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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 CHRIST HOSPITAL PENSION PLAN

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 03/22/2008

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)
THE CHRIST HOSPITAL

2139 AUBURN AVE
CINCINNATI, OH 45219-2906

2b Employer Identification Number (EIN) 31-0538525

2c Plan Sponsor's telephone number 513-585-2000

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	SAMANTHA PLATT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	5270
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1252
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1172
b	Retired or separated participants receiving benefits	**6b**	1973
c	Other retired or separated participants entitled to future benefits	**6c**	1839
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4984
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	234
f	Total. Add lines **6d** and **6e**.	**6f**	5218
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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 Characteristic Codes in the instructions:

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 CHRIST HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE CHRIST HOSPITAL

D Employer Identification Number (EIN)
31-0538525

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	280643493
b Actuarial value	**2b**	281750996

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	2066	158508974	158508974
b For terminated vested participants	1966	67772103	67772103
c For active participants	1252	66901648	66901648
d Total	5284	293182725	293182725

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1300000
c Target normal cost	**6c**	1300000

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

09/15/2026
Date

JASEN DASHNER
Type or print name of actuary

26-08408
Most recent enrollment number

MERCER
Firm name

614-227-5500
Telephone number (including area code)

325 JOHN H. MCCONNELL BLVD.
SUITE 350
COLUMBUS, OH 43215

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.42 %	0	0
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 5.11 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	96.10 %
15	Adjusted funding target attainment percentage	15	96.10 %
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	105.38 %
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
07/08/2026	2563000	0			
			Totals ► 18(b)	2563000	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	2368404

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1300000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11431729	1065900
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**	2365900

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	2365900
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2368404

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	2504
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE CHRIST HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE CHRIST HOSPITAL

D Employer Identification Number (EIN)
31-0538525

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: MERCER ACT LNG CORP FIXED INCOME

b Name of sponsor of entity listed in (a): THE CHRIST HOSPITAL

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)
31-0538525-001	M	285848992

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)

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE CHRIST HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
THE CHRIST HOSPITAL

D Employer Identification Number (EIN)
31-0538525

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2563000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3011309	3091665
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	277632184	285848992
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	280643493	291503657
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	280643493	291503657

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)	2563000	
(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)		2563000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	49593	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		49593
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		27315507
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29928100
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17804040	
(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)		17804040
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1263896	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1263896
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19067936
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10860164
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [X] 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: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587137.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE CHRIST HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
THE CHRIST HOSPITAL

D Employer Identification Number (EIN)
31-0538525

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): 04-1867445

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 | 4

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 20.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 80.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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_____.

Structured Attachment	Schedule SB, line 26b	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	This Form is Open to Public Inspection

Name of Plan	THE CHRIST HOSPITAL PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	31-0538525	PN	008

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	984794	2564161	17031895	20580850
2026	1662268	3009836	16560040	21232144
2027	2466929	3292061	16129720	21888710
2028	3209997	3682392	15538875	22431264
2029	3828750	3991772	14966386	22786908
2030	4355170	4212852	14161906	22729928
2031	4802633	4549336	13400334	22752303
2032	5201585	4881496	12480756	22563837
2033	5569373	5210213	11695922	22475508
2034	5872964	5436522	10972552	22282038
2035	5772940	4821849	10244987	20839776
2036	5741511	4816497	9621308	20179316
2037	5606794	4879557	9046731	19533082
2038	5456572	4898786	8451763	18807121
2039	5346572	4885958	7837576	18070106
2040	5233066	4884826	7191396	17309288
2041	5152503	4825672	6596739	16574914
2042	5043567	4736546	6055730	15835843
2043	4916516	4643524	5473702	15033742
2044	4801537	4576186	4877912	14255635
2045	4647435	4473792	4342490	13463717
2046	4493146	4369174	3852792	12715112
2047	4342680	4239074	3384707	11966461
2048	4169145	4099375	2942941	11211461
2049	3987611	3948834	2531629	10468074

Name of Plan	THE CHRIST HOSPITAL PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	31-0538525	PN	008

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	3793289	3792506	2154063	9739858
2051	3571389	3614992	1812494	8998875
2052	3352124	3427542	1508099	8287765
2053	3127900	3225543	1240945	7594388
2054	2894904	3015540	1010084	6920528
2055	2674211	2806023	813691	6293925
2056	2452756	2603766	649231	5705753
2057	2236914	2409582	513673	5160169
2058	2036551	2215427	403676	4655654
2059	1841633	2037751	315785	4195169
2060	1661833	1865783	246589	3774205
2061	1497684	1705257	192863	3395804
2062	1345864	1556568	151655	3054087
2063	1207357	1417907	120353	2745617
2064	1081259	1288783	96721	2466763
2065	964967	1167208	78900	2211075
2066	859223	1053161	65390	1977774
2067	762170	945875	55021	1763066
2068	673664	845445	46903	1566012
2069	593130	751895	40389	1385414
2070	519891	665168	35016	1220075
2071	453443	585159	30465	1069067
2072	393360	511718	26519	931597
2073	339177	444654	23034	806865
2074	290542	383747	19917	694206

Financial Statements

The Christ Hospital Pension Plan
Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

The better the question.
The better the answer.
The better the world works.

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The Christ Hospital Pension Plan

Financial Statements

Years Ended December 31, 2025 and 2024

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Cincinnati, OH 45202

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Report of Independent Auditors

The Board of Directors
The Christ Hospital Health Network

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of The Christ Hospital Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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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 Audit 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 an audit 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.

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In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- 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 audit 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Ernst & Young LLP

October 13, 2026

A member firm of Ernst & Young Global Limited

The Christ Hospital Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets		
Investments:		
Plan interest in The Christ Hospital Master Pension Trust	**$ 288,940,657**	$ 280,643,493
Employer contributions receivable	**2,563,000**	–
Net assets available for benefits	**$ 291,503,657**	$ 280,643,493

See accompanying notes.

