

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	14589
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	6616
	6a(2)	6188
	6b	2455
	6c	5173
	6d	13816
	6e	263
	6f	14079
	6g(1)	
6g(2)		
6h		5
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) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>754288957</u>
	b Actuarial value	2b	<u>806400798</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>2489</u>	<u>134748478</u>
	b For terminated vested participants	<u>5499</u>	<u>150520646</u>
	c For active participants	<u>6616</u>	<u>431023247</u>
	d Total	<u>14604</u>	<u>716292371</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.10 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>21879583</u>
	b Expected plan-related expenses	6b	<u>3888000</u>
	c Target normal cost	6c	<u>25767583</u>

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

SIGN HERE	
Signature of actuary	<u>08/11/2025</u>
<u>LORI A. DEVORE</u>	Date
Type or print name of actuary	<u>23-05257</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>614-825-9424</u>
<u>8940 LYRA DR. SUITE 250 COLUMBUS, OH 43240</u>	Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	197261566
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	38458849
9	Amount remaining (line 7 minus line 8)	0	158802717
10	Interest on line 9 using prior year's actual return of <u>9.19</u> %	0	14593970
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	173396687

Part III Funding Percentages			
14	Funding target attainment percentage	14	87.45 %
15	Adjusted funding target attainment percentage	15	111.40 %
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	83.87 %
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> 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) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 25767583
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	90819611	8772658	
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 34540241
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	34540241	34540241
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
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

(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	657895	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	483543	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	317512	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	265219	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	223147	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	175422	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

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	155493	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	84770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PLANTE & MORAN, PLLC

33-1498605

(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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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	9890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>▶</u> <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>77251523</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>24082788</u>
---------------------------------------	-------------------------------	---

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>16232202</u>
---------------------------------------	-------------------------------	---

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>23047742</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)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	38821638
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11502073	15335142
(2) U.S. Government securities	1c(2)	162538228	180961568
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	278808531	262543495
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	17831329	20161109
(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)	101924702	116531467
(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)	24034588	24082788
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18917968	18835245
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	138731535	65315585

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	754288954	742588037
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	754288954	742588037

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)	-3942	
(B) U.S. Government securities.....	2b(1)(B)	5930332	
(C) Corporate debt instruments.....	2b(1)(C)	13459499	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	501441	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19887330
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	98944	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2453894	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2552838
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	271030038	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	286237209	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-15207171
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	8023889	
(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)	20596597
(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)	476449
c Other income	2c	1100702
d Total income. Add all income amounts in column (b) and enter total	2d	37430634

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45304615
(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)	45304615
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)	657895
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	1454804
(6) Bank or trust company trustee/custodial fees	2i(6)	175422
(7) Actuarial fees	2i(7)	84770
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	1439045
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3826936
j Total expenses. Add all expense amounts in column (b) and enter total	2j	49131551

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-11700917
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: **33-1498605**

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 548465.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	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	453
--	---	-----

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 29.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 60.2 %
 High-Yield Debt: 0.0 % Real Assets: 3.5 % Cash or Cash Equivalents: 1.7 % Other: 5.1 %

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

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, 2024 and 2023
With Report of Independent Auditors

OhioHealth Cash Balance Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator and OhioHealth
Audit and Compliance 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, 2024 and 2023 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, 2024 and 2023 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 \$128,220,000 (17 percent of net assets available for benefits) at December 31, 2024 and \$162,766,000 (22 percent of net assets available for benefits) at December 31, 2023 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.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 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 schedule, we evaluated whether the supplemental schedule, 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 and Compliance Committee
OhioHealth Cash Balance Retirement Plan

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

Plante & Moran, PLLC

Columbus, Ohio
September 17, 2025

OhioHealth Cash Balance Retirement Plan
Statement of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments-at fair value:		
Interest-bearing cash	\$ 15,335,142	\$ 11,502,073
U.S. government securities	180,961,568	162,538,228
Corporate, municipal, and foreign obligations	262,543,495	278,808,531
Common stocks	20,161,109	17,831,329
Mutual funds	18,835,245	18,917,968
Common and Collective Trusts valued at NAV (net asset value)	116,531,467	101,924,702
103-12 Investment entities valued at NAV	24,082,788	24,034,588
Alternative investments / Limited Partnerships valued at NAV	65,315,585	138,731,535
Due from broker for securities sold	38,821,638	-
Net assets available for benefits	\$ 742,588,037	\$ 754,288,954

OhioHealth Cash Balance Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Years ended December 31	
	2024	2023
Additions		
Interest and dividends	\$ 22,440,168	\$ 18,802,709
Realized and unrealized gains on investments	14,990,466	41,401,482
Total additions - Net	37,430,634	60,204,191
Deductions		
Benefit payments to participants	45,304,615	47,742,028
Professional fees	910,156	961,608
Investment advisory and management fees	1,477,735	1,452,694
Other administrative expenses	1,439,045	1,469,031
Total deductions	49,131,551	51,625,361
Net (decrease) increase	(11,700,917)	8,578,830
Net assets available for benefits at beginning of year	754,288,954	745,710,124
Net assets available for benefits at end of year	\$ 742,588,037	\$ 754,288,954

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 4.15% and 3.66% for 2024 and 2023. For all other participants, effective for interest credited after December 31, 2016, the Interest Credit factor shall be equal to the greater of: (a) the average annual yield on 5-year Treasury securities at constant maturity for the month of September of the preceding Plan Year, as reported in the Federal Reserve Statistical Release; or (b) 2.73%. The credit rate used by the Plan was 4.49% and 3.70% for 2024 and 2023 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 17, 2025, 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, 2024
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 120,999,658
Other participants	515,553,904
	636,553,562
Nonvested benefits	7,338,445
Total actuarial present value of accumulated plan benefits	\$ 643,892,007

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, 2024 is as follows:

	January 1, 2024
Actuarial present value of accumulated plan benefits At January 1, 2023	\$ 661,758,401
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains	18,275,370
Interest due to increase for the discount period	41,614,832
Benefits paid	(47,742,028)
Change in actuarial assumptions	(30,014,568)
Net decrease	(17,866,394)
Actuarial present value of accumulated plan benefits At January 1, 2024	\$ 643,892,007

The above summary of actuarial present value of accumulated plan benefits and summary of changes in the actuarial present value of accumulated plan benefits is as of and for the year ended January 1, 2024.

Significant assumptions underlying the actuarial computations as of January 1, 2024 are as follows:

Rate of return on investments:	6.61%
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 assumption from segment rates as of September 2022 to segment rates of September 2023, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under the ARPA.
- A change in the mortality assumption from the 2023 Static Mortality Table for Annuitants and Non-Annuitants per person 1.430(h)(3)-1(e) to the 2024 Generational Mortality Table for Annuitants and Non-Annuitants per section 1.430(h)(3)-1(e).
- A change in the interest rate from 6.52% to 6.61%.
- A change in the mortality for cash balance annuity conversion from the 2023 417(e) mortality table to the 2024 417(e) mortality table.
- A change in the cash balance interest crediting assumption for OhioHealth participants from 3.70 percent to 4.49 percent for 2024 and 2.73 percent after.
- A change in the cash balance interest crediting assumption for MedCentral participants from 3.66 percent to 4.15 percent for 2024 and 3.75 percent after.
- A change in the employee contributions interest crediting assumption for Hardin participants from 2.00 percent to 4.00 percent.
- A change in the retirement age assumption.
- A change in the retirement rate assumption.
- A change in the optional payment to election assumptions.
- A change in the salary assumption.

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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

5. Risks and Uncertainties (continued)

subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the statements of net assets available for benefits.

6. Fair Value

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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

Disclosure concerning assets measured at fair value are as follows:

Assets and Liabilities Measured at Fair Value at December 31, 2024

	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	\$ -	\$ 15,335,142	\$ -	\$ 15,335,142
US Government securities	-	180,961,568	-	180,961,568
Corporate, municipal, and foreign obligations	-	262,543,495	-	262,543,495
Common stocks	20,161,109	-	-	20,161,109
Mutual funds	18,835,245	-	-	18,835,245
Subtotal	38,996,354	458,840,205	-	497,836,559
Investment valued at NAV				
Equities – domestic ⁽¹⁾	-	-	-	77,251,523
Equities – emerging markets ⁽²⁾	-	-	-	16,232,202
Equities – international ⁽³⁾	-	-	-	23,047,742
Equities – international ⁽⁴⁾	-	-	-	24,082,788
Multi-strategy hedge fund ⁽⁵⁾	-	-	-	38,114,881
Equities – Emerging markets fund ⁽⁶⁾	-	-	-	17,212,583
Real estate fund ⁽⁷⁾	-	-	-	25,960,859
Equities – international ⁽⁸⁾	-	-	-	706,757
Equities - international ⁽⁹⁾	-	-	-	22,142,143
Subtotal	-	-	-	244,751,478
Total	\$ 38,996,354	\$ 458,840,205	\$ -	\$ 742,588,037

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)**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	\$ 36,749,297	\$ 452,848,832	\$ -	\$ 754,288,954

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.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

The fund is expected to consist of 90 to 110 closed-end funds, with each underlying fund holding approximately 70 securities.

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.
- (9) The non-diversified fund invests primarily in equity securities of non-U.S. domiciled companies or depositary receipts of non-U.S. domiciled companies, located in developed countries but may also invest in emerging markets. WCM is the general partner of the fund and uses a bottom-up approach that seeks to identify companies with attractive fundamentals, such as long-term growth in revenue and earnings, and that show a high probability for superior future growth.

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, 2024 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

6. Fair Value (continued)

	Investments Held at December 31, 2024			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trusts				
Domestic large cap equity	\$ 77,251,523	-	Daily	1 day
Emerging markets	16,232,202	-	Daily	10 days
International equities	23,047,742	-	Daily	1 day
103-12 Investment Entities				
International equities	24,082,788	-	Monthly	30 days
Alternative Investments – Limited Partnerships				
Emerging markets	17,212,583	-	Monthly	30 days
Real estate funds	25,960,859	-	Quarterly	90 days
International equities	706,757	-	Monthly	30 days
Multi-strategy hedge fund	38,114,881	-	Semi Annual	95 days
International equities	22,142,143	-	Monthly	5 days
Total	<u>\$ 244,751,478</u>	<u>-</u>		

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	<u>\$ 264,690,825</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, 2024

