

<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>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div>☒ a single-employer plan</div><div>☐ a DFE (specify) _____</div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ the DFVC program</div><div>☐ special extension (enter description)</div></div>
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 SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/1978
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) SOUTHERN OHIO MEDICAL CENTER TREASURY SERVICES 1248 KINNEYS LN PORTSMOUTH, OH 45662-2927
2b	Employer Identification Number (EIN) 31-0678022
2c	Plan Sponsor's telephone number 740-356-7628
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2024	VICKI NOEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE SOMC PENSION COMMITTEE SOUTHERN OHIO MEDICAL CENTER 1805 27TH STREET PORTSMOUTH, OH 45662	3b Administrator's EIN 31-0678022 3c Administrator's telephone number 740-356-5000 <div style="background-color: #cccccc; height: 40px;"></div>
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 2863
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px;"></div> <div style="background-color: #cccccc; height: 20px;"></div> 6a(1) 2603 6a(2) 2554 6b 10 6c 298 6d 2862 6e 1 6f 2863 6g(1) 6g(2) 6h 43
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHERN OHIO MEDICAL CENTER	D Employer Identification Number (EIN) 31-0678022
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	64249391	
b	Actuarial value	2b	70674330	
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	8	521240	521240
b	For terminated vested participants	287	5444163	5444163
c	For active participants	2603	59967142	60450947
d	Total	2898	65932545	66416350
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	5.18 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	5234243	
b	Expected plan-related expenses	6b	853042	
c	Target normal cost	6c	6087285	

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>LORI DEVORE</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>MSC# 17502 P.O. BOX 7505 FORT WASHINGTON, PA 19034</div> <div>Address of the firm</div>	<div>09/25/2024</div> <div>Date</div> <div>23-05257</div> <div>Most recent enrollment number</div> <div>614-825-9424</div> <div>Telephone number (including area code)</div>
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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	19296184
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4655140
9 Amount remaining (line 7 minus line 8)	0	14641044
10 Interest on line 9 using prior year's actual return of <u>-19.79</u> %	0	-2897463
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1442250
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-285421
c Total available at beginning of current plan year to add to prefunding balance		1156829
d Portion of (c) to be added to prefunding balance		1156829
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	12900410

Part III Funding Percentages			
14 Funding target attainment percentage	14	86.98 %	
15 Adjusted funding target attainment percentage	15	106.41 %	
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	100.43 %	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%	

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/25/2024	3000000	0			
09/09/2024	3000000	0			
			Totals ►	18(b)	6000000
				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	5538597
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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 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
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	6087285
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		8642430	791480
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	6878765
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1340168	1340168
36 Additional cash requirement (line 34 minus line 35).....		36	5538597
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	5538597
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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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
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<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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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).....

X

YesNo
- 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
U.S. BANK NATIONAL ASSOCIATION	
31-0841368	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WELLINGTON TRUST	
04-2755549	

(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)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 28 50 51	NONE KNOWN	226195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING, INC.

23-2293237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE KNOWN	213521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	34868	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)

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	24097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 28 50 62 68	NONE KNOWN	13816	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 50 51	NONE KNOWN	6978	Yes ☒ No ☐	Yes ☒ No ☐	0	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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN OHIO MEDICAL CENTER	D Employer Identification Number (EIN) 31-0678022	

Part I	Asset and Liability Statement
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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)	2000000	6000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1578	1932
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	406727	460735
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	325	477
(5) Partnership/joint venture interests	1c(5)	55760749	60892438
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6151269	2717617
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	64320648	70073199
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	64320648	70073199

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)	6000000	
(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)		6000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25669	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25669
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	17	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	129131	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		129148
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7692072	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7519117	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		172955
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5892361	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		213977
c Other income	2c		582
d Total income. Add all income amounts in column (b) and enter total	2d		12434692

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5767054	
(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)		5767054
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	292138	
(6) Bank or trust company trustee/custodial fees	2i(6)	13816	
(7) Actuarial fees	2i(7)	213521	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	395612	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		915087
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6682141

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5752551
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** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 519146.

