47,544,933	-	Quarterly	90 days
International equities	26,795,194	-	Monthly	30 days
Multi-strategy hedge fund	91,993,839	-	Semi Annual	95 days
Fixed income long duration fund	137,350,665	-	Weekly	5 Days
Fixed income long duration fund	161,101,955	-	Daily	5 days
Total	\$ 794,699,078	-		

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 Trusts				
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	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	\$ 763,879,092	-		

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, 2021

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				\$ 6,352,437	\$ 6,352,437
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	250,951	174,350
LEHMAN BROTHERS HOLDINGS SR UNSECURED 12/08 VAR	77,000.000	principal amount	0.000% due	12/23/2008	60,593	424
SIGMA FIN INC MEDIUM TERM TRANCHE TR 00519	453,249.750	principal amount	0.000% due	12/31/2040	453,187	286
					764,731	175,060
CORPORATE AND FOREIGN STOCKS						
CAMECO CORP COM	13,633	shares			102,002	297,336
FIRSTSERVICE CORP COM NPV	1,117	shares			49,496	219,457
RITCHIE BROS AUCTIONEERS INC COM	3,646	shares			125,508	223,172
ADR NICE LTD SPONSORED ADR	1,273	shares			142,822	386,483
KORNIT DIGITAL LTD COMMON STOCK	935	shares			158,847	142,354
10X GENOMICS INC CL A	1,353	shares			211,255	201,543
ABIOMED INC COM	970	shares			259,655	348,395
ACADIA HEALTHCARE CO INC COM	4,394	shares			225,734	266,716
ALARM COM HLDGS INC COM	3,050	shares			204,636	258,671
AMEDISYS INC COM	990	shares			128,766	160,261
ARES MANAGEMENT LP COM SHS REPSTG LTD PARTNER	3,532	shares			119,925	287,046
AVALARA INC COM	1,944	shares			160,635	250,990
AXON ENTERPRISE INC COM	2,160	shares			191,741	339,120
AZENTA INC COM USD0.01	3,919	shares			140,982	404,088
BIO-TECHNE CORP COM	748	shares			220,033	386,970
BLUEPRINT MEDICINES CORP COM	1,990	shares			210,966	213,149
BRIGHT HORIZONS FA COM	2,261	shares			296,070	284,615
BRINKS CO COM	5,072	shares			329,126	332,571
BUILDERS FIRSTSOURCE INC COM STK	7,675	shares			286,724	657,824
BURLINGTON STORES INC COM	1,170	shares			255,668	341,067
BWX TECHNOLOGIES INC COM	7,253	shares			339,553	347,274
CABLE ONE INC COM	130	shares			117,428	229,249
CELSIUS HLDGS INC COM NEW COM NEW	1,975	shares			124,814	147,276
CERTARA INC COM	5,145	shares			133,768	146,221
CHARLES RIV LABORATORIES INTL INC COM	1,090	shares			317,161	410,690
CHART INDS INC COM	796	shares			138,557	126,954
CHEMED CORP NEW COM	520	shares			249,055	275,101
CROWN HLDGS INC COM	4,020	shares			255,283	444,692
DENBURY INC NEW COM	3,557	shares			221,162	272,431
DYNATRACE INC COM	6,688	shares			379,251	403,621
ENTEGRIS INC COM	1,892	shares			98,831	262,193
EURONET WORLDWIDE INC COM	2,982	shares			321,664	355,365
FOX FACTORY HLDG CORP COM	1,910	shares			286,623	324,891
GUIDEWIRE SOFTWARE INC COM USD0.0001	2,127	shares			243,984	241,478
HALOZYME THERAPEUTICS INC COM	5,806	shares			100,057	233,459
HEALTHQUITY INC COM	4,155	shares			222,927	183,817
HEICO CORP NEW CL A CL A	1,190	shares			52,896	152,939
HELEN TROY LTD COM STK	600	shares			120,820	146,682
HORIZON THERAPEUTICS PLC	2,575	shares			75,340	277,482
INSMED INC COM PAR \$.01	5,354	shares			168,463	145,843
INSPIRE MED SYS INC COM	990	shares			200,171	227,759
LESLIES INC COM	13,379	shares			324,098	316,547
LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	1,395	shares			134,638	215,472
LINCOLN ELEC HLDGS INC COM	1,157	shares			78,121	161,367
LIVE NATION ENTERTAINMENT INC	1,727	shares			68,609	206,705
MARTIN MARIETTA MATLS INC COM	829	shares			161,687	365,191
MERCURY SYSTEMS INC	3,762	shares			286,484	207,136
MERIT MED SYS INC COM	3,020	shares			151,676	188,146
MKS INSTRS INC COM	800	shares			127,401	139,336
NATIONAL INSTRS CORP COM	5,498	shares			220,628	240,098
NATIONAL VISION HLDGS INC COM	4,993	shares			151,778	239,614
NEW FORTRESS INC CL A	4,741	shares			217,653	114,448
NOVANTA INC NOVANTA INC	1,190	shares			84,790	209,833
OVERSTOCK COM INC DEL COM	2,950	shares			226,553	174,080
PACIFIC BIOSCIENCES OF CALIFORNIA INC COMMON STOCK	6,110	shares			170,235	125,011
PEGASYSYSTEMS INC COM	1,450	shares			193,509	162,139
PENUMBRA INC COM	1,340	shares			250,840	385,009
PERFORMANCE FOOD GROUP CO COM	5,810	shares			278,896	266,621
PURE STORAGE INC CL A CL A	14,968	shares			265,143	487,208
REVOLVE GROUP INC CL A CL A	4,184	shares			268,792	234,471
SOLAREDGE TECHNOLOGIES INC COM	1,061	shares			327,381	297,687

