

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/31/1961</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>07/31/1961</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>07/31/1961</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OHIOHEALTH CORPORATION</u> <u>180 E. BROAD ST</u> <u>COLUMBUS, OH 43215</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4394942</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-544-4570</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4394942</u>	2c Plan Sponsor's telephone number <u>614-544-4570</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-4394942</u>					
2c Plan Sponsor's telephone number <u>614-544-4570</u>					
2d Business code (see instructions) <u>622000</u>					

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.	07/31/2015	DEANA KRAFT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor 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	
5 Total number of participants at the beginning of the plan year		5	18074
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	12198
a(2) Total number of active participants at the end of the plan year		6a(2)	11233
b Retired or separated participants receiving benefits		6b	891
c Other retired or separated participants entitled to future benefits.....		6c	5011
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	17135
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	255
f Total. Add lines 6d and 6e		6f	17390
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	118
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (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	
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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☒ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	446026772	
b Actuarial value	2b	443625954	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	905	43701108	43701108
b For terminated vested participants	4973	67724598	67724598
c For active participants	12216	287833436	300138751
d Total	18094	399259142	411564457
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.49%	
6 Target normal cost	6	28606716	

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

<div>SIGN HERE</div>	<div>06/24/2015</div> <div>MEGAN E. SCHAFFERNOCKER</div> <div>MERCER</div> <div>325 JOHN H MCCONNELL BLVD. SUITE 350 COLUMBUS, OH 43215-2671</div>	<div>Signature of actuary</div> <div>Date</div> <div>14-06493</div> <div>Most recent enrollment number</div> <div>614-227-5500</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		20647317
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.32</u> %		1304910
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		21952227
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	107.79 %
15 Adjusted funding target attainment percentage	15	107.79 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.63 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2014	11000000	0			
07/15/2014	10500000	0			
10/15/2014	10500000	0			
01/15/2015	10500000	0			
Totals ▶			18(b)	42500000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	40787593
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.62 %	3rd segment: 6.22 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	28606716	
b Excess assets, if applicable, but not greater than line 31a	31b	28606716	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	40787593	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	40787593	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I 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
CITY OF LONDON INVESTMENT MGMT. LTD 77 GRACECHURCH STREET
LONDON EC3V 0AS GB

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

13-3702086

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

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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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 70	NONE	883777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARION PARTNERS LLS

13-3379970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	256776	Yes ☐ No ☒

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

PRISMA CAPITAL PARTNERS LP

13-2857105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	216983	Yes ☐ No ☒

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

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

MONDRIAN INVESTMENT GROUP (US), INC

56-2475915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	127538	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	INVESTMENT MANAGER	123896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	INVESTMENT CONSULTANTS	107392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LAZARD ASSET MANAGEMENT, LLC

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	102707	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(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?
25 28 99	TRUSTEE/CUSTODIAN	95672	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WILLIAM BLAIR & COMPANY, LLC

36-2214610

(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?
51 68	NONE	81404	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

THE NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	64636	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GRYPHON INTERNATIONAL INVESTMENT CO

20 BAY ST. SUITE 1905
TORONTO, ONTARIO M5J2N8 CN

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 68	INVESTMENT MANAGER	50980	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGER	43326	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PLANTE & MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	INDEPENDENT AUDITOR	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THINK PATENTED

20-4558719

(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?
38	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	9836	Yes ☐ No ☒

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

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

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

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

INVESTMENT COUNSELORS OF MD, LLC

52-2345054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 49 68	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
CLARION PARTNERS LLS	28	256776

(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.
CLARION LION PROPERTIES FUND 230 PARK AVENUE NEW YORK, NY 10169 13-4087331	CASH MANAGEMENT FEE OF 0.25% OF CASH & SHORT TERM INVESTMENTS, ASSET MANAGEMENT FEE BETWEEN 0.2793% AND 0.2864% OF THE NET ASSET VALUE PER QUARTER.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS, LP	28 68	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.
DFA INTERNATIONAL VALUE PORTFOLIO 6300 BEE CAVE ROAD AUSTIN, TX 78746 95-4453303	INVESTMENT MANAGEMENT FEE OF (NET OF WAIVERS IN EFFECT DURING YEAR): 0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESTMENT COUNSELORS OF MD, LLC	28 49 68	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.
ICM SMALL COMPANY PORTFOLIO 300 E. LOMBARD STREET, STE 810 BALTIMORE, MD 21202 52-2345054	ESTIMATE BASED ON AVERAGE ASSETS UNDER MANAGEMENT AND MANAGEMENT FEE OF 0.70% OTHER EXPENSES CHARGED BY THE FUND TOTAL APPROX. 0.23%

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
PRISMA CAPITAL PARTNERS LP	28	216983
(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.
PRISMA CAPITAL PARTNERS LP 13-2857105	ONE PENN PLAZA, STE 3515 NEW YORK, NY 10119	COMPENSATION RECEIVED FROM SOURCES OTHER THAN DIRECTLY FROM THE PLAN SPONSOR IF THE 'PERSON'S' ELIGIBILITY FOR THE PAYMENT OF THE AMOUNT OF THE PAYMENT IS BASED ON SERVICES THAT WERE RENDERED TO THE PLAN.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

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

c EIN-PN <u>45-6138589-095</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66904633</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: GRYPHON INTL EAFE GROWTH GROUP FUND

b Name of sponsor of entity listed in (a): GRYPHON INTL INVESTMENT CORPORATION

c EIN-PN <u>98-0444411-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8107513</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MONDRIAN INTL SMALL CAP EQUITY FUND

b Name of sponsor of entity listed in (a): MONDRIAN INVESTMENT GROUP (US), INC

c EIN-PN <u>56-2475915-007</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18297941</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG-TERM BOND INDEX