The Christ Hospital Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2025	**2024**
Additions		
Investment income:		
Net appreciation from plan interest in The Christ Hospital Master Pension Trust	**$ 27,365,100**	$ 4,091,046
Employer contributions	**2,563,000**	–
Total additions	**29,928,100**	4,091,046
Deductions		
Administrative expenses	**1,263,896**	1,970,739
Benefits paid	**17,804,040**	17,185,843
Total deductions	**19,067,936**	19,156,582
Net increase (decrease) in net assets available for benefits	**10,860,164**	(15,065,536)
Net assets available for benefits:		
Beginning of year	**280,643,493**	295,709,029
End of year	**$ 291,503,657**	$ 280,643,493

See accompanying notes.

The Christ Hospital Pension Plan

Notes to Financial Statements

December 31, 2025

1. Description of Plan

The following description of The Christ Hospital Pension Plan (the Plan) provides only general information. The Christ Hospital and Subsidiaries, doing business as The Christ Hospital Health Network (the Network), is the plan sponsor. Participants should refer to the plan document and *Summary Plan Description* for a more complete description of the Plan's provisions, copies of which may be obtained from the Network.

General

Prior to March 22, 2008, substantially all participants of record participated in a defined benefit plan at the Health Alliance of Greater Cincinnati (Health Alliance). Effective March 22, 2008, and in accordance with the Pension Spin-Off Agreement with the Health Alliance, dated September 9, 2008, with an effective date of March 22, 2008, the plan assets (and related obligations) associated with Network participants were spun off to the newly formed Plan. The eligible years of service attained in the Health Alliance defined benefit plan (Health Alliance Plan) were credited to this Plan, as defined below.

As defined in the Pension Spin-Off Agreement, the assets of the Plan were managed by the Health Alliance in the Health Alliance Plan trust from March 22, 2008 through October 15, 2008, on behalf of the Plan. On October 15, 2008, the Health Alliance liquidated and transferred the assets held in the Health Alliance Plan trust on behalf of the Plan to The Christ Hospital Master Pension Trust (the Master Trust) (see Note 2).

Effective December 31, 2013, all benefits accrued by employees and retirees under the Plan were frozen, and the Plan does not and shall not provide credit for any service after that date. Effective January 1, 2016, the Plan was restated, superseding all previous amendments.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The plan administrator (the Network) is responsible for the general administration of the Plan. State Street Bank and Trust Company acts as the trustee of the Plan (the Trustee). State Street Retiree Services serves as the record-keeper for the Plan. Mercer (US), Inc. serves as the actuary for the Plan.

1. Description of Plan (continued)

Eligibility

The Plan is a defined benefit pension plan maintained for eligible employees (participants) of the Network who, prior to December 31, 2013, attained age 21, completed one year of eligible service, and were not an excluded employee. Excluded employees included residents, fellows, interns, student nurses, leased or contracted employees from a third party, collectively bargained employees, and participants in the Public Retirement System or the State Teachers Retirement System. Additionally, employed physicians by The Christ Hospital Medical Associates and The Christ Hospital Cardiovascular Associates were considered excluded employees, as defined by the Plan.

One year of eligible service was earned by working for 12 full months and having been credited with 1,000 or more hours of service in the first 12-month period. One year of eligible service was also earned for each calendar year in which a participant has been credited with 1,000 or more hours of service. Former participants of the Health Alliance Plan were credited with the number of years of eligibility service under the Plan that was equal to the eligible years the participant had in the Health Alliance Plan on December 31, 2007. The Plan is a final average pay pension plan. Subject to satisfaction of the Plan's vesting requirements, benefits are payable when a participant retires, dies, or separates from service from the Network.

Effective with the Plan's freeze on December 31, 2013, participants no longer earn any additional benefits under the Plan. Further, new participants are no longer eligible for participation in the Plan. Substantially all accumulated plan benefits have vested.

Benefits

Under the Plan's final average formula, a participant's final average earnings is the monthly average of the participant's earnings for the highest five plan years (calendar years) out of the last ten years participating in the Plan, including the year during which the participant stopped working. Earnings for each year are determined on January 15 of the subsequent plan year. Earnings and salary designation, hourly or salaried, are determined based on what was in effect as of January 15 of the plan year. Earnings do not include any overtime pay, incentive compensation, shift differential, disability payments, or other forms of irregular payments, including severance pay, pension payments, or other forms of deferred compensation.

1. Description of Plan (continued)

Plan Termination

Although it has not expressed an intention to do so, the Network reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA.

If the Plan were terminated, all participants' accrued benefits would become fully vested and nonforfeitable and would be distributed to them. In the event of termination, assets will be allocated and applied in the following order: (1) to provide certain minimum benefits to each active participant, retired participant, and beneficiary; (2) to assure continuation of benefits payable to retired participants and beneficiaries of deceased participants; (3) to provide retirement benefits for active participants who reached their normal retirement date on or before the termination date; (4) to provide retirement benefits for active participants who have been credited with ten years of vesting service and who have attained age 55 on or before the date of termination; and (5) to provide for the satisfaction of all other liabilities under the Plan. Any assets remaining after satisfaction of all liabilities shall be paid to the Network.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Network and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets available for benefits of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

Funding

Contributions by the Network to the Plan are irrevocable. The policy of the Network is to make contributions to the Plan each year in an amount no less than the minimum contributions required under ERISA. The Network may elect to make additional discretionary contributions to ensure the Plan is funded at certain minimum thresholds.

The Plan is subject to ERISA, and its minimum funding requirements have been met for the years ended December 31, 2025 and 2024. The minimum required contribution for the Network for the plan year ended December 31, 2025 was $2,365,900. There was no minimum required contribution for the Network for the plan year ended December 31, 2024.

