

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>	1b	Three-digit plan number (PN) ▶ <u>333</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>	1c	Effective date of plan <u>07/31/1961</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.	10/09/2023	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 (2022)
v. 220413

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 15603
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) 7923
a(2) Total number of active participants at the end of the plan year		6a(2) 7236
b Retired or separated participants receiving benefits		6b 2230
c Other retired or separated participants entitled to future benefits.....		6c 5350
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 14816
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 281
f Total. Add lines 6d and 6e		6f 15097
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 11
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) ☐ 0 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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>2022</u>	
2 Assets:	
a Market value.....	2a <u>841149222</u>
b Actuarial value	2b <u>825331385</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>2308</u> (2) Vested Funding Target <u>119305296</u> (3) Total Funding Target <u>119305296</u>
b For terminated vested participants.....	<u>5380</u> <u>128770159</u> <u>128770159</u>
c For active participants.....	<u>7923</u> <u>420292876</u> <u>427725733</u>
d Total	<u>15611</u> <u>668368331</u> <u>675801188</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 <u>5.43</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>21873505</u>
b Expected plan-related expenses	6b <u>3781000</u>
c Total (line 6a + line 6b)	6c <u>25654505</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>10/02/2023</u>
	Signature of actuary	Date
<u>LORI A. DEVORE</u>	Type or print name of actuary	<u>23-05257</u>
		Most recent enrollment number
<u>AON CONSULTING, INC.</u>	Firm name	<u>614-825-9424</u>
		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 ☐

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	127072357
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	34737544
9 Amount remaining (line 7 minus line 8)	0	92334813
10 Interest on line 9 using prior year's actual return of <u>4.28</u> %	0	3951930
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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>4.96</u> %.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		
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	96286743

Part III Funding Percentages		
14 Funding target attainment percentage	14	107.87 %
15 Adjusted funding target attainment percentage	15	122.12 %
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	95.22 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/13/2022	2015772	0	07/14/2023	6630000	0
04/14/2022	2015772	0	09/08/2023	20000000	0
07/13/2022	2073750	0	09/14/2023	63421246	0
09/14/2022	8939409	0			
01/13/2023	8939409	0			
04/14/2023	8939409	0			
			Totals ►	18(b)	122974767
				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 113820623
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ 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 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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	25654505	
b Excess assets, if applicable, but not greater than line 31a	31b	25654505	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
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	113820623	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	113820623	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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)

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	
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	738343	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	346911	Yes ☐ No ☒	Yes ☐ No ☐		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	215759	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	208886	Yes ☐ No ☒	Yes ☐ No ☐		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	179210	Yes ☐ No ☒	Yes ☐ No ☐		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	158794	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	169834	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

COLCHESTER GLOBAL INVESTORS LIMITED

36-7324183

(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	17732	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15000	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?
28 50	NONE	6079	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 INDEX		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST INVESTMENTS, INC		
c EIN-PN 45-6138589-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51434983
a Name of MTIA, CCT, PSA, or 103-12 IE: GRYPHON INTL EAFE GROWTH GROUP FUND		
b Name of sponsor of entity listed in (a): GRYPHON INTL INVESTMENT CORPORATION		
c EIN-PN 98-0444411-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CF THE SILCHESTER INTL INVESTOR INT		
b Name of sponsor of entity listed in (a): THE SILCHESTER INTL INVESTOR		
c EIN-PN 36-7045783-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19934866
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG-TERM BOND INDEX		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CF WILLIAM BLAIR EMERGING MKTS		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 27-6331814-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13217547
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECTIVE EASE INDEX FUND		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST INVESTMENTS, INC		
c EIN-PN 45-6138589-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18765888
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
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A 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%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>333</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">D Employer Identification Number (EIN) <u>31-4394942</u></td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) <u>31-4394942</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)	0107930064
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	332310
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	635243713403554
(2) U.S. Government securities		1c(2)	0130645983
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	175060199160104
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	1899815514757914
(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)	28930370883418418
(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)	2146355519934866
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	2092359513260394
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	483931815163198827

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	841181556	745710124

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	841181556	745710124
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	122974767	
(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)		122974767
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	380	
(B) U.S. Government securities	2b(1)(B)	389729	
(C) Corporate debt instruments	2b(1)(C)	1119920	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	37234	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1547263
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	73336	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1869382	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1942718
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	308366666	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	348523696	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-40157030
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	669663	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		669663

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-114884344
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-12369753
c Other income	2c		1474766
d Total income. Add all income amounts in column (b) and enter total	2d		-38801950
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53264833	
(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)		53264833
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)	1008678	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1011708	
(4) Other	2i(4)	1384263	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3404649
j Total expenses. Add all expense amounts in column (b) and enter total	2j		56669482
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-95471432
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 475905.

<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>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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.....		3 410
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	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
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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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>26.2</u> % Investment-Grade Debt: <u>57.2</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>5.7</u> % Other: <u>10.9</u> %</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify): _____</p>
20	<p>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.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No</p> <p>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:</p> <p>☐ Yes.</p> <p>☐ 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.</p> <p>☐ 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.</p> <p>☐ No. Other. Provide explanation _____</p>

Financial Statements and Supplemental Schedules

OhioHealth Cash Balance Retirement Plan
Years Ended December 31, 2022 and 2021
With Report of Independent Auditors

OhioHealth Cash Balance Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2022 and 2021

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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, 2022 and 2021 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, 2022 and 2021 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 \$183,134,000 (25 percent of net assets available for benefits) at December 31, 2022 and \$505,395,000 (60 percent of net assets available for benefits) at December 31, 2021 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 that 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, 2022 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 schedule 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 & Moreau, PLLC

Columbus, Ohio
September 29, 2023

OhioHealth Cash Balance Retirement Plan

Statement of Net Assets Available for Benefits

	December 31	
	2022	2021
Assets		
Investments-at fair value:		
Interest-bearing cash	\$ 13,403,554	\$ 6,352,437
U.S. government securities	130,645,983	-
Corporate, municipal, and foreign obligations	199,160,104	175,060
Common stocks	14,757,914	18,998,155
Mutual funds	13,260,394	20,923,595
Common and Collective Trusts valued at NAV (net asset value)	83,418,418	289,303,708
103-12 Investment entities valued at NAV	19,934,866	21,463,555
Alternative investments / Limited Partnerships valued at NAV	163,198,827	483,931,815
	<u>637,780,060</u>	<u>841,148,325</u>
Receivables:		
Contributions receivable from OhioHealth Corporation	107,930,064	-
Accrued interest	-	33,231
	<u>107,930,064</u>	<u>33,231</u>
Net assets available for benefits	<u><u>\$ 745,710,124</u></u>	<u><u>\$ 841,181,556</u></u>

OhioHealth Cash Balance Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Years ended December 31	
	2022	2021
Additions		
Interest and dividends	\$ 3,489,981	\$ 2,923,105
Contributions from OhioHealth Corporation	122,974,767	-
Realized and unrealized (losses) gains on investments	(165,266,698)	32,390,569
Total additions - Net	(38,801,950)	35,313,674
Deductions		
Benefit payments to participants	53,264,833	46,623,164
Professional fees	1,008,678	982,469
Investment advisory and management fees	1,011,708	1,446,992
Other administrative expenses	1,384,263	1,368,707
Total deductions	56,669,482	50,421,332
Net decrease	(95,471,432)	(15,107,658)
Net assets available for benefits at beginning of year	841,181,556	856,289,214
Net assets available for benefits at end of year	<u>\$ 745,710,124</u>	<u>\$ 841,181,556</u>

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements

1. Description of the Plan

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

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

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

The Plan (other than for former Hardin Plan participants) is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical individual account balances. For the former participants of the MedCentral Plan, participant account balances increase by the investment credit rate determined annually. The credit rate is set on January 1 each year and is based on the greater of the average yield of the 30-year U.S. Treasury bonds for the December preceding the start of the year or 3.00 percent. The credit rate used for the MedCentral employees was 3.00% for 2022 and 3.52% for 2021. 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 2022 and 2021 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 September 29, 2023, 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. U.S. government securities, and 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, 2022
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 122,763,862
Other participants	560,218,171
	<u>682,982,033</u>
Nonvested benefits	4,165,965
Total actuarial present value of accumulated plan benefits	<u><u>\$ 687,147,998</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, 2022 is as follows:

	<u>January 1, 2022</u>
Actuarial present value of accumulated plan benefits	
At January 1, 2021	\$ 650,565,919
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial (gains)/losses	24,239,849
Interest due to increase for the discount period	32,632,587
Benefits paid	(46,623,164)
Change in actuarial assumptions	26,332,807
Net increase	36,582,079
Actuarial present value of accumulated plan benefits	
At January 1, 2022	<u>\$ 687,147,998</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, 2022.

Significant assumptions underlying the actuarial computations as of January 1, 2022 are as follows:

Rate of return on investments:	4.80%
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 5.20% to 4.80%.
- A change in the OhioHealth cash balance annuity conversion interest rates, the MedCentral cash balance annuity conversion interest rates, and the annuity conversion rates for Hardin Employee Contributions from the September 2020 minimum present value segment interest rates prescribed by IRC section 417(e) of 0.51%/2.31%/3.15% to the September 2021 minimum present value segment interest rates prescribed by IRC Section 417(e) of 0.70%/2.55%/3.06%.
- A change in the interest crediting rate for MedCentral employees from 3.25% to 3.00%.

4. Income Tax Status

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

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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

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.