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

c EIN-PN <u>45-6138589-060</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>93934078</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EM SMALL CAP EQUITY TRUST FD

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT

c EIN-PN <u>45-3626181-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10902099</u>
---------------------------------------	-------------------------------	---

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
					0
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	32700				

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OHIOHEALTH CORPORATION</u>		D Employer Identification Number (EIN) <u>31-4394942</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	254549	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	11000000	10500000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	678779	10822
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3450194	4550059
(2) U.S. Government securities	1c(2)	874195	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	71279370	54176
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	11676341	12102555
(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)	142177609	160838711
(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)	27952733	37307553
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	29856460	28912275
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	146852368	258613626

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	446052598	512889777

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	446052598	512889777
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	42500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		42500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-77	
(B) U.S. Government securities	2b(1)(B)	17460	
(C) Corporate debt instruments	2b(1)(C)	3081950	
(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)		3099333
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3400078	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3400078
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	47755996	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		47755996

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		96755407

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26978464	
(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)		26978464
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)	899777	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	797552	
(4) Other	2i(4)	1242435	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2939764
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29918228

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		66837179
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: PLANTE & MORAN

(2) EIN: 38-1357951

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c			
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		32700
4d			
e Was this plan covered by a fidelity bond?	X		10000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I	Distributions
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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	<u>0</u>
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>04-1867445</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	<u>555</u>

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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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

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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 35.0% Investment-Grade Debt: 52.0% High-Yield Debt: 0.0% Real Estate: 5.0% Other: 8.0%

- 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 line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

July 10, 2015

To the Audit Committee
OhioHealth Cash Balance Retirement Plan

We have audited the financial statements of OhioHealth Cash Balance Retirement Plan (the "Plan") as of and for the year ended December 31, 2014 and have issued our report thereon dated July 10, 2015. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter dated April 15, 2015, we conducted our audit in accordance with professional standards except that, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and as instructed by you, we did not perform any auditing procedures with respect to certified information except for comparing such information to the related information included in the financial statements. Because of the significance of the information that we did not audit, we did not express an opinion on the financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the certified information, were audited by us in accordance with auditing standards generally accepted in the United States of America and were subjected to tests of your accounting records and other procedures as we considered necessary to enable us to express an opinion as to whether they are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Our audit of the financial statements does not relieve you or management of your responsibilities. As part of our audit, we considered the applicable internal control of OhioHealth Cash Balance Retirement Plan. Such considerations were solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters and our audit of the financial statements does not relieve you or management of your responsibilities.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our meeting about planning matters on May 26, 2015.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by OhioHealth Cash Balance Retirement Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2014.

July 10, 2015

Given the increasing value of alternative investments within the Plan's investment portfolio, we did add an *Emphasis of a Matter* paragraph to our opinion describing the amount of such investments in relation to net assets available for plan benefits and that such values recorded by plan management are based on the values provided by the investment trustee.

We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus.

There are no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were the Plan's valuation of investments and actuarial present value of accumulated plan benefits.

Management has informed us that in determining the appropriateness of the estimate of investment values, they have recorded the fair values based on market values provided by the investment custodian, plus any applicable valuation adjustments. We performed no specific procedures related to the valuation of the investments due to the limited scope nature of the engagement.

Management's estimate of the actuarial present value of accumulated plan benefits is based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Mortality tables used in the determination of accumulated plan benefits were updated in the determination of the accumulated plan benefits as of December 31, 2014. We evaluated the key factors and assumptions used to develop the actuarial present value of accumulated plan benefits in determining that it is reasonable in relation to the financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Disagreements with Management

For the purpose of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. We did not detect any misstatements as a result of audit procedures.

July 10, 2015

Significant Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards and plans and strategies that may affect the risks of material misstatement with management each year prior to our retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition of our retention.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated July 10, 2015.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

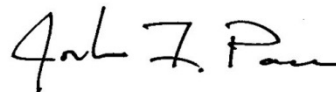
Other Information in Documents Containing Audited Financial Statements

Our responsibility for other information in documents containing the Plan's financial statements and report does not extend beyond the financial statements. We do not have an obligation to determine whether or not such other information is properly stated. However, we read the Plan's 5500 filing and nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information or manner of its presentation appearing in the financial statements.

This information is intended solely for the use of the audit committee and management of OhioHealth Cash Balance Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Plante & Moran, PLLC

A handwritten signature in black ink, appearing to read "Jordan Pace".

Jordan Pace, CPA
Partner

Schedule SB, line 26 – Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	39 6,533	229 30,858 1,270	5								273
25–29	23 6,249	781 43,384 2,980	311 49,100 8,315	15							1130
30–34	28 14,765	599 47,597 4,391	628 56,770 12,070	229 53,571 19,419	10						1,494
35–39	42 16,557	396 57,643 5,439	515 66,220 15,153	375 70,526 28,976	96 64,616 34,766	3					1,427
40–44	37 18,729	354 60,815 6,123	516 70,445 17,288	371 70,594 30,883	232 68,865 41,751	99 72,847 51,511	15				1,624
45–49	41 19,384	278 59,227 6,804	399 66,629 18,817	311 67,067 31,823	215 70,901 46,928	189 77,778 57,108	146 75,449 67,997	5			1,584
50–54	33 22,132	222 65,003 7,497	365 70,088 21,096	298 65,441 34,307	196 69,300 46,958	221 79,655 67,053	209 78,441 79,901	124 69,908 76,623	22 52,600 66,110		1,690
55–59	39 32,174	169 63,668 7,677	308 74,125 23,731	226 70,197 40,396	197 69,452 53,671	169 77,527 74,876	189 73,039 82,347	156 74,523 100,179	108 70,064 96,258	11	1,572
60–64	20 33,414	100 61,095 9,302	171 69,772 25,171	152 62,158 39,170	103 72,672 66,338	103 69,976 80,561	113 76,195 98,012	91 71,800 113,551	80 69,694 120,666	78 62,648 111,928	1,011
65–69	15	36 63,896 9,553	56 52,572 20,762	39 55,872 38,489	31 73,462 76,546	37 66,034 94,147	31 67,889 116,164	16	18	34 60,600 148,955	313
70 & up	13	9	19	10	6	9	11	7	6	8	98
Total	330	3,173	3,293	2,026	1,086	830	714	399	234	131	12,216