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	\$ 15,335,142.00	\$ 15,335,142
US GOVERNMENT SECURITIES			
FHLMC MULTICLASS SER 004910 CL LZ 3 09-25-2049	76,263 shares	51,428.00	45,646
FNMA REMIC TR 2013-18 CL-DY 2 03-25-2033	55,000 shares	46,126.00	46,742
UNITED MEXICAN STATES 4.28% 08-14-2041	2,647,000 shares	2,078,254.00	1,984,228
UNITED MEXICAN STATES 6.4% 05-07-2054	200,000 shares	198,646.00	181,017
UNITED STATES OF AMER TREAS BONDS 3% DUE08-15-2052	195,000 shares	167,480.00	142,358
UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053	70,000 shares	62,435.00	57,330
UNITED STATES OF AMER TREAS BONDS 3.625%02-15-2053	211,000 shares	204,919.00	174,615
UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043	1,050,000 shares	1,035,531.00	1,006,361
UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043	6,608,000 shares	6,461,101.00	6,333,366
UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044	2,531,000 shares	2,526,777.00	2,461,312
UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044	100,000 shares	99,879.00	97,247
UNITED STATES OF AMER TREAS BONDS DTD 4.0% 11-15-2052	7,050,000 shares	6,175,531.00	6,188,014
UNITED STATES OF AMER TREAS NOTES .625% DUE 08-15-2030	3,000,000 shares	2,385,129.00	2,443,059
UNITED STATES OF AMER TREAS NOTES 4.0% 07-31-2029	5,000,000 shares	5,090,837.00	5,003,813
UNITED STATES OF AMER TREAS NOTES 4.0% 07-31-2031	3,175,000 shares	3,248,918.00	3,166,308
UNITED STATES OF AMER TREAS NOTES 4.0% 12-15-2025	4,400,000 shares	4,363,391.00	4,400,726
UNITED STATES OF AMER TREAS NOTES 4.25% 08-31-2030	10,900,000 shares	10,706,521.00	10,883,738
UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034	7,575,000 shares	7,510,951.00	7,421,506
UNITED STATES OF AMER TREAS NOTES 4.375%12-15-2026	15,200,000 shares	15,271,301.00	15,264,308
UNITED STATES OF AMER TREAS NOTES 4.625%06-30-2026	3,100,000 shares	3,091,534.00	3,116,865
UNITED STATES OF AMER TREAS NOTES 5% NTS 09-30-2025	4,300,000 shares	4,283,218.00	4,377,372
UNITED STATES TREAS 2.75% 02-15-2028	3,000,000 shares	2,832,082.00	2,895,341
UNITED STATES TREAS BDS 1.875% DUE 02-15-2051 REG	206,000 shares	123,053.00	116,223
UNITED STATES TREAS BDS 2.25% DUE 05-15-2051 REG	400,000 shares	298,283.00	253,202
UNITED STATES TREAS BDS 4.375% DUE 11-15-2039	5,000,000 shares	5,251,778.00	4,825,081
UNITED STATES TREAS BDS 4.625% 05-15-2044	385,000 shares	376,421.00	375,942
UNITED STATES TREAS BDS 4.625% 05-15-2044	9,526,000 shares	9,693,155.00	9,301,887
UNITED STATES TREAS BDS 4.625% 11-15-2044	380,000 shares	382,810.00	371,119
UNITED STATES TREAS BDS DTD 3.125% 05-15-2048	4,500,000 shares	3,896,737.00	3,393,785
UNITED STATES TREAS BDS DTD 02/15/2023 3.875% 02-15-2043	390,000 shares	378,030.00	350,188
UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043	95,000 shares	95,508.00	94,484
UNITED STATES TREAS BDS DTD 2.75% 08-15-2047	2,000,000 shares	1,609,149.00	1,429,212
UNITED STATES TREAS NTS 2.875% 08-15-2028	2,000,000 shares	1,892,430.00	1,923,984
UNITED STATES TREAS NTS 3.625% 12-31-2029	3,300,000 shares	3,359,568.00	3,223,912
UNITED STATES TREAS NTS 3.875% 09-30-2029	2,400,000 shares	2,404,510.00	2,371,261
UNITED STATES TREAS NTS 4.25% 12-31-2025	4,900,000 shares	4,890,638.00	4,901,762
UNITED STATES TREAS NTS 4.375% 07-31-2026	3,750,000 shares	3,787,721.00	3,824,662
UNITED STATES TREAS NTS 4.625% 09-15-2026	3,600,000 shares	3,630,809.00	3,670,908
UNITED STATES TREAS NTS DTD 02/29/2024 4.25% 02-28-2031	5,400,000 shares	5,389,242.00	5,416,175
UNITED STATES TREAS NTS DTD 06/30/2024 4.25% 06-30-2031	3,900,000 shares	3,960,191.00	3,851,099
UNITED STATES TREAS NTS DTD 09/30/2018 3.0% DUE 09-30-2025	4,000,000 shares	3,869,701.00	3,994,222
UNITED STATES TREAS NTS DTD 11/30/2022 3.875% 11-30-2027	9,000,000 shares	8,991,241.00	8,928,003
UNITED STATES TREAS NTS DTD 3.875% 11-30-2029	9,000,000 shares	9,028,513.00	8,827,456
UNITED STATES TREAS NTS FIXED 2.625% 12-31-2025	2,500,000 shares	2,388,094.00	2,462,017
UNITED STATES TREAS NTS T NOTE 2.125% 05-31-2026	3,000,000 shares	2,805,127.00	2,918,651
UNITED STATES TREAS SEC STRIPPED INT PMT00839 08-15-2034 (UNDDATE) REG	3,440,000 shares	2,184,606.00	2,178,315
UNITED STATES TREAS SEC STRIPPED INT PMT00840 02-15-2035 (UNDDATE) REG	4,000,000 shares	2,479,720.00	2,470,146
UNITED STATES TREAS SEC STRIPPED INT PMT00841 08-15-2035 (UNDDATE) REG	4,000,000 shares	2,430,720.00	2,410,801
UNITED STATES TREAS SEC STRIPPED INT PMT00842 02-15-2036 (UNDDATE) REG	4,000,000 shares	2,384,800.00	2,349,317
UNITED STATES TREAS SEC STRIPPED INT PMT00886 05-15-2033 (UNDDATE) REG	5,000,000 shares	3,345,600.00	3,368,750
UNITED STATES TREAS SEC STRIPPED INT PMT00887 11-15-2033 (UNDDATE) REG	5,000,000 shares	3,275,950.00	3,285,364
UNITED STATES TREAS SEC STRIPPED INT PMT00888 05-15-2034 (UNDDATE) REG	565,000 shares	359,769.00	362,296
US TREASURY N/B 3.875% 08-15-2034	451,000 shares	439,478.00	433,148
US TREASURY N/B 4.25% 08-15-2054	2,110,000 shares	2,006,186.00	1,964,192
UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15-2054	2,989,000 shares	831,360.00	767,198
WI TREASURY SEC 3.375% DUE 11-15-2048 REG	5,000,000 shares	4,355,645.00	3,932,652
WI TREASURY SEC 3.75% TNOTE 08-31-2031	3,000,000 shares	3,016,418.00	2,912,429
WI TREASURY SEC 3.875% 05-15-2043	12,000 shares	11,482.00	10,633
		183,516,432.00	180,961,568
CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS			
ESC LEHMAN BRTH HLD D08/24/06 0.010% FA09 ESCROW	317,000 principal amount 0.0000% due 8/22/09	250,500.00	22,190
ESC MNLHMAN BRTHRS HLDGR VAR D122106M122308GL ESCROW	77,000 principal amount 0.0000% due 12/23/08	60,447.00	54
IN DEFAULT PVTPL SIGMA FIN INC NT 0 DUE 12-31-2040	453,250 principal amount 0.0000% due 12/31/40	453,187.00	286
ABBVIE INC 4.25% DUE 11-21-2049 REG	1,420,000 shares	1,186,372.00	1,162,953
ABBVIE INC 4.4% DUE 11-06-2042	1,170,000 shares	997,735.00	1,022,134
ABBVIE INC 4.875% DUE 11-14-2048	1,355,000 shares	1,256,065.00	1,227,058
ABBVIE INC 5.4% 03-15-2054	376,000 shares	374,710.00	368,024
ACE INA HLDGS INC 6.7% DUE 05-15-2036	315,000 shares	348,956.00	352,206
ALABAMA POWER CO 3.7% 12-01-2047	250,000 shares	193,696.00	187,532
ALABAMA PWR CO 3.85% DUE 12-01-2042	1,790,000 shares	1,427,443.00	1,429,696
ALABAMA PWR CO 4.3% DUE 01-02-2046	540,000 shares	446,895.00	460,251
ALABAMA PWR CO 6% DUE 03-01-2039	215,000 shares	224,247.00	228,683
ALEXANDRIA REAL ESTATE EQUITIES INC 5.15% 04-15-2053	665,000 shares	640,192.00	601,068
ALPHABET INC 2.05% 08-15-2050	272,000 shares	169,491.00	153,056
AMAZON COM INC NT 3.25% 05-12-2061	980,000 shares	678,985.00	643,290
AMAZON.COM INC 3.95% 04-13-2052	2,545,000 shares	2,133,700.00	2,031,985
AMERICAN ELEC PWR CO INC 3.25% DUE 03-01-2050/03-05-2020 REG	845,000 shares	581,984.00	552,688
AMERICAN MUN PWR OHIO INC REV 6.053% 02-15-2043 BEO TAXABLE	645,000 shares	710,674.00	670,042
AMGEN INC 4.4% 05-01-2045	2,035,000 shares	1,796,327.00	1,704,181
AMGEN INC 5.65% 03-02-2053	2,248,000 shares	2,248,929.00	2,210,469
AMPHENOL CORP 5.375% 11-15-2054	607,000 shares	597,464.00	583,698
ANALOG DEVICES INC 2.95% 10-01-2051	270,000 shares	183,812.00	173,768
ANHEUSER-BUSCH COS LLC CORP 4.7% 02-01-2036	1,600,000 shares	1,524,939.00	1,548,084
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046	3,660,000 shares	3,486,496.00	3,405,834
ANTHEM INC 4.375% 12-01-2047	1,410,000 shares	1,167,167.00	1,144,067
ANTHEM INC FIXED 3.7% 09-15-2049	1,305,000 shares	1,000,358.00	945,101
APPLE INC 2.85% DUE 08-05-2061 BEO	1,810,000 shares	1,175,604.00	1,107,563
APPLE INC 3.85% DUE 08-04-2046	445,000 shares	380,998.00	366,234
APPLE INC 4.65% DUE 02-23-2046	280,000 shares	269,458.00	261,260
APTIV SWISS HOLDINGS LIMITED 3.1% 12-01-2051	445,000 shares	274,160.00	261,873
APTIV SWISS HOLDINGS LIMITED 4.15% 05-01-2052	1,535,000 shares	1,135,911.00	1,103,944
APTIV SWISS HOLDINGS LIMITED 5.4% 03-15-2049	265,000 shares	225,390.00	231,839
ARES FIN CO IV LLC SR NT 144A 3.65% 02-01-2052	328,000 shares	210,517.00	235,008
ARTHUR J GALLAGHER & CO 5.55% 02-15-2055	596,000 shares	592,281.00	576,360
ARTHUR J GALLAGHER & CO 5.75% 07-15-2054	640,000 shares	632,243.00	650,697
ASTRAZENECA PLC 6.45% DUE 09-15-2037	669,000 shares	753,614.00	746,770
AT&T INC 3.5% DUE 09-15-2053 REG	4,295,000 shares	2,971,415.00	2,937,901
AT&T INC 3.55% DUE 09-15-2055	2,770,000 shares	1,894,667.00	1,897,896
AT&T INC 3.65% DUE 09-15-2059	895,000 shares	606,285.00	604,002
AXA EQUITABLE HLDGS INC FIXED 5% 04-20-2048 BEO	764,000 shares	672,571.00	689,055
BAE SYS HLDGS INC 4.75% DUE 10-07-2044	515,000 shares	448,424.00	464,834
BANK AMER CORP 3.311% DUE 04-22-2042	1,015,000 shares	751,190.00	766,183
BANK OF AMERICA CORP 5.425% 08-15-2035	180,000 shares	180,000.00	179,365

