

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 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>TRIHEALTH, INC. 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2005</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/2005</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TRIHEALTH, INC.</u> <u>619 OAK STREET</u> <u>CINCINNATI, OH 45206-1690</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1438846</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-569-6111</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1438846</u>	2c Plan Sponsor's telephone number <u>513-569-6111</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-1438846</u>					
2c Plan Sponsor's telephone number <u>513-569-6111</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.	10/11/2015	BRIAN KRAUSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2015	BRIAN KRAUSE
	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 RETIREMENT COMMITTEE OF THE TRIHEALTH, INC. RETIREMENT PLAN 619 OAK STREET CINCINNATI, OH 45206-1690	3b Administrator's EIN 31-1438846 3c Administrator's telephone number 513-569-6251
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 2418
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1978 6a(2) 2302 6b 43 6c 456 6d 2801 6e 0 6f 2801 6g 6h 32
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 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) ☐ 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 TRIHEALTH, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRIHEALTH, INC.	D Employer Identification Number (EIN) 31-1438846
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	135437358	
	b Actuarial value	2b	130156894	
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	22	2187167	2187167
	b For terminated vested participants	418	12003736	12003736
	c For active participants	1978	100975919	107787622
	d Total	2418	115166822	121978525
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	6.24%	
6	Target normal cost	6	6984825	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	09/18/2015
TRISHA L. TREML	Date
Type or print name of actuary	14-06986
HEWITT ASSOCIATES LLC	Most recent enrollment number
Firm name	847-295-5000
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-3258	Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	974438
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	974438
10 Interest on line 9 using prior year's actual return of <u>20.80</u> %	0	202683
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		14630366
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>6.09</u> %		890989
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		15521355
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1177121

Part III Funding Percentages		
14 Funding target attainment percentage	14	105.73 %
15 Adjusted funding target attainment percentage	15	106.70 %
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	91.28 %
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
05/22/2015	12000000				
06/15/2015	1575000				
			Totals ►	18(b)	13575000
				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	12476606
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 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	6984825	
b Excess assets, if applicable, but not greater than line 31a	31b	6984825	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0		0
b Waiver amortization installment			
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	0	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	12476606	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12476606	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under 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 TRIHEALTH, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIHEALTH, INC.	D Employer Identification Number (EIN) 31-1438846	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ABERDEEN ASSET MANAGEMENT
51-0368279

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
BLACKROCK INSTITUTIONAL TRUST CO
94-3112180

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLUECREST CAPITAL MANAGEMENT
98-0607511

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAXTON ASSOCIATES LP
22-3430173

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

DODGE AND COX

94-1441976

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

DRUM CAPITAL MANAGEMENT

20-4497486

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

GMO

72-1566419

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

JANA PARTNERS LLC

42-1553256

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

KING STREET CAPITAL MANAGEMENT LP

13-3978904

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

KING STREET MASTER ADVISORS LLC

26-3871197

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

PASSPORT CAPITAL LLC

94-3368567

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

PIMCO

33-0629048

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

PORTFOLIO ADVISORS LLC

06-1487853

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

SCHRODER INVESTMENT MGMT

13-4064414

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

SEI TRUST COMPANY

06-1271230

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

SIGULER GUFF ADVISERS LLC

13-3855629

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

STANDARD PACIFIC CAPITAL LLC

94-3222769

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

WESTERN ASSET MANAGEMENT

95-2705767

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

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

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)

AXIOM ASIA PRIVATE CAPITAL

16 COLLYER QUAY
SINGAPORE, REPUBLIC OF SINGAPORE 49138 SG

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST AND YOUNG

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISHER INVESTMENTS

20-2480800

(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 31 50 51 55 68 71	NONE	9199	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)

FORT WASHINGTON INVESTMENT ADVISORS

31-1301863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68 71	NONE	47470	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HEWITT ASSOCIATES LLC

36-2235791

(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 50	NONE	159791	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTEGRITY ASSET MGMT LLC

38-3212521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	8173	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)

LOOMIS SAYLES AND CO LP

30-0471038

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	34420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC

255 STATE STREET
BOSTON, MA 02109

(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?
17 50	NONE	34868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK

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?
26 50	NONE	60507	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)

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	27865	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WESTFIELD CAPITAL MANAGEMENT CO

ONE FINANCIAL CENTER
23RD FLOOR
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	34366	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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>TRIHEALTH, INC. RETIREMENT PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIHEALTH, INC.</u>		D Employer Identification Number (EIN) <u>31-1438846</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	14100000	14000000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	333363	100211
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	12871065	4311376
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	14786446	13583749
(5) Partnership/joint venture interests	1c(5)	21178988	61451964
(6) Real estate (other than employer real property).....	1c(6)	1831336	1538018
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	34077286	34502429
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	27238223	17836729

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	126416707	147324476

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	84305	65642
i Acquisition indebtedness	1i		
j Other liabilities	1j	1313137	31743
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1397442	97385

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	125019265	147227091
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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)	19300000	
(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)		19300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-2998	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	222872	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		219874
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	430881	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1001867	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1432748
(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)	154365	
(B) Other	2b(5)(B)	3149774	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3304139

		(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)		-1482687
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22774074

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6510329	
(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)		6510329
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)	295966	
(2) Contract administrator fees.....	2i(2)	22614	
(3) Investment advisory and management fees.....	2i(3)	160638	
(4) Other.....	2i(4)	110229	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		589447
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7099776

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		15674298
l Transfers of assets:			
(1) To this plan.....	2l(1)		6533528
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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	
4d			
e Was this plan covered by a fidelity bond?	X		500000
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.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan TRIHEALTH, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIHEALTH, INC.		D Employer Identification Number (EIN) 31-1438846
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3581074		
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 84
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☒ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

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: 10% Investment-Grade Debt: 0% High-Yield Debt: 0% Real Estate: 1% Other: 89%
- 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):

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

TriHealth, Inc. Retirement Plan
Years Ended December 31, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

TriHealth, Inc. Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2014 and 2013

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Report of Independent Auditors

The Personnel and Pension Committee
TriHealth, Inc.

We have audited the accompanying financial statements of the TriHealth, Inc. Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of TriHealth, Inc. Retirement Plan at December 31, 2014, and the changes in its net assets available for benefits for the year then ended, and the financial status of TriHealth, Inc. Retirement Plan at December 31, 2013, and the changes in its financial status for the year then ended in conformity with U.S. generally accepted accounting principles.