In each cell, the top number is the count of active participants for each age/service combination, the middle number is average pay for 2014 limited to \$250,000, and the bottom number is the average account balance. Average pay and account balance are not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2014 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
		<u>Stabilized rates</u>	<u>Nonstabilized rates</u>
• First 5 years		4.43%	1.37%
• Next 15 years		5.62%	4.05%
• Over 20 years		6.22%	5.06%

Mortality sponsor elections

- Healthy and disabled participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.

417(e) lump sums

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

Cash balance plans

- Interest accumulation rate See table of sample rates
- Whipsaw calculations No
- Annuity conversion
 - Mortality table 2014 IRC Section 417(e) unisex mortality
 - Interest rate basis Funding segment rates

Other economic assumptions

- Salary increases Rates vary by age (between 2.25% and 4.48%). See table of sample rates below.
- Inflation 2.50% per year
- Expected investment return 6.60% for years 2012 and 2013; and 6.10% for year 2014
- Expenses \$2,526,000 for 2014. Average of two prior years' actual expenses rounded to the nearest \$1,000

Demographic assumptions

- Withdrawal Rates are a function of attained age and service. See table of sample rates

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

• Disability incidence	None assumed		
• Retirement age	Percentage		
	Attained age	Male	Female
	52 and under	2.5%	2.5%
	53-59	5.0%	5.0%
	60-62	7.5%	7.5%
	63-65	15.0%	15.0%
	66-74	20.0%	20.0%
	75 and above	100.0%	100.0%
• Benefit commencement age for			
— Future vested deferred	65		
— Current vested deferred	65		
• Spouse assumptions	Male participants	Female participants	
— Percentage married	85%	50%	
— Spouse age difference	3 years younger	3 years older	
Form of payment	<u>Lump sum immediate</u>	<u>Lump sum deferred to 65</u>	<u>Single life</u>
• Active retirements	90%	N/A	10%
• Future vested deferred			
— Hired after 1/1/03	10%	90%	0%
— Hired before 1/1/03	25%	75%	0%
• Future deaths	100%	0%	0%
• Current vested deferred			
— Terminated before 1/1/98	0%	0%	100%
— Terminated after 1/1/98	0%	100%	0%
Unpredictable contingent event assumptions	Not applicable		

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Table of Sample Rates
Withdrawal rates**

Attained Age	Year 0	Year 1	Year 2	Year 3	Year 4	Years 5+
20	39.90%	35.40%	32.40%	29.40%	26.40%	20.55%
25	34.65	30.15	27.15	24.15	21.15	15.30
30	30.00	25.50	22.50	19.50	16.50	10.65
35	28.20	23.70	20.70	17.70	14.70	9.00
40	26.70	22.20	19.20	16.20	13.20	8.25
45	25.20	20.70	17.70	14.70	12.15	7.50
50	23.70	19.20	16.20	13.80	11.40	6.75
55	22.20	17.85	15.45	13.05	10.65	6.00
60	20.85	17.10	14.70	12.30	9.90	5.25
65	20.10	16.35	13.95	11.55	9.15	4.50

Cash balance interest accumulation rates

Year	Cash balance interest rate
2014	2.73%
2015	3.25%
2016	3.80%
2017+	4.35%

Salary Increases

Attained Age	Percentage
20	4.47%
25	4.25
30	3.96
35	3.68
40	3.39
45	3.11
50	2.83
55	2.60
60	2.43
65	2.25
70	2.25

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Actuarial Methods for Funding*****Asset Methods – Effective January 1, 2008***

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

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

Participant Methods – Effective January 1, 2008

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

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

Minimum Funding Methods – Effective January 1, 2008

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

A detailed description of the calculation follows:

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

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

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4j - Schedule of Reportable Transactions
 Year ended December 31, 2014

Identity of Party Involved		Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) - Single transactions in excess of 5 percent of plan assets.</u>				
IR M LONG CREDIT FUND				
	1 Purchase	\$ 83,484,916	83,484,916 \$	-
<u>Category (iii) - Series of transactions in excess of 5 percent of plan assets.</u>				
GOVERNMENT SHORT TERM INVESTMENT FUND				
	237 Purchases	\$ 96,447,666	\$ 96,447,666 \$	-
	320 Sales	95,347,802	95,347,802	-
IR M LONG CREDIT FUND				
	3 Purchases	85,874,058	85,874,058 \$	-

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2014.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

Part I Basic Information			
1 Enter the valuation date. Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets			
a Market value	2a	446026772	
b Actuarial value	2b	443625954	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	905	43701108	43701108
b For terminated vested participants	4973	67724598	67724598
c For active participants	12216	287833436	300138751
d Total	18094	399259142	411564457
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.49%	
6 Target normal cost	6	28606716	

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

SIGN HERE	<u>Megan E. Schaffernocker</u> Signature of actuary	<u>6/24/15</u> Date
	MEGAN E. SCHAFFERNOCKER Type or print name of actuary	1406493 Most recent enrollment number
	MERCER Firm name	614-227-5500 Telephone number (including area code)
	325 JOHN H MCCONNELL BLVD. SUITE 350 COLUMBUS OH 43215-2671 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		20647317
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.32</u> %		1304910
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		21952227
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	107.79%
15 Adjusted funding target attainment percentage	15	107.79%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.63%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2014	11000000	0			
07/15/2014	10500000	0			
10/15/2014	10500000	0			
01/15/2015	10500000	0			
Totals ▶			18(b)	42500000	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	40787593

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43%	2nd segment: 5.62%	3rd segment: 6.22%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	28606716	
b Excess assets, if applicable, but not greater than line 31a	31b	28606716	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	40787593	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	40787593	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded***

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #6, are included in this valuation.