1. Description of Plan (continued)

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan that consist primarily of trustee fees for investments, PBGC fees, and actuarial fees. The Plan pays PBGC fees from plan assets. All other administrative expenses are paid by the Network on behalf of the Plan. Expenses that are paid by the Network are excluded from these financial statements.

Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) 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.

Master Trust

All of the Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and other Network-sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective net assets of the Master Trust. At December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was 99.1% and 98.8%, respectively.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments, including those investments held in the Master Trust, are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

The plan administrator is responsible for determining the Plan's valuation policies involving the Master Trust and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments. Those involved include members of executive management, accounting, and human resources. These individuals report to the Finance Committee of the Network's Board of Directors.

On the statements of changes in net assets available for benefits, the Plan presents the net appreciation from plan interest in the Master Trust, which consists of the net realized gains or losses and the net change in unrealized appreciation or depreciation on those investments.

Within the Master Trust, purchases and sales of securities are reflected as of the trade date. Realized gains and losses on sales of securities are determined on the basis of average cost. Income from investments, if any, is recorded as earned on an accrual basis.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic 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, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee services rendered to the valuation date. The accumulated plan benefits for active employees are based on census data as of January 1 of the applicable plan year.

2. Summary of Significant Accounting Policies (continued)

The Plan's actuary estimated 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.

3. Investments

Certain information related to investments for both the Plan and Master Trust, disclosed in the accompanying financial statements, including investments held (plan interest in The Christ Hospital Master Pension Trust) at December 31, 2025 and 2024, and net appreciation from plan interest in the Master Trust was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee of the Plan and Master Trust.

The following table presents the fair value of the net assets of the Master Trust and the Plan's interest in the Master Trust at December 31, 2025:

	Master Trust Balances	**Plan's Interest in Master Trust Balances**
Cash and cash equivalents	**$ 2,608,402**	**$ 2,585,995**
Collective investment funds	**288,835,847**	**286,354,662**
Total	**$ 291,444,249**	**$ 288,940,657**

The following table presents the fair value of the net assets of the Master Trust and the Plan's interest in the Master Trust at December 31, 2024:

	Master Trust Balances	**Plan's Interest in Master Trust Balances**
Cash and cash equivalents	$ 3,049,018	$ 3,011,309
Collective investment funds	281,108,870	277,632,184
Total	$ 284,157,888	$ 280,643,493

3. Investments (continued)

Changes in net assets for the Master Trust are as follows for the years ended December 31:

	2025	2024
Benefit payments	**$ (19,081,766)**	$ (17,185,843)
Net appreciation in fair value of investments	**27,633,401**	4,138,981
Administrative expenses	**(1,265,274)**	(1,934,920)
Net increase (decrease)	**7,286,361**	(14,981,782)
Net assets:		
Beginning of year	**284,157,888**	299,139,670
End of year	**$ 291,444,249**	$ 284,157,888

4. Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:

  – Quoted prices for similar assets and liabilities in active markets

  – Quoted prices for identical or similar assets or liabilities in markets that are not active

4. Fair Value Measurements (continued)

  - Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)

  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

The fair value of cash and cash equivalents is valued using amortized cost, which represents fair value. Such instruments are classified within Level 1 of the fair value hierarchy.

Collective investment funds are valued at the net asset value (NAV) of participation units held by the Master Trust. The NAV is determined by the trustee based on the current market values of the underlying assets of the collective investment funds based on information reported by the investment advisor. The daily NAV is available to participants of the Plan and the collective investment funds allow participants to make daily redemption requests at the current NAV. As a result, and based on the clarified guidance adopted in the current year, the Plan has determined that the collective investment funds have a readily determinable fair value based on identical assets (i.e., marketable debt and domestic equity securities) and, therefore, each meet the criteria to be classified as Level 1.

4. Fair Value Measurements (continued)

The following tables set forth, by the fair value hierarchy level, the Master Trust's assets carried at fair value:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 2,608,402**	**$ –**	**$ –**	**$ 2,608,402**
Collective investment funds	**288,835,847**	**–**	**–**	**288,835,847**
Total assets at fair value	**$ 291,444,249**	**$ –**	**$ –**	**$ 291,444,249**

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 3,049,018	$ –	$ –	$ 3,049,018
Collective investment funds	281,108,870	–	–	281,108,870
Total assets at fair value	$ 284,157,888	$ –	$ –	$ 284,157,888

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 12, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with IRC to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits as of December 31, 2024, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 155,288,749
Other participants	129,714,531
Total vested benefits	285,003,280
Non-vested benefits	1,419
Total actuarial present value of accumulated plan benefits	$ 285,004,699

The changes in accumulated plan benefits from January 1, 2024 to December 31, 2024, are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2024	$ 284,520,813
Increase (decrease) during the year attributed to:	
Benefits accumulated and losses	1,682,975
Increase for interest due to decrease in the discount period	15,824,679
Benefits paid	(17,185,843)
Change in actuarial assumptions	162,075
Net increase	483,886
Actuarial present value of accumulated plan benefits at December 31, 2024	$ 285,004,699

6. Actuarial Present Value of Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial valuation are as follows:

Assumed rate of return on investments:	5.75%	
	Age	**Rate**
Retirement age:	55–60	6.0%
	61–63	7.5
	64	15.0
	65	40.0
	66–67	30.0
	68–70	22.5
	71+	100.0
Mortality basis:	Mercer PRI-2012 no collar mortality table projected with MMP-2021 projection scale	

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.

7. Related-Party and Party-in-Interest Transactions

The Plan, through the Master Trust, holds units of collective investment funds managed by Mercer Collective Trust, an affiliate of the Plan's actuary. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

8. Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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 those changes could materially affect the amounts reported on the statements of net assets available for benefits.