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, 2024

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)			
BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19-2020 REG	2,360,000 shares	\$ 1,601,742.00	\$ 1,643,083
BANK OF AMERICA CORPORATION 4.244% 04-24-2038	3,670,000 shares	3,173,456.00	3,296,015
BAY AREA TOLL AUTH CALIF TOLL BRDG REV 3.176% 04-01-2041 BEO TAXABLE	890,000 shares	722,306.00	689,748
BERKSHIRE HATHAWAY ENERGY CO 3.8% 07-15-2048	135,000 shares	103,864.00	102,634
BERKSHIRE HATHAWAY ENERGY CO 4.25% DUE 10-15-2050	655,000 shares	512,759.00	523,767
BERKSHIRE HATHAWAY FIN CORP 4.25% DUE 01-15-2049	1,265,000 shares	1,116,260.00	1,082,636
BERKSHIRE HATHAWAY FIXED 4.45% DUE 01-15-2049	1,295,000 shares	1,116,446.00	1,096,395
BHP BILLITON FIN 5% DUE 09-30-2043	1,315,000 shares	1,278,622.00	1,246,379
BOEING CO FIXED 5.805% DUE 05-01-2050	1,719,000 shares	1,645,919.00	1,612,299
BP CAP MKTS AMER INC 3.379% 02-08-2061	1,985,000 shares	1,356,309.00	1,285,655
BRISTOL MYERS FIXED 4.25% DUE 10-26-2049	165,000 shares	144,118.00	134,802
BRISTOL MYERS FIXED 4.55% DUE 02-20-2048	860,000 shares	782,648.00	746,443
BRISTOL MYERS SQUIBB CO 5.55% 02-22-2054	504,000 shares	502,029.00	499,092
BROADCOM INC 4.3% DUE 11-15-2032 BEO	280,000 shares	248,017.00	265,682
BROOKFIELD FIN INC 5.968% 03-04-2054	805,000 shares	805,000.00	830,410
BURL NORTHN SANTA 5.75% DUE 05-01-2040	575,000 shares	601,877.00	596,282
BURLINGTON NORTHERN SANTA FE LLC 5.5% 03-15-2055	583,000 shares	579,910.00	592,652
BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052	1,365,000 shares	921,420.00	852,693
BURLINGTON NORTHN SANTA FE LLC 4.9 DUE 04-01-2044 REG	445,000 shares	416,693.00	413,582
CALIFORNIA HEALTH FACS FING AUTH REV 4.353% 06-01-2041 BEO TAXABLE	1,280,000 shares	1,102,386.00	1,140,269
CALIFORNIA ST 7.5% 04-01-2034 BEO TAXABLE	965,000 shares	1,176,729.00	1,119,023
CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000	150,000 shares	189,295.00	180,136
CANADIAN PAC RY CO 4.2% 11-15-2069	1,785,000 shares	1,407,088.00	1,321,919
CAROLINA PWR & LT 4.1% DUE 03-15-2043	2,100,000 shares	1,729,673.00	1,743,050
CATERPILLAR INS 3.803% DUE 08-15-2042	945,000 shares	803,182.00	782,130
CDN NAT RES LTD FIXED 4.95% DUE 06-01-2047	1,355,000 shares	1,209,897.00	1,168,634
CDN NATL RY CO 6.2% DUE 06-01-2036	1,060,000 shares	1,149,297.00	1,140,245
CDN PAC RY CO NEW 6.125% DUE 09-15-2115	684,000 shares	677,489.00	697,876
CHARLES SCHWAB CORP 5.853% 05-19-2034	788,000 shares	785,342.00	817,243
CHARTER 5.375% 05-01-2047	1,860,000 shares	1,493,917.00	1,544,973
CHARTER 6.484% DUE 10-23-2045	374,000 shares	345,834.00	358,292
CHARTER COMMUNICATIONS OPER LLC 4.4% DUE12-01-2061 BEO	855,000 shares	574,005.00	573,503
CHARTER FIXED 5.75% DUE 04-01-2048	1,660,000 shares	1,412,480.00	1,444,205
CHICAGO ILL MET WTR RECLAMATION DIST GTRCHICAGO 5.72% 12-01-2038 BEO TAXABLE	925,000 shares	1,011,311.00	933,120
CHUBB INA HOLDINGS INC 3.05% DUE 12-15-2061	745,000 shares	507,698.00	454,402
CIGNA CORP NEW 4.8% DUE 07-15-2046 BEO	580,000 shares	515,480.00	508,887
CIGNA CORP NEW CORP 4.9% 12-15-2048	902,000 shares	806,142.00	771,666
CIN FINL CORP 6.125% DUE 11-01-2034	1,815,000 shares	1,890,460.00	1,904,239
CISCO SYS INC 5.3% 02-26-2054	223,000 shares	222,104.00	221,032
CISCO SYS INC SR NT 5.9 DUE 02-15-2039 REG	1,175,000 shares	1,242,928.00	1,268,462
CITIGROUP INC 6.174% DUE 05-25-2034	800,000 shares	773,312.00	820,585
CITIGROUP INC 8.125% DUE 07-15-2039	356,000 shares	436,620.00	453,005
CITIGROUP INC FLTG RT 4.281% DUE 04-24-2048	1,580,000 shares	1,315,704.00	1,303,335
CLEV CLINIC FNDTN 4.858% DUE 01-01-2114	190,000 shares	161,214.00	162,835
CMS ENERGY CORP 4.875 DUE 03-01-2044	775,000 shares	706,613.00	702,818
COMCAST CORP NEW 2.887% 11-01-2051 BEO	3,355,000 shares	2,218,872.00	2,037,875
COMCAST CORP NEW 2.937% 11-01-2056	2,625,000 shares	1,628,919.00	1,546,232
COMCAST CORP NEW 2.987% 11-01-2063	1,100,000 shares	665,526.00	627,325
COMWLTH EDISON CO 3.7% DUE 03-01-2045	585,000 shares	452,451.00	454,104
COMWLTH EDISON CO 5.9% DUE 03-15-2036	165,000 shares	171,690.00	174,927
CONNECTICUT LIGHT & POWER CO 4.0% 04-01-2048	235,000 shares	193,501.00	186,850
CONOCOPHILLIPS CO FIXED 4.025% DUE 03-15-2062	2,415,000 shares	1,932,865.00	1,775,829
CONSOLIDATED EDISON CO N Y INC 5.9% 11-15-2053	539,000 shares	534,068.00	550,953
CONSOLIDATED EDISON CO(N.Y.) 6.15% DUE 11-15-2052 BEO	1,139,000 shares	1,182,260.00	1,204,080
CORNING INC 5.85% DUE 11-15-2068	365,000 shares	324,731.00	352,524
CSX CORP 4.75% DUE 11-15-2048	100,000 shares	90,778.00	88,759
CUMMINS INC 5.45% 02-20-2054	711,000 shares	707,108.00	707,067
CVS CAREMARK CORP 5.3 DUE 12-05-2043	370,000 shares	370,503.00	324,433
CVS HEALTH CORP 4.78% DUE 03-25-2038	295,000 shares	271,509.00	258,878
CVS HEALTH CORP 5.05% DUE 03-25-2048	724,000 shares	648,019.00	606,843
CVS HEALTH CORP 5.125% DUE 07-20-2045	1,650,000 shares	1,501,627.00	1,426,956
CVS HEALTH CORP 6.943% DUE 01-10-2030	3,789 shares	3,876.00	3,916
DALLAS FORT WORTH TEX INTL ARPT REV 2.919% 11-01-2050 BEO TAXABLE	305,000 shares	209,469.00	213,234
DEERE & CO 2.875% DUE 09-07-2049	215,000 shares	153,675.00	142,588
DEERE & CO 3.9% DUE 06-09-2042	334,000 shares	278,339.00	280,594
DIAMONDBACK ENERGY INC 4.25% DUE 03-15-2052 BEO	1,068,000 shares	809,656.00	821,226
DIAMONDBACK ENERGY INC 5.75% 04-18-2054	335,000 shares	334,856.00	318,894
DISCOVERY COMMUNICATIONS LLC 5.0% DUE 09-20-2037/09-21-2017	580,000 shares	475,192.00	490,307
DISNEY WALT CO 2.75% DUE 09-01-2049	825,000 shares	532,080.00	523,122
DISNEY WALT CO 4.7% DUE 03-23-2050	795,000 shares	742,882.00	716,512
DOMINION ENERGY INC 3.3% DUE 04-15-2041	285,000 shares	211,800.00	212,053
DOMINION ENERGY INC 7.0% 06-01-2054	598,000 shares	598,000.00	634,967
DOMINION RES INC 4.05% DUE 09-15-2042	1,060,000 shares	834,167.00	851,518
DOMINOS PIZZA 3.151% DUE 04-25-2051	238,263 shares	188,653.00	209,751
DUKE ENERGY 5.3% DUE 02-15-2040	1,350,000 shares	1,346,515.00	1,348,684
DUKE ENERGY CORP 5% DUE 08-15-2052	500,000 shares	427,665.00	446,472
DUKE ENERGY FLA 3.4% DUE 10-01-2046	230,000 shares	166,050.00	165,040
ELECTRONIC ARTS INC 2.95% 02-15-2051	1,780,000 shares	1,159,913.00	1,137,015
ELEVANCE HEALTH INC 5.65% 06-15-2054	388,000 shares	386,429.00	373,340
EMERSON ELEC CO 2.8% DUE 12-21-2051/12-21-2021 BEO	1,200,000 shares	786,106.00	743,822
ENBRIDGE INC 6.7% 11-15-2053	531,000 shares	530,310.00	581,619
ENERGY TRANSFER 5.15% DUE 02-01-2043	165,000 shares	137,347.00	149,186
ENERGY TRANSFER OPER L P 5.0% 05-15-2050	2,598,000 shares	2,255,217.00	2,223,732
ENTERGY ARK LLC 5.75% 06-01-2054	461,000 shares	458,949.00	458,816
ENTERPRISE PRODS 5.7% DUE 02-15-2042	1,640,000 shares	1,602,476.00	1,675,215
ENTERPRISE PRODS FIXED 4.9% DUE 05-15-2046	1,175,000 shares	1,029,471.00	1,055,884
EOG RES INC FIXED 3.9% DUE 04-01-2035	380,000 shares	335,799.00	341,723
EOG RESOURCES INC 5.65% 12-01-2054	647,000 shares	643,189.00	638,517
ESSEX PORTFOLIO L P 4.5% 03-15-2048	135,000 shares	108,164.00	113,661
EXELON CORP 4.1% DUE 03-15-2052	1,085,000 shares	867,221.00	839,192
EXELON CORP 4.45% DUE 04-15-2046	285,000 shares	238,169.00	240,151
EXELON CORP 4.95% DUE 06-15-2035	685,000 shares	618,130.00	650,451
EXELON CORP 5.6% DUE 03-15-2053	713,000 shares	685,718.00	699,040
EXXON MOBIL CORP 3.452% DUE 04-15-2051 REG	1,610,000 shares	1,216,461.00	1,142,048
EXXON MOBIL CORP 4.114% DUE 03-01-2046	250,000 shares	215,093.00	206,423
EXXON MOBIL CORP FIXED 4.327% DUE 03-19-2050	240,000 shares	213,670.00	200,580
FIRSTENERGY TRANSMISSION LLC SR NT 144A 4.55% 04-01-2049	295,000 shares	236,574.00	250,650
FL PWR & LT CO 3.7% 12-01-2047	175,000 shares	138,865.00	131,889
FL PWR & LT CO 4.05% DUE 10-01-2044	725,000 shares	600,488.00	598,922
FL PWR & LT CO 5.69% DUE 03-01-2040	1,085,000 shares	1,117,832.00	1,128,437
FLORIDA PWR CORP 6.4% DUE 06-15-2038	575,000 shares	627,969.00	620,898
GATX CORP 3.1% DUE 06-01-2051	1,425,000 shares	865,920.00	905,544
GENERAL MTRS CO 6.6% DUE 04-01-2036	792,000 shares	794,940.00	844,638
GEORGETOWN UNIV 5.215% 10-01-2118	250,000 shares	211,553.00	222,372
GLOBAL PAYMENTS INC 5.95% DUE 08-15-2052BEO	860,000 shares	783,289.00	854,173

