

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 6047(e), 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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan TRIHEALTH G, LLC 401K RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/28/2005
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TRIHEALTH G, LLC 619 OAK STREET CINCINNATI, OH 45206	2b Employer Identification Number (EIN) 20-2305158 2c Sponsor's telephone number 513-841-5232 2d Business code (see instructions) 621111

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.	10/12/2010	MICHAEL CROFTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	MICHAEL CROFTON
	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 (if same as plan sponsor, enter "Same") TRIHEALTH G, LLC 619 OAK STREET CINCINNATI, OH 45206	3b Administrator's EIN 20-2305158 3c Administrator's telephone number 513-841-5232
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	605
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	534
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	52
d Subtotal. Add lines 6a , 6b , and 6c	6d	586
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	586
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	572
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	13

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan TRIHEALTH G, LLC 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIHEALTH G, LLC	D Employer Identification Number (EIN) 20-2305158

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes

☐ No

b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC

23-1945930

(b)

Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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

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

THE VANGUARD GROUP, INC

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 52	NONE	24985	Yes ☒ No ☐	Yes ☒ No ☐	8	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE VANGUARD GROUP	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WILLIAM BLAIR & CO. II 36-2214610	25 BASIS POINTS - 12B-1 FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE VANGUARD GROUP	60	8

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR CAPITAL ADVISORS 111 SOUTH WACKER DRIVE 34TH FLOOR CHICAGO, IL 60606-4302	ANNUAL - OTHER

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TRIHEALTH G, LLC 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIHEALTH G, LLC	D Employer Identification Number (EIN) 20-2305158	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(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)		
(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)	33791261	43869929
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33791261	43869929

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33791261	43869929
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	456931	
(B) Participants	2a(1)(B)	2673135	
(C) Others (including rollovers)	2a(1)(C)	57168	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3187234

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0

(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)	882964	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		882964

(3) Rents	2b(3)		
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(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		7246130
c Other income.....	2c		116
d Total income. Add all income amounts in column (b) and enter total.....	2d		11316444

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1212192	
(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)		1212192
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	25584	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25584
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1237776

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10078668
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 section 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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>TRIHEALTH G, LLC 401K RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIHEALTH G, LLC</u>	D Employer Identification Number (EIN) <u>20-2305158</u>

Part I	Distributions
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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
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): <u>23-2186884</u>	
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

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	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 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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

TriHealth G, LLC
401(k) Retirement Savings Plan
December 31, 2009 and 2008 and the
Year Ended December 31, 2009
With Report of Independent Auditors

Ernst & Young LLP

TriHealth G, LLC
401(k) Retirement Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008 and the
Year Ended December 31, 2009

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Report of Independent Auditors

The Retirement Plan Committee
TriHealth, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of TriHealth G, LLC 401(k) Retirement Savings Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

September 8, 2010

TriHealth G, LLC
401(k) Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investments, at fair value:		
Mutual funds	\$ 43,869,930	\$ 33,791,261
Net assets available for benefits	<u>\$ 43,869,930</u>	<u>\$ 33,791,261</u>

See accompanying notes.

TriHealth G, LLC
401(k) Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2009

Additions

Participant contributions	\$ 2,730,303
Employer contributions	456,931
Interest and dividend income	883,080
Net appreciation in fair value of investments from mutual funds	<u>7,246,131</u>
Total additions	<u>11,316,445</u>

Deductions

Benefit payments	1,212,192
Administrative expenses	<u>25,584</u>
Total deductions	<u>1,237,776</u>

Net increase in net assets available for benefits	10,078,669
Net assets available for benefits, beginning of year	<u>33,791,261</u>
Net assets available for benefits, end of year	<u><u>\$ 43,869,930</u></u>

See accompanying notes.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements

December 31, 2009

1. Description of the Plan

The TriHealth G LLC 401(k) Retirement Savings Plan (the Plan) is a defined contribution profit sharing plan covering employees of TriHealth G, LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). 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 Company.

Vesting

Participants are immediately vested in their 401(k) contributions and rollover contributions. The Company account consists of Company discretionary matching contributions and supplemental contributions. Participants who terminate employment for reasons other than retirement, disability or death are eligible to receive a vested portion of their Company account according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vested Percentage of Company Account</u>
Less than 3 years	0%
3 years or more	100%

Contributions

The Company makes a discretionary matching contribution of 100 percent of the first 3 percent of each eligible participant's deferred contribution and 50 percent of the next 2 percent of each eligible participant's deferred contribution. The Company may also elect to make Company contributions or supplemental contributions on behalf of eligible participants. Employees classified by the Company as Physicians or members of the Senior Leadership Team are not eligible for discretionary matching contributions, Company contributions or supplemental contributions.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Each year, participants may contribute any whole percentage of pre-tax income to the Plan, subject to maximum dollar contribution limits (\$16,500 in 2009, adjusted for cost of living increases in years beyond). Participants over the age of 50 can make a catch-up contribution (\$5,500 in 2009, adjusted for cost of living increases in years beyond).