<div>SCHEDULE R (Form 5500) <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>		<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>2023</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan SOUTHERN OHIO MEDICAL CENTER CASH BALANCE PENSION PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN OHIO MEDICAL CENTER				D Employer Identification Number (EIN) 31-0678022	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6271370					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	149
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) 2023 v. 230707	

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 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: <u>35.4</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>49.9</u> % High-Yield Debt: <u>9.8</u> % Real Assets: <u>4.2</u> % Cash or Cash Equivalents: <u>0.0</u> % Other: <u>0.7</u> %	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

Southern Ohio Medical Center Cash Balance Pension Plan

**Financial Report
December 31, 2023**

Southern Ohio Medical Center Cash Balance Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Southern Ohio Medical Center
Cash Balance Pension Plan

Opinion

We have audited the financial statements of Southern Ohio Medical Center Cash Balance Pension 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, 2023 and 2022 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, 2023 and 2022 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.

Responsibilities of Management for the Financial Statements

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

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.

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.

To the Plan Administrator
Southern Ohio Medical Center
Cash Balance Pension Plan

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 schedules of assets held at end of year as of December 31, 2023 and reportable transactions for the year ended December 31, 2023 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 ERISA. 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 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.

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

Plante & Moran, PLLC

Columbus, Ohio
October 1, 2024

Southern Ohio Medical Center Cash Balance Pension Plan

Statement of Net Assets Available for Benefits

		December 31, 2023 and 2022	
		2023	2022
Assets			
Investments at fair value:			
Money market fund	\$	460,735	\$ 406,727
Corporate stock		477	325
Mutual funds		2,717,617	6,151,269
Commingled funds		60,892,438	55,760,749
Total investments at fair value		64,071,267	62,319,070
Contributions receivable		6,000,000	2,000,000
Accrued income		1,932	1,578
Net Assets Available for Benefits	\$	70,073,199	\$ 64,320,648

Southern Ohio Medical Center Cash Balance Pension Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2023 and 2022

	2023	2022
Additions		
Contributions - Employer	\$ 6,000,000	\$ 2,000,000
Investment income (loss):		
Interest and dividends	155,399	886,632
Net realized and unrealized gains (losses) on investments	6,279,293	(16,234,612)
Total investment income (loss)	6,434,692	(15,347,980)
Total additions - Net	12,434,692	(13,347,980)
Deductions		
Benefits paid directly to participants or beneficiaries	5,767,054	5,024,192
Administrative expenses	915,087	699,518
Total deductions	6,682,141	5,723,710
Net Increase (Decrease)	5,752,551	(19,071,690)
Net Assets Available for Benefits		
Beginning of year	64,320,648	83,392,338
End of year	<u><u>\$ 70,073,199</u></u>	<u><u>\$ 64,320,648</u></u>

December 31, 2023 and 2022

Note 1 - Plan Description

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

General

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

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

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

Pension Benefits

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

Death Benefits

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

Funding

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

Note 2 - Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value.

The commingled funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. All other investments are valued based on quoted market prices reported in active markets. See Note 3 for additional information.

December 31, 2023 and 2022

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

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

Actuarial Assumptions

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

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2023 are summarized as follows:

Actuarial cost method	Standard unit credit cost method																						
Interest rate	For 2023 - 4.50 percent per annum																						
Mortality basis	For 2023 - Amounts-weighted aggregate rates from the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2021																						
Crediting rate of interest	4.01 percent																						
Retirement	Below are the retirement assumptions for the Plan:																						
	<table><tr><th>Attained Age</th><th>Rate</th></tr><tr><td>55-59</td><td>6 %</td></tr><tr><td>60</td><td>12</td></tr><tr><td>61</td><td>8</td></tr><tr><td>62</td><td>15</td></tr><tr><td>63-64</td><td>12</td></tr><tr><td>65-67</td><td>30</td></tr><tr><td>68-69</td><td>25</td></tr><tr><td>70</td><td>40</td></tr><tr><td>71</td><td>40</td></tr><tr><td>72+</td><td>100</td></tr></table>	Attained Age	Rate	55-59	6 %	60	12	61	8	62	15	63-64	12	65-67	30	68-69	25	70	40	71	40	72+	100
Attained Age	Rate																						
55-59	6 %																						
60	12																						
61	8																						
62	15																						
63-64	12																						
65-67	30																						
68-69	25																						
70	40																						
71	40																						
72+	100																						

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

December 31, 2023 and 2022

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Risks and Uncertainties

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 1, 2024, which is the date the financial statements were available to be issued.

Note 3 - Fair Value Measurements

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

Level 1

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

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

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.