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, 2021

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)			
STEM INC COM	5,327 shares	\$ 142,509	\$ 101,053
THE BEAUTY HEALTH CO CL A	5,760 shares	161,713	139,162
TREX CO INC COM	3,784 shares	138,788	510,954
TWIST BIOSCIENCE CORP COM	1,844 shares	199,298	142,707
VARONIS SYS INC COM	4,050 shares	101,624	197,559
VERACYTE INC COM	4,541 shares	118,839	187,089
VIRTU FINL INC CL A CL A	11,336 shares	256,977	326,817
WESTERN ALLIANCE BANCORPORATION COM	2,670 shares	177,901	287,426
WOLFSPEED INC COM USD	1,342 shares	79,431	149,995
WORKIVA INC COM CL A COM CL A	1,710 shares	175,794	223,138
WYNDHAM HOTELS & RESORTS INC COM	4,740 shares	370,425	424,941
ZYNGA INC	33,430 shares	223,616	213,952
		14,124,226	18,998,155
MUTUAL FUND			
MFO WILLIAM BLAIR FDS SMALL CAP ICM R6	623,097 shares	16,821,681	20,923,595
		16,821,681	20,923,595
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV			
NT COLLECTIVE RUSSELL 1000 INDEX FUND*	1,246,613 shares	26,871,519	71,056,936
THE NORTHERN TRUST LONG TERM BOND INDEX FUND LP*	2,686,863 shares	128,051,023	176,709,617
CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUNI	712,511 shares	19,898,733	19,759,050
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING*	52,184 shares	20,000,000	21,778,105
		194,821,275	289,303,708
103-12 INVESTMENT ENTITIES VALUED AT NAV			
GRYPHON INTL EAFE GROWTH GROUP LIMITED PARTNERSHIP	6,994 shares	206,165	217,745
CF THE SILCHESTER INTERNATIONAL INVESTORS INTL VALUE EQ GROUP TRUST	132,175 shares	19,847,037	21,245,810
		20,053,202	21,463,555
ALTERNATIVE INVESTMENTS / LIMITED PARTNERSHIPS VALUED AT NAV			
BPIF NON-TAXABLE L.P.	69,000,000 shares	69,000,000	91,993,839
CITY OF LONDON GLOBAL EMERGING □	211,748 shares	10,597,663	19,145,229
CLARION LION PROPERTIES FUND LLC	26,034 shares	30,367,683	47,544,933
THE LGIMA LONG DURATION US CREDIT FUND, LLC	78,650,180 shares	78,650,180	137,350,665
IR M LONG CREDIT FUND MUTUAL FUND	10,089,896 shares	101,555,344	161,101,955
BAXTER STREET FUND II LP	13,500,000 shares	13,500,000	26,795,194
		303,670,870	483,931,815
		\$ 556,608,422	\$ 841,148,325

*Denotes party in interest

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4j - Schedule of Reportable Transactions
 Year ended December 31, 2021

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			
158 Purchases	\$ 98,975,240	\$ 98,975,240	\$ -
206 Sales	115,080,493	115,080,493	-

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2021.