Investment Options

Participants can elect to invest their contributions as well as any Company contribution in any of the fund options offered under the Plan. Participants can change their contribution allocations quarterly and may elect to transfer amounts between fund options throughout the year.

Participant Accounts

Each participant account is credited with the participant contributions, eligible Company contributions and Plan earnings. All amounts in the participant accounts are participant directed.

Forfeitures

Forfeitures represent the nonvested portions of participant account balances upon termination. Forfeited amounts are applied to reduce Company contributions. During the twelve months ended December 31, 2009, no forfeitures were applied to reduce Company contributions. As of December 31, 2009 and December 31, 2008, no amounts were available for application against future Company contributions or Plan administrative expenses.

Payment of Benefits

Participants become eligible for benefit payments upon retirement, terminations of employment, disability or death. Benefits will be distributed in a single sum. Benefits are recorded when paid.

Distributions of vested balances are available upon termination subject to the approval of the Company, retirement, attaining age fifty-five, death, or permanent and total disability. Distributions are made in lump sum payments to designated beneficiaries and joint survivors.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Plan Termination

The Company has not expressed any intent to terminate the Plan; however, it may do so at anytime. In the event of such termination, all participant accounts shall be vested and subject to distribution under provisions of the Plan.

2. Summary of Significant Accounting Policies

The following describes the significant accounting policies followed in the preparation of these financial statements, which have been prepared on the accrual basis of accounting.

New Accounting Pronouncement

In April 2009, the Financial Accounting Standards Board (FASB) issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4). FSP 157-4 amended FASB Statement No. 157 (codified as ASC 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended. Refer to Note 8 for these disclosures.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASC 2010-06), which amends ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The new guidance adds new requirements for disclosure about transfers into and out of level 1 and level 2 fair value measurements and separate disclosures about purchases, sales, issuances, and settlements relating to level 3 measurements. The guidance also clarifies existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques in level 2 and level 3 fair value measurements. The amendment is effective for reporting periods beginning after December 15, 2009, except for Level 3 reconciliation disclosures which are effective for periods beginning after December 15, 2010. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

Investments

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

In accordance with ASC 820, *Fair Value Measurements and Disclosures* (formerly FASB Statement No. 157), assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

- Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.
- Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Administrative Expenses

The Company pays a portion of the Plan's administrative expenses. Expenses not paid by the Company will be paid from Plan assets.

Use of Estimates

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

3. Investments

All information for the Plan disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2009 and 2008, and net appreciation in fair value of investments from mutual funds, interest and dividend income for the year ended December 31, 2009, was obtained or derived from information provided to the Company and certified as complete and accurate by Vanguard Fiduciary Trust Company, the trustee of the Plan.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

3. Investments (continued)

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31,	
	2009	2008
Vanguard Target Retirement 2025 Fund	12,688,604	10,972,018
Vanguard Target Retirement 2015 Fund	9,979,464	8,876,974
Vanguard Target Retirement 2035 Fund	5,777,508	3,332,089
William Blair Funds: International Growth Fund; Class N	2,439,835	1,718,017
Vanguard Total Bond Market Fund Investor Shares	2,204,549	(a)
Vanguard 500 Index Fund Investor Shares	(a)	1,827,222

(a) Investment is less than 5%

4. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the assets in the Plan at fair value as of December 31, 2009 and 2008.

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Targeted Retirement Funds	\$ 31,708,165	\$ —	\$ —	\$ 31,708,165
U.S. Equity Funds	4,151,088	—	—	4,151,088
International Equity Funds	2,439,835	—	—	2,439,835
Fixed Income Fund	4,387,194	—	—	4,387,194
Money Market Fund	1,183,648	—	—	1,183,648
Total mutual funds at fair value	\$ 43,869,930	\$ —	\$ —	\$ 43,869,930

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 33,791,261	\$ —	\$ —	\$ 33,791,261
Total mutual funds at fair value	\$ 33,791,261	\$ —	\$ —	\$ 33,791,261

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Mutual funds market values are determined by quoted market prices reported on the active market on which they are traded.

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

5. Risks and Uncertainties

The Plan 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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. Income Tax Status

The Plan has not received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code). However, the Plan administrator believes that the Plan has been designed to comply with and is operating in accordance with the requirements of the Code and, therefore, believes the Plan is qualified and the related trust is exempt from taxation.