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2014, and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management, and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ernst & Young LLP

October 9, 2015

TriHealth, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2014	2013
Assets		
Investments, at fair value:		
Cash	\$ 2,218	\$ 6,258,367
Money market	4,309,158	6,612,698
Domestic equity securities	11,910,509	12,300,524
Foreign equity securities	1,673,240	2,485,922
Mutual funds – fixed income	15,054,590	10,181,545
Mutual funds – equity	1,552,504	2,770,070
Mutual funds – multi-asset	17,895,335	14,849,022
Limited liability companies	–	5,224,570
Hedge funds	11,556,142	13,826,520
Private equity funds	4,682,535	4,205,303
Real estate investment trust	1,538,018	1,831,336
Limited partnerships	61,451,964	28,182,328
Commingled fund	1,598,052	3,255,139
Total investments, at fair value	133,224,265	111,983,344
Receivables:		
Contribution from employer	14,000,000	14,100,000
Accrued income	100,211	333,363
Total receivables	14,100,211	14,433,363
Total assets	147,324,476	126,416,707
Liabilities and net assets available for benefits		
Accrued administrative fees	65,642	84,305
Payable for investment purchase	31,743	1,313,137
Total liabilities	97,385	1,397,442
Net assets available for benefits	\$ 147,227,091	\$ 125,019,265

See accompanying notes.

TriHealth, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	December 31	
	2014	2013
Additions		
Employer contributions	\$ 19,300,000	\$ 20,300,000
Investment income	1,652,622	2,480,121
Transfer from Good Samaritan Retirement Plan	3,580,141	388,074
Transfer from Bethesda Retirement Plan	2,953,387	851,373
Total additions	<u>27,486,150</u>	<u>24,019,568</u>
Deductions		
Benefits paid to participants	6,510,329	6,072,598
Administrative expenses	589,447	695,671
Total deductions	<u>7,099,776</u>	<u>6,768,269</u>
Net appreciation in fair value of investments	<u>1,821,452</u>	11,130,167
Increase in net assets available for benefits	22,207,826	28,381,466
Net assets available for benefits at beginning of the year	125,019,265	96,637,799
Net assets available for benefits at end of the year	<u><u>\$ 147,227,091</u></u>	<u><u>\$ 125,019,265</u></u>

See accompanying notes.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements

December 31, 2014

1. Description of the Plan

The following description of the TriHealth, Inc. Retirement Plan (the Plan) provides general information about the Plan's provisions. TriHealth, Inc. (the Company) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor. The Good Samaritan Hospital of Cincinnati, Ohio, which sponsors the Good Samaritan Retirement Plan, and Bethesda Hospital, Inc., which sponsors the Bethesda Retirement Plan, are related parties of the Company. The Plan received assets of \$3,580,141 and \$388,074 from the Good Samaritan Retirement Plan during 2014 and 2013, respectively, and assets of \$2,953,387 and \$851,373 from the Bethesda Retirement Plan during 2014 and 2013, respectively, as the result of personnel transfers between the related plan sponsors.

General

The Plan is a non-contributory defined benefit plan which covers substantially all employees of the Company. The Plan provides for retirement, death, and disability benefits, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The following description of the Plan outlines only general information. Information about the plan agreement, the vesting and benefit provisions, and the guaranty of the Pension Benefit Guaranty Corporation (PBGC) is contained in the pamphlet, *TriHealth Retirement Plan Summary Plan Description*. Copies of this pamphlet are available from the Company's Human Resources department.

The TriHealth Retirement Committee is responsible for the general administration of the Plan. State Street Corporation is the trustee of the Plan. The Board of Directors of the Company approved the freeze of the Plan effective January 1, 2015. As a result the active participants in the Plan will no longer accrue future benefits, but will be provided interest credits until they commence their benefits.

Eligibility and Vesting

An eligible employee becomes a participant in the Plan upon completion of 1,000 hours of service with the Company. Active participants become fully vested upon the earliest of the completion of three years of service or attainment of age 65.

TriHealth, Inc. Retirement Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Benefits

Participants are entitled to monthly pension benefits beginning at the age of 55. Under the Plan's formula, a participant's benefit is calculated based on an accumulation of credits that are earned each year based on the participant's age and years of service multiplied by the average five highest consecutive years of compensation through 2014. Participants may also receive an additional benefit if their pay is over the Social Security Covered Compensation limit.

After reaching age 55, terminated participants may elect to receive the value of their accumulated Plan benefits as a lump-sum distribution or as an annuity payable monthly. Terminated participants whose accumulated Plan benefits are less than \$5,000 will automatically receive his or her benefit in the form of a lump-sum payment.

Funding

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost plus interest over a period of 30 years. The Plan has met the ERISA minimum funding requirements for both 2014 and 2013.

Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets available for benefits of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

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

Payable for Investment Purchase

The Plan follows trade date accounting for the purchase and sale of investments. As a result, at the statements of net assets available for benefits date, certain investment purchases and sale transactions have been initiated but not settled. The payable for investment purchases was \$31,743 and \$1,313,137 as of December 31, 2014 and 2013, respectively.

2. Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

TriHealth, Inc. Retirement Plan
Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined under Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion of fair value measurements.

To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1), and the lowest priority to unobservable inputs (Level 3).

In accordance with ASC 820, assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.

Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurements and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment, and are based on the best available information, some of which may be internally developed.

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

The TriHealth, Inc. Finance Committee (the Finance Committee) is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments. The Finance Committee is comprised of various committee members and reports to the Audit Committee of the Board of Directors of the Company. For instruments categorized within Level 3 of the fair value hierarchy the Finance Committee information about the Plan's valuation process is required to be disclosed under ASC 820, see Note 4.

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

In order to meet the requirements of ASC 820, the Plan utilizes three basic valuation approaches to determine the fair value of its assets and liabilities required to be recorded at fair value. The first approach is the cost approach. The cost approach is generally the value a market participant would expect to replace the respective asset or liability. The second approach is the market approach. The market approach looks at what a market participant would consider an exact or similar asset or liability to that of the Plan, including those traded on exchanges, to be valued at. The third approach is the income approach. The income approach uses estimation techniques to determine the estimated future cash flows of the Plan's respective asset or liability expected by a market participant, and discounts those cash flows back to present value (more typically referred to as a discounted cash flow approach).