OhioHealth Cash Balance Retirement Plan
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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)			
GOLDMAN SACHS 4.8% DUE 07-08-2044	565,000 shares	\$ 501,788.00	\$ 512,912
GOLDMAN SACHS 5.15% DUE 05-22-2045	140,000 shares	127,488.00	129,931
GOLDMAN SACHS 6.25% DUE 02-01-2041	344,000 shares	361,214.00	371,286
GOLDMAN SACHS GROUP INC 2.908% DUE 07-21-2042 BEO	1,375,000 shares	943,883.00	974,127
GOLDMAN SACHS GROUP INC 3.21% DUE 04-22-2042 BEO	802,000 shares	567,429.00	590,112
GOLDMAN SACHS GROUP INC 4.017% 10-31-2038	687,000 shares	549,360.00	586,635
HCA INC 5.125% 06-15-2039	870,000 shares	794,662.00	794,801
HCA INC 5.95% 09-15-2054	658,000 shares	673,487.00	641,933
HEALTHPEAK PPTYS INC 5.25% DUE 12-15-2032	531,000 shares	521,217.00	528,617
HOME DEPOT INC 3.9% DUE 06-15-2047	300,000 shares	248,419.00	235,386
HOME DEPOT INC 5.3% 06-25-2054	531,000 shares	522,690.00	509,801
HONEYWELL INTERNATIONAL INC 5.25% 03-01-2054	1,655,000 shares	1,651,276.00	1,581,560
HSBC HOLDINGS PLC 6.332% 03-09-2044	1,904,000 shares	1,883,135.00	2,049,183
INTEL CORP 3.734% 12-08-2047 BEO	1,295,000 shares	984,373.00	858,068
INTEL CORP 4.9% 08-05-2052	206,000 shares	185,361.00	166,984
INTEL CORP 5.6% 02-21-2054	361,000 shares	342,084.00	324,461
INTEL CORP 5.82% 02-10-2053	299,000 shares	295,668.00	271,492
INTERCONTINENTAL EXCHANGE INC 3.0% DUE 06-15-2050 BEO	180,000 shares	123,563.00	115,856
INTERCONTINENTAL EXCHANGE INC NEW ISSUE 30YR 4.95% 06-15-2052	810,000 shares	760,980.00	725,820
JPMORGAN CHASE & CO 5.6% DUE 07-15-2041	1,140,000 shares	1,139,947.00	1,180,414
JPMORGAN CHASE & CO 2.963% 01-25-2033	900,000 shares	740,601.00	789,532
JPMORGAN CHASE & CO 3.882% 07-24-2038	1,665,000 shares	1,378,303.00	1,449,859
JPMORGAN CHASE & CO 3.964% 11-15-2048	450,000 shares	360,655.00	354,416
JPMORGAN CHASE & CO 5.766% 04-22-2035	670,000 shares	670,000.00	692,933
JPMORGAN CHASE & CO 5.717% DUE 09-14-2033 BEO	656,000 shares	641,552.00	681,320
KINDER MORGAN 6.375% DUE 03-01-2041	1,590,000 shares	1,578,936.00	1,659,621
KINDER MORGAN INC 5.05% DUE 02-15-2046	1,045,000 shares	893,074.00	929,444
KKR GROUP FIN CO XII LLC SR NT 144A 4.85% 05-17-2032	1,880,000 shares	1,762,854.00	1,823,637
KLA CORP 3.3% 03-01-2050	60,000 shares	44,201.00	42,170
KLA CORP 4.95% 07-15-2052	74,000 shares	73,814.00	69,047
KLA CORP 5% DUE 03-15-2049	1,220,000 shares	1,148,680.00	1,139,714
KRAFT HEINZ FOODS 4.375% DUE 06-01-2046	1,680,000 shares	1,402,120.00	1,366,559
KROGER CO 4.45% DUE 02-01-2047	825,000 shares	711,554.00	694,865
KROGER CO 4.65% 01-15-2048	1,165,000 shares	1,011,983.00	1,000,679
KROGER CO 5.5% 09-15-2054	449,000 shares	447,150.00	431,941
L3HARRIS TECHNOLOGIES INC 5.5% 08-15-2054	1,083,000 shares	1,068,390.00	1,066,556
L3HARRIS TECHNOLOGIES INC 5.6% 07-31-2053	475,000 shares	470,842.00	472,032
LILLY ELI & CO 5.1% 02-09-2064	1,292,000 shares	1,290,463.00	1,208,999
LOCKHEED MARTIN 4.07% DUE 12-15-2042	1,000,000 shares	872,540.00	836,396
LOCKHEED MARTIN 4.7% DUE 05-15-2046	1,185,000 shares	1,101,902.00	1,067,808
LOWE'S COMPANIES INC 2.8% 09-15-2041	480,000 shares	335,712.00	333,614
LOWE'S COS INC 3.7% DUE 04-15-2046	675,000 shares	504,010.00	505,409
LOWE'S COS INC FIXED 5.8% DUE 09-15-2062	1,610,000 shares	1,544,248.00	1,586,320
LYB INTL FIN III LLC 4.2% DUE 05-01-2050REG	980,000 shares	743,221.00	738,220
MA ELEC CO 5.9% DUE 11-15-2039	250,000 shares	243,247.00	250,360
MA INST TECH 4.678% DUE 07-01-2114	155,000 shares	135,424.00	134,915
MARATHON PETE CORP 6.5% DUE 03-01-2041	795,000 shares	801,652.00	841,431
MARKEL CORP 5.0% 05-20-2049	390,000 shares	337,178.00	341,936
MARKEL GROUP INC SR NT 3.45% 05-07-2052	1,340,000 shares	908,974.00	898,498
MARSH & MCLENNAN COS INC 4.75% 03-15-2039	315,000 shares	283,939.00	296,129
MARSH & MCLENNAN COS INC 5.4% 03-15-2055	582,000 shares	579,201.00	563,192
MARSH & MCLENNAN COS INC 5.7% 09-15-2053	1,025,000 shares	1,023,330.00	1,046,076
MARTIN MARIETTA MATERIALS INC 5.5% 12-01-2054	742,000 shares	727,205.00	707,483
MASSACHUSETTS MUT LIFE INS CO 5.672% 12-01-2052	1,085,000 shares	1,076,545.00	1,043,697
MCDONALDS CORP 4.45% DUE 03-01-2047 REG	620,000 shares	531,318.00	530,118
MCDONALDS CORP MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	895,000 shares	692,880.00	656,957
META PLATFORMS INC 5.4% 08-15-2054	581,000 shares	578,682.00	575,384
METLIFE INC 4.05% DUE 03-01-2045	2,595,000 shares	2,131,606.00	2,114,681
MICHIGAN ST UNIV REVS 4.165% 08-15-2122	195,000 shares	141,346.00	146,709
MICROSOFT CORP 2.921% 03-17-2052 USD	2,960,000 shares	2,121,437.00	1,987,147
MIDAMERICAN ENERGY 5.858% 09-15-2054	964,000 shares	968,771.00	998,469
MIDAMERICAN ENERGY 6.125% DUE 04-01-2036	675,000 shares	715,344.00	720,805
MIDAMERICAN ENERGY CO 5.3% 02-01-2055	420,000 shares	418,219.00	406,666
MOODY'S CORP 3.75% 02-25-2052	1,130,000 shares	861,761.00	845,747
MOODY'S CORP 5.25% DUE 07-15-2044	130,000 shares	123,346.00	126,330
MOODY'S CORPORATION 4.875% 12-17-2048 BEO	295,000 shares	268,113.00	263,193
MORGAN STANLEY 4.3% DUE 01-27-2045	1,555,000 shares	1,300,848.00	1,311,465
MORGAN STANLEY 4.457% 04-22-2039	525,000 shares	458,526.00	474,802
MORGAN STANLEY FIXED 3.217% DUE 04-22-2042	940,000 shares	682,901.00	702,260
MORGAN STANLEY FIXED 5.516% 11-19-2055	288,000 shares	288,000.00	279,970
MPLX LP 5.5% DUE 02-15-2049	500,000 shares	452,200.00	470,090
MPLX LP SR NT 4.95% 03-14-2052	1,120,000 shares	928,067.00	959,366
MUNICIPAL ELEC AUTH GA 6.637% 04-01-2057BEO TAXABLE	772,000 shares	859,558.00	836,518
NATIONAL RETAIL PROPERTIES INC NT 3.5% 04-15-2051	1,320,000 shares	883,908.00	903,576
NETFLIX INC 5.4% 8-15-2054	572,000 shares	570,799.00	572,183
NEW ISSUE HOME DEPOT 30YR USD 3.625% 04-15-2052	840,000 shares	652,499.00	616,008
NEW YORK ST URBAN DEV CORP REV 5.77% 03-15-2039 BEO TAXABLE	195,000 shares	202,776.00	200,238
NEXTERA ENERGY CAP HLDGS INC 3.0% 01-15-2052	334,000 shares	219,431.00	213,512
NORFOLK SOUTHN 5.1% DUE 08-01-2118	1,230,000 shares	1,026,286.00	1,072,772
NORFOLK SOUTHN FIXED 4.05% DUE 08-15-2052	1,110,000 shares	884,931.00	870,057
NORTH STS PWR CO 3.6% DUE 05-15-2046	665,000 shares	492,438.00	499,844
NORTH STS PWR CO 6.2% DUE 07-01-2037	1,250,000 shares	1,328,759.00	1,377,130
NORTH STS PWR CO MINN NORTH ST PWR 6.25 DUE 06-01-2036 BEO	245,000 shares	262,783.00	266,651
NORTHROP GRUMMAN CORP 3.85% DUE 04-15-2045	1,195,000 shares	961,838.00	944,850
NORTHROP GRUMMAN CORP 4.95% 03-15-2053	403,000 shares	384,434.00	366,130
NSTAR ELEC CO 4.4% DUE 03-01-2044	1,165,000 shares	1,003,419.00	1,001,520
NXP B V / NXP FDG LLC / NXP USA INC SR NT 3.25% 05-11-2041	1,545,000 shares	1,084,210.00	1,136,460
OCCIDENTAL PETE CORP 6.05% 10-01-2054	434,000 shares	432,056.00	423,080
OCCIDENTAL PETE CORP SR NT 0% DUE 10-10-2036 REG	2,035,000 shares	1,053,113.00	1,134,513
ONCOR ELEC 5.25% DUE 09-30-2040	140,000 shares	137,372.00	137,915
ONCOR ELEC 5.3 DUE 06-01-2042	1,505,000 shares	1,493,253.00	1,448,529
ONCOR ELEC DELIVERY CO LLC SR SECD NT 5.35% 10-01-2052	240,000 shares	235,304.00	230,991
ONCOR ELEC FIXED 4.95% DUE 09-15-2052	1,015,000 shares	929,559.00	922,921
ORACLE CORP 3.8% 11-15-2037	1,605,000 shares	1,254,818.00	1,348,977
ORACLE CORP 3.95% DUE 03-25-2051	4,408,000 shares	3,228,683.00	3,314,136
ORACLE CORP 4% 11-15-2047	730,000 shares	532,152.00	560,644
ORACLE CORP 4% DUE 07-15-2046	385,000 shares	279,086.00	303,706
PACIFICORP 5.75% DUE 04-01-2037	255,000 shares	256,324.00	260,206
PFIZER INC FIXED 3.9% 03-15-2039	115,000 shares	101,796.00	98,417
PG&E WILDFIRE 4.674% DUE 12-01-2053	817,000 shares	775,913.00	729,611
PHILLIPS 66 4.65% DUE 11-15-2034	156,000 shares	147,649.00	146,399
PHILLIPS 66 4.875% DUE 11-15-2044	155,000 shares	142,786.00	135,004
PHILLIPS 66 CO 4.68% 02-15-2045	1,435,000 shares	1,243,115.00	1,225,863
PHILLIPS 66 CO 4.9% DUE 10-01-2046	515,000 shares	453,829.00	449,621