7. Related Party Transactions

The Plan holds units of mutual funds managed by Vanguard Fiduciary Trust Company, the trustee of the Plan. The related transactions qualify as party-in-interest transactions; however they are exempt from the prohibited transactions rules under ERISA.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

8. Subsequent Events

The Plan evaluated subsequent events from December 31, 2009, the date of the financial statements, through September 8, 2010, the date these financial statements were available to be issued. There were no subsequent events to report that would have a material impact on the Plan's financial statements.

Supplemental Schedule

TriHealth G, LLC
401(k) Retirement Savings Plan

EIN #20-2305158 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Market Value
* Harbor Capital Appreciation Fund	Mutual Fund	\$ 1,011,525	\$ 1,095,269
* Loomis Sayles Small Cap Growth Fund	Mutual Fund	501,098	515,851
* Managers Special Equity Fund	Mutual Fund	1,327,828	823,025
* Vanguard 500 Index Fund Investor Shares	Mutual Fund	1,881,344	1,716,942
* Vanguard Growth & Income Fund Investor Shares	Mutual Fund	1,849,116	1,497,410
* Vanguard Prime Money Market Fund	Mutual Fund	1,183,647	1,183,647
* Vanguard Target Retirement 2005	Mutual Fund	1,873,168	1,986,189
* Vanguard Target Retirement 2015	Mutual Fund	10,150,830	9,979,464
* Vanguard Target Retirement 2025	Mutual Fund	13,071,516	12,688,604
* Vanguard Target Retirement 2035	Mutual Fund	5,757,636	5,777,508
* Vanguard Target Retirement 2045	Mutual Fund	1,306,614	1,276,400
* Vanguard Target Retirement Income	Mutual Fund	685,191	685,235
* Vanguard Total Bond Market Fund Investor Shares	Mutual Fund	2,165,149	2,204,549
* William Blair Funds; International Growth Fund: Class N	Mutual Fund	3,143,938	2,439,835
Total investments		<u>\$ 45,908,600</u>	<u>\$ 43,869,930</u>

* Parties in interest

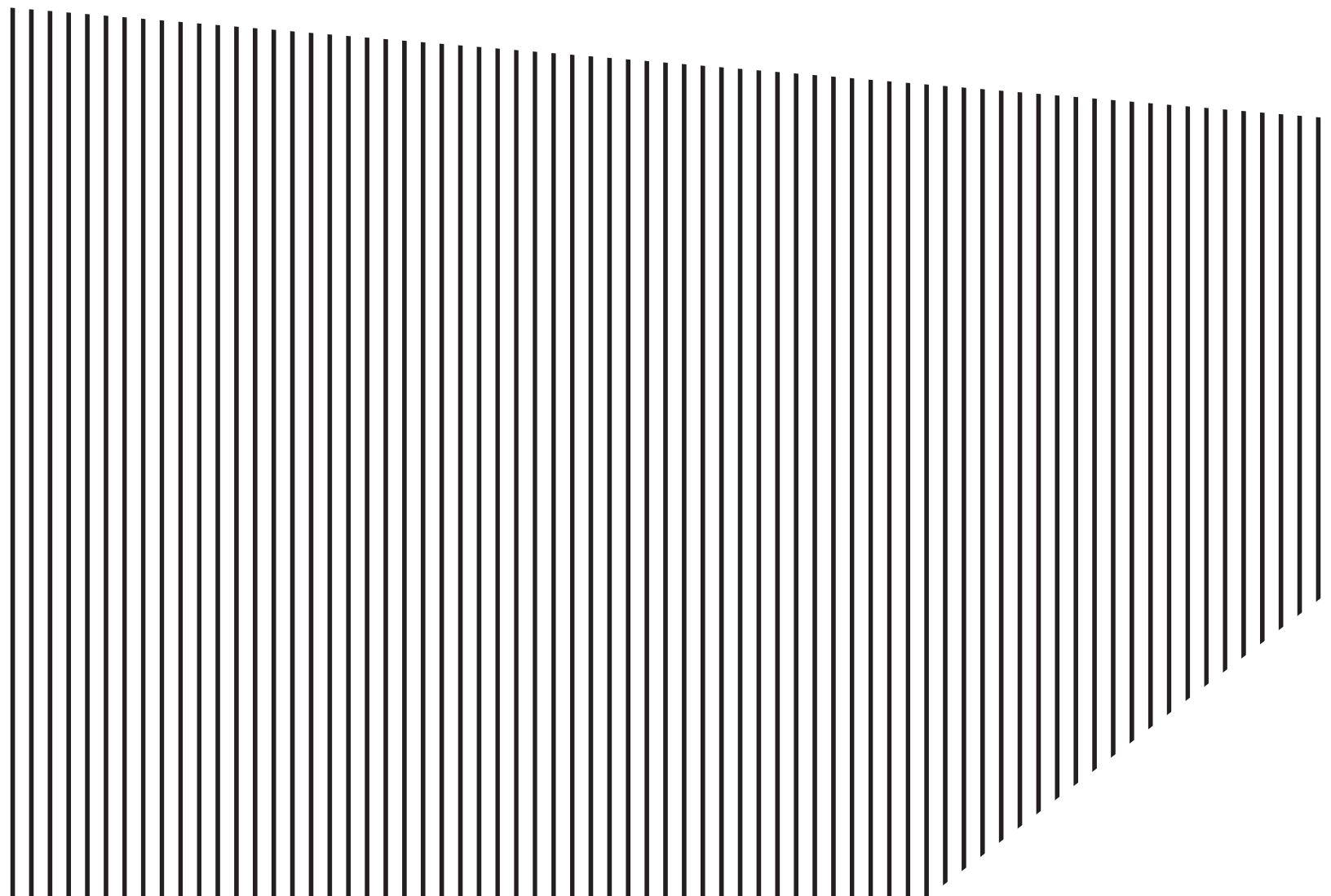
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FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