Schedule SB Attachment (Form 5500)—2021 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, 2021

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	2	11	56 \$52,135 \$7,032	6						
30-34	8	40 \$44,439 \$2,057	234 \$67,295 \$13,150	191 \$72,785 \$21,756	5					
35-39	4	45 \$58,185 \$4,406	231 \$59,135 \$12,203	505 \$83,117 \$30,096	182 \$77,155 \$38,912	8				
40-44	13	46 \$48,805 \$4,952	177 \$75,993 \$15,969	396 \$92,945 \$36,154	352 \$94,699 \$52,460	141 \$82,342 \$60,673	2			
45-49	11	30 \$57,160 \$4,263	138 \$75,312 \$19,696	388 \$98,395 \$44,607	314 \$92,667 \$60,166	277 \$91,212 \$74,914	55 \$86,914 \$84,654	6		
50-54	10	21 \$55,734 \$9,043	126 \$69,658 \$17,552	356 \$88,013 \$44,078	303 \$82,940 \$56,085	264 \$86,407 \$78,964	151 \$85,741 \$89,224	114 \$88,617 \$104,020	7	
55-59	9	14	120 \$75,264 \$24,191	303 \$87,178 \$48,468	248 \$78,407 \$59,277	221 \$82,338 \$81,512	168 \$88,441 \$95,943	250 \$90,570 \$119,586	106 \$85,962 \$126,923	26 \$75,535 \$118,014
60-64	12	14	81 \$61,181 \$21,559	233 \$82,123 \$49,676	220 \$78,741 \$67,761	175 \$78,409 \$90,968	132 \$88,030 \$113,441	180 \$86,356 \$130,040	132 \$88,260 \$141,015	134 \$80,314 \$144,935
65-69	7	8	42 \$81,873 \$32,071	99 \$77,080 \$54,084	65 \$75,487 \$81,313	63 \$72,463 \$89,661	52 \$88,934 \$133,517	58 \$81,154 \$145,656	31 \$82,697 \$156,943	52 \$66,282 \$144,827
70+	8	5	13 \$82,595 \$61,325	23 \$82,595 \$61,325	26 \$70,926 \$70,879	17	7	10	7	16

N-8,613

Schedule SB Attachment (Form 5500)—2021 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 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	3.32%
2nd Segment Rate	4.79%
3rd Segment Rate	5.47%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization
1st Segment Rate	2.22%
2nd Segment Rate	3.38%
3rd Segment Rate	3.92%
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)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Optional Payment Form Elections – OhioHealth

Active Retirements	25% life annuity, 75% immediate lump sum
Future Vested Deferreds	30% immediate lump sum, 70% deferred to age 64 lump sum
Current Vested Deferreds	
— Terminated prior to January 1, 1998 (non-Grant)	75% life annuity, 25% deferred to age 64 lump sum
— Terminated after December 31, 1997	5% life annuity, 95% deferred to age 64 lump sum
— Former Grant Participants with only a monthly benefit	100% Single Life Annuity
Future Deaths	100% immediate lump sum

Optional Payment Form Elections - MedCentral
Active Retirements

Active Retirements	25% life annuity, 75% immediate lump sum
Future Vested Deferreds	30% immediate lump sum, 70% deferred to age 61 lump sum
Current Vested Deferreds	
— with a Mansfield Plan benefit	75% life annuity, 25% deferred to age 61 lump sum
— with only a cash balance benefit	5% life annuity, 95% deferred to age 61 lump sum
Future Deaths	100% immediate lump sum

Optional Payment Form Elections - Hardin

100% life annuity

Retirement Age

Active Participants See Table 2

Terminated Vested Participants Age 64 for OhioHealth, Age 61 for MedCentral, Age 67 for Hardin

Mortality Rates

Healthy and Disabled 2021 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)

Withdrawal Rates

See Table 3

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.