- **Late retirement increases:**
 - *Active participants:* The plan provides the greater of accruals to late retirement or the normal retirement benefit with an actuarial adjustment for the fact that benefits are expected to be paid over a shorter period of time. This valuation compares the continued benefit accrual and the actuarial increased normal retirement benefit and the most valuable benefit is used for current participants over age 65.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: January 1, 1985, amended to a Cash Balance Plan January 1, 1998 Restated plan: January 1, 2013 Plan year: January 1 through December 31	
Most recent amendment	January 1, 2014	
Status of the plan	The plan has ongoing benefit accruals, but is closed to new participants hired on or after January 1, 2012.	
Definitions		
• Covered employees	OhioHealth Corporation, Grady Memorial Hospital, HomeReach/Home Care, HomeReach Inc., Grant/Riverside Medical Care Foundation, Grady Memorial Hospital and OhioHealth Star Corporation	
• Participation	All employees become participants on the January 1 following the attainment of age 20 ½ and completion of 6 months of employment. Plan is closed to new participants effective January 1, 2012.	
• Interest credits	Interest will be credited on participants' accounts according to yield on 5-year Treasury-bills. The interest rate will be reset on an annual basis but not less than 2.73%.	
• Service	A year of service is granted for a plan year if paid for at least 1,000 hours in that plan year.	
• Pay credits	Participants will have their accounts credited with a percentage of pay that varies based on age and service as of December 31 of each year. The schedule of contribution percentages is as follows:	
	Age Plus Service	Pay credits
	0-29	3%
	30-44	4%
	45-59	5%
	60-74	6%
	75+	7%
Normal retirement		
• Eligibility	A participant is eligible the first day of the month coincident with or following his or her 65th birthday.	
• Benefit	The cash balance account with accruals to Normal Retirement.	
Early retirement		
• Eligibility	A participant is eligible to retire anytime on or after the date the sum of age and service equals or exceeds 70.	

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The cash balance account with accruals to Early Retirement.
Late retirement	
• Eligibility	A participant is eligible to retire anytime after Normal Retirement Age.
• Benefit	The cash balance account with the greater of accruals to Late Retirement or the normal retirement benefit with adjustment for the fact that benefits are expected to be paid over a shorter period of time.
Deferred vested	
• Eligibility	Full vesting occurs after three years of service.
• Benefit	The cash balance account will continue to earn Interest Credits until this participant's normal retirement date. The participant has the option to receive an immediate distribution of the cash balance account if requested within 180 days of termination. Effective for employees hired on or after January 1, 2003, distributions are disallowed until the sum of the terminated participant's age and service equals or exceeds 70.
Pre-retirement death	
• Eligibility	Vested upon participant's death.
• Benefit	The surviving spouse will receive the preretirement death benefit equivalent to the value of the participant's cash account balance payable as a monthly annuity over the lifetime of the spouse. If unmarried, the designated beneficiary will receive an immediate payment of the cash balance account. Alternatively, the surviving spouse can elect to receive an immediate cash balance account.
Form of benefits	
• Automatic form for unmarried participants	Single Life Annuity
• Automatic form for married participants	50% Joint & Survivor
• Optional forms	Lump sum, life annuity, 10 years certain and life, 15 years certain and life, 50% joint and survivor, 75% joint and survivor, 100% joint and survivor.
• Optional form conversion factors	417(e) assumptions for lump sum. Optional forms of benefit, other than the lump sum, are based upon the RP-2000 Combined No Collar mortality table (weighted 75% female/ 25% male), projected to 2015, and 7.5% interest.
Miscellaneous	

Schedule SB, Part V — Summary of Plan Provisions

-
- | | |
|------------------------|--|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2014, the limit is \$260,000. |
| <hr/> | |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$210,000. |
-

Plan Provision Changes Since Prior Valuation

- Eligibility for normal retirement age changed from age 65 and fifth anniversary of participation to age 65.
- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2013 to 2014.

Schedule SB, line 26 – Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	39 6,533	229 30,858 1,270	5								273
25–29	23 6,249	781 43,384 2,980	311 49,100 8,315	15							1130
30–34	28 14,765	599 47,597 4,391	628 56,770 12,070	229 53,571 19,419	10						1,494
35–39	42 16,557	396 57,643 5,439	515 66,220 15,153	375 70,526 28,976	96 64,616 34,766	3					1,427
40–44	37 18,729	354 60,815 6,123	516 70,445 17,288	371 70,594 30,883	232 68,865 41,751	99 72,847 51,511	15				1,624
45–49	41 19,384	278 59,227 6,804	399 66,629 18,817	311 67,067 31,823	215 70,901 46,928	189 77,778 57,108	146 75,449 67,997	5			1,584
50–54	33 22,132	222 65,003 7,497	365 70,088 21,096	298 65,441 34,307	196 69,300 46,958	221 79,655 67,053	209 78,441 79,901	124 69,908 76,623	22 52,600 66,110		1,690
55–59	39 32,174	169 63,668 7,677	308 74,125 23,731	226 70,197 40,396	197 69,452 53,671	169 77,527 74,876	189 73,039 82,347	156 74,523 100,179	108 70,064 96,258	11	1,572
60–64	20 33,414	100 61,095 9,302	171 69,772 25,171	152 62,158 39,170	103 72,672 66,338	103 69,976 80,561	113 76,195 98,012	91 71,800 113,551	80 69,694 120,666	78 62,648 111,928	1,011
65–69	15	36 63,896 9,553	56 52,572 20,762	39 55,872 38,489	31 73,462 76,546	37 66,034 94,147	31 67,889 116,164	16	18	34 60,600 148,955	313
70 & up	13	9	19	10	6	9	11	7	6	8	98
Total	330	3,173	3,293	2,026	1,086	830	714	399	234	131	12,216