8. Risks and Uncertainties (continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Subsequent Events

Management evaluated subsequent events for the Plan through October 13, 2026, the date the financial statements were available to be issued.

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Schedule SB, line 32 — Schedule of Amortization Bases

Distribution of active participants as of January 1, 2025

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34		7									7
35–39		83 1,181	26 2,174								109 1,418
40–44	1	66 1,452	78 3,406	15							160 2,747
45–49	1	54 1,725	54 4,103	45 7,373	8						162 4,501
50–54	2	68 1,773	63 3,893	37 7,650	31 12,451	8					209 5,400
55–59	1	55 1,705	43 3,858	34 7,751	31 10,452	19 13,618	9				192 6,709
60–64	2	80 1,644	57 3,603	27 6,490	33 10,339	41 14,002	32 17,050	20 18,376			292 8,018
65–69	1	27 1,869	22 3,171	14	8	5	9	7	1	1	95 7,985
70 & up		15	3	3	1	1	2			1	26 4,982
Total	8	455 1,565	346 3,575	175 7,032	112 11,137	74 13,860	52 18,815	27 18,791	1	2	1,252 5,571

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average annual accrued benefit for each age/service combination. We don’t show the average accrued benefit for cells with less than 20 active participants.

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized[1]	**Non-Stabilized**
• First 5 years	5.07%	5.07%
• Next 15 years	5.31%	5.33%
• Over 20 years	5.50%	5.36%
Mortality sponsor elections		
• All participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP2014 mortality tables improvement beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2021.	
Other economic assumptions		
• Expected investment return	5.86% in 2025, 5.10% in 2024 and 5.92% in 2023	
• Expenses	PBGC premium assumed to be paid from the trust, rounded to the nearest $100,000). For 2025, expected expenses = $1,300,000.	

Rationale for economic assumptions

- Discount rate sponsor election – Plan sponsor elected segment rates with a 4-month look-back. Rates are prescribed by the IRS on a monthly basis.
- Expected investment return – Estimated as the 50th percentile of the long-term expected return on assets assumption produced by Mercer's Portfolio Return Calculator as of the valuation date.
- Expenses – Assumed to equal the current year PBGC premium payment, rounded to the nearest $100,000. The Plan sponsor does not pay any other administrative expenses from Plan assets.

[1] Stabilized segment rates are based on American Rescue Plan Act of 2021 funding relief, signed into law on March 11, 2021

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

Demographic assumptions

- Withdrawal: 2003 Society of Actuaries Turnover Mercer Modified Age table times 100% for ages below 35 and times 115% at ages 35 and older. See table of sample rates.
- Disability incidence: N/A
- Retirement age

Attained age	Retirement
55 – 60	6.0%
61 – 63	7.5%
64	15.0%
65	40.0%
66 – 67	30.0%
68 – 70	22.5%
71+	100.0%

- Benefit commencement age for
  - Future vested deferred: 63
  - Current vested deferred: 63
- Spouse assumptions

	Male participants	Female participants
Percentage married	80%	80%
Spouse age difference	3 years younger	3 years older

Form of payment	10 years certain	Single life	75% J&S	50% J&S (67% J&S for FHH)
• Active retirements	30%	45%	25%	0%
• Future vested deferred	30%	45%	25%	0%
• Future disabilities	0%	0%	0%	100%
• Future deaths	30%	45%	25%	0%
• Current vested deferred				

Unpredictable contingent event assumptions: Not applicable

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

Table of sample rates

Attained age	Percentage Withdrawal
20	26.00%
25	18.00
30	12.20
35	10.01
40	7.94
45	7.02
50	6.44
55	5.06
60	3.91

Rationale for demographic assumptions

- Withdrawal, Retirement, Benefit Commencement Age, and Form of Payment assumptions were developed based on an experience study undertaken in 2020 using data from 2015, 2016, 2017, 2018 and 2019 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

- Spouse assumptions: Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement are based on the actuary’s experience with many plans and discussions with employer representatives.

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

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 25 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 CHRIST HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE CHRIST HOSPITAL

D Employer Identification Number (EIN)
31-0538525

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	280,643,493
b Actuarial value	**2b**	281,750,996

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	2,066	158,508,974	158,508,974
b For terminated vested participants	1,966	67,772,103	67,772,103
c For active participants	1,252	66,901,648	66,901,648
d Total	5,284	293,182,725	293,182,725

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,300,000
c Target normal cost	**6c**	1,300,000

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

Jasen C Dashner / JCD
Signature of actuary

9/15/2026
Date

JASEN DASHNER
Type or print name of actuary

2608408
Most recent enrollment number

MERCER
Firm name

614-227-5500
Telephone number (including area code)

325 JOHN H. McCONNELL BLVD.
SUITE 350
COLUMBUS OH 43215
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.42 %	0	0
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 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	96.10 %
15	Adjusted funding target attainment percentage	15	96.10 %
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	105.38 %
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
07/08/2026	2,563,000	0			
			Totals ► 18(b)	2,563,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,368,404

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,300,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,431,729	1,065,900
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**	2,365,900

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	2,365,900
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,368,404

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	2,504
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	6.0%	10,000.00	600.00	33,000.00
56	6.0%	9,400.00	564.00	31,584.00
57	6.0%	8,836.00	530.16	30,219.12
58	6.0%	8,305.84	498.35	28,904.32
59	6.0%	7,807.49	468.45	27,638.51
60	6.0%	7,339.04	440.34	26,420.54
61	7.5%	6,898.70	517.40	31,561.54
62	7.5%	6,381.30	478.60	29,673.02
63	7.5%	5,902.70	442.70	27,890.25
64	15.0%	5,460.00	819.00	52,415.96
65	40.0%	4,641.00	1,856.40	120,665.91
66	30.0%	2,784.60	835.38	55,135.04
67	30.0%	1,949.22	584.77	39,179.29
68	22.5%	1,364.45	307.00	20,876.13
69	22.5%	1,057.45	237.93	16,416.93
70	22.5%	819.52	184.39	12,907.51
71	100.0%	635.13	635.13	45,094.34
Total			10,000.00	629,791.96
Average				63