Southern Ohio Medical Center Cash Balance Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 3 - Fair Value Measurements (Continued)

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2023 and 2022:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2023				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 460,735	\$ 460,735	\$ -	\$ -
Corporate stock	477	477	-	-
Mutual funds	2,717,617	2,717,617	-	-
Total	3,178,829	\$ 3,178,829	\$ -	\$ -
Commingled funds measured at NAV	60,892,438			
Total investments at fair value	\$ 64,071,267			

Assets Measured at Fair Value on a Recurring Basis at December 31, 2022				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 406,727	\$ 406,727	\$ -	\$ -
Corporate stock	325	325	-	-
Mutual funds	6,151,269	6,151,269	-	-
Total	6,558,321	\$ 6,558,321	\$ -	\$ -
Commingled funds measured at NAV	55,760,749			
Total investments at fair value	\$ 62,319,070			

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

There are no investments valued at net asset value held at December 31, 2023 and 2022 that have restrictions on redemption frequency or unfunded commitments.

Southern Ohio Medical Center Cash Balance Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which were made as of the most recent actuarial valuation at January 1, 2023, are as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefit payments	\$ 549,928
Other vested participants	69,199,038
	<hr/>
Total vested benefits	69,748,966
Nonvested benefits	544,090
	<hr/>
Total actuarial present value of accumulated plan benefits	\$ 70,293,056
	<hr/>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2023 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	\$ 66,361,083
Increase (decrease) during the year attributable to:	
Benefits accumulated	5,220,000
Actuarial gains and losses	865,843
Interest accumulation	2,874,448
Benefit payments	(5,024,192)
Changes of assumptions	(4,126)
	<hr/>
Net increase	3,931,973
	<hr/>
Actuarial present value of accumulated plan benefits - End of year	\$ 70,293,056
	<hr/>

Note 5 - Plan Termination

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

Note 6 - Tax Status

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

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		156	7							
		\$44,972								
		\$1,604								
25-29		179	146	5						
		\$51,445	\$54,155							
		\$2,326	\$5,630							
30-34		126	154	85	5					
		\$64,457	\$72,046	\$71,501						
		\$2,916	\$8,354	\$14,510						
35-39		91	103	80	53	8				
		\$71,039	\$89,619	\$90,966	\$93,292					
		\$3,729	\$11,182	\$20,499	\$28,311					
40-44		73	72	39	40	36	3			
		\$75,244	\$120,472	\$114,883	\$94,065	\$74,606				
		\$3,389	\$15,862	\$25,519	\$35,523	\$42,547				
45-49		66	56	43	29	56	38	7		
		\$83,822	\$74,015	\$83,289	\$94,100	\$81,178	\$101,901			
		\$4,248	\$8,992	\$20,731	\$29,966	\$50,138	\$81,344			
50-54		65	48	37	31	36	36	22	1	
		\$78,848	\$74,463	\$94,336	\$96,078	\$86,136	\$97,394	\$102,092		
		\$3,955	\$9,340	\$24,518	\$33,941	\$49,176	\$84,311	\$114,123		
55-59		40	41	29	20	29	24	24	18	7
		\$72,801	\$64,654	\$103,880	\$66,271	\$72,976	\$83,324	\$82,307		
		\$4,084	\$8,707	\$24,336	\$27,750	\$44,275	\$73,050	\$110,968		
60-64		31	24	20	22	25	19	22	19	39
		\$62,176	\$93,404	\$58,982	\$88,465	\$62,163		\$76,986		\$88,813
		\$3,322	\$12,235	\$17,141	\$36,403	\$39,307		\$97,304		\$156,988
65-69		10	20	6	7	4	8	7	4	19
			\$37,297							
			\$6,028							
70+		6	5	2	5	5	2	2	2	4

N-2,603

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

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

Interest Rates	Based on segment rates with a four-month lookback (as of September 2022) 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	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2022), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.09%
3rd Segment Rate	3.58%
Salary Increases	2.50% inflationary increases, plus merit increase (see Table 1)
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	4.01%
Optional Payment Form Election Percentage	<p>For active participants decrementing prior to age 55, we assume 50% of eligible participants choose an immediate lump sum form of payment, 15% choose a lump sum deferred for one year, 5% choose a lump sum deferred for two years, 5% choose a lump sum deferred for three years and 25% choose a lump sum deferred to age 55.</p> <p>For active participants decrementing between ages 55 to 64, we assume 70% of eligible participants choose an immediate lump sum form of payment, 15% choose a lump sum deferred for one year, 10% choose a lump sum deferred for two years, and 5% choose a life annuity.</p> <p>For active participants decrementing age 65 and over, we assume 95% of eligible participants choose an immediate lump sum form of payment and 5% choose a life annuity.</p> <p>For current terminated vested participants, we assume a lump sum election deferred to age 55.</p>