Schedule SB Attachment (Form 5500)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Valuation Compensation	2020 plan year pensionable earnings for OhioHealth
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 \$290,000.
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	
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	5.90%
2021 Plan Year	5.20%
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, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 1

Salary Increases – January 1, 2021 Valuation

Attained Age Rate

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

Table 2

Active Retirement Rates

Attained Age Rate

Under age 54	2.50%
54–56	3.75%
57–59	4.75%
60–61	7.50%
62–63	10.00%
64	15.00%
65–67	27.50%
68–74	25.00%
75+	100.00%

Table 3

Withdrawal—Sample Rates

Attained Age Rate

25	18.82%
30	12.40%
35	8.93%
40	7.12%
45	6.32%
50	5.73%
55	8.32%
60	6.27%

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4j - Schedule of Reportable Transactions
 Year ended December 31, 2021

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			
158 Purchases	\$ 98,975,240	\$ 98,975,240	\$ -
206 Sales	115,080,493	115,080,493	-

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2021.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2021**This Form is Open to Public
Inspection**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021▶ **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 <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	855,941,039	
b Actuarial value	2b	783,468,720	
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	2,209	116,938,581	116,938,581
b For terminated vested participants	5,351	125,731,152	125,731,152
c For active participants	8,613	438,947,043	446,612,612
d Total	16,173	681,616,776	689,282,345
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	4.96%	
6 Target normal cost			
a Present value of current plan year accruals	6a	23,509,219	
b Expected plan-related expenses	6b	3,804,000	
c Total (line 6a + line 6b)	6c	27,313,219	

Statement by Enrolled Actuary

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

SIGN HERE	<u>UAD</u>	<u>9/26/2022</u>
	Signature of actuary	Date
Lori A. DeVore	Type or print name of actuary	2005257
Aon Consulting, Inc.	Firm name	Most recent enrollment number
		614-825-9424
		Telephone number (including area code)
8940 Lyra Dr. Suite 250 Columbus OH 43240	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) 2021
v. 201209**

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	125,842,986
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	27,983,344
9 Amount remaining (line 7 minus line 8)	0	97,859,642
10 Interest on line 9 using prior year's actual return of <u>14.27%</u>	0	13,964,571
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13,343,961
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>5.39%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,904,183
c Total available at beginning of current plan year to add to prefunding balance		15,248,144
d Portion of (c) to be added to prefunding balance		15,248,144
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	127,072,357

Part III Funding Percentages

14 Funding target attainment percentage	14	95.22%
15 Adjusted funding target attainment percentage	15	113.66%
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	96.03%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 58
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 6c)	31a	27,313,219	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	32,885,982	7,424,325	
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	34,737,544	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	34,737,544	34,737,544
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under 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)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
40	2.50%	1.0000	1.00
41	2.50%	0.9750	1.00
42	2.50%	0.9506	1.00
43	2.50%	0.9269	1.00
44	2.50%	0.9037	0.99
45	2.50%	0.8811	0.99
46	2.50%	0.8591	0.99
47	2.50%	0.8376	0.98
48	2.50%	0.8167	0.98
49	2.50%	0.7962	0.98
50	2.50%	0.7763	0.97
51	2.50%	0.7569	0.97
52	2.50%	0.7380	0.96
53	2.50%	0.7195	0.95
54	3.75%	0.7016	1.42
55	3.75%	0.6753	1.39
56	3.75%	0.6499	1.36
57	4.75%	0.6256	1.69
58	4.75%	0.5958	1.64
59	4.75%	0.5675	1.59
60	7.50%	0.5406	2.43
61	7.50%	0.5000	2.29
62	10.00%	0.4625	2.87
63	10.00%	0.4163	2.62
64	15.00%	0.3747	3.60
65	27.50%	0.3185	5.69
66	27.50%	0.2309	4.19
67	27.50%	0.1674	3.08
68	25.00%	0.1214	2.06
69	25.00%	0.0910	1.57
70	25.00%	0.0683	1.19
71	25.00%	0.0512	0.91
72	25.00%	0.0384	0.69
73	25.00%	0.0288	0.53
74	25.00%	0.0216	0.40
75	100.00%	0.0162	1.21
Weighted Average			58.18

Schedule SB Attachment (Form 5500)—2021 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 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
----------------	--