The global financial markets and banking system are subject to volatility, which could adversely impact the Plan. Certain of the Plan's assets and liabilities are exposed to various risks, such as interest rate, market, and credit risks.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

New Accounting Pronouncements

In May 2015, the FASB issued Accounting Standards Update (ASU) 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)*, (ASU 2015-07). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by – ASC 820. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early application is permitted. Management is currently evaluating the effect that the provisions of ASU 2015-07 will have on the Plan's financial statements.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I of ASU 2015-12 eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of the ASU 2015-12 eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III of the ASU 2015-12 allows a plan with a fiscal year end that doesn't coincide with the end of a calendar month to measure its investments and investment-related accounts using the month end closest to its fiscal year end. The ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Parts I and II are to be applied retrospectively. Part III is to be applied prospectively. Plans can early adopt any of the ASU 2015-12's three parts without early adopting the other parts. Management is currently evaluating the effect that the provisions of Part II of ASU 2015-12 will have on the Plan's financial statements. Part I and Part III is not applicable to the Plan.

TriHealth, Inc. Retirement Plan
Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits, which include benefits expected to be paid to retired or terminated employees or their beneficiaries, are based on credits earned using the employees' age and highest five-year average compensation.

The accumulated Plan benefits for active employees are based on the average of their five highest consecutive years of compensation through 2014. Participants also receive an additional benefit if their pay is over the Social Security Covered Compensation Limit.

Reclassifications

Certain prior year amounts in the statement of net assets available for benefits have been reclassified to conform to the current year presentation.

3. Accumulated Plan Benefits

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

The accumulated plan benefit information as of December 31, 2013, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 2,078,101

Other vested benefits

103,788,988

Total vested benefits

105,867,089

Non-vested benefits

3,593,468

Total actuarial present value of accumulated plan benefits

\$ 109,460,557

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Actuarial present value of accumulated plan benefits at January 1, 2013	\$ 94,912,658
Increase during the year attributed to:	
Interest accumulated	6,894,844
Other changes ^(a)	8,942,117
Assumption changes	(466,610)
Transfer from BTH and GSH plans	5,249,679
Benefits paid	(6,072,598)
Net increase	<u>14,547,899</u>
Actuarial present value of accumulated plan benefits at December 31, 2013	<u><u>\$ 109,460,557</u></u>

^(a) The other changes component represents the normal operations of the pension plan. It consists primarily of the increase due to ongoing benefit accruals and those items of plan experience that are not associated with plan asset performance.

Significant factors underlying the actuarial assumptions are as follows:

Assumed rate of return on investments	7.50% (7.50% in 2013)
Mortality basis	RP- 2014 Combined Healthy Mortality Table (RP-2000 Combined Healthy Mortality Table in 2013)
Retirement rates	Various rates, ranging from 6% at age 55 to 100% at age 70 and over

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2013. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2014.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31:

	2014			
	Level 1	Level 2	Level 3	Total
Assets				
Cash	\$ 2,218	\$ —	\$ —	\$ 2,218
Money market funds	—	4,309,158	—	4,309,158
Domestic equity securities	11,910,509	—	—	11,910,509
Foreign equity securities	1,673,240	—	—	1,673,240
Mutual funds:				
Fixed income	15,054,590	—	—	15,054,590
Equity	1,552,504	—	—	1,552,504
Multi-asset	17,895,335	—	—	17,895,335
Alternative investments:				
Hedge funds ^(a)	—	11,556,142	—	11,556,142
Private equity funds ^(b)	—	—	4,682,535	4,682,535
Real estate investment trusts ^(c)	—	—	1,538,018	1,538,018
Limited partnerships ^(d)				
Fixed income	—	24,383,374	2,366,732	26,750,106
Multi-asset	—	8,245,771	—	8,245,771
Equity	—	25,238,820	—	25,238,820
Real asset	—	1,217,267	—	1,217,267
Commingled fund ^(e)	—	1,598,052	—	1,598,052
Total assets at fair value	\$ 48,088,396	\$ 76,548,584	\$ 8,587,285	\$ 133,224,265

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

	2013			
	Level 1	Level 2	Level 3	Total
Assets				
Cash	\$ 6,258,367	\$ —	\$ —	\$ 6,258,367
Money market funds	—	6,612,698	—	6,612,698
Domestic equity securities	12,300,524	—	—	12,300,524
Foreign equity securities	2,485,922	—	—	2,485,922
Mutual funds:				
Fixed income	10,181,545	—	—	10,181,545
Equity	2,770,070	—	—	2,770,070
Multi-asset	14,849,022	—	—	14,849,022
Alternative investments:				
Limited liability companies ^(f)	—	5,224,570	—	5,224,570
Hedge funds ^(a)	—	13,826,520	—	13,826,520
Private equity funds ^(b)	—	—	4,205,303	4,205,303
Real estate investment trusts ^(c)	—	—	1,831,336	1,831,336
Limited partnerships: ^(d)				
Fixed income	—	5,977,715	2,229,141	8,206,856
Multi-asset	—	4,013,777	—	4,013,777
Equity	—	15,961,695	—	15,961,695
Commingled fund ^(e)	—	3,255,139	—	3,255,139
Total assets at fair value	\$ 48,845,450	\$ 54,872,114	\$ 8,265,780	\$111,983,344

^(a)These hedge funds redeem at NAV as of statement of net assets available for benefits date and have a quarterly redemption option with 45 day notice.

^(b)The investment objective is to achieve long-term capital appreciation through diversified portfolio of leveraged buyout, growth equity, venture capital, structured equity, and distressed debt investment opportunities throughout the globe. These private equity funds are locked up for the term of the fund, or deemed no immediate liquidity.

^(c)The investment objective is to invest in commercial real estate properties and real estate related assets. These real estate investments trusts investments are locked up for the term of the fund, or deemed no immediate liquidity.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

- ^(d)The investment objective is to achieve long-term capital growth. These limited partnerships redeem at NAV as of balance sheet date with monthly redemption option with 10 day notice. There are currently no redemption restrictions on these investments. The Limited Partnerships stated in Level 3 are locked up for the term of the fund, or deemed no immediate liquidity.
- ^(e) The commingled fund redeem at NAV as of statement of net assets available for benefits date with monthly redemption option with 10 day notice. There are currently no redemption restrictions on these investments.
- ^(f) These limited liability companies redeem at NAV as of statement of net assets available for benefits date with monthly redemption option with 10 day notice. There are currently no redemption restrictions on these investments.

The following is a description of the valuation methodologies used for plan assets measured at fair value.