TriHealth G, LLC
401(k) Retirement Savings Plan
December 31, 2009 and 2008 and the
Year Ended December 31, 2009
With Report of Independent Auditors

Ernst & Young LLP

TriHealth G, LLC
401(k) Retirement Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008 and the
Year Ended December 31, 2009

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Report of Independent Auditors

The Retirement Plan Committee
TriHealth, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of TriHealth G, LLC 401(k) Retirement Savings Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

September 8, 2010

TriHealth G, LLC
401(k) Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investments, at fair value:		
Mutual funds	\$ 43,869,930	\$ 33,791,261
Net assets available for benefits	<u>\$ 43,869,930</u>	<u>\$ 33,791,261</u>

See accompanying notes.

TriHealth G, LLC
401(k) Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2009

Additions

Participant contributions	\$ 2,730,303
Employer contributions	456,931
Interest and dividend income	883,080
Net appreciation in fair value of investments from mutual funds	<u>7,246,131</u>
Total additions	<u>11,316,445</u>

Deductions

Benefit payments	1,212,192
Administrative expenses	<u>25,584</u>
Total deductions	<u>1,237,776</u>

Net increase in net assets available for benefits	10,078,669
Net assets available for benefits, beginning of year	<u>33,791,261</u>
Net assets available for benefits, end of year	<u><u>\$ 43,869,930</u></u>

See accompanying notes.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements

December 31, 2009

1. Description of the Plan

The TriHealth G LLC 401(k) Retirement Savings Plan (the Plan) is a defined contribution profit sharing plan covering employees of TriHealth G, LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). 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 Company.

Vesting

Participants are immediately vested in their 401(k) contributions and rollover contributions. The Company account consists of Company discretionary matching contributions and supplemental contributions. Participants who terminate employment for reasons other than retirement, disability or death are eligible to receive a vested portion of their Company account according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vested Percentage of Company Account</u>
Less than 3 years	0%
3 years or more	100%

Contributions

The Company makes a discretionary matching contribution of 100 percent of the first 3 percent of each eligible participant's deferred contribution and 50 percent of the next 2 percent of each eligible participant's deferred contribution. The Company may also elect to make Company contributions or supplemental contributions on behalf of eligible participants. Employees classified by the Company as Physicians or members of the Senior Leadership Team are not eligible for discretionary matching contributions, Company contributions or supplemental contributions.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Each year, participants may contribute any whole percentage of pre-tax income to the Plan, subject to maximum dollar contribution limits (\$16,500 in 2009, adjusted for cost of living increases in years beyond). Participants over the age of 50 can make a catch-up contribution (\$5,500 in 2009, adjusted for cost of living increases in years beyond).

Investment Options

Participants can elect to invest their contributions as well as any Company contribution in any of the fund options offered under the Plan. Participants can change their contribution allocations quarterly and may elect to transfer amounts between fund options throughout the year.

Participant Accounts

Each participant account is credited with the participant contributions, eligible Company contributions and Plan earnings. All amounts in the participant accounts are participant directed.

