

<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 THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 07/31/1961
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) OHIOHEALTH CORPORATION 3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202
2b	Employer Identification Number (EIN) 31-4394942
2c	Plan Sponsor's telephone number 614-544-4408
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.	10/08/2024	RICHARD HOBACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year		5	15124
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	7236
a(2) Total number of active participants at the end of the plan year		6a(2)	6616
b Retired or separated participants receiving benefits		6b	2333
c Other retired or separated participants entitled to future benefits		6c	5366
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	14315
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	274
f Total. Add lines 6d and 6e		6f	14589
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information) – Number Attached <u>0</u>	
(4) ☐ DCG (Individual Plan Information) – Number Attached _____		(4) ☒ C (Service Provider Information)	
(5) ☐ MEP (Multiple-Employer Retirement Plan 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 THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	742358094	
b	Actuarial value	2b	816593903	
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	2375	124590710	124590710
b	For terminated vested participants	5527	152400510	152400510
c	For active participants	7236	455334600	461415134
d	Total	15138	732325820	738406354
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	5.23 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	24070966	
b	Expected plan-related expenses	6b	3483000	
c	Target normal cost	6c	27553966	

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 A. DEVORE</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>8940 LYRA DR. SUITE 250 COLUMBUS, OH 43240</div> <div>Address of the firm</div>	<div>07/18/2024</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	96286743
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	96286743
10 Interest on line 9 using prior year's actual return of <u>-19.76</u> %	0	-19026260
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		113820623
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>5.43</u> %		6180460
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		120001083
d Portion of (c) to be added to prefunding balance		120001083
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	197261566

Part III Funding Percentages

14 Funding target attainment percentage	14	83.87 %
15 Adjusted funding target attainment percentage	15	110.58 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.87 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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 58
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	27553966	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	119074017	10904883	
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	38458849	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	38458849	38458849
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under 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

<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		
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	569780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MGMT. INC.

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	460156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARION PARTNERS, LLC

13-3379970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	418143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51 62 68	NONE	227474	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SILCHESTER INTERNATIONAL INVESTOR

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	NONE	198905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	194901	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	186279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL INVESTMENT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	149751	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BAKER & HOSTETLER, LLP

34-0082025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	9250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN <u>45-6138589-095</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65103535</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: THE SILCHESTER INTL INVESTOR INT

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP

c EIN-PN <u>36-7045783-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24034588</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR EMERGING MKTS GROWTH

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

c EIN-PN <u>27-6331814-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14636235</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EAFE INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN <u>45-6138589-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22184932</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) 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 THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	107930064	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13403554	11502073
(2) U.S. Government securities	1c(2)	130645983	162538228
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	199160104	278808531
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	14757914	17831329
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	83418418	101924702
(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)	19934866	24034588
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13260394	18917968
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	163198827	138731535

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	745710124	754288954
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	745710124	754288954

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	100664	
(B) U.S. Government securities	2b(1)(B)	4289925	
(C) Corporate debt instruments	2b(1)(C)	11196320	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	411187	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15998096
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	99270	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2705343	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2804613
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	152368534	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	167423987	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	27852407	
(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)		21812826
(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)		5078335
c Other income	2c		1713367
d Total income. Add all income amounts in column (b) and enter total	2d		60204191

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47742028	
(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)		47742028
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)	15000	
(3) Recordkeeping fees.....	2i(3)	569780	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1431106	
(6) Bank or trust company trustee/custodial fees	2i(6)	227474	
(7) Actuarial fees	2i(7)	186279	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1453694	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3883333
j Total expenses. Add all expense amounts in column (b) and enter total	2j		51625361

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8578830
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?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 517221.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>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 THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION		D Employer Identification Number (EIN) 31-4394942
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-2723087		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 405
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>26.3</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>52.5</u> % High-Yield Debt: <u>0.0</u> % Real Assets: <u>7.2</u> % Cash or Cash Equivalents: <u>1.2</u> % Other: <u>12.8</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 _____.	

Financial Statements and Supplemental Schedules

OhioHealth Cash Balance Retirement Plan
Years Ended December 31, 2023 and 2022
With Report of Independent Auditors

OhioHealth Cash Balance Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2023 and 2022

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Independent Auditor's Report

To the Plan Administrator and OhioHealth
Audit Committee
OhioHealth Cash Balance Retirement Plan

Opinion

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

Basis for Opinion

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

Emphasis of Matter

As explained in Note 6, the financial statements include investments valued at approximately \$162,766,000 (22 percent of net assets available for benefits) at December 31, 2023 and \$183,134,000 (25 percent of net assets available for benefits) at December 31, 2022 whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the investment managers. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

In performing audits in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2023 and schedule of reportable transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under 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.

To the Plan Administrator and OhioHealth
Audit Committee
OhioHealth Cash Balance Retirement Plan

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

Plante & Moreau, PLLC

Columbus, Ohio
September 19, 2024

OhioHealth Cash Balance Retirement Plan

Statement of Net Assets Available for Benefits

	December 31	
	2023	2022
Assets		
Investments-at fair value:		
Interest-bearing cash	\$ 11,502,073	\$ 13,403,554
U.S. government securities	162,538,228	130,645,983
Corporate, municipal, and foreign obligations	278,808,531	199,160,104
Common stocks	17,831,329	14,757,914
Mutual funds	18,917,968	13,260,394
Common and Collective Trusts valued at NAV (net asset value)	101,924,702	83,418,418
103-12 Investment entities valued at NAV	24,034,588	19,934,866
Alternative investments / Limited Partnerships valued at NAV	138,731,535	163,198,827
	754,288,954	637,780,060
Receivables:		
Contributions receivable from OhioHealth Corporation	-	107,930,064
Net assets available for benefits	\$ 754,288,954	\$ 745,710,124

OhioHealth Cash Balance Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Years ended December 31	
	2023	2022
Additions		
Interest and dividends	\$ 18,802,709	\$ 3,489,981
Contributions from OhioHealth Corporation	-	122,974,767
Realized and unrealized gains (losses) on investments	41,401,482	(165,266,698)
Total additions - Net	60,204,191	(38,801,950)
Deductions		
Benefit payments to participants	47,742,028	53,264,833
Professional fees	961,608	1,008,678
Investment advisory and management fees	1,452,694	1,011,708
Other administrative expenses	1,469,031	1,384,263
Total deductions	51,625,361	56,669,482
Net increase (decrease)	8,578,830	(95,471,432)
Net assets available for benefits at beginning of year	745,710,124	841,181,556
Net assets available for benefits at end of year	<u>\$ 754,288,954</u>	<u>\$ 745,710,124</u>

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements

1. Description of the Plan

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

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

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

The Plan (other than for former Hardin Plan participants) is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical individual account balances. For the former participants of the MedCentral Plan, participant account balances increase by the investment credit rate determined annually. The credit rate is set on January 1 each year and is based on the greater of the average yield of the 30-year U.S. Treasury bonds for the December preceding the start of the year or 3.00 percent. The credit rate used for the MedCentral employees was 3.66% and 3.00% for 2023 and 2022. For all other participants, account balances are increased each year by a percentage, based on the sum of age plus service, of the employee's compensation (for those eligible to earn additional benefits) plus an investment credit rate determined annually, based on the greater of the average annual yield of the five-year treasury bond over the last quarter of the preceding year or 2.73%. The credit rate used by the Plan was 3.70% and 2.73% for 2023 and 2022 for OhioHealth employees.

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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

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

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

Party-in-Interest Transactions

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 19, 2024, which is the date the financial statements were available to be issued.

2. Significant Accounting Policies

Valuation of Investments

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

Investments in 103-12 investments entities and the common and collective trusts are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' net underlying assets. Investments in limited partnerships are valued at the

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

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

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

Administrative Expenses

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

Actuarial Present Value of Accumulated Plan Benefits

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

Benefit Payments

Benefits are recorded when paid.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

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

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

	January 1, 2023
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 111,315,450
Other participants	544,898,242
	656,213,692
Nonvested benefits	5,544,709
Total actuarial present value of accumulated plan benefits	\$ 661,758,401

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

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

	January 1, 2023
Actuarial present value of accumulated plan benefits	
At January 1, 2022	\$ 687,147,998
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial (gains)/losses	45,097,294
Interest due to increase for the discount period	31,719,731
Benefits paid	(53,264,833)
Change in actuarial assumptions	(48,941,789)
Net decrease	(25,389,597)
Actuarial present value of accumulated plan benefits	
At January 1, 2023	<u>\$ 661,758,401</u>

The above summary of actuarial present value of accumulated plan benefits and summary of changes in the actuarial present value of accumulated plan benefits as of and for the year ended January 1, 2023.

Significant assumptions underlying the actuarial computations as of January 1, 2023 are as follows:

Rate of return on investments:	6.52%
Mortality table:	Pri-2012 employee and retiree mortality table projected generationally from 2012 with mortality improvement scale MP-2021.
Actuarial Method:	Standard Unit Credit Cost Method.

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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The plan reporting valuation reflects the following assumption changes:

- A change in the interest rate from 4.80% to 6.52%.
- A change in the OhioHealth cash balance annuity conversion interest rates, the MedCentral cash balance annuity conversion interest rates, and the annuity conversion rates for Hardin Employee Contributions from the September 2021 minimum present value segment interest rates prescribed by IRC Section 417(e) of 0.70%/2.55%/3.06% to the September 2022 minimum present value segment interest rates prescribed by IRC Section 417(e) of 4.48%/5.26%/5.07%.
- A change in the interest crediting rate for OhioHealth employees from 2.73% to 3.70% and MedCentral employees from 3.00% to 3.66%.