OhioHealth Cash Balance Retirement Plan
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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)			
PORT AUTH N Y & N J 4.81% 10-15-2065 BEOTAXABLE	210,000 shares	\$ 194,761.00	\$ 190,681
POTOMAC ELECTRIC POWER CO 5.5% 03-15-2054	288,000 shares	287,614.00	284,168
PPL ELEC UTILS 4.75 DUE 07-15-2043	1,145,000 shares	1,033,630.00	1,055,552
PPL ELEC UTILS CORP 3.95% 06-01-2047	275,000 shares	221,672.00	217,005
PRUDENTIAL FINL INC MEDIUM TERM NTS BOOKTRANCHE # TR 00015 5.7 DUE 121436	1,985,000 shares	2,025,445.00	2,043,745
PUB SVC ELEC GAS CO FIXED 3.85% 05-01-2049 REG	245,000 shares	193,591.00	189,525
PUB SVC ELEC GAS CO SECD 3.95 DUE 05-01-2042 REG	850,000 shares	706,616.00	698,428
PUBLIC SERVICE ELECTRIC 4.05% DUE 05-01-2048	90,000 shares	74,065.00	72,236
PUBLIC SERVICE NEW HAMPSHIRE FDG 3.814% 02-01-2035	513,000 shares	473,945.00	490,893
PVTPL AIA GROUP LTD 5.4% 09-30-2054	758,000 shares	753,876.00	713,591
PVTPL AIA GROUP LTD GLOBAL MEDIUM TERM NTS BOO 3.2% DUE 09-16-2040	455,000 shares	318,642.00	343,801
PVTPL AKER BP ASA 5.8% 10-01-2054	856,000 shares	853,346.00	789,338
PVTPL ALCON FIN CORP 5.75% DUE 12-06-2052/12-06-2022 BEO	873,000 shares	868,166.00	863,751
PVTPL ALIMENTATION COUCHE-TARD INC 5.617% 02-12-2054	508,000 shares	508,000.00	491,482
PVTPL ANGLIO AMERN CAP PLC 3.95% DUE 09-10-2050/09-10-2020 BEO	1,490,000 shares	1,080,069.00	1,122,634
PVTPL ASHTEAD CAP INC 5.55% 05-30-2033	993,000 shares	979,870.00	982,554
PVTPL BAE SYS PLC NT 5.8 DUE 10-11-2041 BEO	210,000 shares	212,389.00	214,210
PVTPL BLACKSTONE HLDGS FIN L L C SR NT 144A 5% DUE 06-15-2044 BEO	294,000 shares	258,590.00	267,772
PVTPL BLACKSTONE HLDGS FIN L L C SR NT 6.25% DUE 08-15-2042 BEO	190,000 shares	190,829.00	197,778
PVTPL BLACKSTONE HOLDINGS FINANCE 3.2% DUE 01-30-2052 BEO	1,480,000 shares	963,504.00	987,660
PVTPL BROADCOM INC 3.75% DUE 02-15-2051	300,000 shares	209,694.00	227,918
PVTPL BROADCOM INC NT 4.926% 05-15-2037	1,825,000 shares	1,586,778.00	1,748,249
PVTPL BROADCOM INC SR NT 3.5% 02-15-2041/01-19-2021	960,000 shares	690,374.00	762,703
PVTPL CARLYLE FIN L L C SR NT 144A 5.65% DUE 09-15-2048	803,000 shares	715,287.00	776,140
PVTPL COLUMBIA PIPELINES OPER CO LLC 6.544% 11-15-2053	919,000 shares	921,094.00	972,186
PVTPL COX COMMUNICATIONS INC NEW COXENT 3.6 2051-06-15	355,000 shares	235,050.00	234,313
PVTPL CVS HEALTH CORP 5.926% DUE 01-10-2034	31,384 shares	30,598.00	31,215
PVTPL CVS LEASE BACKED PASS THRU CTF 8.353% DUE 07-10-2031	133,188 shares	143,364.00	144,035
PVTPL DOMINOS PIZZA MASTER ISSUER LLC DOMINOS 2019-1 SR SECD NT CL A-2 144A	340,800 shares	291,141.00	317,952
PVTPL FOUNDRY JV HOLDCO LLC 6.4% 01-25-2038	667,000 shares	667,322.00	701,903
PVTPL GLOBAL ATLANTIC FIN CO 6.75% 03-15-2054	408,000 shares	405,250.00	422,802
PVTPL HEALTH CARE SERVICE CORP 5.875% 06-15-2054	823,000 shares	821,198.00	800,129
PVTPL KEYSpan GAS EAST CORP CORPBOND 5.819% DUE 04-01-2041 BEO	250,000 shares	240,207.00	244,866
PVTPL KKR GROUP FIN CO III LLC SR NT 144A 5.125 DUE 06-01-2044/05-29-2014 BEO	390,000 shares	347,059.00	358,279
PVTPL NATIONWIDE MUT INS CO 4.35% DUE 04-30-2050/04-30-2020 BEO	390,000 shares	296,937.00	294,932
PVTPL NEW ENGLAND POWER CO 5.936% DUE 11-25-2052 BEO	627,000 shares	623,818.00	636,960
PVTPL NEW YORK LIFE INSURANCE 5.875% DUE 05-15-2033	1,325,000 shares	1,386,711.00	1,382,168
PVTPL NIAGARA MOHAWK POWER CORP 5.664% 01-17-2054	425,000 shares	425,000.00	423,221
PVTPL PLANET FITNESS MASTER ISSUER L SER 24-1A CLA2 II 6.237% 06-05-2054	998,498 shares	998,498.00	998,361
PVTPL STORE MASTER FDG I LLC/STORE MASTER FD NET LEASE MTG NT 11-20-2049	551,899 shares	451,960.00	463,625
PVTPL SUBWAY FDG LLC SER 24-1A CL A23 6.505% 07-30-2054	1,182,000 shares	1,182,000.00	1,223,490
PVTPL TTX CO 4.6% DUE 02-01-2049	335,000 shares	293,712.00	296,299
PVTPL WENDYS FDG LLC 2019-1 SR SECD NT CL A-2-II 144A 4.08% DUE 06-15-2049 BEO	151,290 shares	132,127.00	143,035
PVTPL XSTRATA FIN CDA LTD GTD NT 5.3 DUE 10-25-2042 BEO	1,340,000 shares	1,191,939.00	1,273,342
PVTPL XSTRATA FIN CDA LTD NT 6 DUE 11-15-2041 BEO	150,000 shares	139,631.00	149,817
RAYMOND JAMES FINL 4.95% DUE 07-15-2046	626,000 shares	537,853.00	576,751
RIO TINTO FIN USA 5.2 DUE 11-02-2040	910,000 shares	907,538.00	886,004
ROGERS 5% DUE 03-15-2044	510,000 shares	435,110.00	459,605
ROGERS COMMUNICATIONS INC 4.55% 03-15-2052	2,000,000 shares	1,541,741.00	1,629,104
ROGERS COMMUNICATIONS INC 5.45 DUE 10-01-2043	190,000 shares	172,761.00	181,174
RTX CORPORATION 4.35% DUE 04-15-2047	235,000 shares	202,804.00	195,380
RTX CORPORATION 4.5% 06-01-2042	2,305,000 shares	2,066,652.00	2,005,764
RTX CORPORATION 6.4% 03-15-2054	410,000 shares	408,463.00	454,374
RUTGERS ST UNIV N J 3.27% DUE 05-01-2043REG	195,000 shares	148,653.00	154,408
S&P GLOBAL INC 3.25% DUE 12-01-2049	212,000 shares	151,005.00	147,035
S&P GLOBAL INC 3.7% 03-01-2052	600,000 shares	466,264.00	455,981
SAN DIEGO GAS & 6% DUE 06-01-2039	320,000 shares	330,141.00	334,384
SEMPRA 6% DUE 10-15-2039	1,740,000 shares	1,722,806.00	1,796,402
SHELL FINANCE US INC 3.75% 09-12-2046	1,325,000 shares	1,064,089.00	1,011,594
SHELL INTL FIN B V 3% DUE 11-26-2051	635,000 shares	422,060.00	404,462
SHELL INTL FIN B V 6.375% DUE 12-15-2038	355,000 shares	396,474.00	387,513
SIMON PPTY GROUP L 4.25% DUE 11-30-2046	950,000 shares	744,302.00	779,252
SIMON PPTY GROUP L FIXED 6.75% DUE 02-01-2040	235,000 shares	247,083.00	267,022
SIMON PROPERTY GROUP L.P. 5.85% DUE 03-08-2053	990,000 shares	973,227.00	1,017,149
SNAP ON INC FIXED 3.1% DUE 05-01-2050	340,000 shares	243,033.00	227,126
STANFORD HLTH CARE 3.795% DUE 11-15-2048	145,000 shares	117,131.00	112,151
STATE STR CORP FLTGT RT 3.031% DUE 11-01-2034	350,000 shares	294,047.00	317,281
STATE STR CORP FLTGT RT 5.159% DUE 05-18-2034	740,000 shares	694,882.00	739,521
SUNOCO LOGISTICS 5.3% DUE 04-01-2044	940,000 shares	795,020.00	854,002
TAKEDA PHARMACEUTICAL CO LTD SR NT 3.025% 07-09-2040	965,000 shares	687,823.00	716,570
TEXAS INSTRUMENTS INC 5.05% DUE 05-18-2063	600,000 shares	577,860.00	545,233
T-MOBILE USA INC 5.75% 01-15-2054	228,000 shares	225,085.00	227,282
T-MOBILE USA INC FIXED 5.65% DUE 01-15-2053	1,790,000 shares	1,763,265.00	1,783,007
T-MOBILE USA INC TMUS 3.3% 02-15-2051	685,000 shares	472,187.00	461,087
TRANSCONT GAS PIPE LINE 4.6% DUE 03-15-2048	780,000 shares	651,845.00	659,522
TRANSCONTINENTAL GAS PIPE LINE CO LLC 3.95% DUE 05-15-2050	1,045,000 shares	815,781.00	778,926
UBER TECHNOLOGIES INC 5.35% 09-15-2054	889,000 shares	887,746.00	841,486
UDR INC 3.1% DUE 11-01-2034	285,000 shares	218,912.00	233,641
UNION PAC CORP 3.2% DUE 05-20-2041	1,240,000 shares	963,950.00	933,384
UNION PAC CORP 3.95% DUE 08-15-2059	855,000 shares	664,353.00	635,415
UNITEDHEALTH GROUP 5.875% DUE 02-15-2053	83,000 shares	94,848.00	85,183
UNITEDHEALTH GROUP INC 4.45% DUE 12-15-2048 REG	1,600,000 shares	1,420,238.00	1,322,410
UNITEDHEALTH GROUP INC 4.75% 05-15-2052	1,608,000 shares	1,428,289.00	1,389,881
UNIVERSITY CALIF REVS 4.767% 05-15-2115 BEO TAXABLE	170,000 shares	142,499.00	139,664
UNIVERSITY CALIF REVS 4.858% 05-15-2112 BEO TAXABLE	190,000 shares	163,747.00	159,088
VA ELEC & PWR CO 4.45 02-15-2044	110,000 shares	93,878.00	95,407
VA ELEC & PWR CO 6.35% DUE 11-30-2037	140,000 shares	148,909.00	149,789
VERISK ANALYTICS FIXED 3.625% DUE 05-15-2050	1,247,000 shares	907,305.00	881,405
VERIZON COMMUNICATIONS 3.4% DUE 03-22-2041 BEO	440,000 shares	353,720.00	337,247
VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	2,775,000 shares	2,008,937.00	1,991,263
VERIZON COMMUNICATIONS 3.7% DUE 03-22-2061 BEO	2,260,000 shares	1,586,128.00	1,557,961
VERIZON COMMUNICATIONS INC 3.875% 03-01-2052	380,000 shares	293,669.00	286,476
VIRGINIA ELEC & PWR CO 4.625% 05-15-2052	275,000 shares	235,973.00	233,404
VIRGINIA ELEC & PWR CO 4.65 DUE 08-15-2043	1,240,000 shares	1,078,576.00	1,110,234
VISA INC 2.7% DUE 04-15-2040	630,000 shares	479,999.00	463,156
VISA INC FIXED 2% DUE 08-15-2050	275,000 shares	168,315.00	150,622
VULCAN MATERIALS CO 5.7% 12-01-2054	556,000 shares	563,070.00	545,644
WARNERMEDIA HLDGS INC 5.141% 03-15-2052	2,025,000 shares	1,583,590.00	1,542,392
WARNERMEDIA HLDGS INC SR NT 5.391% 03-15-2062	201,000 shares	157,378.00	151,601
WASTE MANAGEMENT INC 5.35% 10-15-2054	824,000 shares	823,662.00	799,766
WELLS FARGO & CO 3.9% DUE 05-01-2045	770,000 shares	628,894.00	603,357
WELLS FARGO & CO MEDIUM TERM 5.013% 04-04-2051	2,785,000 shares	2,535,098.00	2,509,386
WYETH NT 5.95 DUE 04-01-2037/03-27-2007 BEO	405,000 shares	438,045.00	428,957
XCEL ENERGY INC 4.8% DUE 09-15-2041	1,060,000 shares	930,032.00	932,354
XLIT LTD 5.25 12-15-2043	1,080,000 shares	1,046,356.00	1,004,388
		263,881,894.00	262,543,495