Forfeitures

Forfeitures represent the nonvested portions of participant account balances upon termination. Forfeited amounts are applied to reduce Company contributions. During the twelve months ended December 31, 2009, no forfeitures were applied to reduce Company contributions. As of December 31, 2009 and December 31, 2008, no amounts were available for application against future Company contributions or Plan administrative expenses.

Payment of Benefits

Participants become eligible for benefit payments upon retirement, terminations of employment, disability or death. Benefits will be distributed in a single sum. Benefits are recorded when paid.

Distributions of vested balances are available upon termination subject to the approval of the Company, retirement, attaining age fifty-five, death, or permanent and total disability. Distributions are made in lump sum payments to designated beneficiaries and joint survivors.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Plan Termination

The Company has not expressed any intent to terminate the Plan; however, it may do so at anytime. In the event of such termination, all participant accounts shall be vested and subject to distribution under provisions of the Plan.

2. Summary of Significant Accounting Policies

The following describes the significant accounting policies followed in the preparation of these financial statements, which have been prepared on the accrual basis of accounting.

New Accounting Pronouncement

In April 2009, the Financial Accounting Standards Board (FASB) issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4). FSP 157-4 amended FASB Statement No. 157 (codified as ASC 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended. Refer to Note 8 for these disclosures.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASC 2010-06), which amends ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The new guidance adds new requirements for disclosure about transfers into and out of level 1 and level 2 fair value measurements and separate disclosures about purchases, sales, issuances, and settlements relating to level 3 measurements. The guidance also clarifies existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques in level 2 and level 3 fair value measurements. The amendment is effective for reporting periods beginning after December 15, 2009, except for Level 3 reconciliation disclosures which are effective for periods beginning after December 15, 2010. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

Investments

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

In accordance with ASC 820, *Fair Value Measurements and Disclosures* (formerly FASB Statement No. 157), assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

- Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.
- Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Administrative Expenses

The Company pays a portion of the Plan's administrative expenses. Expenses not paid by the Company will be paid from Plan assets.

Use of Estimates

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

3. Investments

All information for the Plan disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2009 and 2008, and net appreciation in fair value of investments from mutual funds, interest and dividend income for the year ended December 31, 2009, was obtained or derived from information provided to the Company and certified as complete and accurate by Vanguard Fiduciary Trust Company, the trustee of the Plan.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

3. Investments (continued)

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31,	
	2009	2008
Vanguard Target Retirement 2025 Fund	12,688,604	10,972,018
Vanguard Target Retirement 2015 Fund	9,979,464	8,876,974
Vanguard Target Retirement 2035 Fund	5,777,508	3,332,089
William Blair Funds: International Growth Fund; Class N	2,439,835	1,718,017
Vanguard Total Bond Market Fund Investor Shares	2,204,549	(a)
Vanguard 500 Index Fund Investor Shares	(a)	1,827,222

(a) Investment is less than 5%

4. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the assets in the Plan at fair value as of December 31, 2009 and 2008.

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Targeted Retirement Funds	\$ 31,708,165	\$ —	\$ —	\$ 31,708,165
U.S. Equity Funds	4,151,088	—	—	4,151,088
International Equity Funds	2,439,835	—	—	2,439,835
Fixed Income Fund	4,387,194	—	—	4,387,194
Money Market Fund	1,183,648	—	—	1,183,648
Total mutual funds at fair value	\$ 43,869,930	\$ —	\$ —	\$ 43,869,930

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 33,791,261	\$ —	\$ —	\$ 33,791,261
Total mutual funds at fair value	\$ 33,791,261	\$ —	\$ —	\$ 33,791,261

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Mutual funds market values are determined by quoted market prices reported on the active market on which they are traded.

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

5. Risks and Uncertainties

The Plan 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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. Income Tax Status

The Plan has not received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code). However, the Plan administrator believes that the Plan has been designed to comply with and is operating in accordance with the requirements of the Code and, therefore, believes the Plan is qualified and the related trust is exempt from taxation.

7. Related Party Transactions

The Plan holds units of mutual funds managed by Vanguard Fiduciary Trust Company, the trustee of the Plan. The related transactions qualify as party-in-interest transactions; however they are exempt from the prohibited transactions rules under ERISA.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

8. Subsequent Events

The Plan evaluated subsequent events from December 31, 2009, the date of the financial statements, through September 8, 2010, the date these financial statements were available to be issued. There were no subsequent events to report that would have a material impact on the Plan's financial statements.