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized[1]	**Non-Stabilized**
• First 5 years	5.07%	5.07%
• Next 15 years	5.31%	5.33%
• Over 20 years	5.50%	5.36%
Mortality sponsor elections		
• All participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP2014 mortality tables improvement beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2021.	
Other economic assumptions		
• Expected investment return	5.86% in 2025, 5.10% in 2024 and 5.92% in 2023	
• Expenses	PBGC premium assumed to be paid from the trust, rounded to the nearest $100,000). For 2025, expected expenses = $1,300,000.	

Rationale for economic assumptions

- Discount rate sponsor election – Plan sponsor elected segment rates with a 4-month look-back. Rates are prescribed by the IRS on a monthly basis.
- Expected investment return – Estimated as the 50th percentile of the long-term expected return on assets assumption produced by Mercer's Portfolio Return Calculator as of the valuation date.
- Expenses – Assumed to equal the current year PBGC premium payment, rounded to the nearest $100,000. The Plan sponsor does not pay any other administrative expenses from Plan assets.

[1] Stabilized segment rates are based on American Rescue Plan Act of 2021 funding relief, signed into law on March 11, 2021

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

Demographic assumptions

- Withdrawal: 2003 Society of Actuaries Turnover Mercer Modified Age table times 100% for ages below 35 and times 115% at ages 35 and older. See table of sample rates.
- Disability incidence: N/A
- Retirement age

Attained age	Retirement
55 – 60	6.0%
61 – 63	7.5%
64	15.0%
65	40.0%
66 – 67	30.0%
68 – 70	22.5%
71+	100.0%

- Benefit commencement age for
  - Future vested deferred: 63
  - Current vested deferred: 63
- Spouse assumptions

	Male participants	Female participants
Percentage married	80%	80%
Spouse age difference	3 years younger	3 years older

Form of payment	10 years certain	Single life	75% J&S	50% J&S (67% J&S for FHH)
• Active retirements	30%	45%	25%	0%
• Future vested deferred	30%	45%	25%	0%
• Future disabilities	0%	0%	0%	100%
• Future deaths	30%	45%	25%	0%
• Current vested deferred				

Unpredictable contingent event assumptions: Not applicable

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

Table of sample rates

Attained age	Percentage Withdrawal
20	26.00%
25	18.00
30	12.20
35	10.01
40	7.94
45	7.02
50	6.44
55	5.06
60	3.91

Rationale for demographic assumptions

- Withdrawal, Retirement, Benefit Commencement Age, and Form of Payment assumptions were developed based on an experience study undertaken in 2020 using data from 2015, 2016, 2017, 2018 and 2019 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

- Spouse assumptions: Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement are based on the actuary's experience with many plans and discussions with employer representatives.

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

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 25 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: March 22, 2008 Plan year: January 1 through December 31 Amended: May 1, 2017
Status of the plan	Effective December 31, 2013, participation and benefit accruals are frozen under the plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	Any Participant in the Health Alliance Plan who transferred to The Christ Hospital on March 22, 2008. An employee of TCH, The Christ Hospital Medical Associates, LLC (TCHMA), The Christ Hospital Cardiovascular Associates, LLC (TCHVA), or another affiliate of TCH that has adopted the Pension Plan and who is not an excluded employee
• Participation	January 1 or July 1 after attaining age 21 and completing one year of Eligibility Service
• Employee contributions	None
• Vesting service	One year of Vesting Service is earned for each calendar year in which a Participant completes 1,000 hours of service. Fort Hamilton-Hughes: Completed years of employment
• Credited service	One year of service is credited for each calendar year in which an associate has completed at least 1,800 hours of service. Service is prorated for years in which at least 1,000 hours are completed. In a Participant's year of hire, termination or retirement, Credited Service is prorated for service less than 1,000 hours. Fort Hamilton-Hughes: Full calendar years during which a participant is credited with at least 416 hours. Pro-rata service is granted during the year of participation or the year of termination. Jewish Hospital: Calendar years during which 1,000 hours of service were completed St. Luke Hospital: Calendar years during which 1,000 hours of service were completed Credited service was frozen effective December 31, 2013 for all plan participants.
• Pensionable earnings	Earnings for each year are determined on January 15 of the year. Hourly employees: hourly rate of base pay that was in effect, multiplied by 2,080 hours. Salaried employees: annual base salary that was in effect. Earnings do not include any overtime pay, incentive compensation, shift differential, disability payments and other forms of irregular payments, severance pay, pensions or other forms of deferred compensation. Fort Hamilton-Hughes: Earnings are defined as W-2 earnings plus pre-tax deferrals. Jewish Hospital: Earnings are defined as W-2 earnings plus pre-tax deferrals.