Disclosure concerning assets measured at fair value are as follows:

Assets and Liabilities Measured at Fair Value at December 31, 2022

	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	\$ -	\$ 13,403,554	\$ -	\$ 13,403,554
US Government securities	-	130,645,983	-	130,645,983
Corporate, municipal, and foreign obligations	-	199,160,104	-	199,160,104
Common stocks	14,757,914	-	-	14,757,914
Mutual funds	13,260,394	-	-	13,260,394
Subtotal	28,018,308	343,209,641	-	371,227,949
Investment valued at NAV				
Equities – domestic ⁽²⁾	-	-	-	51,434,983
Equities – emerging markets ⁽³⁾	-	-	-	13,217,547
Equities – international ⁽⁴⁾	-	-	-	18,765,888
Equities – international ⁽⁶⁾	-	-	-	19,934,866
Multi-strategy hedge fund ⁽⁷⁾	-	-	-	81,813,730
Equities – Emerging markets fund ⁽⁸⁾	-	-	-	14,547,246
Real estate fund ⁽⁹⁾	-	-	-	45,605,958
Equities – international ⁽¹⁰⁾	-	-	-	21,231,893
Subtotal	-	-	-	266,552,111
Total	\$ 28,018,308	\$ 343,209,641	\$ -	\$ 637,780,060

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

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
Common stocks	18,998,155	-	-	18,998,155
Mutual funds	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 ⁽¹⁰⁾	-	-	-	26,795,194
Fixed income long duration fund ⁽¹¹⁾	-	-	-	137,350,665
Fixed income long duration fund ⁽¹²⁾	-	-	-	161,101,955
Subtotal	-	-	-	794,699,078
Total	\$ 39,921,750	\$ 6,527,497	\$ -	\$ 841,148,325

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 Bloomberg 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) 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.
- (11) 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 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.
- (12) 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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

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, 2022 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, 2022			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trusts				
Domestic large cap equity	\$ 51,434,983	-	Daily	1 day
Emerging markets	13,217,547	-	Daily	10 days
International equities	18,765,888	-	Daily	1 day
103-12 Investment Entities				
International equities	19,934,866	-	Monthly	30 days
Alternative Investments – Limited Partnerships				
Emerging markets	14,547,246	-	Monthly	30 days
Real estate funds	45,605,958	-	Quarterly	90 days
International equities	21,231,893	-	Monthly	30 days
Multi-strategy hedge fund	81,813,730	-	Semi Annual	95 days
Total	\$ 266,552,111	-		

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

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:

	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	-		

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, 2022

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	\$ 13,403,554	\$ 13,403,554
US GOVERNMENT SECURITIES			
FHLMC MULTICLASS SER 004910 CL LZ 3 09-25-2049	71,827	46,992	46,796
FNMA REMIC TR 2013-18 CL-DY 2 03-25-2033	55,000	46,126	45,864
UNITED STATES OF AMER TREAS BONDS 3% DUE08-15-2052	2,800,000	2,404,839	2,360,103
UNITED STATES OF AMER TREAS BONDS 3% DUE08-15-2052	1,822,000	1,549,083	1,535,753
UNITED STATES OF AMER TREAS BONDS 3.375%DUE 08-15-2042 REG	5,750,000	5,172,962	5,247,452
UNITED STATES OF AMER TREAS BONDS 4.0% 11-15-2042	3,245,000	3,269,592	3,214,699
UNITED STATES OF AMER TREAS BONDS DTD 02/15/2015 2.5% DUE 02-15-2045 REG	2,000,000	1,542,742	1,536,230
UNITED STATES OF AMER TREAS NOTES .625% DUE 08-15-2030	3,000,000	2,385,129	2,375,559
UNITED STATES OF AMER TREAS NOTES 3.0% 06-30-2024	6,000,000	5,849,551	5,948,935
UNITED STATES OF AMER TREAS NOTES 4.375% 10-31-2024	6,500,000	6,486,057	6,533,217
UNITED STATES OF AMER TREAS NOTES 4.5% 11-30-2024	9,000,000	9,008,116	9,040,526
UNITED STATES OF AMER TREAS NOTES DTD 11/15/2022 4.125%11-15-2032	9,000,000	9,325,505	9,266,170
UNITED STATES TREAS 2.75% 02-15-2028	3,000,000	2,832,082	2,857,021
UNITED STATES TREAS BDS 2.25% DUE 05-15-2051 REG	2,500,000	1,864,268	1,818,256
UNITED STATES TREAS BDS DTD 3.125% 05-15-2048	13,500,000	11,690,210	11,496,551
UNITED STATES TREAS BDS DTD 2.75% 08-15-2047	2,000,000	1,609,149	1,594,368
UNITED STATES TREAS NTS 2.875% 08-15-2028	2,500,000	2,365,537	2,386,035
UNITED STATES TREAS NTS 2.125% 03-31-2024	3,500,000	3,382,981	3,410,721
UNITED STATES TREAS NTS 2.625% DUE 02-15-2029 REG	3,500,000	3,255,834	3,276,578
UNITED STATES TREAS NTS 2.75% 08-15-2032	9,916,000	9,091,021	9,165,294
UNITED STATES TREAS NTS 3.875% 09-30-2029	2,400,000	2,404,510	2,412,549
UNITED STATES TREAS NTS DTD 09/30/2018 3.0% DUE 09-30-2025	4,000,000	3,869,701	3,900,347
UNITED STATES TREAS NTS DTD 11/30/2022 3.875% 11-30-2027	9,000,000	8,991,241	8,996,206
UNITED STATES TREAS NTS DTD 3.875% 11-30-2029	9,000,000	9,028,513	8,991,284
UNITED STATES TREAS NTS FIXED 2.625% 12-31-2025	2,500,000	2,388,094	2,425,963
UNITED STATES TREAS NTS T NOTE 2.125% 05-31-2026	3,000,000	2,805,127	2,815,995
UNITED STATES TREAS SEC STRIPPED INT PMT00839 08-15-2034 (UNDDATE) REG	4,000,000	2,540,240	2,488,251
UNITED STATES TREAS SEC STRIPPED INT PMT00840 02-15-2035 (UNDDATE) REG	4,000,000	2,479,720	2,433,590
UNITED STATES TREAS SEC STRIPPED INT PMT00841 08-15-2035 (UNDDATE) REG	4,000,000	2,430,720	2,382,923
UNITED STATES TREAS SEC STRIPPED INT PMT00842 02-15-2036 (UNDDATE) REG	4,000,000	2,384,800	2,340,388
UNITED STATES TREAS SEC STRIPPED INT PMT00886 05-15-2033 (UNDDATE) REG	5,000,000	3,345,600	3,295,478
UNITED STATES TREAS SEC STRIPPED INT PMT00887 11-15-2033 (UNDDATE) REG	5,000,000	3,275,950	3,219,056
WI TREASURY SEC 3.375% DUE 11-15-2048 REG	2,000,000	1,820,399	1,787,826
		130,942,391	130,645,983
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	250,931	110,950
LEHMAN BROTHERS HOLDINGS SR UNSECURED 12/08 VAR	77,000,000 principal amount 0.000% due 12/23/2008	60,552	270
SIGMA FIN INC MEDIUM TERM TRANCHE TR 00519	453,249,750 principal amount 0.000% due 12/31/2040	453,187	286
1ST REP BK SAN 4.625% DUE 02-13-2047	250,000	196,813	199,710
ABBVIE INC 4.25% DUE 11-21-2049 REG	1,145,000	960,399	970,398
ABBVIE INC 4.4% DUE 11-06-2042	250,000	218,902	219,648
ABBVIE INC 4.875% DUE 11-14-2048	1,355,000	1,256,065	1,251,974
ACE INA HLDGS INC 6.7% DUE 05-15-2036	215,000	238,724	241,501
ADVOCATE HEALTH & HOSPS CORP 4.272% 08-15-2048	140,000	116,653	121,989
ALABAMA POWER CO 3.7% 12-01-2047	250,000	193,696	192,774
ALABAMA PWR CO 3.85% DUE 12-01-2042	1,390,000	1,114,547	1,130,510
ALABAMA PWR CO 4.3% DUE 01-02-2046	390,000	326,055	333,954
ALABAMA PWR CO 6% DUE 03-01-2039	215,000	224,247	229,781
ALPHABET INC 2.25% DUE 08-15-2060	255,000	153,851	147,190
AMAZON.COM INC NT 3.25% 05-12-2061	770,000	538,205	535,352
AMAZON.COM INC 3.95% 04-13-2052	2,070,000	1,749,150	1,746,992
AMERICAN ELEC PWR CO INC 3.25% DUE 03-01-2050/03-05-2020 REG	595,000	423,109	407,435
AMERICAN INTERNATIONAL GROUP INC BNDS 4.8% DUE 07-10-2045 REG	160,000	142,232	148,170
AMGEN INC 4.4% 05-01-2045	1,120,000	968,425	950,104
ANALOG DEVICES INC 2.95% 10-01-2051	170,000	118,365	117,301
ANHEUSER-BUSCH 4.95% DUE 01-15-2042	2,250,000	2,124,045	2,174,877
ANHEUSER-BUSCH COS LLC CORP 4.7% 02-01-2036	1,300,000	1,243,518	1,256,769
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046	1,990,000	1,856,310	1,864,534
ANTHEM INC 4.375% 12-01-2047	505,000	432,897	436,855
ANTHEM INC FIXED 3.7% 09-15-2049	1,305,000	1,000,358	1,012,130
APPLE INC 2.85% DUE 08-05-2061 BEO	1,310,000	864,929	865,825
APPLE INC 3.85% DUE 08-04-2046	445,000	380,998	386,583
APPLE INC 4.65% DUE 02-23-2046	280,000	269,458	270,061
APPLIED MATLS INC 4.35% DUE 04-01-2047	250,000	227,002	229,680
APTIV PLC 5.4% 03-15-2049	265,000	225,390	230,616
APTIV PLC SR NT 3.1% 12-01-2051	445,000	274,160	266,465
APTIV PLC/APTIV CORP 4.15% 05-01-2052	1,110,000	829,329	812,079
ARES FIN CO IV LLC SR NT 144A 3.65% 02-01-2052	930,000	601,463	583,947
ASTRAZENECA PLC 6.45% DUE 09-15-2037	1,170,000	1,323,742	1,351,390
AT&T INC 3.5% DUE 09-15-2053 REG	3,795,000	2,666,423	2,598,356
AT&T INC 3.55% DUE 09-15-2055	2,270,000	1,573,762	1,545,181
AT&T INC 3.65% DUE 09-15-2059	695,000	478,963	475,011
AXA EQUITABLE HLDGS INC FIXED 5% 04-20-2048 BEO	910,000	811,610	810,965
BAE SYS HLDGS INC 4.75% DUE 10-07-2044	315,000	276,252	283,268
BANK AMER CORP 3.311% DUE 04-22-2042	765,000	568,910	569,597
BANK AMER CORP 4.244% 04-24-2037 REG	2,970,000	2,578,512	2,558,281
BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19-2020 REG	1,910,000	1,299,104	1,295,334