The Plan's financial instruments based on quoted market prices in markets that are active, with reasonable levels of price transparency, include marketable equity securities (domestic and foreign), mutual funds (fixed income, equity, and multi-asset), and cash. Such instruments are classified within Level 1 of the fair value hierarchy. The Plan does not adjust the quoted market price for such financial instruments. The types of financial instruments valued based on quoted market prices in markets that are not active, broker or dealer quotations, or alternative pricing sources, including matrix pricing, with reasonable levels of price transparency, include money market funds. Such financial instruments are classified within Level 2 for the fair market value hierarchy.

Alternative investments, which consist of hedge funds, private equity funds, limited partnerships, real estate investment trusts, comingled funds, and limited liability companies, are not necessarily readily marketable, and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. However, Plan management has determined that the net asset value (NAV) is an appropriate estimate of the fair value of these investments based on the fact that the alternative investments are audited and accounted for at fair value by the administrators of the respective alternative investments. If the Plan has the ability to redeem its investment in the respective alternative investment at the NAV with no significant restrictions on the redemption at the

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

statements of net assets available for benefit date, the Plan has categorized the alternative investment as a Level 2 measurement in the fair value hierarchy. If the Plan does not have the ability to redeem the alternative investment at NAV at the statements of net assets available for benefit date, due to significant restrictions, the Plan has categorized the alternative investment as a Level 3 measurement. These investments are entered in to further diversify the portfolio.

Following is the summary of the inputs and valuation techniques, as of December 31, 2014 and 2013, used for valuing Level 2 securities in the portfolio:

Securities	Input	Valuation Technique
Money market fund	Broker/Dealer	Market/income
Hedge funds	NAV	Market/income
Limited liability companies	NAV	Market/income
Commingled funds	NAV	Market/income
Limited partnerships	NAV	Market/income

Following is the summary of the inputs and valuation techniques, as of December 31, 2014 and 2013, used for valuing Level 3 securities in the portfolio:

Securities	Input	Valuation Technique
Private equity funds	NAV	Income
Real estate investment trusts	NAV	Income
Limited partnerships	NAV	Income

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets as of December 31:

Private equity funds	2014	2013
Balance, beginning of year	\$ 4,205,303	\$ 4,192,396
Unrealized gains relating to instruments still held at the reporting date	917,100	472,511
Unrealized losses relating to instruments still held at the reporting date	—	(33,586)
Purchases	710,944	434,049
Sales	(1,150,812)	(860,067)
Balance, end of year	<u>\$ 4,682,535</u>	<u>\$ 4,205,303</u>
	2014	2013
Real estate investment trusts		
Balance, beginning of year	\$ 1,831,336	\$ 1,814,583
Unrealized gains relating to instruments still held at the reporting date	157,814	209,455
Unrealized losses relating to instruments still held at the reporting date	(3,449)	(8,437)
Purchases	130,325	61,641
Sales	(578,008)	(245,906)
Balance, end of year	<u>\$ 1,538,018</u>	<u>\$ 1,831,336</u>
Limited partnerships		
Balance, beginning of year	\$ 2,229,141	\$ 2,315,150
Unrealized gains relating to instruments still held at the reporting date	208,787	289,911
Purchases	380,000	605,431
Sales	(451,196)	(981,351)
Balance, end of year	<u>\$ 2,366,732</u>	<u>\$ 2,229,141</u>

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The change in unrealized gains (losses) relating to instruments still held at the reporting date is included in net appreciation in fair value of investments.

For Level 3 securities, when observable prices are not available, the investment manager might use one or more valuation techniques, such as the income approach for which sufficient and reliable data is available. Within Level 3, the use of the income approach generally consists of using either the guideline company method or similar transaction method, while the income approach generally consists of the net present value of estimated future cash flows, adjusted as appropriate for liquidity, credit, market, and/or other risk factors. Significant increases (decreases) in any of those observable inputs in isolation would result in a significantly lower (higher) fair value measurement. The impact of these changes would be recognized over a period of time in accordance with applicable accounting guidance.

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

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

5. Investments

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31 are as follows:

	2014	2013
Money market funds:		
State Street Bank & Trust Co.	\$ (a)	\$ 6,612,697
Mutual funds – multi-asset:		
Pimco All Assets	8,734,255	7,265,166
GMO Benchmark	9,161,080	7,583,855
Mutual funds – equity:		
Aberdeen Emerging Markets Fund	(a)	6,276,648
Limited Partnerships and others		
AQR Group EL Offshore Fund Ltd.	8,245,771	(a)
GAM Unconstrained	8,988,087	(a)

(a) Investment is less than 5% at respective date.

The Plan's investments (including investments bought and sold, as well, as held during the year) appreciated in fair value for the year ended December 31 as follows:

	2014	2013
Domestic equity securities	\$ 1,067,729	\$ 3,965,844
Foreign equity securities	(121,426)	568,734
Mutual funds – fixed income	(396,282)	(285,184)
Mutual funds – equity	(2,529)	261,635
Mutual funds – multi-asset	(1,083,876)	856,419
Limited liability companies	60,507	183,870
Hedge funds	469,543	1,919,856
Private equity funds	917,100	438,925
Real estate investment funds	154,365	201,018
Limited partnerships	933,372	3,191,901
Commingled fund	(177,051)	(172,851)
	\$ 1,821,452	\$ 11,130,167

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

5. Investments (continued)

At December 31, 2014, the Plan has committed capital yet to be called of \$8,542,967 to private equity funds over the next one to three years.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service, (IRS) dated December 18, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code, and therefore believes the Plan, as amended and restated, is qualified, and the related trust are tax-exempt.

GAAP require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

7. Related-Party Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

8. Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees, PBGC fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that those changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

10. Subsequent Events

Management has evaluated and disclosed subsequent events through October 9, 2015, which is the date the accompanying financial statements were issued and made available. No recognized or non-recognized subsequent events were identified for recognition or disclosure in the accompanying financial statements, except as disclosed below.