Schedule SB, Part V — Summary of Plan Provisions

	St. Luke Hospital: Earnings are defined as monthly rate of pay on the first day of the calendar year.
• Final average earnings	The average of the highest five calendar years of Earnings during the 10-year period ending on the earlier of the participant's termination date or retirement date Fort Hamilton-Hughes: The average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless it is a full 12-month period Jewish Hospital: The average of the highest five calendar years of employment disregarding any years of employment in which less than 1,000 hours were completed St. Luke Hospital: The average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless 1,000 hours were completed or the associate has reached normal retirement age Final average earnings were frozen effective December 31, 2013 for all plan participants.
• Primary Social Security benefit	Not applicable
• Covered Compensation	Jewish Hospital: Average of the Social Security Taxable Wage Bases for the 35-year period ending in the year in which the associate turns age 64
• Accrued benefit	1.0% of Final Average Earnings plus 0.35% of Final Average Earnings in excess of Covered Compensation multiplied by years of Credited Service, up to 30 years, divided by 12 Grandfathered Benefits: Participants in The Fort Hamilton-Hughes Healthcare Corporation Retirement Plan, The Jewish Hospital of Cincinnati, Inc. Retirement Plan, or The Retirement Plan for Employees of St. Luke Hospitals, Inc. as of December 31, 1998 were grandfathered into the provisions of their respective plans at that date. Fort Hamilton-Hughes: Normal retirement benefit is 1.0% of Final Average Earnings times years of Credited Service offset for benefits annuitized under prior plans. Jewish Hospital: Normal retirement benefit is 0.8% of Final Average Earnings plus 0.7% of Final Average Earnings in excess of Covered Compensation, the sum times years of Credited Service. There is a minimum monthly benefit of $5 times years of Credited Service to a maximum of 10 years. St Luke Hospital: Accrued Benefit is 0.9% of Final Average Earnings times Credited Service plus 0.6% of Final Average Earnings in excess of Covered Compensation, times years of Credited Service up to a maximum of 35 years.

Schedule SB, Part V — Summary of Plan Provisions

	Accrued benefit was frozen effective December 31, 2013 for all plan participants.
Normal retirement	
• Eligibility	First of the month coincident with or next following age 65
• Benefit	Accrued Benefit at Normal Retirement Date
Early retirement	
• Eligibility	First of the month coincident with or next following age 55 and five years of Vesting Service
• Benefit	Accrued Benefit determined during Early Retirement Eligibility, reduced 5/9 of 1.0% per month between ages 60 and 65 and further reduced 5/18 of 1.0% per month between ages 55 and 60
Late retirement	
• Eligibility	The first day of the month subsequent to the participants' Normal Retirement Date and following actual termination of employment
• Benefit	Greater of the Accrued Benefit determined during postponed retirement eligibility, or the actuarial equivalent of the Normal Retirement pension
Deferred vested	
• Eligibility	Completion of five years Vesting Service
• Benefit	Accrued Benefit based on Credited Service and Final Average Earnings at date of termination
Disability	
• Eligibility	Grandfathered Fort Hamilton Participants who were part of the spin-off from Health Alliance and are eligible for Social Security Disability benefits. No other disability benefits are payable under the plan.
• Benefit	Participants eligible for disability continue to accrue benefits assuming earnings prior to disability had continued and 416 hours per calendar year are earned. Assumed to commence at Normal Retirement age.
Pre-retirement death	
• Eligibility	Spouse of Participant who has completed five years of Vesting Service
• Benefit prior to early retirement	Monthly preretirement spouse benefit payable for life commencing at the first of the month following his eligibility for early retirement, which is the amount that would have been payable if the participant had terminated on the date of death under the joint and 50% survivor annuity form and survived to the day after attaining Earliest Retirement Age. Fort Hamilton-Hughes: 66 2/3% joint-and-survivor annuity with 10-years certain
• Benefit after early but before normal retirement	The amount which would have been payable if the Participant had retired the day before death under the joint and 50% survivor annuity form Fort Hamilton-Hughes: 66 2/3% joint-and-survivor annuity with 10-years certain
• Benefit after normal retirement	The amount which would have been payable if the participant had retired the day before death under the joint and 50% survivor annuity form. The amount of the surviving spouse's benefit will be actuarially adjusted to account for the later commencement date. Fort Hamilton-Hughes:

Schedule SB, Part V — Summary of Plan Provisions

	66 2/3% joint-and-survivor annuity with 10-years certain
Unpredictable contingent event benefits	
• Event	Not applicable
• Eligibility	Not applicable
• Benefit	Not applicable
Form of benefits	
• Automatic form for unmarried participants	The normal form of payment is a life annuity for a single employee.
• Automatic form for married participants	Actuarially equivalent 50% joint-and-survivor annuity for a married employee Fort Hamilton-Hughes: 66 2/3% joint-and-survivor annuity with 10-years certain
• Optional forms	• Actuarially equivalent benefit of 100%, 75%, 66 2/3%, or 50% joint-and-contingent annuity • Actuarially equivalent benefit of five, ten, 15, or 20 year certain and continuous annuity • Actuarially equivalent benefit of ten, 15, or 20 year certain annuity • Life annuity for married participants • Fort Hamilton-Hughes: Full cash refund
• Optional form conversion factors	Calculated using actuarial equivalence
• Actuarial equivalence	Optional forms of payment determined to provide the greatest benefit based on a comparison of the ***New*** actuarial equivalence and ***Old*** actuarial equivalence basis: **New: Applicable for all participants** Current year 417(e) prescribed mortality and the 3rd segment rate for the joint and survivor optional forms of payment, but all three segment rates for the certain only optional forms of payment, for the 5th full calendar month preceding the Plan Year in which the determination of actuarial equivalence is made. The August 2023 rates are 5.45% for the first five years, 5.52% for the next fifteen years and 5.43% thereafter. **Old**: 1984 Unisex Pension Mortality Table set back 4 years with 8% interest Fort Hamilton-Hughes: 1984 Unisex Pension Mortality Table with 7.5% interest Jewish Hospital: 1984 Unisex Pension Mortality Table with 6% interest St. Luke Hospital: 1971 Group Annuity Mortality Table for males projected to 1990 by Scale D with an age setback of 6 years for the Participant and zero years for any surviving spouse, with 7% interest.
Miscellaneous	
• Maximum compensation	Not applicable since the benefits are frozen.

Schedule SB, Part V — Summary of Plan Provisions

• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated as of January 1, 2016 and amended through the First Amendment, are included in this valuation.