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, 2022

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, MUNICIPAL AND FOREIGN OBLIGATIONS (continued)			
BELL CANADA 4.464% 04-01-2048	260,000	\$ 219,207	\$ 225,794
BERKSHIRE HATHAWAY 4.5% DUE 02-11-2043	380,000	353,494	364,419
BERKSHIRE HATHAWAY ENERGY CO 3.8% 07-15-2048	135,000	103,864	106,648
BERKSHIRE HATHAWAY ENERGY CO 4.25% DUE 10-15-2050	205,000	169,850	172,934
BERKSHIRE HATHAWAY FIN CORP 4.25% DUE 01-15-2049	965,000	861,833	885,104
BERKSHIRE HATHAWAY FIXED 4.45% DUE 01-15-2049	1,295,000	1,116,446	1,146,854
BHP BILLITON FIN 5% DUE 09-30-2043	1,065,000	1,043,285	1,052,047
BOEING CO 3.625% DUE 02-01-2031	290,000	251,946	259,684
BOEING CO FIXED 5.805% DUE 05-01-2050	2,835,000	2,613,819	2,666,903
BP CAP MKTS AMER INC 3.379% 02-08-2061	1,175,000	828,188	826,326
BRISTOL MYERS FIXED 4.25% DUE 10-26-2049	165,000	144,118	144,512
BRISTOL MYERS FIXED 4.55% DUE 02-20-2048	660,000	609,442	608,391
BROADCOM INC 4.3% DUE 11-15-2032 BEO	280,000	248,017	249,217
BURL NORTHN SANTA 5.75% DUE 05-01-2040	575,000	601,877	610,465
BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052	1,100,000	751,375	740,708
BURLINGTON NORTHN SANTA FE LLC 4.9 DUE 04-01-2044 REG	245,000	232,509	235,764
CALIFORNIA ST 7.5% 04-01-2034 BEO TAXABLE	965,000	1,176,729	1,183,875
CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000	150,000	189,295	190,576
CAROLINA PWR & LT 4.1% DUE 03-15-2043	1,600,000	1,330,083	1,366,251
CARRIER GLOBAL CORP 3.577% DUE 04-05-2050	1,345,000	980,239	977,256
CATERPILLAR INC 3.25% DUE 04-09-2050 REG	260,000	197,656	200,163
CATERPILLAR INS 3.803% DUE 08-15-2042	720,000	616,331	627,560
CDN NAT RES LTD FIXED 4.95% DUE 06-01-2047	1,080,000	976,235	947,870
CDN NATL RY CO 6.2% DUE 06-01-2036	860,000	935,489	936,774
CDN PAC RY CO NEW 6.125% DUE 09-15-2115	1,175,000	1,163,815	1,210,017
CDN PAC RY CO NEW 7.125% DUE 10-15-2031	195,000	217,016	219,884
CENTRAL PUGET SOUND WASH REGL TRAN AUTH SALES & USE TAX REV 0% 11-01-2039 REG	25,000	26,287	26,303
CHARTER 5.375% 05-01-2047	1,210,000	984,278	965,039
CHARTER 6.384% DUE 10-23-2035	440,000	427,983	435,980
CHARTER 6.484% DUE 10-23-2045	570,000	533,376	523,192
CHARTER COMMUNICATIONS OPER LLC 4.4% DUE 12-01-2061 BEO	680,000	461,998	440,047
CHARTER FIXED 5.75% DUE 04-01-2048	1,660,000	1,412,480	1,392,339
CHENIERE CORPUS CHRISTI HLDGS LLC 3.7% 11-15-2029	390,000	355,255	355,068
CHICAGO ILL MET WTR RECLAMATION DIST GTRCHICAGO 5.72% 12-01-2038 BEO TAXABLE	580,000	626,273	615,387
CHUBB INA HOLDINGS INC 3.05% DUE 12-15-2061	645,000	444,848	422,052
CIGNA CORP NEW 4.8% DUE 07-15-2046 BEO	580,000	515,480	536,506
CIGNA CORP NEW CORP 4.8% 08-15-2038	175,000	163,985	166,093
CIGNA CORP NEW CORP 4.9% 12-15-2048	1,210,000	1,091,736	1,100,933
CIN FINL CORP 6.125% DUE 11-01-2034	1,465,000	1,536,694	1,529,333
CISCO SYS INC SR NT 5.9 DUE 02-15-2039 REG	545,000	583,294	600,132
CITIGROUP INC 4.65% DUE 07-23-2048	630,000	546,588	561,126
CITIGROUP INC 8.125% DUE 07-15-2039	380,000	470,514	483,279
CITIGROUP INC FLTG RT 4.281% DUE 04-24-2048	1,320,000	1,090,622	1,097,948
CLEV CLINIC FNDTN 4.858% DUE 01-01-2114	190,000	161,214	167,507
CMS ENERGY CORP 4.875 DUE 03-01-2044	575,000	531,495	534,816
COMCAST CORP NEW 2.887% 11-01-2051 BEO	3,355,000	2,218,872	2,183,488
COMCAST CORP NEW 2.987% 11-01-2063	630,000	391,027	387,881
COMCAST CORP NEW 4.049% DUE 11-01-2052	485,000	389,789	389,731
COMCAST CORP NEW FIXED 2.937% DUE 11-01-2056	1,625,000	1,029,169	1,020,619
COMMONSPIRIT HLTH 4.187% DUE 10-01-2049	795,000	607,287	631,861
COMWLTH EDISON CO 3.7% DUE 03-01-2045	585,000	452,451	465,140
COMWLTH EDISON CO 5.9% DUE 03-15-2036	165,000	171,690	175,728
CONNECTICUT LIGHT & POWER CO 4.0% 04-01-2048	235,000	193,501	198,890
CONOCOPHILLIPS CO FIXED 4.025% DUE 03-15-2062	1,950,000	1,586,170	1,573,773
CORNING INC 5.85% DUE 11-15-2068	365,000	324,731	338,800
CSX CORP 4.75% DUE 11-15-2048	100,000	90,778	91,570
CVS CAREMARK CORP 5.3 DUE 12-05-2043	370,000	370,503	348,987
CVS HEALTH CORP 4.78% DUE 03-25-2038	295,000	271,509	273,443
CVS HEALTH CORP 5.05% DUE 03-25-2048	965,000	878,488	883,514
CVS HEALTH CORP 5.125% DUE 07-20-2045	1,300,000	1,197,061	1,209,390
CVS HEALTH CORP 6.943% DUE 01-10-2030	4,954	5,068	5,071
DALLAS FORT WORTH TEX INTL ARPT REV 2.919% 11-01-2050 BEO TAXABLE	305,000	209,469	214,964
DARTMOUTH-HITCHCOC 4.178% 08-01-2048	315,000	251,134	253,044
DEERE & CO 2.875% DUE 09-07-2049	215,000	153,675	156,229
DEUTSCHE TELEKOM 9.25% DUE 06-01-2032	165,000	207,662	208,140
DIAMONDBACK ENERGY INC 4.25% DUE 03-15-2052 BEO	868,000	662,088	653,034
DIGNITY HEALTH 5.267% DUE 11-01-2064	170,000	142,292	149,039
DISCOVERY COMMUNICATIONS LLC 5.0% DUE 09-20-2037/09-21-2017	580,000	475,192	477,126
DISNEY WALT CO 2.75% DUE 09-01-2049	425,000	283,676	287,675
DISNEY WALT CO 4.7% DUE 03-23-2050	1,420,000	1,326,908	1,331,379
DOMINION ENERGY INC 3.3% DUE 04-15-2041	285,000	211,800	214,224
DOMINION RES INC 4.05% DUE 09-15-2042	860,000	682,175	689,764
DOMINOS PIZZA 3.151% DUE 04-25-2051	241,325	191,078	194,196
DOW CHEMICAL CO FIXED 5.55% DUE 11-30-2048	540,000	506,706	511,717
DUKE ENERGY 5.3% DUE 02-15-2040	1,350,000	1,346,515	1,372,053
DUKE ENERGY FLA 3.4% DUE 10-01-2046	230,000	166,050	168,404
EBAY INC FIXED 3.65% DUE 05-10-2051	390,000	278,324	283,661
EMERSON ELEC CO 2.8% DUE 12-21-2051/12-21-2021 BEO	970,000	641,323	629,913
ENERGY TRANSFER 5.15% DUE 02-01-2043	165,000	137,347	140,682
ENERGY TRANSFER 6.25% DUE 04-15-2049	1,640,000	1,575,823	1,556,204
ENERGY TRANSFER OPER L P 5.0% 05-15-2050	295,000	243,592	239,193
ENTERPRISE PRODS 5.7% DUE 02-15-2042	1,325,000	1,296,611	1,319,205