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and Notice 2022-22
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of participants have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2022 pensionable earnings
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2021 Plan Year	5.75%
2022 Plan Year	4.50%
2023 Plan Year	4.50%
Trust Expenses Included in Target Normal Cost	Prior year's expense adjusted for PBGC premiums
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Table 1

Salary Merit Increase Rates—Merit Scales

<u>Age</u>	<u>Rate</u>
24 and under	4.50%
25–34	3.00%
35–39	2.50%
40–44	2.25%
45–54	1.00%
55–59	0.50%
60 and older	0.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Table 2

Retirement Rates—Active and Terminated Vested Participants

Age	Rate
55–59	6.00%
60	12.00%
61	8.00%
62	15.00%
63	12.00%
64	12.00%
65–67	30.00%
68	25.00%
69	25.00%
70	40.00%
71	40.00%
72+	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Table 3

Withdrawal Rates—Termination Rates

Age	Years of Service		
	0-1	2	3+
20	18.00%	17.00%	15.90%
21	17.00%	16.00%	15.82%
22	17.00%	16.00%	14.56%
23	17.00%	16.00%	13.31%
24	17.00%	16.00%	12.07%
25	13.00%	12.00%	10.84%
26	13.00%	12.00%	9.61%
27	13.00%	12.00%	9.54%
28	13.00%	12.00%	9.47%
29	13.00%	12.00%	9.39%
30	13.00%	12.00%	9.30%
31	13.00%	12.00%	9.21%
32	13.00%	12.00%	9.10%
33	13.00%	12.00%	8.98%
34	13.00%	12.00%	8.85%
35	16.00%	11.00%	8.79%
36	16.00%	11.00%	8.72%
37	16.00%	11.00%	8.62%
38	16.00%	11.00%	8.51%
39	16.00%	11.00%	8.37%
40	15.00%	11.00%	7.52%
41	15.00%	11.00%	6.91%
42	15.00%	11.00%	6.31%
43	15.00%	11.00%	5.79%
44	15.00%	11.00%	5.27%
45	14.00%	9.00%	5.27%
46	14.00%	9.00%	5.22%
47	14.00%	9.00%	5.12%
48	14.00%	9.00%	4.94%
49	14.00%	9.00%	4.73%
50	10.00%	9.00%	4.65%
51	10.00%	9.00%	4.42%
52	10.00%	9.00%	4.06%
53	10.00%	9.00%	3.59%
54	10.00%	9.00%	3.05%
55+	10.00%	9.00%	6.00%

Southern Ohio Medical Center Cash Balance Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 31-0678022, Plan No. 003
 Year Ended December 31, 2023

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Loss
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
NEPC Collective Investment Trust IR&M	NEPC Diversified Credit CIT-A IR&M Long Credit Fund LLC	\$ 3,600,000 -	\$ - 6,250,000	\$ 3,600,000 6,349,094	\$ 3,600,000 6,250,000	\$ - (99,094)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
First American	First American Government: Purchases - 42 Sales - 85	9,668,191 -	- 9,614,183	9,668,191 9,614,183	9,668,191 9,614,183	- -
NEPC Collective Investment Trust	NEPC Diversified Credit CIT-A - Purchases - 3	5,886,372	-	5,886,372	5,886,372	-
Wellington Trust Company	WTC - Cif Intermediate Credit II: Purchases - 13 Sales - 7	806,558 -	- 3,670,579	806,558 4,172,655	806,558 3,670,579	- (502,076)
IR&M	IR&M Long Credit Fund LLC - Sales - 5	-	6,274,096	6,372,355	6,274,096	(98,259)

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

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 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- ▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2023	
2 Assets:	
a Market value.....	2a 64,249,391
b Actuarial value	2b 70,674,330
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 8 (2) Vested Funding Target 521,240 (3) Total Funding Target 521,240
b For terminated vested participants.....	287 5,444,163 5,444,163
c For active participants.....	2,603 59,967,142 60,450,947
d Total	2,898 65,932,545 66,416,350
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 5.18%
6 Target normal cost	
a Present value of current plan year accruals.....	6a 5,234,243
b Expected plan-related expenses	6b 853,042
c Target normal cost.....	6c 6,087,285