1st Segment Rate	3.32%
2nd Segment Rate	4.79%
3rd Segment Rate	5.47%

Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization
---	---

1st Segment Rate	2.22%
2nd Segment Rate	3.38%
3rd Segment Rate	3.92%

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)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Optional Payment Form Elections – OhioHealth	
Active Retirements	25% life annuity, 75% immediate lump sum
Future Vested Deferreds	30% immediate lump sum, 70% deferred to age 64 lump sum
Current Vested Deferreds	
— Terminated prior to January 1, 1998 (non-Grant)	75% life annuity, 25% deferred to age 64 lump sum
— Terminated after December 31, 1997	5% life annuity, 95% deferred to age 64 lump sum
— Former Grant Participants with only a monthly benefit	100% Single Life Annuity
Future Deaths	100% immediate lump sum
Optional Payment Form Elections - MedCentral	
Active Retirements	25% life annuity, 75% immediate lump sum
Future Vested Deferreds	30% immediate lump sum, 70% deferred to age 61 lump sum
Current Vested Deferreds	
— with a Mansfield Plan benefit	75% life annuity, 25% deferred to age 61 lump sum
— with only a cash balance benefit	5% life annuity, 95% deferred to age 61 lump sum
Future Deaths	100% immediate lump sum
Optional Payment Form Elections - Hardin	100% life annuity
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 64 for OhioHealth, Age 61 for MedCentral, Age 67 for Hardin
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
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.

Schedule SB Attachment (Form 5500)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Valuation Compensation	2020 plan year pensionable earnings for OhioHealth
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 \$290,000.
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	
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	5.90%
2021 Plan Year	5.20%
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, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 1

Salary Increases – January 1, 2021 Valuation

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

Table 2

Active Retirement Rates

Attained Age	Rate
Under age 54	2.50%
54–56	3.75%
57–59	4.75%
60–61	7.50%
62–63	10.00%
64	15.00%
65–67	27.50%
68–74	25.00%
75+	100.00%

Table 3

Withdrawal—Sample Rates

Attained Age	Rate
25	18.82%
30	12.40%
35	8.93%
40	7.12%
45	6.32%
50	5.73%
55	8.32%
60	6.27%

Schedule SB Attachment (Form 5500)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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 assumptions 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)—2021 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 according to assumptions in the plan document to reflect payment prior to 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 below. No Compensation Credits will be credited after December 31, 2015.

Schedule SB Attachment (Form 5500)—2021 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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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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.

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

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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.

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 do not reflect any plan changes since the prior year.

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 reflects stabilized 2021 minimum funding interest rates without regard to ARPA. Internal Revenue Service Notice 2021-48 allows a plan sponsor to make a deemed election not to apply the ARPA interest rate stabilization (for any purposes) for the 2021 plan year. Via this filing, OhioHealth will make that deemed election for the OhioHealth Cash Balance Retirement Plan.

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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 2019 to segment rates as of September 2020, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2020 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e) to the 2021 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e).
- A change in the expected return on assets from 5.90% to 5.20%.
- A change in the retirement age assumption.
- A change in the withdrawal rate assumption.
- A change in the optional payment form election assumption.

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 September 2020.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	2	11	56 \$52,135 \$7,032	6						
30-34	8	40 \$44,439 \$2,057	234 \$67,295 \$13,150	191 \$72,785 \$21,756	5					
35-39	4	45 \$58,185 \$4,406	231 \$59,135 \$12,203	505 \$83,117 \$30,096	182 \$77,155 \$38,912	8				
40-44	13	46 \$48,805 \$4,952	177 \$75,993 \$15,969	396 \$92,945 \$36,154	352 \$94,699 \$52,460	141 \$82,342 \$60,673	2			
45-49	11	30 \$57,160 \$4,263	138 \$75,312 \$19,696	388 \$98,395 \$44,607	314 \$92,667 \$60,166	277 \$91,212 \$74,914	55 \$86,914 \$84,654	6		
50-54	10	21 \$55,734 \$9,043	126 \$69,658 \$17,552	356 \$88,013 \$44,078	303 \$82,940 \$56,085	264 \$86,407 \$78,964	151 \$85,741 \$89,224	114 \$88,617 \$104,020	7	
55-59	9	14	120 \$75,264 \$24,191	303 \$87,178 \$48,468	248 \$78,407 \$59,277	221 \$82,338 \$81,512	168 \$88,441 \$95,943	250 \$90,570 \$119,586	106 \$85,962 \$126,923	26 \$75,535 \$118,014
60-64	12	14	81 \$61,181 \$21,559	233 \$82,123 \$49,676	220 \$78,741 \$67,761	175 \$78,409 \$90,968	132 \$88,030 \$113,441	180 \$86,356 \$130,040	132 \$88,260 \$141,015	134 \$80,314 \$144,935
65-69	7	8	42 \$81,873 \$32,071	99 \$77,080 \$54,084	65 \$75,487 \$81,313	63 \$72,463 \$89,661	52 \$88,934 \$133,517	58 \$81,154 \$145,656	31 \$82,697 \$156,943	52 \$66,282 \$144,827
70+	8	5	13 \$82,595 \$61,325	23 \$82,595 \$61,325	26 \$70,926 \$70,879	17	7	10	7	16