Supplemental Schedules

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CASH			
US DOLLAR	2,158	\$ 2,158	\$ 2,158
US DOLLAR	60	60	60
TOTAL CASH		2,218	2,218
MONEY MARKET			
STATE STREET BANK + TRUST CO	3,358,428	3,358,428	3,358,428
STATE STREET BANK + TRUST CO	341,291	341,291	341,291
STATE STREET BANK + TRUST CO	28,733	28,733	28,733
STATE STREET BANK + TRUST CO	383,252	383,252	383,252
STATE STREET BANK + TRUST CO	5,035	5,035	5,035
STATE STREET BANK + TRUST CO	82,986	82,986	82,986
STATE STREET BANK + TRUST CO	109,161	109,161	109,161
SHORT TERM INVESTMENT FUND	272	272	272
TOTAL MONEY MARKET		4,309,158	4,309,158
DOMESTIC EQUITY SECURITIES			
ABBOTT LABORATORIES	5,406	192,456	243,378
AGCO CORP	3,337	178,473	150,833
AGRIUM INC	1,609	140,995	152,404
ALTERA CORP	1,764	54,366	65,162
AMAZON.COM INC	352	110,395	109,243
APPLE INC	1,604	131,066	177,049
AVNET INC	3,553	131,178	152,850
BANK OF AMERICA CORP	20,342	421,787	363,918
BANK OF NEW YORK MELLON CORP	8,535	229,219	346,265
BERRY PLASTICS GROUP INC	4,358	101,655	137,495
BIO RAD LABORATORIES A	997	117,581	120,198
CARNIVAL CORP	3,890	133,322	176,334
CISCO SYSTEMS INC	6,223	142,279	173,093
DEVON ENERGY CORP	1,427	91,296	87,347
GENERAL ELECTRIC CO	6,192	158,792	156,472

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
GOOGLE INC CL A	190	\$ 69,605	\$ 100,825
GOOGLE INC CL C	190	69,175	100,016
HALLIBURTON CO	1,842	72,101	72,446
HELEN OF TROY LTD	1,296	56,388	84,318
II VI INC	6,175	101,388	84,289
JM SMUCKER CO/THE	1,196	124,598	120,772
JOY GLOBAL INC	2,138	110,057	99,460
KENNAMETAL INC	2,707	108,982	96,884
MICROSOFT CORP	2,678	96,028	124,393
MONDELEZ INTERNATIONAL INC A	7,206	192,897	261,758
NATIONAL OILWELL VARCO INC	1,974	131,782	129,356
NOVARTIS AG SPONSORED ADR	1,567	135,292	145,198
ORACLE CORP	2,888	111,904	129,873
ORANGE SPON ADR	7,566	101,563	128,017
OWENS + MINOR INC	5,000	155,858	175,550
RELIANCE STEEL + ALUMINUM	2,144	156,129	131,363
ROYAL CARIBBEAN CRUISES LTD	2,030	66,604	167,333
SCHLUMBERGER LTD	1,081	94,316	92,328
SPEEDWAY MOTORSPORTS INC	4,153	65,259	90,826
SYSCO CORP	4,811	150,414	190,949
TIME WARNER CABLE	356	24,252	54,133
WESCO INTERNATIONAL INC	1,282	105,876	97,701
WORLD FUEL SERVICES CORP	2,901	112,353	136,144
ACTAVIS PLC	720	118,367	185,335
ALEXANDER + BALDWIN INC	1,610	64,408	63,209
ALLIANCE DATA SYSTEMS CORP	370	92,558	105,839
AMERIPRISE FINANCIAL INC	465	51,972	61,496
APPLE INC	2,895	237,442	319,550
ARIAD PHARMACEUTICALS INC	4,570	31,077	31,396
AUTODESK INC	1,140	56,457	68,468
B+G FOODS INC	2,220	72,887	66,378
CATERPILLAR INC	780	69,871	71,393
CAVIUM INC	1,180	56,133	72,948
CBRE GROUP INC A	2,700	70,009	92,475

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CELGENE CORP	2,390	\$ 199,458	\$ 267,345
CITIGROUP INC	1,110	62,393	60,062
COMCAST CORP CLASS A	2,380	128,061	138,064
CONSOL ENERGY INC	2,320	88,695	78,439
COOPER COS INC/THE	580	73,771	94,012
COPART INC	2,320	84,605	84,657
COSTCO WHOLESALE CORP	670	87,493	94,973
CUBIST PHARMACEUTICALS INC	1,980	134,851	199,287
DANAHER CORP	1,190	91,157	101,995
EASTMAN CHEMICAL CO	1,140	88,032	86,480
EMC CORP/MA	3,000	91,877	89,220
ENDO INTERNATIONAL PLC	1,810	118,684	130,537
F5 NETWORKS INC	360	43,353	46,967
FACEBOOK INC A	1,290	71,947	100,646
GOOGLE INC CL A	191	105,551	101,356
GOOGLE INC CL C	191	104,831	100,542
HOME DEPOT INC	975	82,094	102,346
IHS INC CLASS A	840	99,276	95,659
JACK IN THE BOX INC	820	57,171	65,567
JARDEN CORP	1,820	77,028	87,142
JAZZ PHARMACEUTICALS PLC	620	82,356	101,513
LIBERTY GLOBAL PLC SERIES C	2,180	89,519	105,316
MEAD JOHNSON NUTRITION CO	910	90,442	91,491
MICROSOFT CORP	3,560	163,990	165,362
MONSANTO CO	1,010	114,382	120,665
NATIONAL OILWELL VARCO INC	1,350	95,777	88,466
ON SEMICONDUCTOR CORP	4,770	48,250	48,320
PACCAR INC	1,260	76,950	85,693
PALO ALTO NETWORKS INC	710	59,812	87,025
POLARIS INDUSTRIES INC	610	84,684	92,256
PRICELINE GROUP INC/THE	96	114,243	109,460
QUALCOMM INC	960	72,477	71,357
RED HAT INC	1,060	55,914	73,288
SALESFORCE.COM INC	1,490	82,161	88,372