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, 2024

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	4,504 shares	\$ 268,116.00	\$ 178,584
ACV AUCTIONS INC CL A CL A	12,822 shares	254,107.00	276,955
ADR NICE LTD SPONSORED ADR	1,453 shares	248,025.00	246,778
ADVANCED DRAIN SYS INC DEL COM	1,730 shares	195,441.00	199,988
AMICUS THERAPEUTICS INC COM	22,920 shares	283,711.00	215,906
AVANTOR INC COM	6,940 shares	146,386.00	146,226
AZEK CO INC CL A CL A	5,440 shares	249,750.00	258,237
BIO-TECHNE CORP COM	2,020 shares	164,149.00	145,501
BLUEPRINT MEDICINES CORP COM	2,990 shares	257,737.00	260,788
BRIGHT HORIZONS FA COM USD0.001	3,395 shares	323,744.00	376,336
BRINKS CO COM	2,869 shares	184,424.00	266,157
BURLINGTON STORES INC COM	660 shares	126,909.00	188,140
BWX TECHNOLOGIES INC COM	1,803 shares	84,999.00	200,836
CAMECO CORP COM	4,245 shares	92,552.00	218,151
CARLYLE GROUP INC COM	9,381 shares	333,717.00	473,647
CASELLA WASTE SYS INC CL A COM STK	2,810 shares	217,503.00	297,326
CF INDS HLDGS INC COM	3,530 shares	251,158.00	301,180
CHART INDS INC COM PAR \$0.01 COM PAR \$0.01	1,234 shares	184,795.00	235,497
CHEMED CORP NEW COM	712 shares	347,366.00	377,218
CHURCHILL DOWNS INC COM	1,990 shares	265,848.00	266,559
CLEARWATER ANALYTICS HLDGS INC CL A CL A	12,540 shares	221,538.00	345,101
COGNEX CORP COM	8,600 shares	442,382.00	308,396
CONFLUENT INC CL A CL A	14,428 shares	374,502.00	403,407
CREDO TECHNOLOGY GROUP HOLDING LTD	2,422 shares	79,198.00	162,783
CURTISS WRIGHT CORP COM	590 shares	218,290.00	209,373
DOXIMITY INC COM USD0.001 CL A	7,879 shares	228,615.00	420,660
DYNATRACE INC COM	7,628 shares	382,128.00	414,582
E L F BEAUTY INC COM	3,480 shares	420,571.00	436,914
EAGLE MATLS INC COM	650 shares	126,091.00	160,557
ENCOMPASS HEALTH CORP COM USD0.01	2,469 shares	134,533.00	228,012
EPAM SYS INC COM STK	1,100 shares	272,492.00	257,202
EVEREST GROUP LTD	877 shares	337,282.00	317,877
EVOLENT HEALTH INC CL A CL A	8,980 shares	248,006.00	101,025
EXACT SCIENCES CORP COM	5,040 shares	281,065.00	283,198
EXLSERVICE COM INC COM STK	7,970 shares	246,377.00	353,709
FIRSTSERVICE CORP COM NPV	927 shares	44,713.00	168,037
FLYWIRE CORP COM VTG COM VTG	15,427 shares	358,101.00	318,105
FOX FACTORY HLDG CORP COM	3,482 shares	147,933.00	105,400
FRESHPET INC COM	1,669 shares	105,403.00	247,196
FTAI AVIATION LTD COM USD0.01	1,700 shares	245,813.00	244,868
GLAUKOS CORP COM	1,520 shares	223,742.00	227,909
GLOBUS MED INC CL A NEW COM STK	1,580 shares	110,372.00	130,682
GUIDEWIRE SOFTWARE INC COM USD0.0001	1,177 shares	117,128.00	198,419
INSMED INC COM PAR \$0.01	3,464 shares	99,417.00	239,155
INSPIRE MED SYS INC COM	1,332 shares	247,403.00	246,926
INSULET CORP COM STK	1,112 shares	215,685.00	290,310
KOSMOS ENERGY LTD COM USD0.01	35,138 shares	224,743.00	120,172
LANCASTER COLONY CORP COM	1,216 shares	216,982.00	210,538
LATTICE SEMICONDUCTOR CORP COM	2,550 shares	197,559.00	144,458
LOUISIANA-PACIFIC CORP COM	1,570 shares	142,895.00	162,574
MADRIGAL PHARMACEUTICALS INC COM	540 shares	137,660.00	166,628
MANHATTAN ASSOCS INC COM	1,280 shares	333,859.00	345,907
MERCURY SYSTEMS INC	8,101 shares	462,707.00	340,242
MERIT MED SYS INC COM	176 shares	9,763.00	17,023
MUELLER INDS INC COM	4,200 shares	341,178.00	333,312
NEOGEN CORP COM	19,450 shares	341,387.00	236,123
NEW FORTRESS INC CL A SHS REPSTG LTD LIABILITY	20,712 shares	551,481.00	313,165
NOVANTA INC NOVANTA INC	1,340 shares	109,819.00	204,712
NVENT ELECTRIC PLC COM USD0.01 WI	4,300 shares	279,384.00	293,088
PARSONS CORP DEL COM	1,260 shares	106,626.00	116,235
PENUMBRA INC COM	1,118 shares	230,231.00	265,503
PLANET FITNESS INC CL A CL A	2,980 shares	196,976.00	294,633
POOL CORP COM STK	870 shares	304,786.00	296,618
PRIMO BRANDS CORPORATION COM USD0.01	15,370 shares	396,449.00	472,935
PURE STORAGE INC CL A CL A	4,420 shares	283,198.00	271,521
Q2 HLDGS INC COM	3,020 shares	274,223.00	303,963
RANGE RES CORP COM	3,020 shares	106,252.00	108,660
REGAL REXNORD CORPORATION COM STK USD0.01	1,600 shares	259,686.00	248,768
REVOLVE GROUP INC CL A CL A	4,712 shares	227,158.00	157,805
SHARKNINJA COM USD0.0001	4,100 shares	297,763.00	399,176
STRIDE INC COM USD	3,550 shares	225,737.00	368,952
TALEN ENERGY CORP NEW COM	2,040 shares	375,662.00	410,999
TENABLE HLDGS INC COM	4,971 shares	220,587.00	195,758
THE BALDWIN INSURANCE GROUP INC CLASS A COMMON STOCK	5,020 shares	245,855.00	194,575
TPG PARTNERS LLC CL A COM	3,623 shares	180,690.00	227,669
TWIST BIOSCIENCE CORP COM	3,974 shares	178,541.00	184,672
VARONIS SYS INC COM	2,880 shares	81,506.00	127,958
WESTERN ALLIANCE BANCORPORATION COM	2,659 shares	176,453.00	222,133
WHITECAP RES INC COM NEW	32,440 shares	262,916.00	231,385
WILLSCOT HOLDINGS CORPORATION COM	6,680 shares	278,484.00	223,436
		18,668,413.00	20,161,109
MUTUAL FUNDS			
MFO WILLIAM BLAIR FDS SMALL CAP ICM R6	636,326 shares	17,419,143.00	18,835,245
		17,419,143.00	18,835,245
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV			
NT COLLECTIVE RUSSELL 1000 INDEX FUND*	1,115,436 shares	43,568,109.00	77,251,523
CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUND	701,867 shares	19,465,343.00	16,232,202
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING*	52,184 shares	20,000,000.00	23,047,742
		83,033,452.00	116,531,467
103-12 INVESTMENT ENTITIES VALUED AT NAV			
CF THE SILCHESTER INTERNATIONAL INVESTORS INTL VALUE EQ GROUP TRUST	129,557 shares	19,260,892.00	24,082,788
		19,260,892.00	24,082,788
ALTERNATIVE INVESTMENTS / LIMITED PARTNERSHIPS VALUED AT NAV			
BPIF NON-TAXABLE L.P.	37,500,000 shares	2,500,000.00	38,114,881
CITY OF LONDON GLOBAL EMERGING □	211,748 shares	10,597,663.00	17,212,583
CLARION LION PROPERTIES FUND LLC	20,416 shares	19,364,442.00	25,960,859
WCM FOCUSED INTERNATIONAL GROWTH FUND LP	22,000,000 shares	22,000,000.00	22,142,143
BAXTER STREET FUND II LP	13,500,000 shares	1.00	706,757
		54,462,106.00	104,137,223
		655,577,474.00	\$ 742,588,037

*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, 2024

<u>Identity of Party Involved</u>		Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (iii) - Series of transactions by issue in excess of 5 percent of plan assets.</u>				
NORTHERN TRUST COLTV SHORT TERM INVT FD				
	447 Purchases	\$ 274,308,862	\$ 274,308,862	\$ -
	395 Sales	271,756,567	271,756,567	-
MFB NT COLLECTIVE RUSSELL 1000 INDEX FUND				
	2 Purchases	30,000,000	30,000,000	-
	8 Sales	10,475,809	32,500,000	22,024,191
NON-INTEREST BEARING DEPOSIT				
	1 Purchases	22,000,000	22,000,000	-
	1 Sales	22,000,000	22,000,000	-

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2024.