4. Income Tax Status

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

5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics (see Note 3), all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the statements of net assets available for benefits.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value

Accounting Standards Codification (ASC) 820 clarifies the definition of fair value, establishes a framework for measuring fair value, and expands the disclosures for fair value measurements. ASC 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access. Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals. Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Disclosure concerning assets measured at fair value are as follows:

Assets and Liabilities Measured at Fair Value at December 31, 2023

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Interest-bearing cash	\$ -	\$ 11,502,073	\$ -	\$ 11,502,073
US Government securities	-	162,538,228	-	162,538,228
Corporate, municipal, and foreign obligations	-	278,808,531	-	278,808,531
Common stocks	17,831,329	-	-	17,831,329
Mutual funds	18,917,968	-	-	18,917,968
Subtotal	36,749,297	452,848,832	-	489,598,129
Investment valued at NAV				
Equities – domestic ⁽¹⁾	-	-	-	65,103,535
Equities – emerging markets ⁽²⁾	-	-	-	14,636,235
Equities – international ⁽³⁾	-	-	-	22,184,932
Equities – international ⁽⁴⁾	-	-	-	24,034,588
Multi-strategy hedge fund ⁽⁵⁾	-	-	-	68,143,654
Equities – Emerging markets fund ⁽⁶⁾	-	-	-	15,920,136
Real estate fund ⁽⁷⁾	-	-	-	32,233,668
Equities – international ⁽⁸⁾	-	-	-	22,434,077
Subtotal	-	-	-	264,690,825
Total	\$ 28,018,308	\$ 343,209,641	\$ -	\$ 754,288,954

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Interest-bearing cash	\$ -	\$ 13,403,554	\$ -	\$ 13,403,554
US Government securities	-	130,645,983	-	130,645,983
Corporate, municipal, and foreign obligations	-	199,160,104	-	199,160,104
Common stocks	14,757,914	-	-	14,757,914
Mutual funds	13,260,394	-	-	13,260,394
Subtotal	28,018,308	343,209,641	-	371,227,949
Investment valued at NAV				
Equities – domestic ⁽¹⁾	-	-	-	51,434,983
Equities – emerging markets ⁽²⁾	-	-	-	13,217,547
Equities – international ⁽³⁾	-	-	-	18,765,888
Equities – international ⁽⁴⁾	-	-	-	19,934,866
Multi-strategy hedge fund ⁽⁵⁾	-	-	-	81,813,730
Equities – Emerging markets fund ⁽⁶⁾	-	-	-	14,547,246
Real estate fund ⁽⁷⁾	-	-	-	45,605,958
Equities – international ⁽⁸⁾	-	-	-	21,231,893
Subtotal	-	-	-	266,552,111
Total	\$ 28,018,308	\$ 343,209,641	\$ -	\$ 637,780,060

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

- (1) The primary objective of the fund is to approximate the risk and return characteristics of the Russell 1000 Index. This index is commonly used to represent the large cap segment of the U.S. market. To achieve its objective, the fund employs a replication technique which generally seeks to hold each index constituent in its proportional index weight.
- (2) The Fund's investment objective is to seek long term capital appreciation. The primary benchmark for this strategy will be the MSCI Emerging Markets IMI Index (Net). The Fund intends to invest in a growth-oriented, diversified portfolio. The Fund's investment philosophy seeks to invest primarily in equity securities issued by emerging markets companies of all sizes that the Investment Adviser believes have above-average growth, profitability, and quality characteristics.
- (3) The Fund will be invested primarily in equity securities of business enterprises organized and domiciled outside of the U.S. or for which the principal trading market is outside the U.S. In the Fund, and where applicable with respect to the Fund, the Trustee will employ statistical methods to select securities which comprise or will comprise the relevant Index without necessarily buying all the relevant Index equities. Such securities will be selected, acquired, held and liquidated solely on the basis of such methods and not on the basis of any economic, financial, market timing, or other analysis. The Fund will be rebalanced from time to time in order to minimize the expected or predicted deviation between the performance of the Fund and the performance of the Index, or to reflect changes in the composition of the Index.
- (4) The Fund's investment objective is to achieve long-term growth primarily by investing in a diversified portfolio of equity securities of companies located in any country other than the United States. To achieve its objective, the Fund generally seeks to invest in a portfolio of equity securities that, in its opinion, possess fundamental investment value. The Fund invests primarily in established international markets but may invest a portion of the Fund's assets in emerging market securities and currencies.
- (5) Multi-strategy Hedge Funds of Funds that target attractive risk-adjusted returns through investments in a well-diversified group of hedge fund managers employing a variety of unique investment strategies including: Global Macro, Fixed Income Arbitrage, Event Driven, Credit Driven, Interest Rate Driven, and Long/Short Equity. The Hedge Funds of Funds are actively managed investment portfolios which attempt to produce stable long-term risk-adjusted returns with lower volatility and low correlation as compared to traditional asset classes.
- (6) This fund employs a process that is centralized around the purchase and sale of emerging markets closed-end funds. Specifically, the fund seeks to identify and own closed-end funds that trade at a discount to management's estimate of fair market value. The fund is expected to consist of 90 to 110 closed-end funds, with each underlying fund holding approximately 70 securities.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

- (7) This investment is an open-end real estate fund that holds a strategically diversified portfolio of real estate assets across the five main property types in major markets located throughout the United States. The investment strategy is to manage a diversified portfolio of primarily institutional quality real estate assets and related investments. The primary performance objective is to combine an attractive income yield with long-term capital growth.
- (8) The Partnership's investment objective is to achieve maximum total return by investing primarily in equity securities of non-U.S. domiciled issuers. The approach involves selecting long term individual portfolio securities on the basis of rigorous research and fundamental analysis, seeking to take opportunistic advantage of market inefficiencies by trading securities with a shorter time horizon.

Investments in Entities that Calculate Net Asset Value per Share

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

At December 31, 2023 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

	Investments Held at December 31, 2023			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trusts				
Domestic large cap equity	\$ 65,103,535	-	Daily	1 day
Emerging markets	14,636,235	-	Daily	10 days
International equities	22,184,932	-	Daily	1 day
103-12 Investment Entities				
International equities	24,034,588	-	Monthly	30 days
Alternative Investments – Limited Partnerships				
Emerging markets	15,920,136	-	Monthly	30 days
Real estate funds	32,233,668	-	Quarterly	90 days
International equities	22,434,077	-	Monthly	30 days
Multi-strategy hedge fund	68,143,654	-	Semi Annual	95 days
Total	\$ 264,690,825	-		

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

At December 31, 2022 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

	Investments Held at December 31, 2022			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trusts				
Domestic large cap equity	\$ 51,434,983	-	Daily	1 day
Emerging markets	13,217,547	-	Daily	10 days
International equities	18,765,888	-	Daily	1 day
103-12 Investment Entities				
International equities	19,934,866	-	Monthly	30 days
Alternative Investments – Limited Partnerships				
Emerging markets	14,547,246	-	Monthly	30 days
Real estate funds	45,605,958	-	Quarterly	90 days
International equities	21,231,893	-	Monthly	30 days
Multi-strategy hedge fund	81,813,730	-	Semi Annual	95 days
Total	<u>\$ 266,552,111</u>	<u>-</u>		

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2023

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
INTEREST-BEARING CASH			
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	Investor Class	\$ 11,502,073	\$ 11,502,073
US GOVERNMENT SECURITIES			
FHLMC MULTICLASS SER 004910 CL LZ 3 09-25-2049	74,012	49,177	48,250
FNMA REMIC TR 2013-18 CL-DY 2 03-25-2033	55,000	46,126	46,945
UNITED MEXICAN STATES 4.28% 08-14-2041	2,647,000	2,078,254	2,227,954
UNITED STATES OF AMER TREAS BONDS 3% DUE08-15-2052	195,000	167,480	162,468
UNITED STATES OF AMER TREAS BONDS 3.375%DUE 08-15-2042 REG	3,085,000	2,810,821	2,800,523
UNITED STATES OF AMER TREAS BONDS 3.5% 02-15-2053	211,000	204,919	198,674
UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053	70,000	62,435	65,362
UNITED STATES OF AMER TREAS BONDS 4.0% 11-15-2042	655,000	659,964	642,264
UNITED STATES OF AMER TREAS BONDS 4.0% 08-15-2053	1,700,000	1,529,181	1,753,050
UNITED STATES OF AMER TREAS BONDS 4.0% 08-15-2053	280,000	264,849	288,738
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033	8,125,000	8,020,249	8,594,964
UNITED STATES OF AMER TREAS NOTES .625% DUE 08-15-2030	3,000,000	2,385,129	2,444,231
UNITED STATES OF AMER TREAS NOTES 3.0% 06-30-2024	6,000,000	5,849,551	6,027,682
UNITED STATES OF AMER TREAS NOTES 4.0% 12-15-2025	4,400,000	4,363,391	4,385,659
UNITED STATES OF AMER TREAS NOTES 4.25% 08-31-2030	13,600,000	13,358,595	13,979,756
UNITED STATES OF AMER TREAS NOTES 4.375% 10-31-2024	6,500,000	6,486,057	6,520,762
UNITED STATES OF AMER TREAS NOTES 4.5% 11-30-2024	9,000,000	9,008,116	9,002,363
UNITED STATES OF AMER TREAS NOTES 5% NTS 09-30-2025	4,300,000	4,283,218	4,599,311
UNITED STATES TREAS 2.75% 02-15-2028	3,000,000	2,832,082	2,901,201
UNITED STATES TREAS BDS 2.25% DUE 05-15-2051 REG	2,500,000	1,864,268	1,800,831
UNITED STATES TREAS BDS 4.5% 08-15-2043	1,050,000	1,035,531	1,093,109
UNITED STATES TREAS BDS 4.5% 08-15-2043	7,098,000	6,913,412	7,389,561
UNITED STATES TREAS BDS DTD 3.125% 05-15-2048	13,500,000	11,690,210	11,352,285
UNITED STATES TREAS BDS DTD 02/15/2023 3.875% 02-15-2043	390,000	378,030	378,920
UNITED STATES TREAS BDS DTD 11/15/2022 4% 11-15-2052	250,000	260,062	249,113
UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043	980,000	985,242	1,060,889
UNITED STATES TREAS BDS DTD 2.75% 08-15-2047	2,000,000	1,609,149	1,585,149
UNITED STATES TREAS NTS 2.875% 08-15-2028	2,500,000	2,365,537	2,421,875
UNITED STATES TREAS NTS 2.125% 03-31-2024	3,500,000	3,382,980	3,491,008
UNITED STATES TREAS NTS 2.625% DUE 02-15-2029 REG	3,500,000	3,255,834	3,333,453
UNITED STATES TREAS NTS 3.625% 12-31-2029	3,300,000	3,359,568	3,362,742
UNITED STATES TREAS NTS 3.875% 09-30-2029	2,400,000	2,404,510	2,421,662
UNITED STATES TREAS NTS DTD 09/30/2018 3.0% DUE 09-30-2025	4,000,000	3,869,701	3,939,086
UNITED STATES TREAS NTS DTD 11/30/2022 3.875% 11-30-2027	9,000,000	8,991,241	9,018,187
UNITED STATES TREAS NTS DTD 3.875% 11-30-2029	9,000,000	9,028,513	9,024,515
UNITED STATES TREAS NTS FIXED 2.625% 12-31-2025	2,500,000	2,388,094	2,456,235
UNITED STATES TREAS NTS T NOTE 2.125% 05-31-2026	3,000,000	2,805,127	2,870,808
UNITED STATES TREAS SEC STRIPPED INT PMT00839 08-15-2034 (UNDDATE) REG	3,440,000	2,184,606	2,245,824
UNITED STATES TREAS SEC STRIPPED INT PMT00840 02-15-2035 (UNDDATE) REG	4,000,000	2,479,720	2,556,058
UNITED STATES TREAS SEC STRIPPED INT PMT00841 08-15-2035 (UNDDATE) REG	4,000,000	2,430,720	2,499,805
UNITED STATES TREAS SEC STRIPPED INT PMT00842 02-15-2036 (UNDDATE) REG	4,000,000	2,384,800	2,446,497
UNITED STATES TREAS SEC STRIPPED INT PMT00886 05-15-2033 (UNDDATE) REG	5,000,000	3,345,600	3,444,501
UNITED STATES TREAS SEC STRIPPED INT PMT00887 11-15-2033 (UNDDATE) REG	5,000,000	3,275,950	3,272,359
UNITED STATES TREAS SEC STRIPPED INT PMT00888 05-15-2034 (UNDDATE) REG	565,000	359,769	372,827
US TREAS SEC 4.5 DUE 08-15-2039 REG	3,000,000	3,073,982	3,236,265
WI TREASURY SEC 3.375% 05-15-2033	195,000	180,390	188,385
WI TREASURY SEC 3.375% DUE 11-15-2048 REG	5,000,000	4,355,645	4,398,156
WI TREASURY SEC 3.875% 05-15-2043	4,198,000	4,017,100	4,037,966
		159,134,885	162,538,228
CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS			
ESC LEHMAN BRTH HILDS D08/24/06 0.010% FA09 ESCROW	317,000,000 principal amount	0.000% due 8/22/2009	250,855
ESC MNLEHMAN BRTHS HLDGRR VAR D122106M122308GL ESCROW	77,000,000 principal amount	0.000% due 12/23/2008	60,534
ABBVIE INC 4.25% DUE 11-21-2049 REG	1,420,000,000 principal amount	0.000% due 12/31/2040	1,186,372
ABBVIE INC 4.4% DUE 11-06-2042	1,170,000		997,735
ABBVIE INC 4.875% DUE 11-14-2048	1,355,000		1,256,065
ACE INA HLDGS INC 6.7% DUE 05-15-2036	315,000		348,956
ADVOCATE HEALTH & HOSPS CORP 4.272% 08-15-2048	140,000		116,653
ALABAMA POWER CO 3.7% 12-01-2047	250,000		193,696
ALABAMA PWR CO 3.85% DUE 12-01-2042	1,790,000		1,427,443
ALABAMA PWR CO 4.3% DUE 01-02-2046	540,000		446,895
ALABAMA PWR CO 6% DUE 03-01-2039	215,000		224,247
ALEXANDRIA REAL ESTATE EQUITIES INC 5.15% 04-15-2053	665,000		640,192
ALPHABET INC 2.05% 08-15-2050	272,000		169,491
AMAZON COM INC NT 3.25% 05-12-2061	980,000		678,985
AMAZON.COM INC 3.95% 04-13-2052	2,545,000		2,133,700
AMERICAN ELEC PWR CO INC 3.25% DUE 03-01-2050/03-05-2020 REG	845,000		581,984
AMERICAN INTERNATIONAL GROUP INC BNDS 4.8% DUE 07-10-2045 REG	160,000		142,252
AMGEN INC 4.4% 05-01-2045	1,120,000		968,425
AMGEN INC 5.65% 03-02-2053	1,279,000		1,263,321
ANALOG DEVICES INC 2.95% 10-01-2051	270,000		183,812
ANHEUSER-BUSCH COS LLC CORP 4.7% 02-01-2036	1,600,000		1,524,939
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046	4,303,000		4,099,015
ANTHEM INC 4.375% 12-01-2047	1,410,000		1,167,167
ANTHEM INC FIXED 3.7% 09-15-2049	1,305,000		1,000,358
APPLE INC 2.85% DUE 08-05-2061 BEO	1,810,000		1,175,604
APPLE INC 3.85% DUE 08-04-2046	445,000		380,998
APPLE INC 4.65% DUE 02-23-2046	280,000		269,458
APPLIED MATLS INC 4.35% DUE 04-01-2047	166,000		150,730
APTIV PLC 5.4% 03-15-2049	285,000		225,390
APTIV PLC SR NT 3.1% 12-01-2051	445,000		274,160
APTIV PLC/APTIV CORP 4.15% 05-01-2052	1,535,000		1,135,911
ARES FIN CO IV LLC SR NT 144A 3.65% 02-01-2052	1,150,000		738,092
ASTRAZENECA PLC 6.45% DUE 09-15-2037	1,450,000		1,633,394
AT&T INC 3.5% DUE 09-15-2053 REG	4,695,000		3,248,147
			3,471,005