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
SERVICENOW INC	1,390	\$ 86,309	\$ 94,312
SHIRE PLC ADR	715	130,389	151,966
SIGNET JEWELERS LTD	820	64,455	107,887
STARBUCKS CORP	1,140	87,202	93,537
STARWOOD PROPERTY TRUST INC	2,590	71,782	60,192
STERIS CORP	1,910	108,768	123,864
TESORO CORP	1,490	82,990	110,782
TEVA PHARMACEUTICAL SP ADR	2,510	118,108	144,350
THERMO FISHER SCIENTIFIC INC	540	58,780	67,657
TWENTY FIRST CENTURY FOX A	2,950	99,291	113,295
UNITED CONTINENTAL HOLDINGS	1,720	72,992	115,051
VERIFONE SYSTEMS INC	1,940	55,523	72,168
VERIZON COMMUNICATIONS INC	1,530	74,104	71,573
VF CORP	880	58,268	65,911
VISA INC CLASS A SHARES	400	83,889	104,880
WALT DISNEY CO/THE	1,170	85,160	110,202
GOLDMAN SACHS GROUP INC	1,468	220,440	284,542
TOTAL DOMESTIC EQUITY SECURITIES		10,348,597	11,910,509
FOREIGN EQUITY SECURITIES			
ADIDAS AG SPONSORED ADR	313	12,476	10,800
AMBEV SA ADR	1,518	10,567	9,442
ANHEUSER BUSCH INBEV SPN ADR	322	24,561	36,167
ARM HOLDINGS PLC SPONS ADR	1,080	36,213	50,004
ASML HOLDING NV NY REG SHS	530	26,188	57,150
ASOS PLC UNSP ADR	171	16,950	6,818
BAIDU INC SPON ADR	61	10,820	13,906
BANK MANDIRI TBK UNSPON ADR	1,850	19,063	16,058
BASF SE SPON ADR	272	25,485	22,682
BAYER AG SPONSORED ADR	394	34,157	53,915
BMW UNSPONSORED ADR	536	15,710	19,092
CANADIAN NATL RAILWAY CO	260	13,309	17,917
CIE FINANCIERE RICH UNSP ADR	4,725	32,933	41,911
CIELO SA SPONSORED ADR	1,219	14,677	19,163

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
COMMONWEALTH BK AUS SP ADR	144	\$ 9,098	\$ 10,038
COMPAGNIE DE SAINT UNSP ADR	2,513	27,176	20,958
CSL LTD SPONSORED ADR	1,141	29,833	40,334
DAIMLER AG SPN ADR	333	23,155	27,569
DANONE SPONS ADR	496	6,346	6,456
DASSAULT SYSTEMES S SPON ADR	261	12,097	15,921
DEUTSCHE POST AG SPON ADR	886	27,215	28,751
DIAGEO PLC SPONSORED ADR	216	23,628	24,643
ERICSSON (LM) TEL SP ADR	2,341	29,823	28,326
EXPERIAN PLC SPONS ADR	2,309	46,454	38,791
FANUC CORP UNSP ADR	1,336	38,350	36,780
FOMENTO ECONOMICO MEX SP ADR	199	15,752	17,518
GLAXOSMITHKLINE PLC SPON ADR	601	29,503	25,687
HONG KONG EXCHANGES UNSP ADR	672	12,078	14,939
HSBC HOLDINGS PLC SPONS ADR	511	23,590	24,135
INDIVIOR PLC SPON ADR	74	601	836
INFOSYS LTD SP ADR	569	14,112	17,901
L OREAL UNSPONSORED ADR	945	24,292	31,497
LEGAL + GEN GROUP SPON ADR	520	7,767	10,018
LENOVO GROUP LTD ADR	1,890	34,821	49,556
LLOYDS BANKING GROUP PLC ADR	8,648	44,303	40,127
LUXOTTICA GROUP SPA SPON ADR	476	16,382	25,928
LVMH MOET HENNESSY UNSP ADR	1,054	38,401	36,294
MAGNIT PJSC SPON GDR REGS	227	7,375	10,306
MITSUBISHI UFJ FINL SPON ADR	2,479	12,119	13,709
NOVARTIS AG SPONSORED ADR	438	27,733	40,585
NOVO NORDISK A/S SPONS ADR	1,347	41,824	57,005
PING AN INSURANCE ADR	779	10,867	15,884
PRUDENTIAL PLC ADR	347	13,476	16,021
RAKUTEN INC ADR	1,149	17,368	16,000
RECKITT BENCKISER SPON ADR	1,849	21,305	30,638
ROCHE HOLDINGS LTD SPONS ADR	1,217	32,726	41,366
ROGERS COMMUNICATIONS INC B	190	9,105	7,383
ROYAL DUTCH SHELL SPON ADR A	274	18,816	18,344

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
SAMSUNG ELECTR GDR	46	\$ 27,177	\$ 27,830
SANDS CHINA LTD UNSPONS ADR	529	22,724	26,051
SANOFI ADR	708	32,784	32,292
SAP SE SPONSORED ADR	472	31,086	32,875
SHIRE PLC ADR	208	21,866	44,208
SIEMENS AG SPONS ADR	359	38,296	40,208
SWISS RE LTD SPN ADR	307	23,498	25,963
TAIWAN SEMICONDUCTOR SP ADR	2,094	30,424	46,864
TENCENT HOLDINGS LTD UNS ADR	3,436	23,121	49,856
TORONTO DOMINION BANK	251	10,340	11,993
TOYOTA MOTOR CORP SPON ADR	164	20,434	20,579
UBS GROUP AG	1,849	36,871	31,525
VODAFONE GROUP PLC SP ADR	442	20,736	15,103
WALMART DE MEXICO SPON ADR V	289	8,528	6,196
WPP PLC SPONSORED ADR	446	29,130	46,428
TOTAL FOREIGN SECURITIES		1,417,615	1,673,240
MUTUAL FUNDS-FIXED INCOME			
PIMCO EXTENDED DURATION FUND	470,588	4,000,000	4,009,412
PIMCO LONG DURATION TOTAL RETU	472,502	5,543,167	5,670,023
ASHMORE EMERGING MARKETS TOTAL	656,307	5,936,646	5,375,155
TOTAL MUTUAL FUNDS-FIXED INCOME		15,479,813	15,054,590
MUTUAL FUNDS EQUITY			
DODGE + COX INTL STOCK FUND	36,868	1,430,612	1,552,504
TOTAL MUTUAL FUNDS EQUITY		1,430,612	1,552,504
MUTUAL FUNDS-MULTI ASSET			
PIMCO ALL ASSET ALL AUTHORITY	956,654	9,712,688	8,734,255
GMO BENCHMARK FREE ALLOCATION	352,078	9,556,259	9,161,080
TOTAL MUTUAL FUNDS-MULTI ASSET		19,268,947	17,895,335