- **Most recent plan amendments included:** First amendment, signed February 15, 2017, effective May 1, 2017.
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* None.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.

Schedule SB, Part V — Summary of Plan Provisions

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Expected rate of return on plan assets has been updated to reflect the current asset allocation and investment environment.
- The expenses were updated based on the current year estimated PBGC premium amount.

Schedule SB, line 32 — Schedule of Amortization Bases

Distribution of active participants as of January 1, 2025

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34		7									7
35–39		83 1,181	26 2,174								109 1,418
40–44	1	66 1,452	78 3,406	15							160 2,747
45–49	1	54 1,725	54 4,103	45 7,373	8						162 4,501
50–54	2	68 1,773	63 3,893	37 7,650	31 12,451	8					209 5,400
55–59	1	55 1,705	43 3,858	34 7,751	31 10,452	19 13,618	9				192 6,709
60–64	2	80 1,644	57 3,603	27 6,490	33 10,339	41 14,002	32 17,050	20 18,376			292 8,018
65–69	1	27 1,869	22 3,171	14	8	5	9	7	1	1	95 7,985
70 & up		15	3	3	1	1	2			1	26 4,982
Total	8	455 1,565	346 3,575	175 7,032	112 11,137	74 13,860	52 18,815	27 18,791	1	2	1,252 5,571

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average annual accrued benefit for each age/service combination. We don't show the average accrued benefit for cells with less than 20 active participants.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		**Outstanding balance**	**Years remaining**		**2025 Installment**
2025	$	11,431,729	15	$	1,065,900
Total	$	11,431,729		$	1,065,900

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	6.0%	10,000.00	600.00	33,000.00
56	6.0%	9,400.00	564.00	31,584.00
57	6.0%	8,836.00	530.16	30,219.12
58	6.0%	8,305.84	498.35	28,904.32
59	6.0%	7,807.49	468.45	27,638.51
60	6.0%	7,339.04	440.34	26,420.54
61	7.5%	6,898.70	517.40	31,561.54
62	7.5%	6,381.30	478.60	29,673.02
63	7.5%	5,902.70	442.70	27,890.25
64	15.0%	5,460.00	819.00	52,415.96
65	40.0%	4,641.00	1,856.40	120,665.91
66	30.0%	2,784.60	835.38	55,135.04
67	30.0%	1,949.22	584.77	39,179.29
68	22.5%	1,364.45	307.00	20,876.13
69	22.5%	1,057.45	237.93	16,416.93
70	22.5%	819.52	184.39	12,907.51
71	100.0%	635.13	635.13	45,094.34
Total			10,000.00	629,791.96
Average				63

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: March 22, 2008 Plan year: January 1 through December 31 Amended: May 1, 2017
Status of the plan	Effective December 31, 2013, participation and benefit accruals are frozen under the plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	Any Participant in the Health Alliance Plan who transferred to The Christ Hospital on March 22, 2008. An employee of TCH, The Christ Hospital Medical Associates, LLC (TCHMA), The Christ Hospital Cardiovascular Associates, LLC (TCHVA), or another affiliate of TCH that has adopted the Pension Plan and who is not an excluded employee
• Participation	January 1 or July 1 after attaining age 21 and completing one year of Eligibility Service
• Employee contributions	None
• Vesting service	One year of Vesting Service is earned for each calendar year in which a Participant completes 1,000 hours of service. Fort Hamilton-Hughes: Completed years of employment
• Credited service	One year of service is credited for each calendar year in which an associate has completed at least 1,800 hours of service. Service is prorated for years in which at least 1,000 hours are completed. In a Participant's year of hire, termination or retirement, Credited Service is prorated for service less than 1,000 hours. Fort Hamilton-Hughes: Full calendar years during which a participant is credited with at least 416 hours. Pro-rata service is granted during the year of participation or the year of termination. Jewish Hospital: Calendar years during which 1,000 hours of service were completed St. Luke Hospital: Calendar years during which 1,000 hours of service were completed Credited service was frozen effective December 31, 2013 for all plan participants.
• Pensionable earnings	Earnings for each year are determined on January 15 of the year. Hourly employees: hourly rate of base pay that was in effect, multiplied by 2,080 hours. Salaried employees: annual base salary that was in effect. Earnings do not include any overtime pay, incentive compensation, shift differential, disability payments and other forms of irregular payments, severance pay, pensions or other forms of deferred compensation. Fort Hamilton-Hughes: Earnings are defined as W-2 earnings plus pre-tax deferrals. Jewish Hospital: Earnings are defined as W-2 earnings plus pre-tax deferrals.

Schedule SB, Part V — Summary of Plan Provisions

	St. Luke Hospital: Earnings are defined as monthly rate of pay on the first day of the calendar year.
• Final average earnings	The average of the highest five calendar years of Earnings during the 10-year period ending on the earlier of the participant's termination date or retirement date Fort Hamilton-Hughes: The average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless it is a full 12-month period Jewish Hospital: The average of the highest five calendar years of employment disregarding any years of employment in which less than 1,000 hours were completed St. Luke Hospital: The average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless 1,000 hours were completed or the associate has reached normal retirement age Final average earnings were frozen effective December 31, 2013 for all plan participants.
• Primary Social Security benefit	Not applicable
• Covered Compensation	Jewish Hospital: Average of the Social Security Taxable Wage Bases for the 35-year period ending in the year in which the associate turns age 64
• Accrued benefit	1.0% of Final Average Earnings plus 0.35% of Final Average Earnings in excess of Covered Compensation multiplied by years of Credited Service, up to 30 years, divided by 12 Grandfathered Benefits: Participants in The Fort Hamilton-Hughes Healthcare Corporation Retirement Plan, The Jewish Hospital of Cincinnati, Inc. Retirement Plan, or The Retirement Plan for Employees of St. Luke Hospitals, Inc. as of December 31, 1998 were grandfathered into the provisions of their respective plans at that date. Fort Hamilton-Hughes: Normal retirement benefit is 1.0% of Final Average Earnings times years of Credited Service offset for benefits annuitized under prior plans. Jewish Hospital: Normal retirement benefit is 0.8% of Final Average Earnings plus 0.7% of Final Average Earnings in excess of Covered Compensation, the sum times years of Credited Service. There is a minimum monthly benefit of $5 times years of Credited Service to a maximum of 10 years. St Luke Hospital: Accrued Benefit is 0.9% of Final Average Earnings times Credited Service plus 0.6% of Final Average Earnings in excess of Covered Compensation, times years of Credited Service up to a maximum of 35 years.