Supplemental Schedule

TriHealth G, LLC
401(k) Retirement Savings Plan

EIN #20-2305158 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Market Value
* Harbor Capital Appreciation Fund	Mutual Fund	\$ 1,011,525	\$ 1,095,269
* Loomis Sayles Small Cap Growth Fund	Mutual Fund	501,098	515,851
* Managers Special Equity Fund	Mutual Fund	1,327,828	823,025
* Vanguard 500 Index Fund Investor Shares	Mutual Fund	1,881,344	1,716,942
* Vanguard Growth & Income Fund Investor Shares	Mutual Fund	1,849,116	1,497,410
* Vanguard Prime Money Market Fund	Mutual Fund	1,183,647	1,183,647
* Vanguard Target Retirement 2005	Mutual Fund	1,873,168	1,986,189
* Vanguard Target Retirement 2015	Mutual Fund	10,150,830	9,979,464
* Vanguard Target Retirement 2025	Mutual Fund	13,071,516	12,688,604
* Vanguard Target Retirement 2035	Mutual Fund	5,757,636	5,777,508
* Vanguard Target Retirement 2045	Mutual Fund	1,306,614	1,276,400
* Vanguard Target Retirement Income	Mutual Fund	685,191	685,235
* Vanguard Total Bond Market Fund Investor Shares	Mutual Fund	2,165,149	2,204,549
* William Blair Funds; International Growth Fund: Class N	Mutual Fund	3,143,938	2,439,835
Total investments		<u>\$ 45,908,600</u>	<u>\$ 43,869,930</u>

* Parties in interest

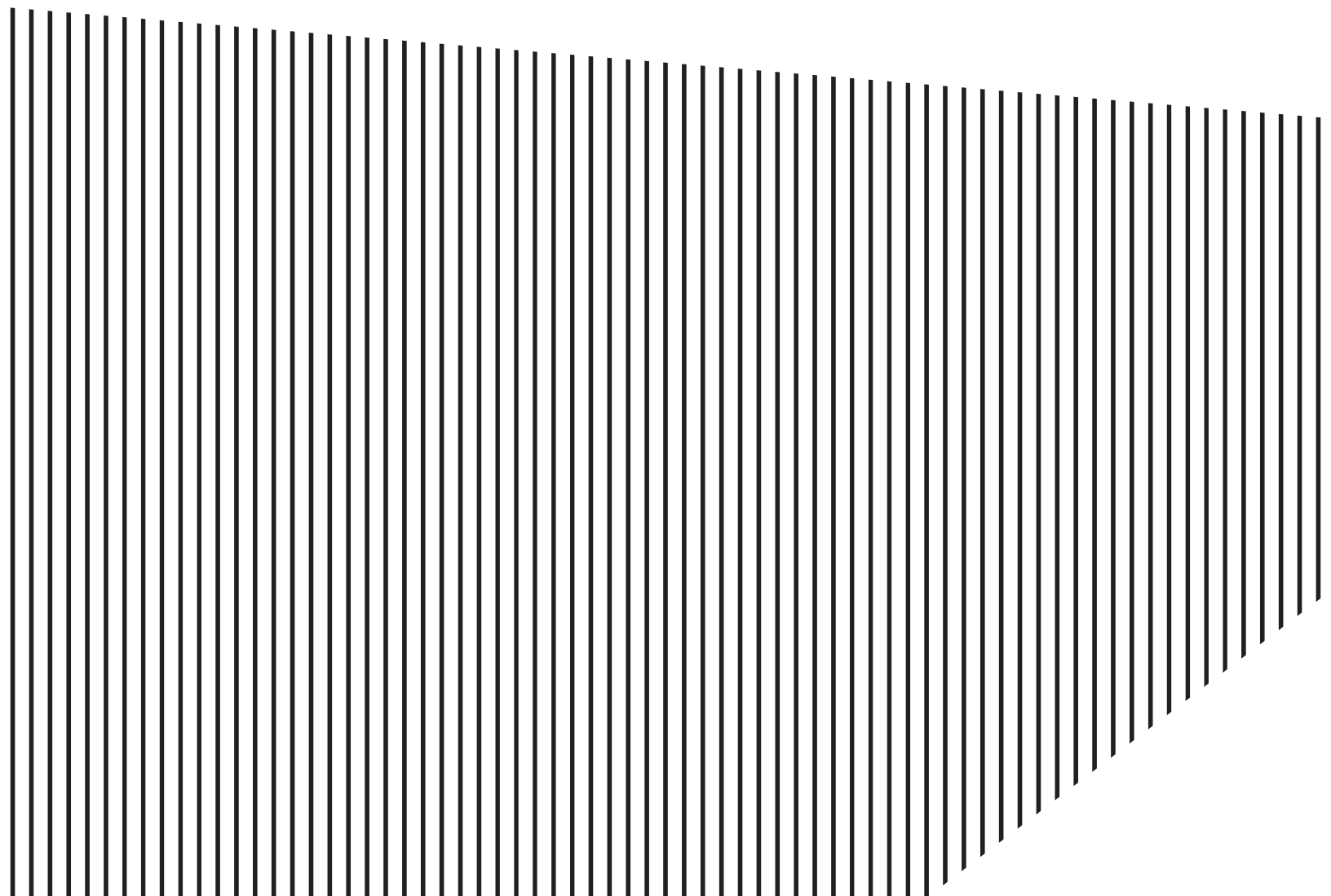
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FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