Schedule SB Attachment (Form 5500) –2024 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, 2024

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							
30-34	2	15	59	65	2					
			\$48,023	\$76,871						
			\$6,792	\$25,521						
35-39	2	22	123	274	125	6				
		\$37,545	\$50,963	\$83,910	\$99,205					
		\$3,418	\$9,285	\$34,427	\$50,000					
40-44	2	36	116	261	315	130	8			
		\$61,854	\$61,515	\$91,814	\$98,975	\$92,334				
		\$5,630	\$11,234	\$39,202	\$55,469	\$66,461				
45-49	9	28	78	207	297	247	62	3		
		\$36,070	\$59,109	\$102,354	\$108,081	\$109,403	\$92,255			
		\$6,524	\$13,669	\$48,019	\$67,013	\$92,037	\$93,331			
50-54	9	15	67	233	331	262	172	70	11	
			\$65,277	\$93,934	\$104,207	\$98,766	\$96,992	\$108,242		
			\$16,855	\$51,504	\$72,465	\$91,434	\$107,708	\$132,863		
55-59	4	15	69	165	249	210	160	141	119	4
			\$68,694	\$85,604	\$87,877	\$88,413	\$94,566	\$94,915	\$99,965	
			\$15,237	\$50,236	\$70,816	\$89,071	\$111,104	\$132,672	\$152,401	
60-64	8	11	52	143	235	174	122	166	146	97
			\$66,983	\$89,667	\$83,614	\$80,367	\$90,200	\$92,780	\$95,072	\$82,803
			\$20,922	\$57,721	\$72,141	\$90,662	\$111,741	\$139,857	\$162,948	\$152,874
65-69	7	5	18	68	105	62	60	54	63	70
			\$87,664	\$102,466	\$88,377	\$101,167	\$103,881	\$77,588	\$81,239	
			\$59,448	\$94,195	\$110,808	\$148,006	\$168,672	\$149,675	\$177,126	
70+	6	4	14	16	28	25	10	16	8	20
					\$80,541	\$54,215				\$62,060
					\$103,811	\$78,157				\$180,846
										N-6,616

Schedule SB Attachment (Form 5500) —2024 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 2023), 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	4.87%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization

1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%

Salary Increases

See Table 1

Cash Balance Interest Crediting Rate

OhioHealth 4.49% for 2024, set equal to the actual crediting rate for the current plan year, then 2.73% for 2025+

MedCentral 4.15% for 2024, set equal to the actual crediting rate for the current plan year, then 3.75% for 2025+

The current year assumption is equal to the actual interest crediting rate for the year. For future years, the interest crediting rate assumption is determined by the December 31, 2023 Aon AA Above Mean Yield Curve less 250 bps (but not less than 2.73%) and 125 bps (but not less than 3.00%) for OhioHealth and MedCentral, respectively

Cash Balance Annuity Conversion Rate

Based on the underlying interest rates and the applicable mortality table as of the valuation date

Hardin Employee Contributions

4.00% 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) –2024 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	25% immediate lump sum, 75% deferred to age 64 lump sum

Current Vested Deferreds

Terminated prior to January 1, 1998 (non-Grant)	80% life annuity, 20% immediate lump sum
Terminated after December 31,1997	10% life annuity, 90% immediate 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	25% immediate lump sum, 75% deferred to age 63 lump sum
Current Vested Deferreds	
- with a Mansfield Plan benefit	80% life annuity, 20% immediate lump sum
- with only a cash balance benefit	10% life annuity, 90% immediate 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	See Table 3

Mortality Rates

Healthy and Disabled	2024 generational mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
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Schedule SB Attachment (Form 5500) –2024 Plan Year
 OhioHealth Cash Balance Retirement Plan
 EIN: 31-4394942 PN: 333

For ERISA Requirements

Withdrawal Rates	See Table 4
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.
Valuation Compensation	2023 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 \$275,000 and the 401(a)(17) compensation limit of \$345,000.
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	
2022 Plan Year	4.80%
2023 Plan Year	6.52%
2024 Plan Year	6.61%
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.

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

For ERISA Requirements

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 1

Salary Increases

Attained Age	Rate
Under 40	3.50%
40 – 44	3.25%
45 – 59	3.00%
60+	2.50%

Table 2

Active Retirement Rates

Attained Age	Rate
Under 54	2.50%
54 – 56	3.75%
57 – 59	4.75%
60 – 61	7.50%
62 – 63	10.00%
64	20.00%
65 – 67	27.50%
68 – 74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 3

Vested Terminated Retirement Rates

Attained Age	Rate
Under 55	0.00%
55	4.50%
56 – 58	3.00%
59 – 61	5.00%
62 – 63	7.50%
64	15.00%
65	30.00%
66	20.00%
67 – 70	12.00%
71	20.00%
72+	100.00%

Table 4

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	12/31/2024

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:	
a Market value	2a 754,288,957
b Actuarial value	2b 806,400,798

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	2,489	134,748,478	134,748,478
b For terminated vested participants	5,499	150,520,646	150,520,646
c For active participants	6,616	431,023,247	438,554,598
d Total	14,604	716,292,371	723,823,722

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** 5.10%

6 Target normal cost	
a Present value of current plan year accruals	6a 21,879,583
b Expected plan-related expenses	6b 3,888,000
c Target normal cost	6c 25,767,583

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 Lori A. DeVore Type or print name of actuary Aon Consulting, Inc. Firm name 8940 Lyra Dr. Suite 250 Columbus OH 43240 Address of the firm	<u>8/11/2025</u> Date 2305257 Most recent enrollment number 614-825-9424 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	197,261,566
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	38,458,849
9	Amount remaining (line 7 minus line 8)	0	158,802,717
10	Interest on line 9 using prior year's actual return of <u>9.19%</u>	0	14,593,970
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	173,396,687

Part III		Funding Percentages	
14	Funding target attainment percentage	14	87.45%
15	Adjusted funding target attainment percentage	15	111.40%
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	83.87%
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> 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)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	25,767,583	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	90,819,611		8,772,658
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	34,540,241	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	34,540,241
		Total balance	
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		
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Schedule SB Attachment (Form 5500) –2024 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	20.00%	0.3747	4.80
65	27.50%	0.2997	5.36
66	27.50%	0.2173	3.94
67	27.50%	0.1575	2.90
68	25.00%	0.1142	1.94
69	25.00%	0.0857	1.48
70	25.00%	0.0642	1.12
71	25.00%	0.0482	0.86
72	25.00%	0.0361	0.65
73	25.00%	0.0271	0.49
74	25.00%	0.0203	0.38
75	100.00%	0.0152	1.14

Weighted Average 58.12

Schedule SB Attachment (Form 5500) —2024 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 2023), 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	4.87%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization

1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%

Salary Increases

See Table 1

Cash Balance Interest Crediting Rate

OhioHealth 4.49% for 2024, set equal to the actual crediting rate for the current plan year, then 2.73% for 2025+

MedCentral 4.15% for 2024, set equal to the actual crediting rate for the current plan year, then 3.75% for 2025+

The current year assumption is equal to the actual interest crediting rate for the year. For future years, the interest crediting rate assumption is determined by the December 31, 2023 Aon AA Above Mean Yield Curve less 250 bps (but not less than 2.73%) and 125 bps (but not less than 3.00%) for OhioHealth and MedCentral, respectively

Cash Balance Annuity Conversion Rate

Based on the underlying interest rates and the applicable mortality table as of the valuation date

Hardin Employee Contributions

4.00% 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) –2024 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	25% immediate lump sum, 75% deferred to age 64 lump sum

Current Vested Deferreds

Terminated prior to January 1, 1998 (non-Grant)	80% life annuity, 20% immediate lump sum
Terminated after December 31,1997	10% life annuity, 90% immediate 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	25% immediate lump sum, 75% deferred to age 63 lump sum
Current Vested Deferreds	
- with a Mansfield Plan benefit	80% life annuity, 20% immediate lump sum
- with only a cash balance benefit	10% life annuity, 90% immediate 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	See Table 3

Mortality Rates

Healthy and Disabled	2024 generational mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
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Schedule SB Attachment (Form 5500) –2024 Plan Year
 OhioHealth Cash Balance Retirement Plan
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For ERISA Requirements

Withdrawal Rates	See Table 4
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.
Valuation Compensation	2023 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 \$275,000 and the 401(a)(17) compensation limit of \$345,000.
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	
2022 Plan Year	4.80%
2023 Plan Year	6.52%
2024 Plan Year	6.61%
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.

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

For ERISA Requirements

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Table 1

Salary Increases

Attained Age	Rate
Under 40	3.50%
40 – 44	3.25%
45 – 59	3.00%
60+	2.50%

Table 2

Active Retirement Rates

Attained Age	Rate
Under 54	2.50%
54 – 56	3.75%
57 – 59	4.75%
60 – 61	7.50%
62 – 63	10.00%
64	20.00%
65 – 67	27.50%
68 – 74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
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Table 3

Vested Terminated Retirement Rates

Attained Age	Rate
Under 55	0.00%
55	4.50%
56 – 58	3.00%
59 – 61	5.00%
62 – 63	7.50%
64	15.00%
65	30.00%
66	20.00%
67 – 70	12.00%
71	20.00%
72+	100.00%

Table 4

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) –2024 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) –2024 Plan Year

OhioHealth Cash Balance Retirement Plan

EIN: 31-4394942 PN: 333

Participant Contributions

OhioHealth and MedCentral: None

Hardin: Participants contribute 2 percent 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 percent 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 percent 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) –2024 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%

Schedule SB Attachment (Form 5500) –2024 Plan Year

OhioHealth Cash Balance Retirement Plan

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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.

Age	Compensation Credits
0 – 29	2.5%
30 – 39	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 percent. 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 percent. 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.

Schedule SB Attachment (Form 5500) –2024 Plan Year

OhioHealth Cash Balance Retirement Plan

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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.

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 percent of the deceased participant's Account Balance in lieu of the monthly benefit. The beneficiary or estate of an unmarried participant shall receive 50 percent 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) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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.

Schedule SB Attachment (Form 5500) –2024 Plan Year

OhioHealth Cash Balance Retirement Plan

EIN: 31-4394942 PN: 333

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.
- (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.

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

**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) –2024 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 6.52 percent to 6.61 percent.
- A change in the mortality for cash balance annuity conversion from the 2023 417(e) mortality table to the 2024 417(e) mortality table.
- A change in the cash balance interest crediting assumption for OhioHealth participants from 3.70 percent to 4.49 percent for 2024 and 2.73 percent after.
- A change in the cash balance interest crediting assumption for MedCentral participants from 3.66 percent to 4.15 percent for 2024 and 3.75 percent after.
- A change in the employee contributions interest crediting assumption for Hardin participants from 2.00 percent to 4.00 percent.
- A change in the retirement age assumption.
- A change in the retirement rate assumption.
- A change in the optional payment form election assumption.
- A change in the salary scale assumption.