Schedule SB, Part V — Summary of Plan Provisions

	Accrued benefit was frozen effective December 31, 2013 for all plan participants.
Normal retirement	
• Eligibility	First of the month coincident with or next following age 65
• Benefit	Accrued Benefit at Normal Retirement Date
Early retirement	
• Eligibility	First of the month coincident with or next following age 55 and five years of Vesting Service
• Benefit	Accrued Benefit determined during Early Retirement Eligibility, reduced 5/9 of 1.0% per month between ages 60 and 65 and further reduced 5/18 of 1.0% per month between ages 55 and 60
Late retirement	
• Eligibility	The first day of the month subsequent to the participants' Normal Retirement Date and following actual termination of employment
• Benefit	Greater of the Accrued Benefit determined during postponed retirement eligibility, or the actuarial equivalent of the Normal Retirement pension
Deferred vested	
• Eligibility	Completion of five years Vesting Service
• Benefit	Accrued Benefit based on Credited Service and Final Average Earnings at date of termination
Disability	
• Eligibility	Grandfathered Fort Hamilton Participants who were part of the spin-off from Health Alliance and are eligible for Social Security Disability benefits. No other disability benefits are payable under the plan.
• Benefit	Participants eligible for disability continue to accrue benefits assuming earnings prior to disability had continued and 416 hours per calendar year are earned. Assumed to commence at Normal Retirement age.
Pre-retirement death	
• Eligibility	Spouse of Participant who has completed five years of Vesting Service
• Benefit prior to early retirement	Monthly preretirement spouse benefit payable for life commencing at the first of the month following his eligibility for early retirement, which is the amount that would have been payable if the participant had terminated on the date of death under the joint and 50% survivor annuity form and survived to the day after attaining Earliest Retirement Age. Fort Hamilton-Hughes: 66 2/3% joint-and-survivor annuity with 10-years certain
• Benefit after early but before normal retirement	The amount which would have been payable if the Participant had retired the day before death under the joint and 50% survivor annuity form Fort Hamilton-Hughes: 66 2/3% joint-and-survivor annuity with 10-years certain
• Benefit after normal retirement	The amount which would have been payable if the participant had retired the day before death under the joint and 50% survivor annuity form. The amount of the surviving spouse's benefit will be actuarially adjusted to account for the later commencement date. Fort Hamilton-Hughes:

Schedule SB, Part V — Summary of Plan Provisions

	66 2/3% joint-and-survivor annuity with 10-years certain
Unpredictable contingent event benefits	
• Event	Not applicable
• Eligibility	Not applicable
• Benefit	Not applicable
Form of benefits	
• Automatic form for unmarried participants	The normal form of payment is a life annuity for a single employee.
• Automatic form for married participants	Actuarially equivalent 50% joint-and-survivor annuity for a married employee Fort Hamilton-Hughes: 66 2/3% joint-and-survivor annuity with 10-years certain
• Optional forms	• Actuarially equivalent benefit of 100%, 75%, 66 2/3%, or 50% joint-and-contingent annuity • Actuarially equivalent benefit of five, ten, 15, or 20 year certain and continuous annuity • Actuarially equivalent benefit of ten, 15, or 20 year certain annuity • Life annuity for married participants • Fort Hamilton-Hughes: Full cash refund
• Optional form conversion factors	Calculated using actuarial equivalence
• Actuarial equivalence	Optional forms of payment determined to provide the greatest benefit based on a comparison of the ***New*** actuarial equivalence and ***Old*** actuarial equivalence basis: **New: Applicable for all participants** Current year 417(e) prescribed mortality and the 3rd segment rate for the joint and survivor optional forms of payment, but all three segment rates for the certain only optional forms of payment, for the 5th full calendar month preceding the Plan Year in which the determination of actuarial equivalence is made. The August 2023 rates are 5.45% for the first five years, 5.52% for the next fifteen years and 5.43% thereafter. **Old**: 1984 Unisex Pension Mortality Table set back 4 years with 8% interest Fort Hamilton-Hughes: 1984 Unisex Pension Mortality Table with 7.5% interest Jewish Hospital: 1984 Unisex Pension Mortality Table with 6% interest St. Luke Hospital: 1971 Group Annuity Mortality Table for males projected to 1990 by Scale D with an age setback of 6 years for the Participant and zero years for any surviving spouse, with 7% interest.
Miscellaneous	
• Maximum compensation	Not applicable since the benefits are frozen.

Schedule SB, Part V — Summary of Plan Provisions

• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated as of January 1, 2016 and amended through the First Amendment, are included in this valuation.

- **Most recent plan amendments included:** First amendment, signed February 15, 2017, effective May 1, 2017.
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* None.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.

Schedule SB, Part V — Summary of Plan Provisions

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		**Outstanding balance**	**Years remaining**		**2025 Installment**
2025	$	11,431,729	15	$	1,065,900
Total	$	11,431,729		$	1,065,900

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Expected rate of return on plan assets has been updated to reflect the current asset allocation and investment environment.
- The expenses were updated based on the current year estimated PBGC premium amount.