TriHealth G, LLC
401(k) Retirement Savings Plan
December 31, 2009 and 2008 and the
Year Ended December 31, 2009
With Report of Independent Auditors

Ernst & Young LLP

TriHealth G, LLC
401(k) Retirement Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008 and the
Year Ended December 31, 2009

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Report of Independent Auditors

The Retirement Plan Committee
TriHealth, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of TriHealth G, LLC 401(k) Retirement Savings Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

September 8, 2010

TriHealth G, LLC
401(k) Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investments, at fair value:		
Mutual funds	\$ 43,869,930	\$ 33,791,261
Net assets available for benefits	<u>\$ 43,869,930</u>	<u>\$ 33,791,261</u>

See accompanying notes.

TriHealth G, LLC
401(k) Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2009

Additions

Participant contributions	\$ 2,730,303
Employer contributions	456,931
Interest and dividend income	883,080
Net appreciation in fair value of investments from mutual funds	<u>7,246,131</u>
Total additions	<u>11,316,445</u>

Deductions

Benefit payments	1,212,192
Administrative expenses	<u>25,584</u>
Total deductions	<u>1,237,776</u>

Net increase in net assets available for benefits	10,078,669
Net assets available for benefits, beginning of year	<u>33,791,261</u>
Net assets available for benefits, end of year	<u><u>\$ 43,869,930</u></u>

See accompanying notes.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements

December 31, 2009

1. Description of the Plan

The TriHealth G LLC 401(k) Retirement Savings Plan (the Plan) is a defined contribution profit sharing plan covering employees of TriHealth G, LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). 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 Company.

Vesting

Participants are immediately vested in their 401(k) contributions and rollover contributions. The Company account consists of Company discretionary matching contributions and supplemental contributions. Participants who terminate employment for reasons other than retirement, disability or death are eligible to receive a vested portion of their Company account according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vested Percentage of Company Account</u>
Less than 3 years	0%
3 years or more	100%

Contributions

The Company makes a discretionary matching contribution of 100 percent of the first 3 percent of each eligible participant's deferred contribution and 50 percent of the next 2 percent of each eligible participant's deferred contribution. The Company may also elect to make Company contributions or supplemental contributions on behalf of eligible participants. Employees classified by the Company as Physicians or members of the Senior Leadership Team are not eligible for discretionary matching contributions, Company contributions or supplemental contributions.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Each year, participants may contribute any whole percentage of pre-tax income to the Plan, subject to maximum dollar contribution limits (\$16,500 in 2009, adjusted for cost of living increases in years beyond). Participants over the age of 50 can make a catch-up contribution (\$5,500 in 2009, adjusted for cost of living increases in years beyond).

Investment Options

Participants can elect to invest their contributions as well as any Company contribution in any of the fund options offered under the Plan. Participants can change their contribution allocations quarterly and may elect to transfer amounts between fund options throughout the year.

Participant Accounts

Each participant account is credited with the participant contributions, eligible Company contributions and Plan earnings. All amounts in the participant accounts are participant directed.

Forfeitures

Forfeitures represent the nonvested portions of participant account balances upon termination. Forfeited amounts are applied to reduce Company contributions. During the twelve months ended December 31, 2009, no forfeitures were applied to reduce Company contributions. As of December 31, 2009 and December 31, 2008, no amounts were available for application against future Company contributions or Plan administrative expenses.

Payment of Benefits

Participants become eligible for benefit payments upon retirement, terminations of employment, disability or death. Benefits will be distributed in a single sum. Benefits are recorded when paid.

Distributions of vested balances are available upon termination subject to the approval of the Company, retirement, attaining age fifty-five, death, or permanent and total disability. Distributions are made in lump sum payments to designated beneficiaries and joint survivors.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Plan Termination

The Company has not expressed any intent to terminate the Plan; however, it may do so at anytime. In the event of such termination, all participant accounts shall be vested and subject to distribution under provisions of the Plan.

2. Summary of Significant Accounting Policies

The following describes the significant accounting policies followed in the preparation of these financial statements, which have been prepared on the accrual basis of accounting.