The rationales for selecting each of the assumptions used in the financial accounting valuation and for the assumption changes summarized above are described in more detail in the document entitled “Actuarial Assumptions Review” dated September 2023.

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
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Schedule SB, line 26a – Schedule of Active Participant Data
as of January 1, 2024

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							
30-34	2	15	59	65	2					
			\$48,023	\$76,871						
			\$6,792	\$25,521						
35-39	2	22	123	274	125	6				
		\$37,545	\$50,963	\$83,910	\$99,205					
		\$3,418	\$9,285	\$34,427	\$50,000					
40-44	2	36	116	261	315	130	8			
		\$61,854	\$61,515	\$91,814	\$98,975	\$92,334				
		\$5,630	\$11,234	\$39,202	\$55,469	\$66,461				
45-49	9	28	78	207	297	247	62	3		
		\$36,070	\$59,109	\$102,354	\$108,081	\$109,403	\$92,255			
		\$6,524	\$13,669	\$48,019	\$67,013	\$92,037	\$93,331			
50-54	9	15	67	233	331	262	172	70	11	
			\$65,277	\$93,934	\$104,207	\$98,766	\$96,992	\$108,242		
			\$16,855	\$51,504	\$72,465	\$91,434	\$107,708	\$132,863		
55-59	4	15	69	165	249	210	160	141	119	4
			\$68,694	\$85,604	\$87,877	\$88,413	\$94,566	\$94,915	\$99,965	
			\$15,237	\$50,236	\$70,816	\$89,071	\$111,104	\$132,672	\$152,401	
60-64	8	11	52	143	235	174	122	166	146	97
			\$66,983	\$89,667	\$83,614	\$80,367	\$90,200	\$92,780	\$95,072	\$82,803
			\$20,922	\$57,721	\$72,141	\$90,662	\$111,741	\$139,857	\$162,948	\$152,874
65-69	7	5	18	68	105	62	60	54	63	70
			\$87,664	\$102,466	\$88,377	\$101,167	\$103,881	\$77,588	\$81,239	
			\$59,448	\$94,195	\$110,808	\$148,006	\$168,672	\$149,675	\$177,126	
70+	6	4	14	16	28	25	10	16	8	20
					\$80,541	\$54,215				\$62,060
					\$103,811	\$78,157				\$180,846
										N-6,616

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	38,012,058	13,325,458	13,142,558	64,480,074
2025	35,181,848	9,408,421	12,804,645	57,394,914
2026	34,585,577	10,012,884	12,451,050	57,049,511
2027	34,026,988	9,932,485	12,085,137	56,044,610
2028	32,529,845	10,447,974	11,711,419	54,689,238
2029	31,606,282	9,680,592	11,300,265	52,587,139
2030	30,975,503	9,722,447	10,889,380	51,587,330
2031	29,465,774	9,881,266	10,389,178	49,736,218
2032	28,252,143	9,650,362	9,945,641	47,848,146
2033	27,670,040	9,589,562	9,484,212	46,743,814
2034	27,012,290	9,471,001	9,003,867	45,487,158
2035	26,064,893	9,528,561	8,526,594	44,120,048
2036	25,519,274	9,841,416	8,039,775	43,400,465
2037	25,117,779	9,396,433	7,544,708	42,058,920
2038	23,714,982	9,215,685	7,045,879	39,976,546
2039	23,233,816	8,928,556	6,554,484	38,716,856
2040	22,280,303	8,959,313	6,066,606	37,306,222
2041	21,982,860	8,526,683	5,580,809	36,090,352
2042	21,166,019	8,627,889	5,100,150	34,894,058
2043	20,556,291	8,443,631	4,627,918	33,627,840
2044	19,569,802	7,979,949	4,167,581	31,717,332
2045	19,536,933	7,755,473	3,722,730	31,015,136
2046	18,109,908	7,428,086	3,296,911	28,834,905
2047	17,412,117	7,013,703	2,893,481	27,319,301
2048	16,772,603	6,557,259	2,515,477	25,845,339
2049	15,073,479	6,189,134	2,165,424	23,428,037
2050	14,104,260	5,609,647	1,845,221	21,559,128
2051	12,510,203	5,091,939	1,556,052	19,158,194
2052	10,891,731	4,705,569	1,298,334	16,895,634
2053	9,793,564	4,132,838	1,071,758	14,998,160
2054	8,596,975	3,675,343	875,330	13,147,648
2055	7,669,136	3,300,037	707,459	11,676,632
2056	6,548,384	2,805,788	566,072	9,920,244
2057	5,969,762	2,361,077	448,730	8,779,569
2058	5,337,094	2,094,694	352,766	7,784,554

Schedule SB Attachment (Form 5500) –2024 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
2059	4,816,524	1,869,994	275,414	6,961,932
2060	4,362,672	1,451,680	213,931	6,028,283
2061	3,957,439	1,265,003	165,701	5,388,143
2062	3,573,321	1,064,058	128,319	4,765,698
2063	3,217,791	931,649	99,641	4,249,081
2064	2,898,532	804,634	77,819	3,780,985
2065	2,595,743	697,989	61,305	3,355,037
2066	2,319,537	633,927	48,837	3,002,301
2067	2,059,206	606,838	39,411	2,705,455
2068	1,823,746	503,174	32,248	2,359,168
2069	1,605,196	451,108	26,756	2,083,060
2070	1,405,095	402,756	22,493	1,830,344
2071	1,222,616	357,906	19,137	1,599,659
2072	1,056,835	316,373	16,458	1,389,666
2073	907,159	278,011	14,290	1,199,460

Schedule SB Attachment (Form 5500) –2024 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	\$ 114,255,719	January 1, 2023	14	\$ 10,904,883
Shortfall	\$ (23,436,108)	January 1, 2024	15	\$ (2,132,225)

Schedule SB Attachment (Form 5500) –2024 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	20.00%	0.3747	4.80
65	27.50%	0.2997	5.36
66	27.50%	0.2173	3.94
67	27.50%	0.1575	2.90
68	25.00%	0.1142	1.94
69	25.00%	0.0857	1.48
70	25.00%	0.0642	1.12
71	25.00%	0.0482	0.86
72	25.00%	0.0361	0.65
73	25.00%	0.0271	0.49
74	25.00%	0.0203	0.38
75	100.00%	0.0152	1.14

Weighted Average 58.12

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
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Schedule SB, line 26b – Schedule of Projection of Expected
Benefit Payments

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2037	25,117,779	9,396,433	7,544,708	42,058,920
2038	23,714,982	9,215,685	7,045,879	39,976,546
2039	23,233,816	8,928,556	6,554,484	38,716,856
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2042	21,166,019	8,627,889	5,100,150	34,894,058
2043	20,556,291	8,443,631	4,627,918	33,627,840
2044	19,569,802	7,979,949	4,167,581	31,717,332
2045	19,536,933	7,755,473	3,722,730	31,015,136
2046	18,109,908	7,428,086	3,296,911	28,834,905
2047	17,412,117	7,013,703	2,893,481	27,319,301
2048	16,772,603	6,557,259	2,515,477	25,845,339
2049	15,073,479	6,189,134	2,165,424	23,428,037
2050	14,104,260	5,609,647	1,845,221	21,559,128
2051	12,510,203	5,091,939	1,556,052	19,158,194
2052	10,891,731	4,705,569	1,298,334	16,895,634
2053	9,793,564	4,132,838	1,071,758	14,998,160
2054	8,596,975	3,675,343	875,330	13,147,648
2055	7,669,136	3,300,037	707,459	11,676,632
2056	6,548,384	2,805,788	566,072	9,920,244
2057	5,969,762	2,361,077	448,730	8,779,569
2058	5,337,094	2,094,694	352,766	7,784,554

Schedule SB Attachment (Form 5500) –2024 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
2059	4,816,524	1,869,994	275,414	6,961,932
2060	4,362,672	1,451,680	213,931	6,028,283
2061	3,957,439	1,265,003	165,701	5,388,143
2062	3,573,321	1,064,058	128,319	4,765,698
2063	3,217,791	931,649	99,641	4,249,081
2064	2,898,532	804,634	77,819	3,780,985
2065	2,595,743	697,989	61,305	3,355,037
2066	2,319,537	633,927	48,837	3,002,301
2067	2,059,206	606,838	39,411	2,705,455
2068	1,823,746	503,174	32,248	2,359,168
2069	1,605,196	451,108	26,756	2,083,060
2070	1,405,095	402,756	22,493	1,830,344
2071	1,222,616	357,906	19,137	1,599,659
2072	1,056,835	316,373	16,458	1,389,666
2073	907,159	278,011	14,290	1,199,460

Schedule SB Attachment (Form 5500) –2024 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) –2024 Plan Year

OhioHealth Cash Balance Retirement Plan

EIN: 31-4394942 PN: 333

Participant Contributions

OhioHealth and MedCentral: None

Hardin: Participants contribute 2 percent 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 percent 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 percent 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) – 2024 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%

Schedule SB Attachment (Form 5500) –2024 Plan Year

OhioHealth Cash Balance Retirement Plan

EIN: 31-4394942 PN: 333

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.

Age	Compensation Credits
0 – 29	2.5%
30 – 39	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 percent. 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 percent. 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.

Schedule SB Attachment (Form 5500) –2024 Plan Year

OhioHealth Cash Balance Retirement Plan

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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.

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 percent of the deceased participant's Account Balance in lieu of the monthly benefit. The beneficiary or estate of an unmarried participant shall receive 50 percent 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.

Schedule SB Attachment (Form 5500) –2024 Plan Year

OhioHealth Cash Balance Retirement Plan

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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.
- (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.

Schedule SB Attachment (Form 5500) –2024 Plan Year
OhioHealth Cash Balance Retirement Plan
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**Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan**

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

Plan Name	The Ohiohealth Cash Balance Retirement Plan
Plan Sponsor EIN	31-4394942
ERISA Plan No.	333
Plan Year End	12/31/2024

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) – 2024 Plan Year
 OhioHealth Cash Balance Retirement Plan
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 114,255,719	January 1, 2023	14	\$ 10,904,883
Shortfall	\$ (23,436,108)	January 1, 2024	15	\$ (2,132,225)

Schedule SB Attachment (Form 5500) –2024 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 6.52 percent to 6.61 percent.
- A change in the mortality for cash balance annuity conversion from the 2023 417(e) mortality table to the 2024 417(e) mortality table.
- A change in the cash balance interest crediting assumption for OhioHealth participants from 3.70 percent to 4.49 percent for 2024 and 2.73 percent after.
- A change in the cash balance interest crediting assumption for MedCentral participants from 3.66 percent to 4.15 percent for 2024 and 3.75 percent after.
- A change in the employee contributions interest crediting assumption for Hardin participants from 2.00 percent to 4.00 percent.
- A change in the retirement age assumption.
- A change in the retirement rate assumption.
- A change in the optional payment form election assumption.
- A change in the salary scale assumption.

The rationales for selecting each of the assumptions used in the financial accounting valuation and for the assumption changes summarized above are described in more detail in the document entitled “Actuarial Assumptions Review” dated September 2023.