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CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS (continued)			
ENTERPRISE PRODS FIXED 4.9% DUE 05-15-2046	950,000	\$ 834,103	\$ 837,789
EOG RES INC FIXED 3.9% DUE 04-01-2035	280,000	249,107	253,588
ESSEX PORTFOLIO L P 4.5% 03-15-2048	135,000	108,164	108,981
EXELON CORP 4.5% DUE 04-15-2046	285,000	238,169	245,075
EXELON CORP SR NT 144A 4.1% 03-15-2052	1,085,000	867,221	886,145
EXXON MOBIL CORP 3.452% DUE 04-15-2051 REG	1,210,000	927,201	918,993
EXXON MOBIL CORP 4.114% DUE 03-01-2046	250,000	215,093	216,747
EXXON MOBIL CORP FIXED 4.327% DUE 03-19-2050	240,000	213,670	214,664
FEDEX CORP 3.875% DUE 08-01-2042	1,080,000	848,996	841,755
FEDEX CORP 4.55% DUE 04-01-2046	460,000	371,491	380,686
FEDEX CORP 5.25% DUE 05-15-2050	65,000	58,621	60,049
FIRSTENERGY TRANSMISSION LLC SR NT 144A 4.55% 04-01-2049	195,000	156,813	161,196
FL PWR & LT CO 3.7% 12-01-2047	175,000	138,865	141,972
FL PWR & LT CO 4.05% DUE 10-01-2044	275,000	232,402	237,088
FL PWR & LT CO 5.69% DUE 03-01-2040	1,085,000	1,117,832	1,151,131
FLORIDA PWR CORP 6.4% DUE 06-15-2038	575,000	627,969	634,860
FLORIDA ST BRD ADMIN FIN CORP REV 2.154%07-01-2030	150,000	120,687	124,437
GATX CORP 3.1% DUE 06-01-2051	1,150,000	699,094	696,187
GENERAL MTRS CO 6.6% DUE 04-01-2036	1,230,000	1,238,733	1,232,948
GEORGETOWN UNIV 5.215% 10-01-2118	250,000	211,553	223,598
GLOBAL PAYMENTS INC 5.95% DUE 08-15-2052BEO	290,000	262,039	268,300
GOLDMAN SACHS 4.8% DUE 07-08-2044	565,000	501,788	515,639
GOLDMAN SACHS 5.15% DUE 05-22-2045	140,000	127,488	127,290
GOLDMAN SACHS 6.25% DUE 02-01-2041	425,000	446,267	457,076
GOLDMAN SACHS GROUP INC 2.908% DUE 07-21-2042 BEO	1,375,000	943,883	959,351
HCA INC 5.125% 06-15-2039	690,000	633,485	622,173
HOME DEPOT INC 3.35% DUE 04-15-2050 REG	155,000	115,882	116,520
HOME DEPOT INC 3.9% DUE 06-15-2047	300,000	248,419	248,789
HSBC HLDGS PLC 5.25% DUE 03-14-2044	1,565,000	1,338,899	1,350,335
HSBC HLDGS PLC FLTGT RT 8.113% DUE 11-03-2033	440,000	463,450	472,748
INTEL CORP 3.734% 12-08-2047 BEO	1,045,000	799,675	791,644
INTEL CORP 4.9% 08-05-2052	280,000	251,947	254,695
INTERCONTINENTAL EXCHANGE INC 3.0% DUE 06-15-2050 BEO	180,000	123,563	123,025
INTERCONTINENTAL EXCHANGE INC NEW ISSUE 30YR 4.95% 06-15-2052	610,000	579,518	567,298
JEFFERIES GROUP 4.15% DUE 01-23-2030	395,000	344,865	359,301
JEFFERIES GROUP 6.25% DUE 01-15-2036	360,000	347,360	374,871
JPM CHASE 2.963% 01-25-2033	900,000	740,601	745,544
JPMORGAN CHASE & 3.882% DUE 07-24-2038	1,165,000	965,963	991,330
JPMORGAN CHASE & 5.6% DUE 07-15-2041	1,140,000	1,139,947	1,175,214
JPMORGAN CHASE & CO. 5.717% DUE 09-14-2033 BEO	1,435,000	1,400,898	1,435,477
KANSAS CITY SOUTHN CORP 4.2% 11-15-2069	1,185,000	885,694	888,751
KINDER MORGAN 6.375% DUE 03-01-2041	1,390,000	1,383,952	1,412,315
KINDER MORGAN INC 5.05% DUE 02-15-2046	845,000	727,222	739,340
KKR GROUP FIN CO XII LLC SR NT 144A 4.85% 05-17-2032	1,880,000	1,762,854	1,772,262
KLA CORP 3.3% 03-01-2050	60,000	44,201	44,497
KLA CORP 5% DUE 03-15-2049	970,000	919,957	924,736
KRAFT HEINZ FOODS 4.375% DUE 06-01-2046	1,355,000	1,139,299	1,114,083
KROGER CO 4.45% DUE 02-01-2047	825,000	711,554	712,873
KROGER CO 4.65% 01-15-2048	790,000	701,186	703,776
LIBERTY MUT GROUP INC SR NT 144A 3.951% 10-15-2050	1,100,000	754,614	784,227
LINCOLN NATL CORP 4.35% 03-01-2048	345,000	261,973	265,993
LLOYDS BKG GROUP 4.344% DUE 01-09-2048	310,000	217,624	233,993
LOCKHEED MARTIN 4.07% DUE 12-15-2042	800,000	702,840	697,707
LOCKHEED MARTIN 4.7% DUE 05-15-2046	985,000	918,450	922,258
LOWE'S COMPANIES INC 2.8% 09-15-2041	480,000	335,712	332,808
LOWES COS INC 3.7% DUE 04-15-2046	675,000	504,010	508,605
LOWES COS INC FIXED 5.8% DUE 09-15-2062	1,160,000	1,116,559	1,142,829
LYB INTL FIN III LLC 4.2% DUE 05-01-2050REG	790,000	605,167	593,703
MA ELEC CO 5.9% DUE 11-15-2039	250,000	243,247	251,071
MA INST TECH 4.678% DUE 07-01-2114	155,000	135,424	136,801
MARATHON PETE CORP 6.5% DUE 03-01-2041	195,000	202,078	205,729
MARKEL CORP 5.0% 05-20-2049	390,000	337,178	344,501
MARKEL CORP SR NT 3.45% 05-07-2052	990,000	679,423	678,568
MARSH & MCLENNAN 4.9% DUE 03-15-2049	125,000	115,574	117,513
MARSH & MCLENNAN COS INC 4.75% 03-15-2039	315,000	283,939	295,384
MASSACHUSETTS EDL FING AUTH ED LN REV 3.055% 07-01-2029 BEO TAXABLE	535,000	465,144	471,436
MASSACHUSETTS MUT LIFE INS CO 5.672% 12-01-2052	875,000	875,000	876,591
MCDONALDS CORP 4.45% DUE 03-01-2047 REG	245,000	214,840	217,382
MCDONALDS CORP MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	1,395,000	1,079,963	1,072,699
MERRILL LYNCH & CO 6.11% DUE 01-29-2037	180,000	184,512	187,177
METLIFE INC 4.05% DUE 03-01-2045	2,095,000	1,734,736	1,788,500
MICHIGAN ST UNIV REVS 4.165% 08-15-2122	195,000	141,346	146,771
MICROSOFT CORP 2.921% 03-17-2052 USD	2,385,000	1,728,793	1,723,778
MIDAMERICAN ENERGY 6.125% DUE 04-01-2036	675,000	715,344	721,447
MOODY'S CORP 3.75% 02-25-2052	830,000	640,505	647,906
MOODY'S CORP 5.25% DUE 07-15-2044	130,000	123,346	128,778
MOODY'S CORPORATION 4.875% 12-17-2048 BEO	295,000	268,113	268,744
MORGAN STANLEY 4.3% DUE 01-27-2045	1,555,000	1,300,848	1,358,502
MORGAN STANLEY 4.457% 04-22-2039	525,000	458,526	467,740
MORGAN STANLEY FIXED 3.217% DUE 04-22-2042	290,000	214,908	216,836
MPLX LP 5.5% DUE 02-15-2049	500,000	452,200	453,018
MPLX LP SR NT 4.95% 03-14-2052	795,000	667,046	665,605