New Accounting Pronouncement

In April 2009, the Financial Accounting Standards Board (FASB) issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4). FSP 157-4 amended FASB Statement No. 157 (codified as ASC 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended. Refer to Note 8 for these disclosures.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASC 2010-06), which amends ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The new guidance adds new requirements for disclosure about transfers into and out of level 1 and level 2 fair value measurements and separate disclosures about purchases, sales, issuances, and settlements relating to level 3 measurements. The guidance also clarifies existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques in level 2 and level 3 fair value measurements. The amendment is effective for reporting periods beginning after December 15, 2009, except for Level 3 reconciliation disclosures which are effective for periods beginning after December 15, 2010. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

Investments

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

In accordance with ASC 820, *Fair Value Measurements and Disclosures* (formerly FASB Statement No. 157), assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

- Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.
- Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Administrative Expenses

The Company pays a portion of the Plan's administrative expenses. Expenses not paid by the Company will be paid from Plan assets.

Use of Estimates

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

3. Investments

All information for the Plan disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2009 and 2008, and net appreciation in fair value of investments from mutual funds, interest and dividend income for the year ended December 31, 2009, was obtained or derived from information provided to the Company and certified as complete and accurate by Vanguard Fiduciary Trust Company, the trustee of the Plan.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

3. Investments (continued)

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31,	
	2009	2008
Vanguard Target Retirement 2025 Fund	12,688,604	10,972,018
Vanguard Target Retirement 2015 Fund	9,979,464	8,876,974
Vanguard Target Retirement 2035 Fund	5,777,508	3,332,089
William Blair Funds: International Growth Fund; Class N	2,439,835	1,718,017
Vanguard Total Bond Market Fund Investor Shares	2,204,549	(a)
Vanguard 500 Index Fund Investor Shares	(a)	1,827,222

(a) Investment is less than 5%

4. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the assets in the Plan at fair value as of December 31, 2009 and 2008.

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Targeted Retirement Funds	\$ 31,708,165	\$ —	\$ —	\$ 31,708,165
U.S. Equity Funds	4,151,088	—	—	4,151,088
International Equity Funds	2,439,835	—	—	2,439,835
Fixed Income Fund	4,387,194	—	—	4,387,194
Money Market Fund	1,183,648	—	—	1,183,648
Total mutual funds at fair value	\$ 43,869,930	\$ —	\$ —	\$ 43,869,930

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 33,791,261	\$ —	\$ —	\$ 33,791,261
Total mutual funds at fair value	\$ 33,791,261	\$ —	\$ —	\$ 33,791,261

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Mutual funds market values are determined by quoted market prices reported on the active market on which they are traded.

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

5. Risks and Uncertainties

The Plan 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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. Income Tax Status

The Plan has not received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code). However, the Plan administrator believes that the Plan has been designed to comply with and is operating in accordance with the requirements of the Code and, therefore, believes the Plan is qualified and the related trust is exempt from taxation.

7. Related Party Transactions

The Plan holds units of mutual funds managed by Vanguard Fiduciary Trust Company, the trustee of the Plan. The related transactions qualify as party-in-interest transactions; however they are exempt from the prohibited transactions rules under ERISA.

TriHealth G, LLC
401(k) Retirement Savings Plan

Notes to Financial Statements (continued)

8. Subsequent Events

The Plan evaluated subsequent events from December 31, 2009, the date of the financial statements, through September 8, 2010, the date these financial statements were available to be issued. There were no subsequent events to report that would have a material impact on the Plan's financial statements.

Supplemental Schedule

TriHealth G, LLC
401(k) Retirement Savings Plan

EIN #20-2305158 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held At End of Year)

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Market Value
* Harbor Capital Appreciation Fund	Mutual Fund	\$ 1,011,525	\$ 1,095,269
* Loomis Sayles Small Cap Growth Fund	Mutual Fund	501,098	515,851
* Managers Special Equity Fund	Mutual Fund	1,327,828	823,025
* Vanguard 500 Index Fund Investor Shares	Mutual Fund	1,881,344	1,716,942
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* Vanguard Prime Money Market Fund	Mutual Fund	1,183,647	1,183,647
* Vanguard Target Retirement 2005	Mutual Fund	1,873,168	1,986,189
* Vanguard Target Retirement 2015	Mutual Fund	10,150,830	9,979,464
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* Vanguard Target Retirement Income	Mutual Fund	685,191	685,235
* Vanguard Total Bond Market Fund Investor Shares	Mutual Fund	2,165,149	2,204,549
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Total investments		<u>\$ 45,908,600</u>	<u>\$ 43,869,930</u>

* Parties in interest

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