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
HEDGE FUNDS			
BLUE TREND FUND LTD	600,000	\$ 600,000	\$ 643,342
CAXTON GLOBAL INV. LTD.	1,125	1,125,000	1,149,149
CRITERION CAPITAL PARTNERS	12,000	1,200,000	1,281,207
GCA CREDIT OPPS OFFSHORE	1,025	1,025,000	1,036,899
GLEACHER DIVERSIFIED STRAT FND	10	12,432	13,050
HUDSON BAY INTL FUND LTD	850	850,000	827,728
JANA OFFSHORE PARTNERS	1,375	1,375,000	1,413,162
KING STREET CAPITAL LP	8,150	1,327,193	1,364,440
KING STREET CAPITAL, LTD	25	2,510	2,504
KING STREET CAPITAL, LTD	96	9,569	9,508
KING STREET CAPITAL, LTD	317	31,651	31,610
KING STREET CAPITAL, LTD.	54	5,422	5,242
LIBREMAX OFFSHORE FUND, LTD	1,025	1,025,000	1,087,693
PASSPORT OFFSHORE LTD	950	1,305,232	1,273,436
PASSPORT SPV GSII OFFSHORE LTD	5	4,982	3,244
STANDARD PACIFIC CAP. OFFSHORE	11,323	1,375,000	1,413,928
TOTAL HEDGE FUNDS		11,273,991	11,556,142
PRIVATE EQUITY FUNDS			
AXIOM ASIA PRIVATE CAP FND III	612,041	612,041	611,033
FORT WASHINGTON PRIVATE EQUITY	240,000	240,000	249,211
FORT WASHINGTON PVT EQUITY IV	254,473	254,473	414,886
PORTFOLIO AD PVT	296,199	296,199	453,706
PORTFOLIO AD PVT	386,465	386,465	529,510
PORTFOLIO AD PVT	483,488	483,488	983,545
PRIVATE EQUITY INVESTMENT	374,925	374,925	477,708
SIGULER GUFF BRIC OPPORT	215,003	215,003	252,376
SIGULER GUFF DOF	164,041	164,041	273,444
KAYNE ANDERSON ENERGY	959	959	273,043
OAKTREE MEZZANINE FUND	96,017	96,017	129,749
OAKTREE MEZZANINE FUND	20,075	20,075	34,324
TOTAL PRIVATE EQUITY FUNDS		3,143,686	4,682,535

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
REAL ESTATE INVESTMENT FUNDS			
AETHER REAL ASSETS III, LP	128,541	\$ 128,541	\$ 125,092
AEW PARTNERS VI	100,736	100,736	288,192
BLUE VISTA EQUITY BETHESDA INC	104,333	104,333	239,212
INLAND AMERICAN REAL ESTATE TR	74,292	713,337	515,584
WCP REAL ESTATE FUND II	253,456	253,456	369,938
TOTAL REAL ESTATE INVESTMENT FUNDS		1,300,403	1,538,018
LIMITED PARTNERSHIPS			
ALCENTRA EUROPEAN DLF	1,526,440	1,526,440	1,576,514
AQR GRP EL OFFSHORE FUND LTD	77	8,000,000	8,245,771
ARTISAN GLOBAL OPP TRUST	485,217	6,500,000	6,860,974
BLACKROCK ACWI EX U S SUPERFUN	88,787	2,021,225	2,013,475
BLACKROCK EQUITY INDEX FUND	6,098	3,750,000	4,216,532
BLACKROCK RUSSELL 2000 IDX FD	56,343	2,000,000	2,175,802
GAM UNCONSTRAINED BD FD	91,640	9,000,000	8,988,087
LOOMIS SAYLE CREDIT ASSET	330,083	6,239,544	6,321,094
LOOMIS SAYLES MULTISECTOR FULL	353,835	5,482,766	6,323,027
MARATHON EUROPEAN CREDIT OPPOR	923	1,018,099	1,174,653
OHA EUROPEAN STRATEGIC CREDIT	1,171,740	1,171,740	1,433,469
OHA STRUCTURED PRODUCTS	4,460	4,460	299,245
REGIMENT CAPITAL	496,151	496,151	634,018
SCHRODER INTL SMALL COS PORTFO	2,878,678	2,878,678	3,816,572
POLUNIN DEVELOPING COUNTRIES	293,255	3,000,000	2,991,202
ABERDEEN EMERGING MARKETS	61,196	3,164,263	3,164,263
THE ONSHORE ETAP FUND LLC	1,500,000	1,500,000	1,217,266
TOTAL LIMITED PARTNERSHIPS		57,753,366	61,451,964
COMMINGLED FUND			
WELLINGTON DIVER INFLAT HEDGES	127,031	2,004,515	1,598,052
TOTAL COMMINGLED FUND		2,004,515	1,598,052
TOTAL INVESTMENTS		\$ 127,732,921	\$ 133,224,265

TriHealth, Inc. Retirement Plan

EIN #31-1438846 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain
Category (i) – Individual transactions in excess of 5% of plan assets						
State Street Bank + Trust Co	Money Market Fund	\$ 5,579,431	\$ –	\$ –	\$ 5,579,431	\$ –
State Street Bank + Trust Co	Money Market Fund	10,987,627	–	–	10,987,627	–
State Street Bank + Trust Co	Money Market Fund	–	7,000,000	7,000,000	7,000,000	–
State Street Bank + Trust Co	Money Market Fund	–	–	–	–	–
Drake Capital Offshore Partners	Hedge Fund	–	5,911,135	4,949,035	5,911,135	962,100
Pimco Unconstrained Bond Fund	Mututal Funds – Fixed Income	9,000,000	–	–	9,000,000	–
Pimco Unconstrained	Mututal Funds – Fixed Income	–	7,578,458	7,636,404	7,578,458	(57,946)
Category (ii) – A series of transactions with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						
Category (iii) – A series of transactions in same security in excess of 5% of plan assets						
State Street Bank + Trust Co	Money Market Fund	88,195,714	90,499,526	90,499,526	178,695,240	–
Drake Capital Offshore Partners	Hedge Fund	–	5,911,135	4,949,035	5,911,135	962,100
GAM Unconstrained Bond	Limited Partnership	9,000,000	–	–	9,000,000	–
Aberdeen Emerging Markets Fund	Limited Partnership	73,668	6,164,244	6,086,559	6,237,912	77,685
Ashmore Emerging Markets Total	Mututal Funds – Fixed Income	5,936,646	–	–	5,936,646	–
Pimco Unconstrained Bond Fund	Mutual Fund - Fixed Income	2,103,005	7,578,458	7,636,404	9,681,463	(57,946)
Loomis Sayle Credit Asset	Limited Partnership	9,500,000	3,260,565	3,260,456	12,760,565	109
Category (iv) – A single transaction with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						