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>LAO</u> Signature of actuary	09/25/2024 Date
LORI 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)
MSC# 17502 P.O. BOX 7505 FORT WASHINGTON PA 19034	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	19,296,184
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,655,140
9	Amount remaining (line 7 minus line 8)	0	14,641,044
10	Interest on line 9 using prior year's actual return of <u>-19.79</u> %	0	-2,897,463
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		1,442,250
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-285,421
	c Total available at beginning of current plan year to add to prefunding balance.....		1,156,829
	d Portion of (c) to be added to prefunding balance.....		1,156,829
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	12,900,410

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.98 %
15	Adjusted funding target attainment percentage	15	106.41 %
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	100.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/25/2024	3,000,000	0			
09/09/2024	3,000,000	0			
Totals ▶			18(b)	6,000,000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	5,538,597
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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	6,087,285	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment.....	8,642,430	791,480	
	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	6,878,765	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1,340,168	1,340,168
36 Additional cash requirement (line 34 minus line 35).....	36	5,538,597	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5,538,597	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under 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
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Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 1/1/2023 at 5.18%	Interest Adjusted Contribution
June 25, 2024	\$ 3,000,000	541	\$ 2,783,819
September 9, 2024	<u>3,000,000</u>	617	<u>2,754,778</u>
Total Contribution	\$ 6,000,000		\$ 5,538,597

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	6.00%	1.0000	3.33
56.5	6.00%	0.9400	3.19
57.5	6.00%	0.8836	3.05
58.5	6.00%	0.8306	2.92
59.5	6.00%	0.7807	2.79
60.5	12.00%	0.7339	5.33
61.5	8.00%	0.6458	3.18
62.5	15.00%	0.5942	5.57
63.5	12.00%	0.5050	3.85
64.5	12.00%	0.4444	3.44
65.5	30.00%	0.3911	7.69
66.5	30.00%	0.2738	5.46
67.5	30.00%	0.1916	3.88
68.5	25.00%	0.1341	2.30
69.5	25.00%	0.1006	1.75
70.5	40.00%	0.0755	2.13
71.5	40.00%	0.0453	1.29
72	100.00%	0.0272	1.96
Weighted Average			63.11

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	5,992,140	703,515	43,090	6,738,745
2024	5,916,367	606,021	42,664	6,565,052
2025	5,878,522	470,373	42,197	6,391,092
2026	5,541,925	418,874	41,684	6,002,483
2027	5,254,879	385,973	41,123	5,681,976
2028	5,034,472	381,261	40,511	5,456,243
2029	4,767,921	354,299	39,844	5,162,064
2030	4,337,320	311,678	39,120	4,688,118
2031	4,147,382	236,991	38,338	4,422,711
2032	3,797,918	211,014	37,496	4,046,428
2033	3,601,084	200,219	36,592	3,837,894
2034	3,406,666	213,319	35,625	3,655,610
2035	3,256,304	215,098	34,593	3,505,995
2036	3,208,424	224,487	33,492	3,466,403
2037	2,964,718	241,638	32,318	3,238,674
2038	2,842,763	240,101	31,066	3,113,931
2039	2,864,410	282,687	29,732	3,176,829
2040	2,699,421	246,696	28,308	2,974,425
2041	2,443,948	247,637	26,793	2,718,378
2042	2,204,739	243,017	24,415	2,472,172
2043	2,192,928	253,481	22,581	2,468,989
2044	1,909,094	266,670	20,743	2,196,507
2045	1,831,958	244,336	18,848	2,095,143
2046	1,693,368	287,762	16,919	1,998,050
2047	1,562,308	268,797	14,983	1,846,089
2048	1,407,880	270,668	13,075	1,691,624
2049	1,232,711	281,869	11,231	1,525,811
2050	1,192,749	251,646	9,489	1,453,884
2051	1,026,824	264,981	7,880	1,299,684
2052	887,380	261,238	6,426	1,155,044
2053	810,804	255,839	5,140	1,071,783
2054	685,889	229,238	4,028	919,155
2055	598,742	198,742	3,090	800,574
2056	524,153	183,697	2,319	710,168
2057	427,506	160,223	1,700	589,429
2058	367,530	148,815	1,218	517,563
2059	303,428	119,947	852	424,227
2060	266,400	89,132	582	356,114
2061	218,017	74,837	388	293,242
2062	184,741	56,758	253	241,752
2063	153,937	42,999	161	197,098
2064	127,764	31,508	101	159,373
2065	106,255	18,696	62	125,012
2066	85,855	12,435	37	98,327