OhioHealth Cash Balance Retirement Plan
EIN -- 31-4394942
Plan Number -- 333
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2023

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS (continued)			
AT&T INC 3.55% DUE 09-15-2055	2,770,000	\$ 1,894,667	\$ 2,031,596
AT&T INC 3.65% DUE 09-15-2059	895,000	606,285	653,827
AXA EQUITABLE HLDGS INC FIXED 5% 04-20-2048 BEO	1,125,000	990,369	1,059,646
BAE SYS HLDGS INC 4.75% DUE 10-07-2044	515,000	448,424	481,697
BANK AMER CORP 3.311% DUE 04-22-2042	1,015,000	751,190	804,250
BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19-2020 REG	2,360,000	1,601,742	1,697,955
BANK OF AMERICA CORPORATION 4.244% 04-24-2038	3,670,000	3,173,456	3,351,341
BANK OF AMERICA CORPORATION 6.11% 01-29-2037	180,000	184,512	196,896
BAY AREA TOLL AUTH CALIF TOLL BRDG REV 3.176% 04-01-2041 BEO TAXABLE	890,000	722,306	688,992
BELL CANADA 4.464% 04-01-2048	360,000	299,390	328,683
BERKSHIRE HATHAWAY 4.5% DUE 02-11-2043	380,000	353,494	377,623
BERKSHIRE HATHAWAY ENERGY CO 3.8% 07-15-2048	135,000	103,864	108,941
BERKSHIRE HATHAWAY ENERGY CO 4.25% DUE 10-15-2050	655,000	512,759	563,673
BERKSHIRE HATHAWAY FIN CORP 4.25% DUE 01-15-2049	1,265,000	1,116,260	1,208,011
BERKSHIRE HATHAWAY FIXED 4.45% DUE 01-15-2049	1,295,000	1,116,446	1,165,474
BHP BILLITON FIN 5% DUE 09-30-2043	1,315,000	1,278,622	1,346,204
BOEING CO 3.625% DUE 02-01-2031	290,000	251,946	274,174
BOEING CO FIXED 5.805% DUE 05-01-2050	3,280,000	3,043,450	3,441,985
BP CAP MKTS AMER INC 3.379% 02-08-2061	1,985,000	1,356,309	1,471,174
BRISTOL MYERS FIXED 4.25% DUE 10-26-2049	165,000	144,118	144,992
BRISTOL MYERS FIXED 4.55% DUE 02-20-2048	960,000	782,648	795,830
BROADCOM INC 4.7% DUE 11-15-2032 BEO	280,000	248,017	270,463
BURL NORTHN SANTA 5.75% DUE 05-01-2040	575,000	601,877	632,954
BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052	1,365,000	921,420	960,333
BURLINGTON NORTHN SANTA FE LLC 4.9 DUE 04-01-2044 REG	445,000	416,693	446,691
CALIFORNIA HEALTH FACS FING AUTH REV 4.353% 06-01-2041 BEO TAXABLE	1,280,000	1,102,386	1,164,388
CALIFORNIA ST 7.5% 04-01-2034 BEO TAXABLE	965,000	1,176,729	1,189,130
CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000	150,000	189,295	192,223
CANADIAN PAC RY CO 4.2% 11-15-2069	1,785,000	1,407,088	1,493,948
CAROLINA PWR & LT 4.1% DUE 03-15-2043	2,100,000	1,729,673	1,819,063
CATERPILLAR INC 3.25% DUE 04-09-2050 REG	290,000	197,656	208,305
CATERPILLAR INS 3.803% DUE 08-15-2042	945,000	803,182	845,620
CDN NAT RES LTD FIXED 4.95% DUE 06-01-2047	1,355,000	1,209,897	1,233,913
CDN NATL RY CO 6.2% DUE 06-01-2036	1,060,000	1,149,297	1,193,355
CDN PAC RY CO NEW 6.125% DUE 09-15-2115	1,175,000	1,163,815	1,337,265
CDN PAC RY CO NEW 7.125% DUE 10-15-2031	195,000	217,016	224,396
CENTRAL PUGET SOUND WASH REGL TRAN AUTH SALES & USE TAX REV 0% 11-01-2039 REG	25,000	26,287	26,968
CHARLES SCHWAB CORP 5.853% 05-19-2034	788,000	785,342	819,918
CHARTER 5.375% 05-01-2047	1,860,000	1,493,917	1,602,405
CHARTER 6.384% DUE 10-23-2035	440,000	427,983	452,861
CHARTER 6.484% DUE 10-23-2045	820,000	758,246	818,535
CHARTER COMMUNICATIONS OPER LLC 4.4% DUE 12-01-2061 BEO	855,000	574,005	596,415
CHARTER FIXED 5.75% DUE 04-01-2048	1,660,000	1,412,480	1,502,222
CHICAGO ILL MET WTR RECLAMATION DIST GTRCHICAGO 5.72% 12-01-2038 BEO TAXABLE	925,000	1,011,311	991,177
CHUBB INA HOLDINGS INC 3.05% DUE 12-15-2061	745,000	507,698	537,086
CIGNA CORP NEW 4.8% DUE 07-15-2046 BEO	580,000	515,480	554,608
CIGNA CORP NEW CORP 4.8% 08-15-2038	175,000	163,985	172,799
CIGNA CORP NEW CORP 4.9% 12-15-2048	1,660,000	1,483,587	1,583,287
CIN FINL CORP 6.125% DUE 11-01-2034	1,815,000	1,890,460	1,921,615
CISCO SYS INC SR NT 5.9 DUE 02-15-2039 REG	1,175,000	1,242,928	1,332,997
CITIGROUP INC 6.174% DUE 05-25-2034	800,000	773,312	833,966
CITIGROUP INC 8.125% DUE 07-15-2039	366,000	436,620	473,994
CITIGROUP INC FLTGT RT 4.281% DUE 04-24-2048	1,580,000	1,315,704	1,399,759
CLEV CLINIC FNDTN 4.858% DUE 01-01-2114	190,000	161,214	183,981
CMS ENERGY CORP 4.875 DUE 03-01-2044	775,000	706,613	751,379
COMCAST CORP NEW 2.887% 11-01-2051 BEO	3,355,000	2,218,872	2,296,917
COMCAST CORP NEW 2.987% 11-01-2063	1,100,000	665,526	718,519
COMCAST CORP NEW 4.049% DUE 11-01-2052	485,000	389,789	413,800
COMCAST CORP NEW FIXED 2.937% DUE 11-01-2056	2,625,000	1,628,919	1,748,369
COMMONSPIRIT HLTH 4.187% DUE 10-01-2049	795,000	607,287	680,988
COMWLTN EDISON CO 3.7% DUE 03-01-2045	585,000	452,451	480,558
COMWLTN EDISON CO 5.9% DUE 03-15-2036	165,000	171,690	181,666
CONNECTICUT LIGHT & POWER CO 4.0% 04-01-2048	235,000	193,501	202,575
CONOCOPHILLIPS CO FIXED 4.025% DUE 03-15-2062	2,415,000	1,932,865	1,999,043
CONSOLIDATED EDISON CO N Y INC 5.9% 11-15-2053	539,000	534,068	598,516
CONSOLIDATED EDISON CO(N.Y.) 6.15% DUE 11-15-2052 BEO	1,139,000	1,182,260	1,303,101
CORNING INC 5.85% DUE 11-15-2068	365,000	324,731	367,890
CSX CORP 4.75% DUE 11-15-2048	100,000	90,778	96,101
CVS CAREMARK CORP 5.3 DUE 12-05-2043	370,000	370,503	360,447
CVS HEALTH CORP 4.78% DUE 03-25-2038	295,000	271,509	283,972
CVS HEALTH CORP 5.05% DUE 03-25-2048	1,885,000	1,687,176	1,796,583
CVS HEALTH CORP 5.125% DUE 07-20-2045	1,650,000	1,501,627	1,603,827
CVS HEALTH CORP 6.943% DUE 01-10-2030	4,392	4,493	4,507
DALLAS FORT WORTH TEX INTL ARPT REV 2.919% 11-01-2050 BEO TAXABLE	305,000	209,469	225,490
DEERE & CO 2.875% DUE 09-07-2049	215,000	153,675	163,292
DEUTSCHE TELEKOM 9.25% DUE 06-01-2032	165,000	207,662	215,434
DIAMONDBACK ENERGY INC 4.25% DUE 03-15-2052 BEO	1,068,000	809,656	878,701