N-8,613

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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	\$ 654,518	January 1, 2017	3	\$ 225,336
Shortfall	\$ 16,123,631	January 1, 2018	4	\$ 4,230,483
Shortfall	\$ 9,568,952	January 1, 2019	5	\$ 2,040,798
Shortfall	\$ (5,472,625)	January 1, 2020	6	\$ (998,611)
Shortfall	\$ 12,011,506	January 1, 2021	7	\$ 1,926,319

ARPA shortfall relief was not applied for 2019, 2020, or 2021. Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief applies starting with the 2022 plan year. This Schedule SB reflects the shortfall amortization bases without regard to the ARPA shortfall relief for the 2019, 2020, and 2021 plan years.

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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.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
40	2.50%	1.0000	1.00
41	2.50%	0.9750	1.00
42	2.50%	0.9506	1.00
43	2.50%	0.9269	1.00
44	2.50%	0.9037	0.99
45	2.50%	0.8811	0.99
46	2.50%	0.8591	0.99
47	2.50%	0.8376	0.98
48	2.50%	0.8167	0.98
49	2.50%	0.7962	0.98
50	2.50%	0.7763	0.97
51	2.50%	0.7569	0.97
52	2.50%	0.7380	0.96
53	2.50%	0.7195	0.95
54	3.75%	0.7016	1.42
55	3.75%	0.6753	1.39
56	3.75%	0.6499	1.36
57	4.75%	0.6256	1.69
58	4.75%	0.5958	1.64
59	4.75%	0.5675	1.59
60	7.50%	0.5406	2.43
61	7.50%	0.5000	2.29
62	10.00%	0.4625	2.87
63	10.00%	0.4163	2.62
64	15.00%	0.3747	3.60
65	27.50%	0.3185	5.69
66	27.50%	0.2309	4.19
67	27.50%	0.1674	3.08
68	25.00%	0.1214	2.06
69	25.00%	0.0910	1.57
70	25.00%	0.0683	1.19
71	25.00%	0.0512	0.91
72	25.00%	0.0384	0.69
73	25.00%	0.0288	0.53
74	25.00%	0.0216	0.40
75	100.00%	0.0162	1.21
Weighted Average			58.18

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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 assumptions 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
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 according to assumptions in the plan document to reflect payment prior to 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 below. 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
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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.

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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.

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.

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.

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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 reflects stabilized 2021 minimum funding interest rates without regard to ARPA. Internal Revenue Service Notice 2021-48 allows a plan sponsor to make a deemed election not to apply the ARPA interest rate stabilization (for any purposes) for the 2021 plan year. Via this filing, OhioHealth will make that deemed election for the OhioHealth Cash Balance Retirement Plan.