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MT SINAI HOSP NEW 3.391% DUE 07-01-2050	220,000	\$ 145,532	\$ 153,196
MT SINAI HOSP NEW 3.737% DUE 07-01-2049	180,000	130,321	137,127
MUNICIPAL ELEC AUTH GA 6.637% 04-01-2057BEO TAXABLE	230,000	236,851	249,857
NATIONAL RETAIL PROPERTIES INC NT 3.5% 04-15-2051	1,070,000	719,878	728,055
NEW ISSUE HOME DEPOT 30YR USD 3.625% 04-15-2052	590,000	466,489	463,246
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.767% 08-01-2036 BEO TAXABLE	65,000	68,071	68,861
NEW YORK ST DORM AUTH ST PERS INCOME MUNI 3.11% 02-15-2039	510,000	402,796	407,170
NEW YORK ST TWY AUTH GEN REV 2.9% 01-01-2035 BEO TAXABLE	690,000	566,326	576,208
NEW YORK ST URBAN DEV CORP REV 5.77% 03-15-2039 BEO TAXABLE	220,000	228,773	229,666
NISOURCE FIN CORP 3.95% DUE 03-30-2048	185,000	142,377	146,543
NORFOLK SOUTHN 5.1% DUE 08-01-2118	1,230,000	1,026,286	1,057,136
NORFOLK SOUTHN FIXED 4.05% DUE 08-15-2052	660,000	535,016	542,965
NORTHN STS PWR CO 3.6% DUE 05-15-2046	165,000	127,258	128,649
NORTHN STS PWR CO 6.2% DUE 07-01-2037	730,000	789,831	811,871
NORTHN STS PWR CO MINN NORTHN ST PWR 6.25 DUE 06-01-2036 BEO	245,000	262,783	266,185
NORTHROP GRUMMAN CORP 3.85% DUE 04-15-2045	965,000	783,188	782,926
NSTAR ELEC CO 4.4% DUE 03-01-2044	490,000	446,504	438,718
NXP B V / NXP FDG LLC / NXP USA INC SR NT 3.25% 05-11-2041	1,245,000	874,945	879,288
OCCIDENTAL PETE CORP SR NT 0% DUE 10-10-2036 REG	2,035,000	1,053,113	1,016,238
ONCOR ELEC 5.25% DUE 09-30-2040	140,000	137,372	141,353
ONCOR ELEC 5.3 DUE 06-01-2042	1,205,000	1,201,971	1,210,628
ONCOR ELEC DELIVERY CO LLC SR SEC'D NT 5.35% 10-01-2052	240,000	235,304	247,035
ORACLE CORP 3.8% 11-15-2037	965,000	756,668	772,506
ORACLE CORP 3.95% DUE 03-25-2051	2,785,000	1,999,196	2,026,122
ORACLE CORP 4% 11-15-2047	330,000	240,924	244,653
ORACLE CORP 4% DUE 07-15-2046	385,000	279,086	289,787
PACIFICORP 5.75% DUE 04-01-2037	255,000	256,324	264,021
PARKER-HANNIFIN CORP 4.0% DUE 06-14-2049	880,000	705,807	697,915
PFIZER INC FIXED 3.9% 03-15-2039	115,000	101,796	103,340
PHILLIPS 66 4.65% DUE 11-15-2034	385,000	345,460	344,092
PHILLIPS 66 4.875% DUE 11-15-2044	155,000	142,786	143,541
PORT AUTH N Y & N J 4.81% 10-15-2065 BEOTAXABLE	210,000	194,761	196,732
PPL ELEC UTILS 4.75 DUE 07-15-2043	870,000	789,471	817,778
PPL ELEC UTILS CORP 3.95% 06-01-2047	275,000	221,672	225,528
PRUDENTIAL FINL INC 3.935% DUE 12-07-2049	120,000	93,877	94,467
PRUDENTIAL FINL INC MEDIUM TERM NTS BOOKTRANCHE # TR 00015 5.7 DUE 121436	1,610,000	1,646,380	1,674,194
PUB SVC ELEC GAS CO FIXED 3.85% 05-01-2049 REG	245,000	193,591	196,900
PUB SVC ELEC GAS CO SEC'D 3.95 DUE 05-01-2042 REG	600,000	502,386	508,941
PUBLIC SERVICE ELECTRIC 4.05% DUE 05-01-2048	90,000	74,065	75,280
PUBLIC SERVICE NEW HAMPSHIRE FDG 3.814% 02-01-2035	225,000	204,507	209,955
PVTPL AIA GROUP LTD GLOBAL MEDIUM TERM NTS BOO 3.2% DUE 09-16-2040	455,000	318,642	330,940
PVTPL ALCON FIN CORP 5.75% DUE 12-06-2052/12-06-2022 BEO	673,000	670,806	681,721
PVTPL ANGLO AMERN CAP PLC 3.95% DUE 09-10-2050/09-10-2020 BEO	1,215,000	887,170	907,681
PVTPL BAE SYS PLC NT 5.8 DUE 10-11-2041 BEO	210,000	212,389	214,969
PVTPL BLACKSTONE HLDGS FIN L L C SR NT 144A 5% DUE 06-15-2044 BEO	350,000	307,845	309,122
PVTPL BLACKSTONE HLDGS FIN L L C SR NT 6.25% DUE 08-15-2042 BEO	190,000	190,829	197,190
PVTPL BLACKSTONE HOLDINGS FINANCE 3.2% DUE 01-30-2052 BEO	1,080,000	713,896	710,056
PVTPL BROADCOM INC 3.75% DUE 02-15-2051	300,000	209,694	214,546
PVTPL BROADCOM INC NT 4.926% 05-15-2037	1,475,000	1,278,337	1,299,526
PVTPL BROADCOM INC SR NT 3.5% 02-15-2041/01-19-2021	660,000	475,025	483,176
PVTPL CARLYLE FIN L L C SR NT 144A 5.65%DUE 09-15-2048	1,160,000	1,046,851	1,057,570
PVTPL CARLYLE HLDGS II FIN L L C SR NT 144A 5.625% DUE 03-30-2043 BEO	215,000	190,123	195,549
PVTPL COX COMMUNICATIONS INC NEW COXENT 3.6 2051-06-15	105,000	71,865	73,245
PVTPL CVS HEALTH CORP 5.926% DUE 01-10-2034	36,316	35,406	35,649
PVTPL CVS LEASE BACKED PASS THRU CTF 8.353% DUE 07-10-2031	161,774	174,135	177,883
PVTPL DB MASTER FIN LLC 21-1A CL A23 2.791% DUE 11-20-2051 BEO	445,500	336,284	344,410
PVTPL DOMINOS PIZZA MASTER ISSUER LLC DOMINOS 2019-1 SR SEC'D NT CL A-2 144A	345,238	294,932	300,371
PVTPL EDF S A NT 6 DUE 01-22-2114 BEO	165,000	141,550	151,751
PVTPL KEYSpan GAS EAST CORP CORPBOND 5.819% DUE 04-01-2041 BEO	250,000	240,207	245,579
PVTPL KKR GROUP FIN CO III LLC SR NT 144A 5.125 DUE 06-01-2044/05-29-2014 BEO	390,000	347,059	340,543
PVTPL MAGALLANES INC 5.141% 03-15-2052	1,525,000	1,158,598	1,137,123
PVTPL MAGALLANES INC 5.391% DUE 03-15-2062 BEO	1,085,000	821,017	806,861
PVTPL NATIONWIDE MUT INS CO 4.35% DUE 04-30-2050/04-30-2020 BEO	390,000	296,937	296,235
PVTPL NEW ENGLAND POWER CO 5.936% DUE 11-25-2052 BEO	427,000	427,000	444,727
PVTPL NEW YORK LIFE INSURANCE 5.875% DUE 05-15-2033	1,075,000	1,134,793	1,121,294
PVTPL PHILLIPS 66 CO 4.68% DUE 02-15-2045 BEO	1,160,000	1,020,353	1,032,154
PVTPL PHILLIPS 66 CO 4.9% 10-01-2046 BEO	315,000	280,998	284,542
PVTPL ROGERS COMMUNICATIONS INC 4.55% 03-15-2052	1,090,000	885,207	860,203
PVTPL S&P GLOBAL INC 3.7% DUE 03-01-2052BEO	475,000	390,896	375,078
PVTPL SIEMENS FINANCIERINGSMAATSCHAPPIJ N V NT 4.4% 05-27-2045 BEO	245,000	216,016	220,281
PVTPL STORE MASTER FDG I LLC/STORE MASTER FD NET LEASE MTG NT 11-20-2049	557,749	456,751	454,883
PVTPL TTX CO 4.6% DUE 02-01-2049	335,000	293,712	297,491
PVTPL WENDYS FDG LLC 2019-1 SR SEC'D NT CL A-2-II 144A 4.08% DUE 06-15-2049 BEO	154,700	135,105	137,371
PVTPL XSTRATA FIN CDA LTD GTD NT 5.3 DUE10-25-2042 BEO	1,040,000	922,734	949,557
PVTPL XSTRATA FIN CDA LTD NT 6 DUE 11-15-2041 BEO	150,000	139,631	143,113
RAYMOND JAMES FINL 4.95% DUE 07-15-2046	280,000	250,583	257,150
RAYTHEON TECHNOLOGIES CORP 4.35% 04-15-2047	235,000	202,804	203,334
REALTY INCOME CORP 4.65% DUE 03-15-2047	315,000	274,890	283,433
REGENERON FIXED 2.8% DUE 09-15-2050	185,000	114,988	117,218
RIO TINTO FIN USA 5.2 DUE 11-02-2040	735,000	738,870	742,787
ROGERS 5% DUE 03-15-2044	510,000	435,110	447,355
ROGERS COMMUNICATIONS INC 5.45 DUE 10-01-2043	190,000	172,761	174,839