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
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 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2023

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS (continued)			
DIONITY HEALTH 5.267% DUE 11-01-2064	170,000	\$ 142,292	\$ 159,263
DISCOVERY COMMUNICATIONS LLC 5.0% DUE 09-20-2037/09-21-2017	580,000	475,192	526,714
DISNEY WALT CO 2.75% DUE 09-01-2049	825,000	532,080	575,779
DISNEY WALT CO 4.7% DUE 03-23-2050	1,420,000	1,326,908	1,402,992
DOMINION ENERGY INC 3.3% DUE 04-15-2041	285,000	211,800	219,606
DOMINION RES INC 4.05% DUE 09-15-2042	1,060,000	834,167	877,846
DOMINOS PIZZA 3.151% DUE 04-25-2051	238,875	189,138	206,345
DOW CHEMICAL CO FIXED 5.55% DUE 11-30-2048	540,000	506,706	554,571
DUKE ENERGY 5.3% DUE 02-15-2040	1,350,000	1,346,515	1,393,389
DUKE ENERGY CORP 5% DUE 08-15-2052	500,000	427,665	478,154
DUKE ENERGY FLA 3.4% DUE 10-01-2046	230,000	166,050	174,784
EBAY INC FIXED 3.65% DUE 05-10-2051	305,000	218,377	235,199
ELECTRONIC ARTS INC 2.95% 02-15-2051	534,000	330,196	385,214
EMERSON ELEC CO 2.8% DUE 12-21-2051/12-21-2021 BEO	1,200,000	786,106	839,377
ENBRIDGE INC 6.7% 11-15-2053	531,000	530,310	625,127
ENBRIDGE INC 8.5% 01-15-2084	740,000	740,000	803,916
ENERGY TRANSFER 5.15% DUE 02-01-2043	165,000	137,347	150,721
ENERGY TRANSFER 6.25% DUE 04-15-2049	2,115,000	2,024,029	2,220,273
ENERGY TRANSFER OPER L P 5.0% 05-15-2050	295,000	243,592	266,185
ENTERPRISE PRODS 5.7% DUE 02-15-2042	1,640,000	1,602,476	1,765,948
ENTERPRISE PRODS FIXED 4.9% DUE 05-15-2046	1,175,000	1,029,471	1,132,540
EOG RES INC FIXED 3.9% DUE 04-01-2035	380,000	335,799	354,238
ESSEX PORTFOLIO L P 4.5% 03-15-2048	135,000	108,164	117,819
EXELON CORP 4.1% DUE 03-15-2052	1,085,000	867,221	894,088
EXELON CORP 4.45% DUE 04-15-2046	285,000	238,169	251,781
EXELON CORP 4.95% DUE 06-15-2035	685,000	618,130	660,170
EXELON CORP 5.6% DUE 03-15-2053	713,000	685,718	734,884
EXXON MOBIL CORP 3.452% DUE 04-15-2051 REG	1,610,000	1,216,461	1,280,690
EXXON MOBIL CORP 4.114% DUE 03-01-2046	250,000	215,093	227,085
EXXON MOBIL CORP FIXED 4.327% DUE 03-19-2050	240,000	213,670	222,173
FEDEX CORP 3.875% DUE 08-01-2042	1,330,000	1,044,053	1,127,718
FEDEX CORP 4.05% DUE 02-15-2048	77,000	61,789	65,548
FEDEX CORP 4.55% DUE 04-01-2046	610,000	494,070	555,009
FIRSTENERGY TRANSMISSION LLC SR NT 144A 4.55% 04-01-2049	295,000	236,574	259,298
FL PWR & LT CO 3.7% 12-01-2047	175,000	138,865	142,541
FL PWR & LT CO 4.05% DUE 10-01-2044	725,000	600,488	643,186
FL PWR & LT CO 5.69% DUE 03-01-2040	1,085,000	1,117,832	1,192,259
FLORIDA PWR CORP 6.4% DUE 06-15-2038	575,000	627,969	646,397
GATX CORP 3.1% DUE 06-01-2051	1,425,000	865,920	945,494
GENERAL MTRS CO 6.0% DUE 04-01-2036	1,530,000	1,535,679	1,666,561
GEORGETOWN UNIV 5.215% 10-01-2118	250,000	211,553	243,833
GLOBAL PAYMENTS INC 5.95% DUE 08-15-2052 BEO	803,289	783,289	898,460
GOLDMAN SACHS 4.8% DUE 07-08-2044	565,000	501,788	548,463
GOLDMAN SACHS 5.15% DUE 05-22-2045	140,000	127,488	136,573
GOLDMAN SACHS 6.25% DUE 02-01-2041	344,000	361,214	393,212
GOLDMAN SACHS GROUP INC 2.908% DUE 07-21-2042 BEO	1,375,000	943,883	1,024,345
GOLDMAN SACHS GROUP INC 3.21% DUE 04-22-2042 BEO	802,000	567,429	621,129
GOLDMAN SACHS GROUP INC 4.017% 10-31-2038	687,000	549,360	605,744
HCA INC 5.125% 06-15-2039	870,000	794,662	833,197
HEALTHPEAK PPYS INC 5.25% DUE 12-15-2032	531,000	521,217	539,008
HOME DEPOT INC 3.35% DUE 04-15-2050 REG	155,000	115,882	122,880
HOME DEPOT INC 3.9% DUE 06-15-2047	300,000	248,419	259,227
HSBC HLDGS PLC FLTGT RT 8.113% DUE 11-03-2033	440,000	463,450	515,106
HSBC HOLDINGS PLC 6.332% 03-09-2044	1,904,000	1,883,135	2,095,364
IN DEFAULT PVTPL SIGMA FIN INC NT 0 DUE 12-31-2040	453,250	453,187	286
INTEL CORP 3.734% 12-08-2047 BEO	1,285,000	984,373	1,058,386
INTEL CORP 4.9% 08-05-2052	280,000	251,947	280,799
INTEL CORP 5.82% 02-10-2053	299,000	295,668	331,119
INTERCONTINENTAL EXCHANGE INC 3.0% DUE 06-15-2050 BEO	180,000	123,563	129,777
INTERCONTINENTAL EXCHANGE INC NEW ISSUE 30YR 4.95% 06-15-2052	810,000	760,980	810,505
JEFFERIES GROUP 4.15% DUE 03-23-2030	385,000	344,965	378,550
JEFFERIES GROUP 6.25% DUE 01-15-2036	360,000	347,360	389,387
JPM CHASE 2.963% 01-25-2033	900,000	740,601	784,232
JPMORGAN CHASE & 5.6% DUE 07-15-2041	1,140,000	1,139,947	1,245,112
JPMORGAN CHASE & CO 3.882% 07-24-2038	1,665,000	1,378,303	1,507,898
JPMORGAN CHASE & CO 3.964% 11-15-2048	810,000	649,180	685,222
JPMORGAN CHASE & CO 5.717% DUE 09-14-2033 BEO	1,785,000	1,745,687	1,878,804
KINDER MORGAN 6.375% DUE 03-01-2041	1,590,000	1,578,936	1,664,907
KINDER MORGAN INC 5.05% DUE 02-15-2046	1,045,000	893,074	955,317
KKR GROUP FIN CO XII LLC SR NT 144A 4.85% 05-17-2032	1,880,000	1,762,854	1,852,947
KLA CORP 3.2% 03-01-2050	60,000	44,201	46,649
KLA CORP 5% DUE 03-15-2049	1,220,000	1,148,680	1,232,134
KRAFT HEINZ FOODS 4.375% DUE 06-01-2046	1,680,000	1,402,120	1,477,797
KROGER CO 4.45% DUE 02-01-2047	825,000	711,554	745,791
KROGER CO 4.65% 01-15-2048	1,165,000	1,011,983	1,068,776
L3HARRIS TECHNOLOGIES INC 5.6% 07-31-2053	475,000	470,842	518,796
LIBERTY MUT GROUP INC SR NT 144A 3.951% 10-15-2050	1,350,000	929,474	1,036,160
LINCOLN NATL CORP 4.35% 03-01-2048	345,000	261,973	278,646
LLOYDS BKG GROUP 4.344% DUE 01-09-2048	310,000	217,624	256,390
LOCKHEED MARTIN 4.07% DUE 12-15-2042	1,000,000	872,540	905,789
LOCKHEED MARTIN 4.7% DUE 05-15-2046	1,185,000	1,101,902	1,170,236
LOWES COMPANIES INC 2.8% 09-15-2041	480,000	335,712	355,919
LOWES COS INC 3.7% DUE 04-15-2046	875,000	504,010	539,867
LOWES COS INC FIXED 5.8% DUE 09-15-2062	1,610,000	1,544,248	1,739,358
LYB INTL FIN III LLC 4.2% DUE 05-01-2050 REG	980,000	743,221	790,665
MA ELEC CO 5.9% DUE 11-15-2039	250,000	243,247	255,632
MA INST TECH 4.678% DUE 07-01-2114	155,000	135,424	151,450
MARATHON PETE CORP 6.5% DUE 03-01-2041	795,000	801,652	873,158
MARKEL CORP 5.0% 05-20-2049	390,000	337,178	366,381
MARKEL GROUP INC SR NT 3.45% 05-07-2052	1,340,000	908,974	964,446
MARSH & MCLENNAN 4.9% DUE 03-15-2049	155,000	115,574	123,149
MARSH & MCLENNAN COS INC 4.75% 03-15-2039	315,000	283,939	311,258
MARSH & MCLENNAN COS INC 5.7% 09-15-2053	1,025,000	1,023,330	1,132,125
MASSACHUSETTS EDL FING AUTH ED LN REV 3.055% 07-01-2029 BEO TAXABLE	535,000	465,144	496,255
MASSACHUSETTS MUT LIFE INS CO 5.672% 12-01-2052	1,085,000	1,076,545	1,130,590
MCDONALDS CORP 4.45% DUE 03-01-2047 REG	620,000	531,318	576,411
MCDONALDS CORP MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	1,385,000	1,079,963	1,139,656