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, 2021

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				\$ 6,352,437	\$ 6,352,437
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	250,951	174,350
LEHMAN BROTHERS HOLDINGS SR UNSECURED 12/08 VAR	77,000.000	principal amount	0.000% due	12/23/2008	60,593	424
SIGMA FIN INC MEDIUM TERM TRANCHE TR 00519	453,249.750	principal amount	0.000% due	12/31/2040	453,187	286
					764,731	175,060
CORPORATE AND FOREIGN STOCKS						
CAMECO CORP COM	13,633	shares			102,002	297,336
FIRSTSERVICE CORP COM NPV	1,117	shares			49,496	219,457
RITCHIE BROS AUCTIONEERS INC COM	3,646	shares			125,508	223,172
ADR NICE LTD SPONSORED ADR	1,273	shares			142,822	386,483
KORNIT DIGITAL LTD COMMON STOCK	935	shares			158,847	142,354
10X GENOMICS INC CL A	1,353	shares			211,255	201,543
ABIOMED INC COM	970	shares			259,655	348,395
ACADIA HEALTHCARE CO INC COM	4,394	shares			225,734	266,716
ALARM COM HLDGS INC COM	3,050	shares			204,636	258,671
AMEDISYS INC COM	990	shares			128,766	160,261
ARES MANAGEMENT LP COM SHS REPSTG LTD PARTNER	3,532	shares			119,925	287,046
AVALARA INC COM	1,944	shares			160,635	250,990
AXON ENTERPRISE INC COM	2,160	shares			191,741	339,120
AZENTA INC COM USD0.01	3,919	shares			140,982	404,088
BIO-TECHNE CORP COM	748	shares			220,033	386,970
BLUEPRINT MEDICINES CORP COM	1,990	shares			210,966	213,149
BRIGHT HORIZONS FA COM	2,261	shares			296,070	284,615
BRINKS CO COM	5,072	shares			329,126	332,571
BUILDERS FIRSTSOURCE INC COM STK	7,675	shares			286,724	657,824
BURLINGTON STORES INC COM	1,170	shares			255,668	341,067
BWX TECHNOLOGIES INC COM	7,253	shares			339,553	347,274
CABLE ONE INC COM	130	shares			117,428	229,249
CELSIUS HLDGS INC COM NEW COM NEW	1,975	shares			124,814	147,276
CERTARA INC COM	5,145	shares			133,768	146,221
CHARLES RIV LABORATORIES INTL INC COM	1,090	shares			317,161	410,690
CHART INDS INC COM	796	shares			138,557	126,954
CHEMED CORP NEW COM	520	shares			249,055	275,101
CROWN HLDGS INC COM	4,020	shares			255,283	444,692
DENBURY INC NEW COM	3,557	shares			221,162	272,431
DYNATRACE INC COM	6,688	shares			379,251	403,621
ENTEGRIS INC COM	1,892	shares			98,831	262,193
EURONET WORLDWIDE INC COM	2,982	shares			321,664	355,365
FOX FACTORY HLDG CORP COM	1,910	shares			286,623	324,891
GUIDEWIRE SOFTWARE INC COM USD0.0001	2,127	shares			243,984	241,478
HALOZYME THERAPEUTICS INC COM	5,806	shares			100,057	233,459
HEALTHQUITY INC COM	4,155	shares			222,927	183,817
HEICO CORP NEW CL A CL A	1,190	shares			52,896	152,939
HELEN TROY LTD COM STK	600	shares			120,820	146,682
HORIZON THERAPEUTICS PLC	2,575	shares			75,340	277,482
INSMED INC COM PAR \$.01	5,354	shares			168,463	145,843
INSPIRE MED SYS INC COM	990	shares			200,171	227,759
LESLIES INC COM	13,379	shares			324,098	316,547
LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	1,395	shares			134,638	215,472
LINCOLN ELEC HLDGS INC COM	1,157	shares			78,121	161,367
LIVE NATION ENTERTAINMENT INC	1,727	shares			68,609	206,705
MARTIN MARIETTA MATLS INC COM	829	shares			161,687	365,191
MERCURY SYSTEMS INC	3,762	shares			286,484	207,136
MERIT MED SYS INC COM	3,020	shares			151,676	188,146
MKS INSTRS INC COM	800	shares			127,401	139,336
NATIONAL INSTRS CORP COM	5,498	shares			220,628	240,098
NATIONAL VISION HLDGS INC COM	4,993	shares			151,778	239,614
NEW FORTRESS INC CL A	4,741	shares			217,653	114,448
NOVANTA INC NOVANTA INC	1,190	shares			84,790	209,833
OVERSTOCK COM INC DEL COM	2,950	shares			226,553	174,080
PACIFIC BIOSCIENCES OF CALIFORNIA INC COMMON STOCK	6,110	shares			170,235	125,011
PEGASYSYSTEMS INC COM	1,450	shares			193,509	162,139
PENUMBRA INC COM	1,340	shares			250,840	385,009
PERFORMANCE FOOD GROUP CO COM	5,810	shares			278,896	266,621
PURE STORAGE INC CL A CL A	14,968	shares			265,143	487,208
REVOLVE GROUP INC CL A CL A	4,184	shares			268,792	234,471
SOLAREDGE TECHNOLOGIES INC COM	1,061	shares			327,381	297,685