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Southern Ohio Medical Center Cash Balance Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	72,638	6,617	22	79,276
2068	59,763	6,413	12	66,187
2069	50,136	1,545	7	51,688
2070	42,964	906	4	43,874
2071	36,531	0	2	36,533
2072	31,292	0	1	31,293

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

History of Plan

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

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

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Effective Date	October 1947: Amended and restated January 1, 2020.
Eligibility for Participation	Employees who were members in the prior plan continue as members on January 1, 1999. Other employees become members on the January 1 or July 1 following attainment of age 21 and completing one year of employment during which at least 1,000 hours are worked.
Eligibility for Benefits	
Normal Retirement	Age 65 and the third anniversary of plan participation.
Vested Termination	Upon termination of employment after completion of three years of service.
Preretirement Death Benefit	Three years of service.
Amount of Benefits	
Normal Retirement and Vested Termination	The greater of: <ul style="list-style-type: none">▪ The prior plan benefit; and▪ The actuarial equivalent of the cash balance account.
Preretirement Death Benefit	50% of the actuarial equivalent of the cash balance account.
Form of Benefit	
Automatic Form	A monthly amount payable during the employee's lifetime and thereafter 50% of such monthly amount continuing to the surviving spouse until the spouse's death.
Optional Forms	(a) Life annuity. (b) Life annuity with 5, 10, or 20 years certain. (c) 50%, 75%, or 100% joint and survivor annuity. (d) Lump sum. (e) All optional forms are calculated as the actuarial equivalent of the cash balance account on the annuity start date.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Definitions

Cash Balance Account

The notional account equal to the sum of:

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

Initial Account Balance

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

Contribution Credits

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

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

Interest Credits

An amount credited to the cash balance account on the last day of each plan year determined by multiplying the value of the cash balance account at the beginning of the plan year by the interest credit rate. Interest credits will be given for each year the participant has an account up until the participant commences benefits. Certain transition credits were provided for the five years following January 1, 1999 for participants meeting designated age and service conditions.

Prior Plan Benefit

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
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Actuarial Equivalent

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

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

Interest Credit Rate

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

Compensation

Total remuneration paid to a member of the plan. For 2022 recognizable compensation is limited to \$305,000.

Service

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

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes:

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

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

Due to the transfer of responsibilities within Aon Consulting, Inc., the Enrolled Actuary has changed from Martin Molloy to Lori DeVore.

Southern Ohio Medical Center Cash Balance Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 31-0678022, Plan No. 003
 December 31, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Commingled funds:			
State Street Global Advisors	SSGA Russell 1000 Index Non-Lending	\$ 2,855,520	\$ 3,636,250
State Street Global Advisors	SSGA MSCI EAFE 100% Hedged	1,903,471	2,268,275
State Street Global Advisors	SSGA 20+ Year US Treasury Strips	1,250,762	869,025
State Street Global Advisors	SSGA US Treasury Index Non-Lending CTF	2,998,301	2,991,754
State Street Global Advisors	SSGA Long US Treasury Index Non-Lending	9,566,333	6,908,849
State Street Global Advisors	SSGA Ftse Rafi US 1000 Index Non-Len	3,096,099	599,753
State Street Global Advisors	SSGA MSCI EAFE Index NL Fund	599,954	3,510,728
IR&M	IR&M Long Credit Fund LLC	7,801,649	7,441,472
Wellington Trust Company	WTC CIF Intermediate Credit II	14,991,078	13,784,886
Virtus Fund Advisors	Virtus Intl Small Cap Opp LLC	1,088,490	1,316,582
NEPC Collective Investment Trust	NEPC Global Equity CIT	5,832,942	6,277,585
NEPC Collective Investment Trust	NEPC Emerging Markets Equity CIT	3,000,000	2,719,297
NEPC Collective Investment Trust	NEPC US Small Cap Equity CIT Class A	2,062,469	2,341,237
NEPC Collective Investment Trust	NEPC Diversified Credit CIT-A	5,886,372	6,226,745
First American	Money market funds - First American Government	460,735	460,735
Corporate stock:			
Exterran Holdings Inc.	Exterran Hldgs Inc	1	61
Archrock Inc.	Archrock Inc.	1	416
PIMCO	Mutual funds - PIMCO All Asset Fund	3,102,073	2,717,617
Total		<u>\$ 66,496,250</u>	<u>\$ 64,071,267</u>

Schedule SB Attachment (Form 5500)—2023 Plan Year
Southern Ohio Medical Center Cash Balance Pension Plan
EIN: 31-0678022 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 8,642,430	January 1, 2023	15	\$ 791,480