OhioHealth Cash Balance Retirement Plan
EIN -- 31-4394942
Plan Number -- 333
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2023

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CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS (continued)			
METLIFE INC 4.05% DUE 03-01-2045	2,595,000	\$ 2,131,606	\$ 2,279,935
MICHIGAN ST UNIV REVS 4.165% 08-15-2122	195,000		141,346
MICROSOFT CORP 2.921% 03-17-2052 USD	2,960,000	2,121,437	2,220,283
MIDAMERICAN ENERGY 5.858% 09-15-2054	964,000	968,771	1,088,300
MIDAMERICAN ENERGY 6.125% DUE 04-01-2036	675,000	715,344	743,119
MOODY'S CORP 3.75% 02-25-2052	1,130,000	861,761	943,059
MOODY'S CORP 5.25% DUE 07-15-2044	130,000	123,346	134,777
MOODY'S CORPORATION 4.875% 12-17-2048 BEO	295,000	268,113	279,667
MORGAN STANLEY 4.3% DUE 01-27-2045	1,555,000	1,300,848	1,435,913
MORGAN STANLEY 4.457% 04-22-2039	525,000	458,526	491,401
MORGAN STANLEY FIXED 3.217% DUE 04-22-2042	940,000	682,901	730,406
MPLX LP 5.5% DUE 02-15-2049	500,000	452,200	495,929
MPLX LP SR NT 4.95% 03-14-2052	1,120,000	928,067	1,016,727
MUNICIPAL ELEC AUTH GA 6.637% 04-01-2057BEO TAXABLE	782,000	870,692	905,303
NATIONAL RETAIL PROPERTIES INC NT 3.5% 04-15-2051	1,320,000	883,908	967,346
NEW ISSUE HOME DEPOT 30YR USD 3.625% 04-15-2052	840,000	652,499	690,044
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.767% 08-01-2036 BEO TAXABLE	60,000	62,835	63,618
NEW YORK ST TWHY AUTH GEN REV 2.9% 01-01-2035 BEO TAXABLE	690,000	566,326	610,636
NEW YORK ST URBAN DEV CORP REV 5.77% 03-15-2039 BEO TAXABLE	220,000	228,773	230,254
NEXTERA ENERGY CAP HLDGS INC 3.0% 01-15-2052	334,000	219,431	229,301
NISOURCE FIN CORP 3.95% DUE 03-30-2048	185,000	142,377	151,976
NORFOLK SOUTHN 5.1% DUE 08-01-2118	1,220,000	1,026,286	1,142,408
NORFOLK SOUTHN FIXED 4.05% DUE 08-15-2052	1,110,000	884,931	958,665
NORTHN STS PWR CO 3.6% DUE 05-15-2046	665,000	492,438	524,353
NORTHN STS PWR CO 6.2% DUE 07-01-2037	1,250,000	1,328,759	1,413,373
NORTHN STS PWR CO MINN NORTHN ST PWR 6.25 DUE 06-01-2036 BEO	245,000	262,783	273,338
NORTHROP GRUMMAN CORP 3.85% DUE 04-15-2045	1,195,000	961,838	1,017,921
NSTAR ELEC CO 4.4% DUE 03-01-2044	1,165,000	1,003,419	1,059,973
NXP B V / NXP FDG LLC / NXP USA INC SR NT 3.25% 05-11-2041	1,545,000	1,084,210	1,188,306
OCCIDENTAL PETE CORP SR NT 0% DUE 10-10-2056 REG	2,035,000	1,053,113	1,083,638
ONCOR ELEC 5.25% DUE 09-30-2040	140,000	137,372	145,319
ONCOR ELEC 5.3 DUE 06-01-2042	1,505,000	1,493,253	1,618,728
ONCOR ELEC DELIVERY CO LLC SR SECD NT 5.35% 10-01-2052	240,000	235,304	251,360
ONCOR ELEC FIXED 4.95% DUE 09-15-2052	1,015,000	929,559	1,016,933
ORACLE CORP 3.8% 11-15-2037	1,605,000	1,254,818	1,375,233
ORACLE CORP 3.95% DUE 03-25-2051	4,408,000	3,228,683	3,512,943
ORACLE CORP 4% 11-15-2047	730,000	532,152	582,074
ORACLE CORP 4% DUE 07-15-2046	385,000	279,086	316,822
PACIFICORP 5.75% DUE 04-01-2037	255,000	256,324	264,823
PFIZER INC FIXED 3.9% 03-15-2039	115,000	101,796	103,311
PFIZER INVESTMENT ENTER 5.3% 05-19-2053	2,065,000	2,025,890	2,129,233
PHILLIPS 66 4.65% DUE 11-15-2034	305,000	345,460	357,696
PHILLIPS 66 4.875% DUE 11-15-2044	155,000	142,786	149,906
PHILLIPS 66 CO 4.68% 02-15-2045	1,435,000	1,243,115	1,327,434
PHILLIPS 66 CO 4.9% DUE 10-01-2046	515,000	453,829	488,713
PORT AUTH N Y & N J 4.81% 10-15-2065 BEOTAXABLE	210,000	194,761	206,093
PPL ELEC UTILS 4.75 DUE 07-15-2043	1,145,000	1,033,630	1,097,454
PPL ELEC UTILS CORP 3.95% 06-01-2047	275,000	221,672	234,247
PRUDENTIAL FINL INC 3.935% DUE 12-07-2049	120,000	93,877	99,455
PRUDENTIAL FINL INC MEDIUM TERM NTS BOOKTRANCHE # TR 00015 5.7 DUE 121436	1,985,000	2,025,445	2,156,917
PUB SVC ELEC GAS CO FIXED 3.85% 05-01-2049 REG	245,000	193,591	205,816
PUB SVC ELEC GAS CO SECD 3.95 DUE 05-01-2042 REG	850,000	706,616	734,403
PUBLIC SERVICE ELECTRIC 4.05% DUE 05-01-2048	90,000	74,065	78,981
PUBLIC SERVICE NEW HAMPSHIRE FDG 3.814% 02-01-2035	513,000	473,945	489,683
PVTPL AIA GROUP LTD GLOBAL MEDIUM TERM NTS BOO 3.2% DUE 09-16-2040	455,000	318,642	350,614
PVTPL ALCON FIN CORP 5.75% DUE 12-06-2052/12-06-2022 BEO	873,000	868,166	945,901
PVTPL ANGLO AMERN CAP PLC 3.95% DUE 09-10-2050/09-10-2020 BEO	1,490,000	1,080,069	1,155,205
PVTPL ASHTEAD CAP INC 5.55% 05-30-2033	993,000	979,870	989,455
PVTPL BAE SYS PLC NT 5.8 DUE 10-11-2041 BEO	210,000	212,389	220,259
PVTPL BLACKSTONE HLDGS FIN L L C SR NT 144A 5% DUE 06-15-2044 BEO	350,000	307,845	323,398
PVTPL BLACKSTONE HLDGS FIN L L C SR NT 6.25% DUE 08-15-2042 BEO	190,829	190,829	203,702
PVTPL BLACKSTONE HOLDINGS FINANCE 3.2% DUE 01-30-2052 BEO	1,480,000	963,504	1,043,948
PVTPL BROADCOM INC 3.75% DUE 02-15-2051	300,000	209,694	241,138
PVTPL BROADCOM INC NT 4.926% 05-15-2037	1,825,000	1,586,778	1,782,049
PVTPL BROADCOM INC SR NT 3.5% 02-15-2041/01-19-2021	960,000	690,374	776,341
PVTPL CARLYLE FIN L L C SR NT 144A 5.65%DUE 09-15-2048	1,485,000	1,322,792	1,410,964
PVTPL CARLYLE HLDGS II FIN L L C SR NT 144A 5.625% DUE 03-30-2043 BEO	215,000	190,123	212,864