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, 2021

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)			
STEM INC COM	5,327 shares	\$ 142,509	\$ 101,053
THE BEAUTY HEALTH CO CL A	5,760 shares	161,713	139,162
TREX CO INC COM	3,784 shares	138,788	510,954
TWIST BIOSCIENCE CORP COM	1,844 shares	199,298	142,707
VARONIS SYS INC COM	4,050 shares	101,624	197,559
VERACYTE INC COM	4,541 shares	118,839	187,089
VIRTU FINL INC CL A CL A	11,336 shares	256,977	326,817
WESTERN ALLIANCE BANCORPORATION COM	2,670 shares	177,901	287,426
WOLFSPEED INC COM USD	1,342 shares	79,431	149,995
WORKIVA INC COM CL A COM CL A	1,710 shares	175,794	223,138
WYNDHAM HOTELS & RESORTS INC COM	4,740 shares	370,425	424,941
ZYNGA INC	33,430 shares	223,616	213,952
		14,124,226	18,998,155
MUTUAL FUND			
MFO WILLIAM BLAIR FDS SMALL CAP ICM R6	623,097 shares	16,821,681	20,923,595
		16,821,681	20,923,595
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV			
NT COLLECTIVE RUSSELL 1000 INDEX FUND*	1,246,613 shares	26,871,519	71,056,936
THE NORTHERN TRUST LONG TERM BOND INDEX FUND LP*	2,686,863 shares	128,051,023	176,709,617
CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUNI	712,511 shares	19,898,733	19,759,050
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING*	52,184 shares	20,000,000	21,778,105
		194,821,275	289,303,708
103-12 INVESTMENT ENTITIES VALUED AT NAV			
GRYPHON INTL EAFE GROWTH GROUP LIMITED PARTNERSHIP	6,994 shares	206,165	217,745
CF THE SILCHESTER INTERNATIONAL INVESTORS INTL VALUE EQ GROUP TRUST	132,175 shares	19,847,037	21,245,810
		20,053,202	21,463,555
ALTERNATIVE INVESTMENTS / LIMITED PARTNERSHIPS VALUED AT NAV			
BPIF NON-TAXABLE L.P.	69,000,000 shares	69,000,000	91,993,839
CITY OF LONDON GLOBAL EMERGING □	211,748 shares	10,597,663	19,145,229
CLARION LION PROPERTIES FUND LLC	26,034 shares	30,367,683	47,544,933
THE LGIMA LONG DURATION US CREDIT FUND, LLC	78,650,180 shares	78,650,180	137,350,665
IR M LONG CREDIT FUND MUTUAL FUND	10,089,896 shares	101,555,344	161,101,955
BAXTER STREET FUND II LP	13,500,000 shares	13,500,000	26,795,194
		303,670,870	483,931,815
		\$ 556,608,422	\$ 841,148,325

*Denotes party in interest

Schedule SB Attachment (Form 5500)—2021 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	\$ 654,518	January 1, 2017	3	\$ 225,336
Shortfall	\$ 16,123,631	January 1, 2018	4	\$ 4,230,483
Shortfall	\$ 9,568,952	January 1, 2019	5	\$ 2,040,798
Shortfall	\$ (5,472,625)	January 1, 2020	6	\$ (998,611)
Shortfall	\$ 12,011,506	January 1, 2021	7	\$ 1,926,319

ARPA shortfall relief was not applied for 2019, 2020, or 2021. Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief applies starting with the 2022 plan year. This Schedule SB reflects the shortfall amortization bases without regard to the ARPA shortfall relief for the 2019, 2020, and 2021 plan years.

Schedule SB Attachment (Form 5500)—2021 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 2019 to segment rates as of September 2020, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2020 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e) to the 2021 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e).
- A change in the expected return on assets from 5.90% to 5.20%.
- A change in the retirement age assumption.
- A change in the withdrawal rate assumption.
- A change in the optional payment form election assumption.

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 September 2020.