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CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS (continued)			
ROYALTY PHARMA PLC 3.3% 09-02-2040	1,255,000	\$ 893,357	\$ 889,810
RUTGERS ST UNIV N J 3.27% DUE 05-01-2043REG	195,000	148,653	147,989
SABINE PASS LIQUEFACTION LLC 4.5% DUE 05-15-2030 REG	260,000	245,649	243,131
SAN DIEGO GAS & 6% DUE 06-01-2039	320,000	330,141	335,087
SANTA CLARA VY CALIF TRANSN AUTH SALES TAX REV 5.876% 04-01-2032 BEO TAXABLE	95,000	99,232	99,944
SEMPRA 6% DUE 10-15-2039	1,020,000	1,026,528	1,051,211
SHELL INTL FIN B V 3% DUE 11-26-2051	185,000	129,124	126,436
SHELL INTL FIN B V 3.75% DUE 09-12-2046	1,325,000	1,066,814	1,067,506
SHELL INTL FIN B V 6.375% DUE 12-15-2038	355,000	396,474	393,500
SHERWIN-WILLIAMS FIXED 3.3% DUE 05-15-2050	245,000	169,635	169,802
SIMON PPTY GROUP L 4.25% DUE 11-30-2046	765,000	604,076	617,946
SIMON PPTY GROUP L FIXED 6.75% DUE 02-01-2040	235,000	247,083	261,587
SNAP ON INC FIXED 3.1% DUE 05-01-2050	340,000	243,033	245,534
STANFORD HLTH CARE 3.795% DUE 11-15-2048	145,000	117,131	116,698
STATE STR CORP FLTG RT 3.031% DUE 11-01-2034	350,000	294,047	296,927
SUNOCO LOGISTICS 5.3% DUE 04-01-2044	740,000	628,064	638,236
TAKEDA PHARMACEUTICAL CO LTD SR NT 3.025% 07-09-2040	365,000	269,977	274,706
T-MOBILE USA INC FIXED 5.65% DUE 01-15-2053	1,290,000	1,288,120	1,280,460
T-MOBILE USA INC TMUS 3.3% 02-15-2051	685,000	472,187	465,950
TRANSCANADA 4.625% DUE 03-01-2034	65,000	59,738	60,474
TRANSCANADA 4.875% DUE 05-15-2048	1,175,000	1,056,371	1,038,685
TRANSCONT GAS PIPE LINE 4.6% DUE 03-15-2048	430,000	365,745	365,461
TRANSCONTINENTAL GAS PIPE LINE CO LLC 3.95% DUE 05-15-2050	1,045,000	815,781	806,004
UDR INC 3.1% DUE 11-01-2034	285,000	218,912	218,172
UNION PAC CORP 3.2% DUE 05-20-2041	1,000,000	784,480	791,188
UNION PAC CORP 3.95% DUE 08-15-2059	655,000	513,543	524,605
UNITED AIRLS PASS THRU TR 2016-2AA 2.875% DUE 04-07-2030	283,241	242,178	243,111
UNITED MEXICAN STATES 4.28% 08-14-2041	1,597,000	1,306,084	1,254,486
UNITEDHEALTH GROUP INC 4.45% DUE 12-15-2048 REG	1,250,000	1,120,984	1,118,958
UNITEDHEALTH GROUP INC 4.75% 05-15-2052	220,000	204,651	205,561
UNIVERSITY CALIF REVS 4.767% 05-15-2115 BEO TAXABLE	170,000	142,499	139,724
UNIVERSITY CALIF REVS 4.858% 05-15-2112 BEO TAXABLE	190,000	163,747	161,344
UTD TECHNOLOGIES 4.5% DUE 06-01-2042	1,855,000	1,684,341	1,688,483
VA ELEC & PWR CO 4.45 02-15-2044	110,000	93,878	96,746
VA ELEC & PWR CO 6.35% DUE 11-30-2037	140,000	148,909	149,759
VERISK ANALYTICS FIXED 3.625% DUE 05-15-2050	1,185,000	871,200	829,491
VERIZON COMMUNICATIONS 3.4% DUE 03-22-2041 BEO	440,000	353,720	336,389
VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	2,075,000	1,529,626	1,503,353
VERIZON COMMUNICATIONS 3.7% DUE 03-22-2061 BEO	1,760,000	1,253,698	1,256,176
VERIZON COMMUNICATIONS INC 2.875% DUE 11-20-2050 BEO	525,000	336,937	331,652
VERIZON COMMUNICATIONS INC 3.875% 03-01-2052	380,000	293,669	295,138
VIACOMCBS INC FIXED 4.95% DUE 05-19-2050	410,000	299,507	302,556
VIRGINIA ELEC & PWR CO 4.625% 05-15-2052	125,000	110,613	110,731
VIRGINIA ELEC & PWR CO 4.65 DUE 08-15-2043	990,000	866,804	891,861
VISA INC 2.7% DUE 04-15-2040	455,000	352,027	349,597
VISA INC FIXED 2% DUE 08-15-2050	275,000	168,315	165,234
VODAFONE GROUP PLC 5.25% DUE 05-30-2048	710,000	653,025	632,327
WELLS FARGO & CO 3.9% DUE 05-01-2045	770,000	628,894	600,682
WELLS FARGO & CO MEDIUM TERM 5.013% 04-04-2051	2,135,000	1,965,100	1,919,801
WELLTOWER INC 4.95% DUE 09-01-2048	290,000	242,829	244,951
WYETH NT 5.95 DUE 04-01-2037/03-27-2007 BEO	305,000	332,833	333,717
XCEL ENERGY INC 4.8% DUE 09-15-2041	1,060,000	930,032	946,348
XLIT LTD 5.25 12-15-2043	880,000	860,349	865,057
	228,926,046	198,764,842	199,160,104
COMMON STOCKS			
CAMECO CORP COM	12,495 shares	128,500	283,262
FIRSTSERVICE CORP COM NPV	1,157 shares	54,868	142,025
WHITECAP RES INC COM NEW	27,950 shares	233,581	222,952
GENPACT LIMITED COM STK USD0.01	3,160 shares	146,151	146,371
ADR NICE LTD SPONSORED ADR	1,033 shares	119,053	198,646
ACADIA HEALTHCARE CO INC COM	3,174 shares	166,909	261,284
ADVANCED DRAIN SYS INC DEL COM	1,880 shares	208,119	154,104
ALARM COM HLDGS INC COM	2,950 shares	196,997	145,966
AMBARELLA INC SHS	1,630 shares	127,010	134,035
ARES MANAGEMENT LP COM SHS REPSTG LTD PARTNER	2,432 shares	96,303	166,446
AXON ENTERPRISE INC COM	2,250 shares	204,950	373,343
AZENTA INC COM USD0.01	1,919 shares	83,283	111,724
BLUEPRINT MEDICINES CORP COM	1,340 shares	139,192	58,705
BRINKS CO COM	4,932 shares	317,012	264,898
BUILDERS FIRSTSOURCE INC COM STK	5,572 shares	213,217	361,511
BURLINGTON STORES INC COM	910 shares	183,682	184,512
BWX TECHNOLOGIES INC COM	7,583 shares	356,937	440,421
CARLYLE GROUP INC COM	3,930 shares	121,686	117,271
CASELLA WASTE SYS INC CL A COM STK	2,270 shares	175,553	180,034
CERTARA INC COM	6,981 shares	156,933	112,185
CF INDS HLDGS INC COM	2,040 shares	138,172	173,808
CHARLES RIV LABORATORIES INTL INC COM	860 shares	236,457	187,394
CHART INDS INC COM PAR \$0.01 COM PAR \$0.01	1,965 shares	311,984	226,427
CHEMED CORP NEW COM	690 shares	330,969	352,197
COGNEX CORP COM	3,060 shares	207,560	144,157
CONTRA ABIOMED INC- CVR LINE	590 shares	-	-

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, 2022

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
COMMON STOCKS (continued)			
CROWN HLDGS INC COM	3,652 shares	\$ 250,972	\$ 300,231
DENBURY INC NEW COM	1,817 shares	114,358	158,115
DYNATRACE INC COM	6,228 shares	312,906	238,532
ENCOMPASS HEALTH CORP COM USD0.01	5,370 shares	277,110	321,985
ENTEGRIS INC COM	2,182 shares	129,699	143,117
EURONET WORLDWIDE INC COM	3,132 shares	340,185	295,598
FOX FACTORY HLDG CORP COM	1,990 shares	292,500	181,548
FRESHPET INC COM	1,950 shares	119,100	102,902
GLOBUS MED INC CL A NEW COM STK	2,370 shares	176,108	176,020
GUIDEWIRE SOFTWARE INC COM USD0.0001	2,227 shares	250,121	139,321
HALOZYME THERAPEUTICS INC COM	4,396 shares	81,256	250,132
HEALTH EQUITY INC COM	4,185 shares	239,471	257,963
HEICO CORP NEW CL A CL A	1,500 shares	91,123	179,775
INSMED INC COM PAR \$.01	4,474 shares	138,681	89,391
INSPIRE MED SYS INC COM	1,092 shares	234,219	275,053
INSULET CORP COM STK	470 shares	111,984	138,363
LANCASTER COLONY CORP COM	1,170 shares	200,940	230,841
LESLIES INC COM	13,989 shares	331,868	170,806
LINCOLN ELEC HLDGS INC COM	877 shares	80,567	127,279
LIVE NATION ENTERTAINMENT INC	1,786 shares	95,516	124,556
MARTIN MARIETTA MATLS INC COM	779 shares	207,930	263,279
MERCURY SYSTEMS INC	6,362 shares	422,771	284,636
MERIT MED SYS INC COM	4,140 shares	220,559	292,367
MKS INSTRS INC COM	1,200 shares	188,426	101,676
MONGODB INC CL A CL A	580 shares	114,103	114,167
NATIONAL INSTRS CORP COM	5,933 shares	233,826	218,928
NATIONAL VISION HLDGS INC COM	7,774 shares	241,195	301,320
NEW FORTRESS INC CL A SHS REPSTG LTD LIABILITY	4,323 shares	199,366	183,382
NOVANTA INC NOVANTA INC	1,420 shares	115,580	192,935
PAGERDUTY INC COM	6,641 shares	204,984	176,385
PENUMBRA INC COM	1,460 shares	267,710	324,792
PERFORMANCE FOOD GROUP CO COM	5,700 shares	274,347	332,823
PLANET FITNESS INC CL A CL A	2,930 shares	198,628	230,884
POOL CORP COM STK	790 shares	281,007	238,841
PURE STORAGE INC CL A CL A	5,478 shares	99,351	146,591
REPLIGEN CORP COM STK USD0.01	930 shares	143,619	157,458
REVOLVE GROUP INC CL A CL A	6,052 shares	320,017	134,718
SHOALS TECHNOLOGIES GROUP INC CL A CL A	5,092 shares	77,147	125,620
SOLAREDGE TECHNOLOGIES INC COM	916 shares	272,568	259,475
TECHNIPFMC PLC COM USD1	23,730 shares	206,709	289,269
TREX CO INC COM	3,954 shares	146,405	167,373
TWIST BIOSCIENCE CORP COM	2,524 shares	179,262	60,096
VARONIS SYS INC COM	8,320 shares	240,097	199,181
VIRTU FINL INC CL A CL A	10,736 shares	244,163	219,122
WESTERN ALLIANCE BANCORPORATION COM	3,250 shares	240,964	193,570
WILLSCOT MOBILE MINI HLDGS CORP COM	2,570 shares	117,328	116,087
WOLFSPEED INC COM USD0.00125	1,402 shares	85,673	96,794
WYNDHAM HOTELS & RESORTS INC COM	4,080 shares	315,762	290,945
		14,383,259	14,757,914
MUTUAL FUNDS			
MFO WILLIAM BLAIR FDS SMALL CAP ICM R6	478,542 shares	12,919,143	13,260,394
		12,919,143	13,260,394
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV			
NT COLLECTIVE RUSSELL 1000 INDEX FUND*	1,115,436 shares	24,043,917	51,434,983
CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUND	706,931 shares	19,742,895	13,217,547
MTB NT COLLECTIVE EAFE INDEX FUND-NON LENDING*	52,184 shares	20,000,000	18,765,888
		63,786,812	83,418,418
103-12 INVESTMENT ENTITIES VALUED AT NAV			
CF THE SILCHESTER INTERNATIONAL INVESTORS INTL VALUE EQ GROUP TRUST	130,859 shares	19,649,474	19,934,866
		19,649,474	19,934,866
ALTERNATIVE INVESTMENTS / LIMITED PARTNERSHIPS VALUED AT NAV			
BPIF NON-TAXABLE L.P.	57,500,000 shares	57,500,000	81,813,730
CITY OF LONDON GLOBAL EMERGING □	211,748 shares	10,597,663	14,547,246
CLARION LION PROPERTIES FUND LLC	23,450 shares	27,435,690	45,605,958
BAXTER STREET FUND II LP	13,500,000 shares	13,500,000	21,231,893
		109,033,353	163,198,827
		\$ 562,882,828	\$ 637,780,060