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CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS (continued)			
PVTPL COLUMBIA PIPELINES OPER CO LLC 6.544% 11-15-2053	919,000	\$ 921,094	\$ 1,039,883
PVTPL COX COMMUNICATIONS INC NEW COXENT 3.6 2051-06-15	355,000	235,050	260,023
PVTPL CVS HEALTH CORP 5.926% DUE 01-10-2034	33,923	33,073	34,517
PVTPL CVS LEASE BACKED PASS THRU CTF 8.353% DUE 07-10-2031	148,075	159,389	160,710
PVTPL DB MASTER FIN LLC 21-1A CL A23 2.791% DUE 11-20-2051 BEO	441,000	332,888	365,667
PVTPL DOMINOS PIZZA MASTER ISSUER LLC DOMINOS 2019-1 SR SECD NT CL A-2 144A	341,688	291,899	314,231
PVTPL EDF S A NT 6 DUE 01-22-2114 BEO	165,000	141,550	166,775
PVTPL KEYSAN GAS EAST CORP CORPBOND 5.819% DUE 04-01-2041 BEO	250,000	240,207	247,234
PVTPL KKR GROUP FIN CO III LLC SR NT 144A 5.125 DUE 06-01-2044/05-29-2014 BEO	390,000	347,059	359,400
PVTPL NATIONWIDE MUT INS CO 4.35% DUE 04-30-2050/04-30-2020 BEO	390,000	296,937	316,822
PVTPL NEW ENGLAND POWER CO 5.936% DUE 11-25-2052 BEO	627,000	623,818	660,349
PVTPL NEW YORK LIFE INSURANCE 5.875% DUE 05-15-2053	1,325,000	1,386,711	1,413,670
PVTPL OGLETHORPE PWR CORP 6.2% 12-01-2053	547,000	545,348	590,062
PVTPL SIEMENS FINANCIERINGSMAATSCHAPPIJ N V NT 4.4% 05-27-2045 BEO	245,000	216,016	232,694
PVTPL STORE MASTER FDG I LLC/STORE MASTER FD NET LEASE MTG NT 11-20-2049	554,824	454,355	436,078
PVTPL TTX CO 4.6% DUE 02-01-2049	335,000	293,712	318,701
PVTPL WENDYS FDG LLC 2019-1 SR SECD NT CL A-2-II 144A 4.08% DUE 06-15-2049 BEO	152,998	133,619	142,290
PVTPL XSTRATA FIN CDA LTD GTD NT 5.3 DUE 10-25-2042 BEO	1,340,000	1,191,939	1,318,414
PVTPL XSTRATA FIN CDA LTD NT 6 DUE 11-15-2041 BEO	150,000	139,631	154,249
RAYMOND JAMES FINL 4.95% DUE 07-15-2046	626,000	537,853	600,990
RIO TINTO FIN USA 5.2 DUE 11-02-2040	900,000	907,538	947,073
ROGERS 5% DUE 03-15-2044	510,000	435,110	488,397
ROGERS COMMUNICATIONS INC 4.55% 03-15-2052	2,000,000	1,541,741	1,776,265
ROGERS COMMUNICATIONS INC 5.45 DUE 10-01-2043	190,000	172,761	187,306
RTX CORPORATION 4.35% DUE 04-15-2047	235,000	202,804	207,558
RTX CORPORATION 4.5% 06-01-2042	2,305,000	2,066,652	2,108,527
RTX CORPORATION 6.4% 03-15-2054	410,000	408,463	480,332
RUTGERS ST UNIV N J 3.27% DUE 05-01-2043 REG	195,000	148,653	158,682
S&P GLOBAL INC 3.7% 03-01-2052	600,000	466,264	506,831
SABINE PASS LIQUEFACTION LLC 4.5% DUE 05-15-2030 REG	260,000	245,649	255,765
SAN DIEGO GAS & 6% DUE 06-01-2039	320,000	330,141	345,279
SEMPRA 6% DUE 10-15-2039	1,740,000	1,722,806	1,860,038
SHELL INTL FIN B V 3% DUE 11-26-2051	635,000	422,060	456,214
SHELL INTL FIN B V 3.75% DUE 09-12-2046	1,325,000	1,066,814	1,120,494
SHELL INTL FIN B V 6.375% DUE 12-15-2038	355,000	396,474	410,795
SHERWIN-WILLIAMS FIXED 3.3% DUE 05-15-2050	245,000	169,635	179,382
SIMON PTTY GROUP L 4.25% DUE 11-30-2046	950,000	744,302	805,055
SIMON PTTY GROUP L FIXED 6.75% DUE 02-01-2040	235,000	247,083	272,231
SIMON PROPERTY GROUP L.P. 5.85% DUE 03-08-2053	990,000	973,227	1,073,339
SMUCKER J M CO 6.5% 11-15-2053	634,000	629,486	742,143
SNAP ON INC FIXED 3.1% DUE 05-01-2050	340,000	243,033	261,368
STANFORD HLTH CARE 3.795% DUE 11-15-2048	145,000	117,131	120,228
STATE STR CORP FLTGT RT 3.031% DUE 11-01-2034	350,000	294,047	315,059
STATE STR CORP FLTGT RT 5.159% DUE 05-18-2034	740,000	694,882	751,277
SUNOCO LOGISTICS 5.3% DUE 04-01-2044	940,000	795,020	880,119
TAKEDA PHARMACEUTICAL CO LTD SR NT 3.025% 07-09-2040	965,000	687,823	757,765
T-MOBILE USA INC 5.75% 01-15-2054	226,000	225,085	246,156
T-MOBILE USA INC FIXED 5.65% DUE 01-15-2053	1,790,000	1,763,265	1,917,297
T-MOBILE USA INC TMUS 3.3% 02-15-2051	685,000	472,187	505,655
TRANSCANADA 4.625% DUE 03-01-2034	65,000	59,738	62,637
TRANSCANADA 4.875% DUE 05-15-2048	1,475,000	1,305,509	1,368,887
TRANSCONT GAS PIPE LINE 4.6% DUE 03-15-2048	780,000	651,845	715,346
TRANSCONTINENTAL GAS PIPE LINE CO LLC 3.95% DUE 05-15-2050	1,045,000	815,781	852,277
UDR INC 3.1% DUE 11-01-2034	285,000	218,912	237,661
UNION PAC CORP 3.2% DUE 05-20-2041	1,240,000	963,950	999,946
UNION PAC CORP 3.839% DUE 03-20-2060 BEO	205,000	151,233	170,208
UNION PAC CORP 3.95% DUE 08-15-2059	855,000	664,353	714,133
UNITED AIRLS PASS THRU TR 2016-2AA 2.875% DUE 04-07-2030	264,822	226,430	238,564
UNITEDHEALTH GROUP 5.875% DUE 02-15-2053	83,000	94,848	96,195
UNITEDHEALTH GROUP INC 4.45% DUE 12-15-2048 REG	1,600,000	1,420,258	1,473,140
UNITEDHEALTH GROUP INC 4.75% 05-15-2052	1,806,000	1,428,289	1,562,105
UNIVERSITY CALIF REVS 4.767% 05-15-2115 BEO TAXABLE	170,000	142,499	158,088
UNIVERSITY CALIF REVS 4.858% 05-15-2112 BEO TAXABLE	190,000	163,747	180,043
VA ELEC & PWR CO 4.45 02-15-2044	110,000	93,878	100,124
VA ELEC & PWR CO 6.35% DUE 11-30-2037	140,000	148,909	155,768
VERISK ANALYTICS FIXED 3.625% DUE 05-15-2050	1,470,000	1,069,557	1,123,747
VERIZON COMMUNICATIONS 3.4% DUE 03-22-2041 BEO	440,000	353,720	355,640
VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	2,775,000	2,008,937	2,168,644
VERIZON COMMUNICATIONS 3.7% DUE 03-22-2061 BEO	2,260,000	1,586,128	1,751,824
VERIZON COMMUNICATIONS INC 2.875% DUE 11-20-2050 BEO	525,000	336,937	359,522
VERIZON COMMUNICATIONS INC 3.875% 03-01-2052	380,000	293,669	314,075
VIACOMCBS INC FIXED 4.95% DUE 05-19-2050	410,000	299,507	335,805
VIRGINIA ELEC & PWR CO 4.625% 05-15-2052	275,000	235,973	250,540
VIRGINIA ELEC & PWR CO 4.65 DUE 08-15-2043	1,240,000	1,078,576	1,162,493
VISA INC 2.7% DUE 04-15-2040	630,000	479,999	491,197
VISA INC FIXED 2% DUE 08-15-2050	275,000	168,315	172,691
WARNERMEDIA HLDGS INC 5.141% 03-15-2052	2,025,000	1,583,590	1,777,938
WARNERMEDIA HLDGS INC SR NT 5.391% 03-15-2062	1,335,000	1,045,270	1,171,296
WELLS FARGO & CO 3.9% DUE 05-01-2045	770,000	628,894	642,457
WELLS FARGO & CO MEDIUM TERM 5.013% 04-04-2051	2,785,000	2,535,098	2,683,954
WELLTOWER INC 4.95% DUE 09-01-2048	86,000	73,686	84,975
WYETH NT 5.95 DUE 04-01-2037/03-27-2007 BEO	405,000	438,045	452,740
XCEL ENERGY INC 4.8% DUE 09-15-2041	1,060,000	930,032	964,740
XLIT LTD 5.25 12-15-2043	1,080,000	1,046,359	1,039,519
	228,926,046	261,036,403	278,808,531

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2023

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value		Cost	Current Value
COMMON STOCKS				
ACADIA HEALTHCARE CO INC COM	3,784	shares	\$ 213,363	\$ 294,244
ADR NICE LTD SPONSORED ADR	1,433	shares	231,181	285,898
ADVANCED DRAIN SYS INC DEL COM	2,410	shares	266,181	338,942
ALARM COM HLDGS INC COM	2,970	shares	198,065	191,921
AMBARELLA INC SHS	1,930	shares	151,567	118,290
AMICUS THERAPEUTICS INC COM	15,480	shares	207,832	219,661
AXON ENTERPRISE INC COM	1,437	shares	131,545	371,220
BIO-TECHNE CORP COM	3,240	shares	263,288	249,998
BLUEPRINT MEDICINES CORP COM	2,510	shares	214,215	231,522
BRIGHT HORIZONS FA COM USD0.001	2,425	shares	211,775	228,532
BRINKS CO COM	3,259	shares	209,493	286,629
BUILDERS FIRSTSOURCE INC COM STK	1,626	shares	62,577	271,444
BURLINGTON STORES INC COM	810	shares	155,751	157,529
BWX TECHNOLOGIES INC COM	5,703	shares	268,858	437,591
CAMECO CORP COM	5,165	shares	53,622	222,612
CARLYLE GROUP INC COM	10,030	shares	318,592	408,121
CASELLA WASTE SYS INC CL A COM STK	2,810	shares	217,503	240,143
CERTARA INC COM	7,516	shares	168,990	132,206
CF INDS HLDGS INC COM	3,040	shares	212,768	241,680
CHARLES RIV LABORATORIES INTL INC COM	640	shares	175,968	151,296
CHART INDS INC COM PAR \$0.01 COM PAR \$0.01	1,524	shares	241,760	207,767
CHEMED CORP NEW COM	682	shares	328,933	398,800
CLEARWATER ANALYTICS HLDGS INC CL A CL A	8,350	shares	151,128	167,251
COGNEX CORP COM	3,810	shares	247,696	159,029
CROWN HLDGS INC COM	3,082	shares	218,673	283,821
DYNATRACE INC COM	6,418	shares	323,105	351,000
E L F BEAUTY INC COM	2,710	shares	286,676	391,161
EAGLE MATLS INC COM	780	shares	147,061	158,410
ENCOMPASS HEALTH CORP COM USD0.01	6,369	shares	347,039	425,895
ENTEGRIS INC COM	1,322	shares	78,828	158,402
EURONET WORLDWIDE INC COM	892	shares	96,903	90,529
EVEREST GROUP LTD	500	shares	196,061	176,790
EVOLENT HEALTH INC CL A CL A	6,560	shares	193,333	216,677
EXLSERVICE COM INC COM STK	4,530	shares	133,458	139,751
FIRSTSERVICE CORP COM NPV	1,167	shares	56,289	189,422
FIVE BELOW INC COM USD0.01	1,680	shares	287,524	358,109
FLYWIRE CORP COM VTG COM VTG	7,327	shares	222,138	169,620
FRESHPET INC COM	4,569	shares	288,547	396,406
GLOBUS MED INC CL A NEW COM STK	2,130	shares	148,792	113,508
GUIDEWIRE SOFTWARE INC COM USD0.0001	3,407	shares	339,045	371,499
HEALTH EQUITY INC COM	3,015	shares	172,577	199,895
HEICO CORP NEW CL A CL A	1,870	shares	167,485	266,363
INSMED INC COM PAR \$ 0.01	5,564	shares	159,687	172,428
INSPIRE MED SYS INC COM	1,092	shares	213,383	222,146
INSULET CORP COM STK	1,230	shares	252,903	266,885
KOSMOS ENERGY LTD COM USD0.01	21,220	shares	166,805	142,386
LANCASTER COLONY CORP COM	1,984	shares	354,023	330,118
LATTICE SEMICONDUCTOR CORP COM	1,930	shares	174,726	133,151
LIVE NATION ENTERTAINMENT INC	2,355	shares	144,941	220,428
MERCURY SYSTEMS INC	7,751	shares	474,064	283,454
MERIT MED SYS INC COM	4,290	shares	237,973	325,868
NATIONAL VISION HLDGS INC COM	11,689	shares	305,109	244,651
NEOGEN CORP COM	10,230	shares	193,853	205,725
NEW FORTRESS INC CL A SHS REPSTG LTD LIABILITY	7,873	shares	308,589	297,048
NOBLE CORPORATION PLC COM	2,690	shares	141,370	129,550
NOVANTA INC NOVANTA INC	1,340	shares	109,819	225,669
PENUMBRA INC COM	1,288	shares	265,240	323,984
POOL CORP COM STK	970	shares	338,474	386,749
REGAL REXNORD CORPORATION COM STK USD0.01	840	shares	132,611	124,631
REPLIGEN CORP COM STK USD0.01	1,340	shares	223,455	240,932
REVOLVE GROUP INC CL A CL A	7,362	shares	354,910	122,062
SHOALS TECHNOLOGIES GROUP INC CL A CL A	6,762	shares	125,057	105,081
SITEONE LANDSCAPE SUPPLY INC COM	910	shares	137,995	147,875
SPS COMM INC COM	760	shares	137,601	147,318
SUPER MICRO COMPUTER INC COM USD0.001	760	shares	212,980	216,038
TECHNIPFMC PLC COM USD1	5,290	shares	46,240	106,541
TENABLE HLDGS INC COM	5,041	shares	223,294	232,188
TOPBUILD CORP COM	630	shares	167,784	235,784
TRADEWEB MKTS INC CL A CL A	2,700	shares	210,755	245,376
TREX CO INC COM	2,934	shares	108,857	242,906
TWIST BIOSCIENCE CORP COM	4,994	shares	223,763	184,079
TYLER TECHNOLOGIES INC COM STK	710	shares	277,243	296,865
VARONIS SYS INC COM	4,350	shares	123,108	196,968
VIRTU FINL INC CL A CL A	8,756	shares	195,106	177,397
WESTERN ALLIANCE BANCORPORATION COM	2,640	shares	163,122	173,686
WHITECAP RES INC COM NEW	19,710	shares	164,344	133,403
WILLSCOT MOBILE MINI HLDGS CORP COM	2,750	shares	125,896	122,375
			15,801,265	17,831,329
MUTUAL FUNDS				
MFO WILLIAM BLAIR FDS SMALL CAP ICM R6	636,326	shares	17,419,143	18,917,968
			17,419,143	18,917,968
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV				
NT COLLECTIVE RUSSELL 1000 INDEX FUND*	1,115,436	shares	24,043,917	65,103,535
CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUND	701,867	shares	19,601,450	14,636,235
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING*	52,184	shares	20,000,000	22,184,932
			63,645,367	101,924,702
103-12 INVESTMENT ENTITIES VALUED AT NAV				
CF THE SILCHESTER INTERNATIONAL INVESTORS INTL VALUE EQ GROUP TRUST	129,557	shares	19,453,877	24,034,588
			19,453,877	24,034,588
ALTERNATIVE INVESTMENTS / LIMITED PARTNERSHIPS VALUED AT NAV				
BPIF NON-TAXABLE L.P.	37,500,000	shares	37,500,000	68,143,654
CITY OF LONDON GLOBAL EMERGING □	211,748	shares	10,597,663	15,920,136
CLARION LION PROPERTIES FUND LLC	20,416	shares	23,743,450	32,233,668
BAXTER STREET FUND II LP	13,500,000	shares	13,500,000	22,434,077
			85,341,113	138,731,535
			\$ 633,334,126	\$ 754,288,954