In each cell, the top number is the count of active participants for each age/service combination, the middle number is average pay for 2014 limited to \$250,000, and the bottom number is the average account balance. Average pay and account balance are not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
50	2.50%	10,000	250	12,500
51	2.50%	9,750	244	12,431
52	2.50%	9,506	238	12,358
53	5.00%	9,269	463	24,562
54	5.00%	8,805	440	23,774
55	5.00%	8,365	418	23,003
56	5.00%	7,947	397	22,251
57	5.00%	7,549	378	21,516
58	5.00%	7,172	359	20,798
59	5.00%	6,813	341	20,009
60	7.50%	6,473	485	29,127
61	7.50%	5,987	449	27,391
62	7.50%	5,538	415	25,752
63	15.00%	5,123	768	48,410
64	15.00%	4,354	653	41,802
65	15.00%	3,701	555	36,087
66	20.00%	3,146	629	41,527
67	20.00%	2,517	503	33,725
68	20.00%	2,013	402	27,383
69	20.00%	1,611	322	22,228
70	20.00%	1,289	258	18,041
71	20.00%	1,031	206	14,639
72	20.00%	825	165	11,876
73	20.00%	660	132	9,633
74	20.00%	528	106	7,812
75	100.00%	422	422	31,669
Total			10,000	620,393
Average				62.04

Schedule SB, line 24 – Change in Actuarial Assumptions

Actuarial Assumption Changes Since Prior Valuation

- We updated salary increase rates to better reflect expected future plan experience.
- The expected return on assets decreased from 6.60% to 6.10%.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2014 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
		<u>Stabilized rates</u>	<u>Nonstabilized rates</u>
• First 5 years		4.43%	1.37%
• Next 15 years		5.62%	4.05%
• Over 20 years		6.22%	5.06%

Mortality sponsor elections

- Healthy and disabled participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.

417(e) lump sums

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

Cash balance plans

- Interest accumulation rate See table of sample rates
- Whipsaw calculations No
- Annuity conversion
 - Mortality table 2014 IRC Section 417(e) unisex mortality
 - Interest rate basis Funding segment rates

Other economic assumptions

- Salary increases Rates vary by age (between 2.25% and 4.48%). See table of sample rates below.
- Inflation 2.50% per year
- Expected investment return 6.60% for years 2012 and 2013; and 6.10% for year 2014
- Expenses \$2,526,000 for 2014. Average of two prior years' actual expenses rounded to the nearest \$1,000

Demographic assumptions

- Withdrawal Rates are a function of attained age and service. See table of sample rates

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

• Disability incidence	None assumed		
• Retirement age	Percentage		
	Attained age	Male	Female
	52 and under	2.5%	2.5%
	53-59	5.0%	5.0%
	60-62	7.5%	7.5%
	63-65	15.0%	15.0%
	66-74	20.0%	20.0%
	75 and above	100.0%	100.0%
• Benefit commencement age for			
— Future vested deferred	65		
— Current vested deferred	65		
• Spouse assumptions	Male participants	Female participants	
— Percentage married	85%	50%	
— Spouse age difference	3 years younger	3 years older	
Form of payment	<u>Lump sum immediate</u>	<u>Lump sum deferred to 65</u>	<u>Single life</u>
• Active retirements	90%	N/A	10%
• Future vested deferred			
— Hired after 1/1/03	10%	90%	0%
— Hired before 1/1/03	25%	75%	0%
• Future deaths	100%	0%	0%
• Current vested deferred			
— Terminated before 1/1/98	0%	0%	100%
— Terminated after 1/1/98	0%	100%	0%
Unpredictable contingent event assumptions	Not applicable		

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Table of Sample Rates**
Withdrawal rates

Attained Age	Year 0	Year 1	Year 2	Year 3	Year 4	Years 5+
20	39.90%	35.40%	32.40%	29.40%	26.40%	20.55%
25	34.65	30.15	27.15	24.15	21.15	15.30
30	30.00	25.50	22.50	19.50	16.50	10.65
35	28.20	23.70	20.70	17.70	14.70	9.00
40	26.70	22.20	19.20	16.20	13.20	8.25
45	25.20	20.70	17.70	14.70	12.15	7.50
50	23.70	19.20	16.20	13.80	11.40	6.75
55	22.20	17.85	15.45	13.05	10.65	6.00
60	20.85	17.10	14.70	12.30	9.90	5.25
65	20.10	16.35	13.95	11.55	9.15	4.50

Cash balance interest accumulation rates

Year	Cash balance interest rate
2014	2.73%
2015	3.25%
2016	3.80%
2017+	4.35%

Salary Increases

Attained Age	Percentage
20	4.47%
25	4.25
30	3.96
35	3.68
40	3.39
45	3.11
50	2.83
55	2.60
60	2.43
65	2.25
70	2.25

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Actuarial Methods for Funding*****Asset Methods – Effective January 1, 2008***

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

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

Participant Methods – Effective January 1, 2008

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

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

Minimum Funding Methods – Effective January 1, 2008

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

A detailed description of the calculation follows:

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

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

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule G, Part III - Schedule of Nonexempt Transactions
 Year ended December 31, 2014

OhioHealth Corporation		Plan Sponsor	
Description of the transactions including maturtity date, rate of interst, collateral, par or maturity value			
Inadvertent loan from the Plan of \$32,700 during the plan year ended, December 31, 2012			
Purchase price	Selling price	Lease rental/loan amount involved	Expenses incurred in connection with transaction
\$ -	\$ -	\$ 32,700	\$ -

This transaction was resolved in the year ended December 31, 2014.

Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded***

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #6, are included in this valuation.

- **Late retirement increases:**
 - *Active participants:* The plan provides the greater of accruals to late retirement or the normal retirement benefit with an actuarial adjustment for the fact that benefits are expected to be paid over a shorter period of time. This valuation compares the continued benefit accrual and the actuarial increased normal retirement benefit and the most valuable benefit is used for current participants over age 65.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: January 1, 1985, amended to a Cash Balance Plan January 1, 1998 Restated plan: January 1, 2013 Plan year: January 1 through December 31												
Most recent amendment	January 1, 2014												
Status of the plan	The plan has ongoing benefit accruals, but is closed to new participants hired on or after January 1, 2012.												
Definitions													
• Covered employees	OhioHealth Corporation, Grady Memorial Hospital, HomeReach/Home Care, HomeReach Inc., Grant/Riverside Medical Care Foundation, Grady Memorial Hospital and OhioHealth Star Corporation												
• Participation	All employees become participants on the January 1 following the attainment of age 20 ½ and completion of 6 months of employment. Plan is closed to new participants effective January 1, 2012.												
• Interest credits	Interest will be credited on participants' accounts according to yield on 5-year Treasury-bills. The interest rate will be reset on an annual basis but not less than 2.73%.												
• Service	A year of service is granted for a plan year if paid for at least 1,000 hours in that plan year.												
• Pay credits	Participants will have their accounts credited with a percentage of pay that varies based on age and service as of December 31 of each year. The schedule of contribution percentages is as follows: <table><tr><th>Age Plus Service</th><th>Pay credits</th></tr><tr><td>0-29</td><td>3%</td></tr><tr><td>30-44</td><td>4%</td></tr><tr><td>45-59</td><td>5%</td></tr><tr><td>60-74</td><td>6%</td></tr><tr><td>75+</td><td>7%</td></tr></table>	Age Plus Service	Pay credits	0-29	3%	30-44	4%	45-59	5%	60-74	6%	75+	7%
Age Plus Service	Pay credits												
0-29	3%												
30-44	4%												
45-59	5%												
60-74	6%												
75+	7%												
Normal retirement													
• Eligibility	A participant is eligible the first day of the month coincident with or following his or her 65th birthday.												
• Benefit	The cash balance account with accruals to Normal Retirement.												
Early retirement													
• Eligibility	A participant is eligible to retire anytime on or after the date the sum of age and service equals or exceeds 70.												

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The cash balance account with accruals to Early Retirement.
Late retirement	
• Eligibility	A participant is eligible to retire anytime after Normal Retirement Age.
• Benefit	The cash balance account with the greater of accruals to Late Retirement or the normal retirement benefit with adjustment for the fact that benefits are expected to be paid over a shorter period of time.
Deferred vested	
• Eligibility	Full vesting occurs after three years of service.
• Benefit	The cash balance account will continue to earn Interest Credits until this participant's normal retirement date. The participant has the option to receive an immediate distribution of the cash balance account if requested within 180 days of termination. Effective for employees hired on or after January 1, 2003, distributions are disallowed until the sum of the terminated participant's age and service equals or exceeds 70.
Pre-retirement death	
• Eligibility	Vested upon participant's death.
• Benefit	The surviving spouse will receive the preretirement death benefit equivalent to the value of the participant's cash account balance payable as a monthly annuity over the lifetime of the spouse. If unmarried, the designated beneficiary will receive an immediate payment of the cash balance account. Alternatively, the surviving spouse can elect to receive an immediate cash balance account.
Form of benefits	
• Automatic form for unmarried participants	Single Life Annuity
• Automatic form for married participants	50% Joint & Survivor
• Optional forms	Lump sum, life annuity, 10 years certain and life, 15 years certain and life, 50% joint and survivor, 75% joint and survivor, 100% joint and survivor.
• Optional form conversion factors	417(e) assumptions for lump sum. Optional forms of benefit, other than the lump sum, are based upon the RP-2000 Combined No Collar mortality table (weighted 75% female/ 25% male), projected to 2015, and 7.5% interest.
Miscellaneous	

Schedule SB, Part V — Summary of Plan Provisions

-
- | | |
|------------------------|--|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2014, the limit is \$260,000. |
| <hr/> | |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$210,000. |
-

Plan Provision Changes Since Prior Valuation

- Eligibility for normal retirement age changed from age 65 and fifth anniversary of participation to age 65.
- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2013 to 2014.