*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, 2022

Identity of Party Involved		Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) - Single transactions in excess of 5 percent of plan assets.</u>				
UNITED STATES OF AMER TREAS BONDS 3%				
	1 Purchase	\$ 42,023,437	42,023,437	\$ -
UNITED STATES OF AMER TREAS NOTES				
	1 Purchase	50,416,602	50,416,602	-
THE LGIMA LONG DURATION US				
	1 Sale	78,650,180	101,651,601	23,001,421
IR&M LONG CREDIT FUND				
	1 Sale	100,928,758	119,560,346	18,631,588
THE NORTHERN TRUST COLLECTIVE LONG-TERM				
	1 Sale	117,786,337	114,528,465	(3,257,872)
THE NORTHERN TRUST COLLECTIVE SHORT-TERM				
	1 Purchase	118,190,134	118,190,134	-
	1 Purchase	99,938,959	99,938,959	-
	1 Sale	113,345,666	113,345,666	-
	1 Sale	50,759,048	50,759,048	-
	1 Sale	87,380,222	87,380,222	-
<u>Category (iii) - Series of transactions in excess of 5 percent of plan assets.</u>				
NORTHERN TRUST COLTV SHORT TERM INVT FD				
	122 Purchases	\$ 35,936,816	\$ 35,936,816	\$ -
	107 Sales	42,294,619	42,294,619	-
THE LGIMA LONG DURATION US				
	1 Sale	78,650,180	101,651,601	23,001,421
IR&M LONG CREDIT FUND				
	2 Sales	101,555,344	120,302,602	18,747,258
THE NORTHERN TRUST COLLECTIVE LONG-TERM				
	4 Sales	128,051,023	128,051,023	-
THE NORTHERN TRUST COLLECTIVE SHORT-TERM				
	94 Purchases	324,474,917	324,474,917	-
	114 Sales	313,518,503	313,518,503	-
UNITED STATES OF AMERICA TREAS BONDS 3.375%				
	4 Purchases	39,840,455	39,840,455	-
	56 Sales	34,667,493	34,972,316	304,823
UNITED STATES OF AMER TREAS BONDS 3%				
	6 Purchases	80,137,703	80,137,703	-
	32 Sales	76,183,780	75,890,195	(293,585)
UNITED STATES OF AMER TREAS NOTES				
	2 Purchases	58,713,197	58,713,197	-
	2 Sales	49,387,692	49,353,792	(33,900)
UNITED STATES OF AMERICA TREAS NTS 2.75%				
	2 Purchases	26,268,247	26,268,247	-
	19 Sales	17,177,226	17,251,633	74,407

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

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	1	6	15	7						
30-34	5	26 \$49,604 \$1,817	133 \$58,943 \$8,860	171 \$74,451 \$23,325	4					
35-39	3	39 \$69,087 \$3,977	155 \$63,245 \$9,372	475 \$86,336 \$30,913	162 \$79,802 \$42,915	8				
40-44	8	45 \$53,518 \$5,630	136 \$66,628 \$12,070	394 \$98,046 \$37,142	342 \$97,451 \$54,632	128 \$83,906 \$62,736	6			
45-49	9	24 \$51,941 \$4,997	105 \$66,504 \$14,285	330 \$105,139 \$48,309	298 \$101,065 \$62,770	278 \$96,793 \$80,590	47 \$93,109 \$91,894	5		
50-54	4	28 \$70,741 \$4,927	89 \$78,753 \$15,606	349 \$91,971 \$46,821	305 \$85,245 \$57,329	285 \$88,073 \$81,913	135 \$89,547 \$92,578	113 \$93,161 \$112,095	4	
55-59	9	11	75 \$67,915 \$19,382	296 \$91,380 \$51,040	242 \$82,716 \$63,622	235 \$84,428 \$83,013	145 \$88,278 \$99,030	237 \$91,668 \$122,681	104 \$96,129 \$142,429	12
60-64	11	15	59 \$71,580 \$21,974	215 \$79,810 \$48,334	219 \$77,915 \$65,817	177 \$81,691 \$90,686	118 \$89,981 \$115,925	182 \$89,595 \$134,114	146 \$88,366 \$142,560	122 \$77,149 \$143,040
65-69	7	10	26 \$80,848 \$30,228	104 \$78,462 \$54,717	71 \$93,675 \$91,015	65 \$74,268 \$97,613	56 \$90,626 \$126,376	45 \$87,326 \$155,813	37 \$75,454 \$161,730	60 \$80,544 \$161,710
70+	5	3	11	29 \$76,156 \$51,617	30 \$69,078 \$79,049	16	4	13	5	19

N-7,923

Schedule SB Attachment (Form 5500)—2022 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 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	
OhioHealth	2.73%, set equal to the actual crediting rate for the current plan year
MedCentral	3.00%, set equal to the actual crediting rate for the current plan year
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)—2022 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% 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)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Valuation Compensation	2021 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 \$245,000 and the 401(a)(17) compensation limit of \$305,000.
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	
2020 Plan Year	5.90%
2021 Plan Year	5.20%
2022 Plan Year	4.80%
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, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 1

Salary Increases	
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%

Plan Name	The Ohiohealth Cash Balance Retirement Plan
Plan Sponsor EIN	31-4394942
ERISA Plan No.	333
Plan Year End	12/31/2022

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► **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>2022</u>			
2	Assets:			
	a Market value	2a		841,149,222
	b Actuarial value	2b		825,331,385
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	2,308	119,305,296	119,305,296
	b For terminated vested participants	5,380	128,770,159	128,770,159
	c For active participants	7,923	420,292,876	427,725,733
	d Total	15,611	668,368,331	675,801,188
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.43 %	
6	Target normal cost			
	a Present value of current plan year accruals	6a	21,873,505	
	b Expected plan-related expenses	6b	3,781,000	
	c Total (line 6a + line 6b)	6c	25,654,505	

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	<div style="font-family: cursive; font-size: 1.2em; color: blue;">UAD</div> Signature of actuary	<div style="font-family: cursive; font-size: 1.2em; color: blue;">10/2/2023</div> Date
	Lori A. DeVore Type or print name of actuary	2305257 Most recent enrollment number
	Aon Consulting, Inc. Firm name	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) 2022
v. 220413

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	127,072,357
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	34,737,544
9	Amount remaining (line 7 minus line 8)	0	92,334,813
10	Interest on line 9 using prior year's actual return of <u>4.28</u> %	0	3,951,930
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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>4.96</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
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	96,286,743

Part III		Funding Percentages	
14	Funding target attainment percentage	14	107.87 %
15	Adjusted funding target attainment percentage	15	122.12 %
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	95.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/13/2022	2,015,772	0			
04/14/2022	2,015,772	0			
07/13/2022	2,073,750	0			
09/14/2022	8,939,409	0			
01/13/2023	8,939,409	0			
04/14/2023	8,939,409	0			
07/14/2023	6,630,000	0			
09/08/2023	20,000,000	0			
09/14/2023	63,421,246	0			
Totals ▶			18(b)	122,974,767	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 113,820,623
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:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ 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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? 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** 25,654,505**b** Excess assets, if applicable, but not greater than line 31a **31b** 25,654,505**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment 0 0**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** 0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement 0 0 0**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** 113,820,623**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 113,820,623**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 the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2022

Date	Amount	Days to Discount to 1/1/2022 at 5.43%	Interest Adjusted Contribution
January 13, 2022	\$ 2,015,772	12	\$ 2,012,271
April 14, 2022	2,015,772	103	1,985,917
July 13, 2022	2,073,750	193	2,016,572
September 14, 2022	8,939,409	256	8,613,951
January 13, 2023	8,939,409	377	8,464,272
April 14, 2023	8,939,409	468	8,353,419
July 14, 2023	6,630,000	559	6,114,257
September 8, 2023	20,000,000	615	18,295,188
September 14, 2023	63,421,246	621	57,964,776
Total Contribution	\$ 122,974,767		\$ 113,820,623

Schedule SB Attachment (Form 5500)—2022 Plan Year
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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

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
----------------	---

1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%

Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization
---	---

1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%

Salary Increases	See Table 1
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Cash Balance Interest Crediting Rate

OhioHealth	2.73%, set equal to the actual crediting rate for the current plan year
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MedCentral	3.00%, set equal to the actual crediting rate for the current plan year
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Cash Balance Annuity Conversion Rate	Based on the underlying interest rates and the applicable mortality table as of the valuation date
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Hardin Employee Contributions	2.00% interest crediting rate
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Annuity conversion rate based on the underlying interest rates and the applicable mortality table as of the valuation date

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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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% 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)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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Valuation Compensation	2021 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 \$245,000 and the 401(a)(17) compensation limit of \$305,000.
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	
2020 Plan Year	5.90%
2021 Plan Year	5.20%
2022 Plan Year	4.80%
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, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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Table 1

Salary Increases

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)—2022 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)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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Participant Contributions

OhioHealth and MedCentral: None

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

Normal Retirement Date

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

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

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

Normal Retirement Benefit

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

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

Delayed Retirement

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

Hardin: A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit he would have received on his Normal Retirement Date, increased according to 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)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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Early Retirement

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

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

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

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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.