*Denotes party in interest

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4j - Schedule of Reportable Transactions
 Year ended December 31, 2023

Identity of Party Involved		Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) - Single transactions in excess of 5 percent of plan assets.</u>				
THE NORTHERN TRUST COLLECTIVE SHORT-TERM				
	1 Purchase	63,421,246	63,421,246	-
	1 Purchase	52,652,286	52,652,286	-
	1 Sale	69,065,182	69,065,182	-
	1 Sale	43,211,285	43,211,285	-
<u>Category (iii) - Series of transactions by issue in excess of 5 percent of plan assets.</u>				
NORTHERN TRUST COLTV SHORT TERM INVT FD				
	436 Purchases	\$ 376,829,159	\$ 376,829,159	\$ -
	368 Sales	375,082,650	375,082,650	-
UNITED STATES OF AMER TREAS BILLS 0.0% T-BILL 11-09-2023				
	1 Purchases	19,713,922	19,713,922	-
	1 Sales	19,713,922	20,000,000	286,078

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2023.

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 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										
25-29	1	2	8	4						
30-34	4	19	85 \$63,725 \$7,773	108 \$76,615 \$23,876	6					
35-39		29 \$65,941 \$3,968	141 \$72,630 \$9,089	370 \$90,115 \$32,779	145 \$91,804 \$45,843	4				
40-44	4	44 \$68,920 \$5,256	116 \$81,018 \$12,342	310 \$103,446 \$39,385	324 \$99,628 \$53,611	133 \$96,916 \$70,022	7			
45-49	10	25 \$65,875 \$5,646	90 \$70,610 \$14,510	264 \$109,221 \$48,195	293 \$111,726 \$64,889	263 \$104,846 \$84,694	50 \$89,608 \$89,704	4		
50-54	4	28 \$62,278 \$6,280	84 \$76,602 \$15,535	295 \$103,457 \$53,217	317 \$97,186 \$62,093	278 \$97,100 \$85,806	157 \$99,896 \$103,357	89 \$102,692 \$120,505	6	
55-59	7	11	69 \$72,170 \$15,895	220 \$96,088 \$51,755	268 \$86,984 \$66,319	225 \$89,101 \$85,097	147 \$94,946 \$105,047	183 \$93,224 \$124,680	117 \$101,587 \$150,375	6
60-64	9	12	53 \$82,225 \$22,258	185 \$89,414 \$52,571	223 \$81,224 \$67,424	171 \$80,572 \$84,467	120 \$84,385 \$105,357	189 \$99,157 \$143,213	146 \$92,576 \$152,574	111 \$84,482 \$147,324
65-69	9	7	22 \$51,694 \$19,380	87 \$97,222 \$65,310	83 \$98,912 \$91,737	62 \$92,668 \$110,104	57 \$97,862 \$132,482	59 \$94,288 \$160,574	46 \$78,826 \$160,908	70 \$80,934 \$158,463
70+	4	4	11	22 \$54,847 \$42,961	28 \$73,536 \$95,688	23 \$55,363 \$70,711	8	13	10	18

N-7,236

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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

For ERISA Requirements

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
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1st Segment Rate	4.75%
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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
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1st Segment Rate	1.41%
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2nd Segment Rate	3.09%
------------------	-------

3rd Segment Rate	3.58%
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Salary Increases	See Table 1
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Cash Balance Interest Crediting Rate

OhioHealth	3.70%, set equal to the actual crediting rate for the current plan year
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MedCentral	3.66%, set equal to the actual crediting rate for the current plan year
------------	---

Cash Balance Annuity Conversion Rate	Based on the underlying interest rates and the applicable mortality table as of the valuation date
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Hardin Employee Contributions	2.00% interest crediting rate
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Annuity conversion rate based on the underlying interest rates and the applicable mortality table as of the valuation date

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

For ERISA Requirements

Optional Payment Form Elections – OhioHealth

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

Optional Payment Form Elections - MedCentral

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

Optional Payment Form Elections - Hardin

100% life annuity

Retirement Age

Active Participants	See Table 2
Terminated Vested Participants	Age 64 for OhioHealth, Age 61 for MedCentral, Age 67 for Hardin

Mortality Rates

Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
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Withdrawal Rates

See Table 3

Disability Rates

None

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

For ERISA Requirements

Valuation Compensation	2022 plan year pensionable earnings for OhioHealth
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2021 Plan Year	5.20%
2022 Plan Year	4.80%
2023 Plan Year	6.52%
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous plan year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 1

Salary Increases (2023)

Attained Age	Rate
Under 40	5.250%
40–44	4.875%
45–49	4.125%
50+	3.000%

Salary Increases (2024+)

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 2

Active Retirement Rates

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

Table 3

Withdrawal—Sample Rates

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

Plan Name	The Ohiohealth Cash Balance Retirement Plan
Plan Sponsor EIN	31-4394942
ERISA Plan No.	333
Plan Year End	12/31/2023

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

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

SCHEDULE SB (Form 5500) 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
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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 The OhioHealth Cash Balance Retirement Plan	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OhioHealth Corporation	D Employer Identification Number (EIN) 31-4394942
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2023			
2 Assets:			
a Market value.....		2a	742,358,094
b Actuarial value		2b	816,593,903
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,375	124,590,710	124,590,710
b For terminated vested participants.....	5,527	152,400,510	152,400,510
c For active participants.....	7,236	455,334,600	461,415,134
d Total	15,138	732,325,820	738,406,354
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		5.23 %
6 Target normal cost			
a Present value of current plan year accruals.....	6a		24,070,966
b Expected plan-related expenses	6b		3,483,000
c Target normal cost.....	6c		27,553,966

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	<u>7/18/2024</u> Date
Lori A. DeVore	Type or print name of actuary	2305257 Most recent enrollment number
Aon Consulting, Inc.	Firm name	614-825-9424 Telephone number (including area code)
8940 Lyra Dr. Suite 250 Columbus OH 43240	Address of the firm	

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

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

Schedule SB (Form 5500) 2023
v. 230728

Part II	Beginning of Year Carryover and Prefunding Balances
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Part II Beginning of Year Carryover and Remaining Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	96,286,743
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	96,286,743
10	Interest on line 9 using prior year's actual return of <u>-19.76%</u>	0	-19,026,260
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		113,820,623
	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>5.43%</u>		6,180,460
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		120,001,083
	d Portion of (c) to be added to prefunding balance.....		120,001,083
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	197,261,566

Part III Funding Percentages

14	Funding target attainment percentage	14	83.87 %
15	Adjusted funding target attainment percentage	15	110.58 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	107.87 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV | Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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 58
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6c).....	31a	27,553,966										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>119,074,017</td> <td>10,904,883</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	119,074,017	10,904,883	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	119,074,017	10,904,883										
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	38,458,849										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	38,458,849									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For ERISA Requirements

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	See Table 1
Cash Balance Interest Crediting Rate	
OhioHealth	3.70%, set equal to the actual crediting rate for the current plan year
MedCentral	3.66%, set equal to the actual crediting rate for the current plan year
Cash Balance Annuity Conversion Rate	Based on the underlying interest rates and the applicable mortality table as of the valuation date
Hardin Employee Contributions	2.00% interest crediting rate
	Annuity conversion rate based on the underlying interest rates and the applicable mortality table as of the valuation date

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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For ERISA Requirements

Optional Payment Form Elections – OhioHealth

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

Optional Payment Form Elections - MedCentral
Active Retirements

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

Optional Payment Form Elections - Hardin

100% life annuity

Retirement Age

Active Participants See Table 2

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

Mortality Rates

Healthy and Disabled 2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)

Withdrawal Rates

See Table 3

Disability Rates

None

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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For ERISA Requirements

Valuation Compensation	2022 plan year pensionable earnings for OhioHealth
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2021 Plan Year	5.20%
2022 Plan Year	4.80%
2023 Plan Year	6.52%
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous plan year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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Table 1

Salary Increases (2023)

Attained Age	Rate
Under 40	5.250%
40–44	4.875%
45–49	4.125%
50+	3.000%

Salary Increases (2024+)

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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Table 2

Active Retirement Rates

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

Table 3

Withdrawal—Sample Rates

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

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

Eligibility

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

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

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

Service

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Participant Contributions

OhioHealth and MedCentral: None

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

Normal Retirement Date

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

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

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

Normal Retirement Benefit

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

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

Delayed Retirement

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year

OhioHealth Cash Balance Retirement Plan

EIN: 31-4394942 PN: 333

Early Retirement

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

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

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

Disability Retirement

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

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

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

Compensation Credits

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

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

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

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

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

Interest Credits

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

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

Average Compensation

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

Accrued Benefit

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

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

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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Death Benefit

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

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

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

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

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

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

Severance Benefit

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

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

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The cash balance account will continue to earn Interest Credits until the participant's Normal Retirement Date. The participant has the option to receive an immediate distribution of the cash balance account if requested within 180 days of termination. Effective for OhioHealth employees hired on or after January 1, 2003, distributions are disallowed until the sum of the terminated participant's age and service equals or exceeds 70 unless the lump sum value is less than or equal to \$20,000. Effective January 1, 2019, MedCentral participants have the option to receive an immediate distribution when the lump sum value of the benefit is less than or equal to \$20,000.