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2014

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value				Cost	Current Value
INTEREST-BEARING CASH						
GOVERNMENT SHORT TERM INVESTMENT FUND		Investor Class			\$ 4,550,059	4,550,059
					\$ 4,550,059	4,550,059
CORPORATE OBLIGATIONS						
LEHMAN BROTHERS HOLDINGS SR UNSECURED 08/09 0.00000	317,000.000	principal amount	0.000% due	8/22/2009	\$ 183,615	43,588
LEHMAN BROTHERS HOLDINGS SR UNSECURED 12/08 VAR	77,000.000	principal amount	1.000% due	12/23/2008	343,888	10,588
SIGMA FIN INC MEDIUM TERM TRANCHE TR 00519	458,751.370	principal amount	1.000% due	6/4/2009	269,751	-
TOTAL CORPORATE, MUNICIPAL, AND FOREIGN OBLIGATIONS					\$ 797,254	\$ 54,176
CORPORATE AND FOREIGN STOCKS						
2U INC COMMON STOCK USD.001	4,997	shares			\$ 91,214	98,236
ABIOMED INC COMMON STOCK USD.01	3,514	shares			78,425	133,743
ABM INDUSTRIES INC COMMON STOCK USD.01	4,167	shares			117,103	119,385
AFFILIATED MANAGERS GROUP COMMON STOCK USD.01	1,140	shares			103,945	241,954
AKAMAI TECHNOLOGIES INC COMMON STOCK USD.01	3,090	shares			133,258	194,546
AKORN INC COMMON STOCK NPV	4,000	shares			140,352	144,800
ALIGN TECHNOLOGY INC COMMON STOCK USD.0001	2,992	shares			92,430	167,283
ANSYS INC COMMON STOCK USD.01	1,740	shares			118,274	142,680
B/E AEROSPACE INC COMMON STOCK USD.01	1,749	shares			55,169	101,477
BIO TECHNE CORP COMMON STOCK USD.01	1,720	shares			156,374	158,928
BIOMARIN PHARMACEUTICAL INC COMMON STOCK USD.001	2,160	shares			99,303	195,264
BOOZ ALLEN HAMILTON HOLDINGS COMMON STOCK USD.01	5,497	shares			121,206	145,835
BROOKDALE SENIOR LIVING INC COMMON STOCK USD.01	4,321	shares			97,638	158,451
CARRIZO OIL + GAS INC COMMON STOCK USD.01	1,790	shares			89,093	74,464
CATAMARAN CORP COMMON STOCK NPV	2,624	shares			102,980	135,792
CBOE HOLDINGS INC COMMON STOCK	3,490	shares			111,411	221,336
CELANESE CORP SERIES A COMMON STOCK USD.0001	2,720	shares			115,658	163,091
CHOICE HOTELS INTL INC COMMON STOCK USD.01	2,499	shares			130,898	139,994
CORPORATE EXECUTIVE BOARD CO COMMON STOCK USD.01	1,957	shares			77,613	141,941
COSTAR GROUP INC COMMON STOCK USD.01	1,039	shares			89,599	190,792
CYBERONICS INC COMMON STOCK USD.01	1,833	shares			115,265	102,061
DREW INDUSTRIES INC COMMON STOCK USD.01	2,270	shares			101,464	115,929
ENCORE CAPITAL GROUP INC COMMON STOCK USD.01	2,610	shares			88,509	115,884
EXACT SCIENCES CORP COMMON STOCK USD.01	5,693	shares			101,397	156,216
EXAMWORKS GROUP INC COMMON STOCK	2,528	shares			76,971	105,140
FACTSET RESEARCH SYSTEMS INC COMMON STOCK USD.01	1,110	shares			112,838	156,233
FIRST CASH FINL SVCS INC COMMON STOCK USD.01	1,583	shares			79,167	88,126
FIRSTSERVICE CORP COMMON STOCK NPV	2,552	shares			50,648	129,795
FORTUNE BRANDS HOME + SECURI COMMON STOCK USD.01	2,940	shares			86,796	133,094
FORUM ENERGY TECHNOLOGIES IN COMMON STOCK USD.01	2,830	shares			91,780	58,666
FRANK S INTERNATIONAL NV COMMON STOCK EUR.01	4,943	shares			121,400	82,202
FXCM INC A COMMON STOCK USD.01	9,742	shares			150,865	161,425
GARTNER INC COMMON STOCK USD.0005	2,000	shares			98,573	168,420
GRACO INC COMMON STOCK USD1.	1,133	shares			68,492	90,844
GUIDEWIRE SOFTWARE INC COMMON STOCK USD.0001	5,087	shares			187,425	257,555
GULFPORT ENERGY CORP COMMON STOCK USD.01	1,460	shares			88,518	60,940
HEALTHCARE SERVICES GROUP COMMON STOCK USD.01	3,940	shares			71,444	121,864
HEALTHSOUTH CORP W/D COMMON STOCK USD.01	5,597	shares			164,805	215,261
HELMERICH + PAYNE COMMON STOCK USD.1	767	shares			44,391	51,711
HEXCEL CORP COMMON STOCK USD.01	3,470	shares			141,704	143,970
ICF INTERNATIONAL INC COMMON STOCK USD.001	4,824	shares			117,328	197,688
IDEXX LABORATORIES INC COMMON STOCK USD.1	1,175	shares			114,444	174,217
INTL FLAVORS + FRAGRANCES COMMON STOCK USD.125	1,780	shares			169,665	180,421
J2 GLOBAL INC COMMON STOCK USD.01	5,832	shares			256,425	361,584
JARDEN CORP COMMON STOCK USD.01	3,832	shares			97,790	183,476
JONES LANG LASALLE INC COMMON STOCK USD.01	1,970	shares			194,034	295,362
KLX INC COMMON STOCK USD.01	875	shares			21,724	36,073
LIGAND PHARMACEUTICALS COMMON STOCK USD.001	2,345	shares			119,066	124,777
LPL FINANCIAL HOLDINGS INC COMMON STOCK	2,561	shares			110,600	114,093
MANPOWERGROUP INC COMMON STOCK USD.01	1,360	shares			67,867	92,711
MEDIVATION INC COMMON STOCK USD.01	1,350	shares			104,887	134,474
MEDNAX INC COMMON STOCK USD.01	3,290	shares			176,620	217,502
METTLER TOLEDO INTERNATIONAL COMMON STOCK USD.01	710	shares			161,225	214,747
MIDDLEBY CORP COMMON STOCK USD.01	1,425	shares			115,983	141,218
NEUSTAR INC CLASS A COMMON STOCK USD.001	3,004	shares			139,289	83,511
NU SKIN ENTERPRISES INC A COMMON STOCK USD.001	3,330	shares			157,275	145,521
OCEANEERING INTL INC COMMON STOCK USD.25	1,140	shares			52,541	67,043
OLD DOMINION FREIGHT LINE COMMON STOCK USD.1	1,926	shares			71,449	149,535
PANDORA MEDIA INC COMMON STOCK USD.0001	5,825	shares			99,801	103,860
POLARIS INDUSTRIES INC COMMON STOCK USD.01	1,230	shares			118,512	186,025