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

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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.

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 are adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year. OhioHealth Corporation elected to defer applying the stabilized interest rates to the 2022 plan year. This Schedule SB reflects stabilized 2022 minimum funding interest rates that are adjusted for ARPA.

Schedule SB Attachment (Form 5500)—2022 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2020 adjusted as applicable to fall within the 25-year average interest rate stabilization corridor prior to ARPA to segment rates as of September 2021 adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the mortality assumption from the 2021 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e) to the 2022 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 5.20% to 4.80%.

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 26a—Schedule of Active Participant Data as of January 1, 2022

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	1	6	15	7						
30-34	5	26 \$49,604 \$1,817	133 \$58,943 \$8,860	171 \$74,451 \$23,325	4					
35-39	3	39 \$69,087 \$3,977	155 \$63,245 \$9,372	475 \$86,336 \$30,913	162 \$79,802 \$42,915	8				
40-44	8	45 \$53,518 \$5,630	136 \$66,628 \$12,070	394 \$98,046 \$37,142	342 \$97,451 \$54,632	128 \$83,906 \$62,736	6			
45-49	9	24 \$51,941 \$4,997	105 \$66,504 \$14,285	330 \$105,139 \$48,309	298 \$101,065 \$62,770	278 \$96,793 \$80,590	47 \$93,109 \$91,894	5		
50-54	4	28 \$70,741 \$4,927	89 \$78,753 \$15,606	349 \$91,971 \$46,821	305 \$85,245 \$57,329	285 \$88,073 \$81,913	135 \$89,547 \$92,578	113 \$93,161 \$112,095	4	
55-59	9	11	75 \$67,915 \$19,382	296 \$91,380 \$51,040	242 \$82,716 \$63,622	235 \$84,428 \$83,013	145 \$88,278 \$99,030	237 \$91,668 \$122,681	104 \$96,129 \$142,429	12
60-64	11	15	59 \$71,580 \$21,974	215 \$79,810 \$48,334	219 \$77,915 \$65,817	177 \$81,691 \$90,686	118 \$89,981 \$115,925	182 \$89,595 \$134,114	146 \$88,366 \$142,560	122 \$77,149 \$143,040
65-69	7	10	26 \$80,848 \$30,228	104 \$78,462 \$54,717	71 \$93,675 \$91,015	65 \$74,268 \$97,613	56 \$90,626 \$126,376	45 \$87,326 \$155,813	37 \$75,454 \$161,730	60 \$80,544 \$161,710
70+	5	3	11	29 \$76,156 \$51,617	30 \$69,078 \$79,049	16	4	13	5	19

N-7,923

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	35,940,094	15,106,498	11,656,247	62,702,839
2023	33,567,202	4,946,259	11,410,978	49,924,439
2024	32,864,310	5,072,380	11,150,599	49,087,289
2025	32,497,545	6,171,762	10,862,178	49,531,485
2026	31,900,363	5,894,777	10,516,229	48,311,369
2027	31,340,616	6,490,787	10,184,929	48,016,332
2028	30,326,093	6,695,227	9,848,114	46,869,433
2029	30,007,707	7,329,924	9,471,111	46,808,741
2030	29,105,604	7,471,225	9,096,435	45,673,265
2031	28,240,325	7,076,000	8,606,776	43,923,100
2032	27,038,912	7,918,475	8,205,388	43,162,775
2033	26,393,870	8,010,228	7,790,710	42,194,809
2034	25,849,033	8,348,619	7,363,640	41,561,291
2035	25,389,214	8,573,602	6,927,670	40,890,487
2036	24,819,836	8,337,178	6,481,949	39,638,962
2037	24,207,611	8,460,485	6,034,191	38,702,286
2038	22,965,692	8,737,812	5,592,765	37,296,269
2039	22,761,654	8,854,507	5,149,399	36,765,560
2040	21,831,711	8,731,396	4,706,972	35,270,079
2041	21,423,080	8,911,335	4,268,852	34,603,267
2042	20,680,417	9,043,671	3,838,818	33,562,906
2043	20,194,992	8,674,393	3,420,862	32,290,247
2044	19,263,862	8,655,422	3,018,980	30,938,263
2045	18,811,744	8,737,882	2,637,058	30,186,684
2046	17,188,285	8,620,515	2,278,672	28,087,472
2047	16,474,938	8,595,062	1,946,875	27,016,876
2048	15,604,139	8,253,855	1,644,063	25,502,057
2049	14,063,945	7,857,998	1,371,813	23,293,755
2050	12,981,934	7,618,045	1,130,782	21,730,762
2051	11,596,693	7,361,521	920,733	19,878,947
2052	9,780,771	6,813,414	740,605	17,334,790
2053	8,886,414	6,434,920	588,632	15,909,966
2054	7,635,715	6,059,941	462,509	14,158,165
2055	6,880,026	5,650,748	359,557	12,890,332
2056	5,800,084	5,301,752	276,886	11,378,722
2057	5,146,998	4,961,523	211,550	10,320,072
2058	4,570,252	4,635,967	160,705	9,366,923
2059	4,072,468	4,314,395	121,699	8,508,562
2060	3,639,578	4,005,831	92,157	7,737,566
2061	3,253,701	3,706,251	70,020	7,029,972
2062	2,894,931	3,416,340	53,568	6,364,839
2063	2,562,956	3,136,680	41,405	5,741,040
2064	2,271,436	2,867,762	32,428	5,171,626
2065	1,998,803	2,610,021	25,787	4,634,611

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	1,754,787	2,363,841	20,841	4,139,469
2067	1,528,945	2,129,572	17,116	3,675,632
2068	1,327,240	1,907,550	14,264	3,249,054
2069	1,144,617	1,698,097	12,040	2,854,754
2070	980,743	1,501,505	10,269	2,492,517
2071	834,343	1,318,022	8,830	2,161,196

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2022

Date	Amount	Days to Discount to 1/1/2022 at 5.43%	Interest Adjusted Contribution
January 13, 2022	\$ 2,015,772	12	\$ 2,012,271
April 14, 2022	2,015,772	103	1,985,917
July 13, 2022	2,073,750	193	2,016,572
September 14, 2022	8,939,409	256	8,613,951
January 13, 2023	8,939,409	377	8,464,272
April 14, 2023	8,939,409	468	8,353,419
July 14, 2023	6,630,000	559	6,114,257
September 8, 2023	20,000,000	615	18,295,188
September 14, 2023	63,421,246	621	57,964,776
Total Contribution	\$ 122,974,767		\$ 113,820,623

Schedule SB Attachment (Form 5500)—2022 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)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
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2035	25,389,214	8,573,602	6,927,670	40,890,487
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2059	4,072,468	4,314,395	121,699	8,508,562
2060	3,639,578	4,005,831	92,157	7,737,566
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2062	2,894,931	3,416,340	53,568	6,364,839
2063	2,562,956	3,136,680	41,405	5,741,040
2064	2,271,436	2,867,762	32,428	5,171,626

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
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2067	1,528,945	2,129,572	17,116	3,675,632
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2070	980,743	1,501,505	10,269	2,492,517
2071	834,343	1,318,022	8,830	2,161,196

Schedule SB Attachment (Form 5500)—2022 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)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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Participant Contributions

OhioHealth and MedCentral: None

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

Normal Retirement Date

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

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

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

Normal Retirement Benefit

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

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

Delayed Retirement

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

Hardin: A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit he would have received on his Normal Retirement Date, increased according to 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)—2022 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)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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Age	Compensation Credits
0-29	2.5%
30-49	3.0%
40-49	4.0%
50-59	5.0%
60+	6.0%

Interest Credits

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

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

Average Compensation

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

Accrued Benefit

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

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

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
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Death Benefit

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

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

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

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

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

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

Severance Benefit

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

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

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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.

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

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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.

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 are adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year. OhioHealth Corporation elected to defer applying the stabilized interest rates to the 2022 plan year. This Schedule SB reflects stabilized 2022 minimum funding interest rates that are adjusted for ARPA.

Plan Name	The Ohiohealth Cash Balance Retirement Plan
Plan Sponsor EIN	31-4394942
ERISA Plan No.	333
Plan Year End	12/31/2022

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2022 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2020 adjusted as applicable to fall within the 25-year average interest rate stabilization corridor prior to ARPA to segment rates as of September 2021 adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the mortality assumption from the 2021 Static Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e) to the 2022 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 5.20% to 4.80%.

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.