Hardin: Upon the termination of employment after three or more years of service, a participant shall have a vested interest in their Accrued Benefit which will be payable at Normal Retirement Date. Effective January 1, 2019, Hardin participants have the option to receive an immediate distribution when the lump sum value of the benefit is less than or equal to \$20,000.

The percentage vested shall be:

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

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

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

Optional Methods of Settlement

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

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

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- (4) A single life annuity.
- (5) A lump sum settlement.

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

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

Amendment or Termination of Plan

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

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

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

Plan Changes Since the Prior Year

The funding and financial accounting valuations do not reflect any plan changes since the prior year.

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets from 4.80% to 6.52%.
- A change in the cash balance interest crediting assumption for OhioHealth Cash Balance participants from 2.73% to 3.70% and for MedCentral participants from 3.00% to 3.66%.
- A change in the salary increase assumption to a 50% increase of the current assumption for one year (2023), then back to the current age-based scale.

The rationales for selecting each of the assumptions used in the funding valuation and for the assumption changes summarized above are described in more detail in the document entitled “Actuarial Assumptions Review” dated September 2020.

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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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										
25-29	1	2	8	4						
30-34	4	19	85 \$63,725 \$7,773	108 \$76,615 \$23,876	6					
35-39		29 \$65,941 \$3,968	141 \$72,630 \$9,089	370 \$90,115 \$32,779	145 \$91,804 \$45,843	4				
40-44	4	44 \$68,920 \$5,256	116 \$81,018 \$12,342	310 \$103,446 \$39,385	324 \$99,628 \$53,611	133 \$96,916 \$70,022	7			
45-49	10	25 \$65,875 \$5,646	90 \$70,610 \$14,510	264 \$109,221 \$48,195	293 \$111,726 \$64,889	263 \$104,846 \$84,694	50 \$89,608 \$89,704	4		
50-54	4	28 \$62,278 \$6,280	84 \$76,602 \$15,535	295 \$103,457 \$53,217	317 \$97,186 \$62,093	278 \$97,100 \$85,806	157 \$99,896 \$103,357	89 \$102,692 \$120,505	6	
55-59	7	11 \$72,170 \$15,895	69 \$96,088 \$51,755	220 \$86,984 \$66,319	268 \$89,101 \$85,097	225 \$94,946 \$105,047	147 \$93,224 \$124,680	183 \$101,587 \$150,375	117	6
60-64	9	12 \$82,225 \$22,258	53 \$89,414 \$52,571	185 \$81,224 \$67,424	223 \$80,572 \$84,467	171 \$84,385 \$105,357	120 \$99,157 \$143,213	189 \$92,576 \$152,574	146 \$80,934 \$158,463	111
65-69	9	7 \$51,694 \$19,380	22 \$97,222 \$65,310	87 \$98,912 \$91,737	83 \$92,668 \$110,104	62 \$97,862 \$132,482	57 \$94,288 \$160,574	59 \$78,826 \$160,908	46 \$80,934 \$158,463	70
70+	4	4 \$54,847 \$42,961	11 \$73,536 \$95,688	22 \$55,363 \$70,711	28	23	8	13	10	18

N-7,236

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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	36,960,194	35,679,353	12,073,377	84,712,925
2024	34,628,226	7,240,577	11,823,958	53,692,761
2025	34,156,371	7,791,530	11,539,070	53,486,971
2026	33,902,462	6,920,772	11,210,523	52,033,757
2027	33,607,063	8,173,622	10,885,519	52,666,204
2028	32,364,172	9,062,408	10,556,064	51,982,645
2029	32,086,533	9,060,174	10,185,385	51,332,091
2030	31,554,800	8,229,953	9,812,263	49,597,015
2031	30,478,422	6,947,558	9,330,561	46,756,541
2032	29,591,585	8,311,464	8,920,179	46,823,227
2033	28,990,878	7,349,210	8,495,382	44,835,470
2034	28,488,481	9,121,375	8,058,874	45,668,730
2035	28,113,487	9,061,914	7,612,035	44,787,436
2036	27,551,838	9,178,443	7,154,734	43,885,015
2037	26,915,352	8,688,647	6,686,780	42,290,778
2038	25,809,767	8,838,903	6,214,875	40,863,545
2039	25,602,671	8,827,013	5,749,676	40,179,360
2040	24,747,897	7,829,487	5,282,672	37,860,056
2041	24,423,246	8,025,746	4,817,258	37,266,250
2042	23,609,560	8,658,442	4,357,338	36,625,340
2043	23,252,744	7,273,643	3,907,116	34,433,502
2044	22,361,741	7,099,333	3,470,893	32,931,967
2045	22,019,793	8,055,620	3,052,970	33,128,383
2046	20,218,823	7,536,141	2,657,430	30,412,393
2047	19,417,463	7,637,971	2,287,915	29,343,349
2048	18,820,689	6,024,847	1,947,468	26,793,005
2049	16,884,280	4,917,843	1,638,343	23,440,466
2050	15,741,301	4,727,992	1,361,857	21,831,150
2051	13,996,502	4,629,713	1,118,380	19,744,596
2052	12,007,646	2,571,317	907,364	15,486,327
2053	10,816,244	2,276,095	727,426	13,819,764
2054	9,316,724	1,695,666	576,502	11,588,892
2055	8,342,033	1,364,612	452,012	10,158,657
2056	7,038,662	1,010,319	351,020	8,400,002
2057	6,316,816	741,903	270,421	7,329,140
2058	5,602,227	667,771	207,114	6,477,112
2059	5,013,118	586,103	158,134	5,757,355
2060	4,491,501	533,577	120,752	5,145,831
2061	4,032,073	484,575	92,556	4,609,204
2062	3,602,549	439,032	71,485	4,113,066
2063	3,206,046	396,826	55,839	3,658,711
2064	2,856,860	357,790	44,251	3,258,901
2065	2,528,364	321,734	35,656	2,885,754
2066	2,232,304	288,448	29,242	2,549,993

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	1,955,758	257,726	24,403	2,237,887
2068	1,709,178	229,376	20,698	1,959,252
2069	1,482,802	203,226	17,808	1,703,836
2070	1,278,173	179,123	15,511	1,472,806
2071	1,093,999	156,942	13,649	1,264,590
2072	929,019	136,582	12,114	1,077,716

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 119,074,017	January 1, 2023	15	\$ 10,904,883

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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	36,960,194	35,679,353	12,073,377	84,712,925
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2043	23,252,744	7,273,643	3,907,116	34,433,502
2044	22,361,741	7,099,333	3,470,893	32,931,967
2045	22,019,793	8,055,620	3,052,970	33,128,383
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2064	2,856,860	357,790	44,251	3,258,901
2065	2,528,364	321,734	35,656	2,885,754
2066	2,232,304	288,448	29,242	2,549,993

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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2071	1,093,999	156,942	13,649	1,264,590
2072	929,019	136,582	12,114	1,077,716

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

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

Eligibility

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

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

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

Service

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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Participant Contributions

OhioHealth and MedCentral: None

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

Normal Retirement Date

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

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

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

Normal Retirement Benefit

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

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

Delayed Retirement

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year

OhioHealth Cash Balance Retirement Plan

EIN: 31-4394942 PN: 333

Early Retirement

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

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

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

Disability Retirement

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

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

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

Compensation Credits

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

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

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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Age	Compensation Credits
0-29	2.5%
30-49	3.0%
40-49	4.0%
50-59	5.0%
60+	6.0%

Interest Credits

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

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

Average Compensation

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

Accrued Benefit

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

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

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

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

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OhioHealth Cash Balance Retirement Plan
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Death Benefit

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

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

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

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

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

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

Severance Benefit

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
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The cash balance account will continue to earn Interest Credits until the participant's Normal Retirement Date. The participant has the option to receive an immediate distribution of the cash balance account if requested within 180 days of termination. Effective for OhioHealth employees hired on or after January 1, 2003, distributions are disallowed until the sum of the terminated participant's age and service equals or exceeds 70 unless the lump sum value is less than or equal to \$20,000. Effective January 1, 2019, MedCentral participants have the option to receive an immediate distribution when the lump sum value of the benefit is less than or equal to \$20,000.

Hardin: Upon the termination of employment after three or more years of service, a participant shall have a vested interest in their Accrued Benefit which will be payable at Normal Retirement Date. Effective January 1, 2019, Hardin participants have the option to receive an immediate distribution when the lump sum value of the benefit is less than or equal to \$20,000.

The percentage vested shall be:

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

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

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

Optional Methods of Settlement

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

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

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(4) A single life annuity.

(5) A lump sum settlement.

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

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

Amendment or Termination of Plan

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

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

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

Plan Changes Since the Prior Year

The funding and financial accounting valuations do not reflect any plan changes since the prior year.

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

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

Plan Name	The Ohiohealth Cash Balance Retirement Plan
Plan Sponsor EIN	31-4394942
ERISA Plan No.	333
Plan Year End	12/31/2023

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 119,074,017	January 1, 2023	15	\$ 10,904,883

Schedule SB Attachment (Form 5500)—2023 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets from 4.80% to 6.52%.
- A change in the cash balance interest crediting assumption for OhioHealth Cash Balance participants from 2.73% to 3.70% and for MedCentral participants from 3.00% to 3.66%.
- A change in the salary increase assumption to a 50% increase of the current assumption for one year (2023), then back to the current age-based scale.

The rationales for selecting each of the assumptions used in the funding valuation and for the assumption changes summarized above are described in more detail in the document entitled “Actuarial Assumptions Review” dated September 2020.