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2014

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
CORPORATE AND FOREIGN STOCKS (continued)			
PRA GROUP INC COMMON STOCK USD.01	3,530 shares	142,921	204,493
QUINTILES TRANSNATIONAL HOLD COMMON STOCK USD.01	3,080 shares	171,706	181,320
ROBERT HALF INTL INC COMMON STOCK USD.001	4,760 shares	140,089	277,889
SALLY BEAUTY HOLDINGS INC COMMON STOCK USD.01	4,490 shares	116,674	138,023
SBA COMMUNICATIONS CORP CL A COMMON STOCK USD.01	1,930 shares	91,503	213,767
SIGNATURE BANK COMMON STOCK USD.01	1,300 shares	121,956	163,748
SIRONA DENTAL SYSTEMS INC COMMON STOCK USD.01	2,596 shares	143,408	226,813
SIX FLAGS ENTERTAINMENT CORP COMMON STOCK	6,276 shares	231,856	270,809
STERICYCLE INC COMMON STOCK USD.01	2,334 shares	170,528	305,941
TEAM HEALTH HOLDINGS INC COMMON STOCK USD.01	2,395 shares	71,645	137,784
TORO CO COMMON STOCK USD1.	1,750 shares	111,252	111,668
TOWERS WATSON + CO CL A COMMON STOCK USD.01	1,440 shares	151,722	162,965
TRACTOR SUPPLY COMPANY COMMON STOCK USD.008	1,680 shares	68,462	132,418
TRANSDIGM GROUP INC COMMON STOCK USD.01	609 shares	82,017	119,577
TRIMAS CORP COMMON STOCK USD.01	3,846 shares	78,848	120,341
VANTIV INC CL A COMMON STOCK USD.00001	5,730 shares	161,069	194,362
WASHINGTON MUTUAL INC COMMON STOCK NPV	35,800 shares	528,617	705
WILLIAMS SONOMA INC COMMON STOCK USD.01	3,090 shares	179,868	233,851
WNS HOLDINGS LTD ADR ADR USD.16	5,659 shares	83,115	116,915
		\$ 9,478,176	12,102,555
COMMON AND COLLECTIVE TRUSTS			
NT COLLECTIVE RUSSELL 1000 INDEX FUND	3,091,429 shares	\$ 52,202,432	66,904,633
THE NORTHERN TRUST LONG TERM BOND INDEX FUND LP	1,962,808 shares	85,127,563	93,934,078
		137,329,995	160,838,711
MUTUAL FUNDS			
ICM SMALL COMPANY PORTFOLIO ICM SMALL COMPANY PORT INSTL	416,336 shares	\$ 10,753,035	11,915,527
DFA INTERNATIONAL VALUE PORTFO DFA INTERNATIONAL VALUE	962,989 shares	16,375,633	16,996,748
		\$ 27,128,668	28,912,275
VALUE OF INTEREST IN 103-12 INVESTMENT ENTITIES			
GRYPHON INTL EAFE GROWTH GROUP LIMITED PARTNERSHIP	465,513 shares	\$ 6,104,558	8,107,513
LAZARD EM SMALL CAP EQUITY TRUST FUND	825,321 shares	10,176,158	10,902,099
LAZARD LTD CL A LTD PART USD.01	2,220 shares	116,072	111,067
		16,396,788	19,120,679
ALTERNATIVE INVESTMENTS - LIMITED PARTNERSHIPS			
BLACKSTONE PARTNERS V S LIMITED PARTNERSHIP	20,000,000 shares	\$ 20,000,000	23,044,900
CITY OF LONDON GLOBAL EMERGING □	211,187 shares	9,685,527	11,593,785
CLARION LION PROPERTIES FUND LLC	21,900 shares	20,553,669	24,886,153
MONDRIAN INTL SMALL CAP LIMITED PARTNERSHIP	750,420 shares	15,129,036	18,297,941
PRISMA SPECTRUM FUND, LTD. LIMITED PARTNERSHIP	19,328 shares	19,500,000	23,063,022
THE LGIMA LONG DURATION US CREDIT FUND ,LLC	81,200,000 shares	81,200,000	88,932,595
IR M LONG CREDIT FUND MUTUAL FUND	8,589,363 shares	85,874,058	86,982,104
		\$ 251,942,290	276,800,500
		\$ 447,623,229	\$ 502,378,955

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
50	2.50%	10,000	250	12,500
51	2.50%	9,750	244	12,431
52	2.50%	9,506	238	12,358
53	5.00%	9,269	463	24,562
54	5.00%	8,805	440	23,774
55	5.00%	8,365	418	23,003
56	5.00%	7,947	397	22,251
57	5.00%	7,549	378	21,516
58	5.00%	7,172	359	20,798
59	5.00%	6,813	341	20,009
60	7.50%	6,473	485	29,127
61	7.50%	5,987	449	27,391
62	7.50%	5,538	415	25,752
63	15.00%	5,123	768	48,410
64	15.00%	4,354	653	41,802
65	15.00%	3,701	555	36,087
66	20.00%	3,146	629	41,527
67	20.00%	2,517	503	33,725
68	20.00%	2,013	402	27,383
69	20.00%	1,611	322	22,228
70	20.00%	1,289	258	18,041
71	20.00%	1,031	206	14,639
72	20.00%	825	165	11,876
73	20.00%	660	132	9,633
74	20.00%	528	106	7,812
75	100.00%	422	422	31,669
Total			10,000	620,393
Average				62.04

Schedule SB, line 24 – Change in Actuarial Assumptions

Actuarial Assumption Changes Since Prior Valuation

- We updated salary increase rates to better reflect expected future plan experience.
- The expected return on assets decreased from 6.60% to 6.10%.