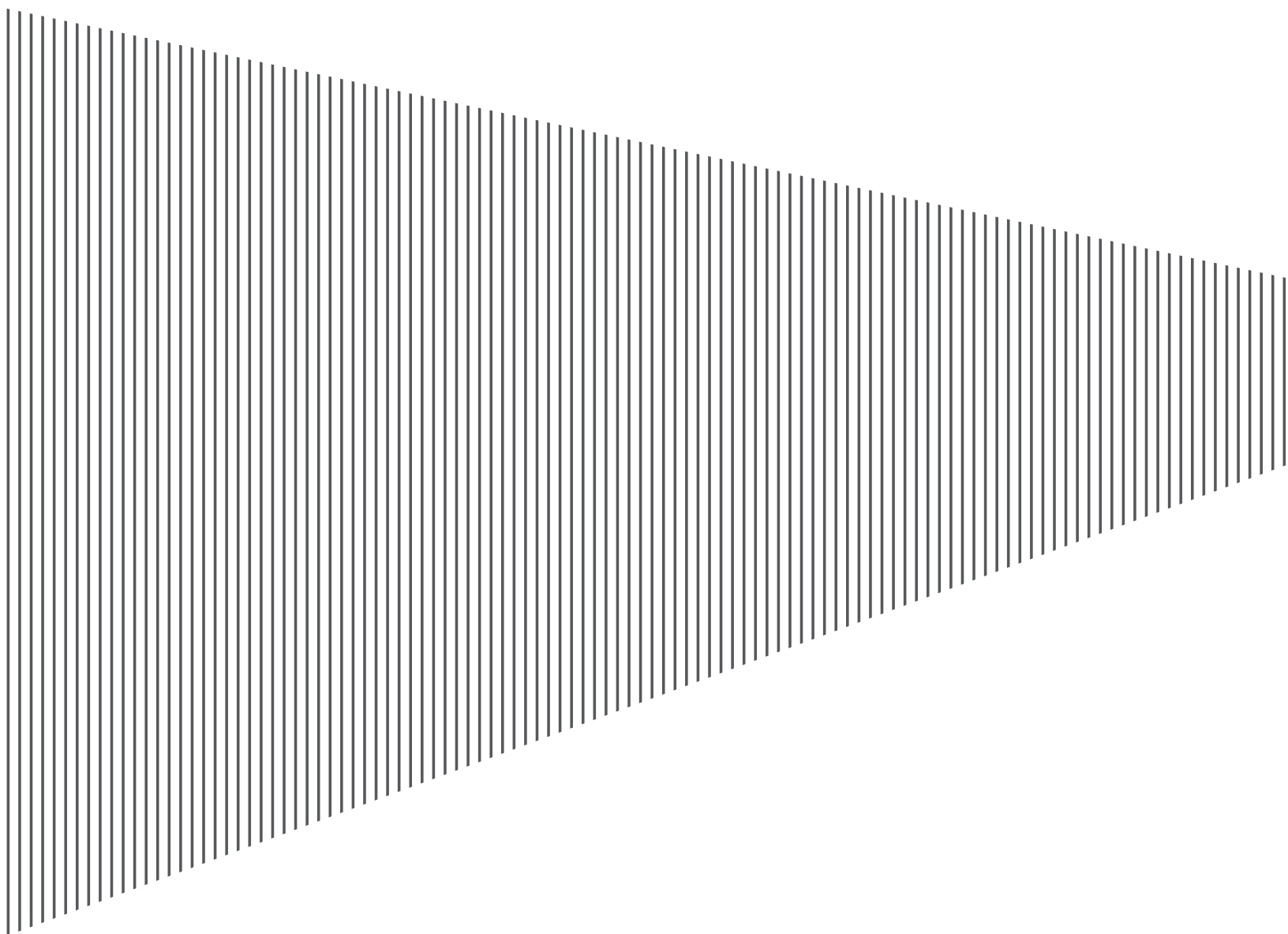
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**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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▶ **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 planTriHealth, Inc. Retirement Plan**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SFTriHealth, Inc.**B** Three-digit
plan number (PN) ▶001**D** Employer Identification Number (EIN)31-1438846**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 1 Day 1 Year 2014**2** Assets:**a** Market value **2a** 135,437,358**b** Actuarial value **2b** 130,156,894**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..... 22 2,187,167 2,187,167**b** For terminated vested participants..... 418 12,003,736 12,003,736**c** For active participants..... 1,978 100,975,919 107,787,622**d** Total..... 2,418 115,166,822 121,978,525**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** 6.24 %**6** Target normal cost **6** 6,984,825**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**Trisha L. Trembl (TT)

Signature of actuary

09/18/2015

Date

Trisha L. Trembl

Type or print name of actuary

14-06986

Most recent enrollment number

Hewitt Associates LLC

Firm name

(847) 295-5000

Telephone number (including area code)

4 Overlook PointLincolnshire IL 60069-3258

Address of the firm

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

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

Schedule SB (Form 5500) 2014
v. 140124

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	974,438
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	974,438
10 Interest on line 9 using prior year's actual return of <u>20.80%</u>	0	202683
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		14630366
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>6.0%</u>		890989
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		15521355
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1177121

Part III Funding Percentages

14 Funding target attainment percentage	14	105.73 %
15 Adjusted funding target attainment percentage	15	106.70 %
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	91.28 %
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
05/22/2015	12,000,000				
06/15/2015	1,575,000				
Totals ▶			18(b)	13,575,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	12,476,606

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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 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	6,984,825
b Excess assets, if applicable, but not greater than line 31a		31b	6,984,825
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment		0	0
b Waiver amortization installment.....			
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	0	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	12,476,606
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	12,476,606
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under 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 Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.24%	Interest Adjusted Contribution
May 22, 2015	\$ 12,000,000	506	\$ 11,034,129
June 15, 2015	1,575,000	530	1,442,477
Total Contribution	\$ 13,575,000		\$ 12,476,606

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	6.00%	0.7807	2.76
60	6.00%	0.7339	2.64
61	11.00%	0.6899	4.63
62	11.00%	0.6140	4.19
63	11.00%	0.5464	3.79
64	20.00%	0.4863	6.23
65	25.00%	0.3891	6.32
66	25.00%	0.2918	4.81
67	25.00%	0.2189	3.67
68	25.00%	0.1641	2.79
69	25.00%	0.1231	2.12
70	100.00%	0.0923	6.46
Weighted Average			62.78

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA	
1st Segment Rate	4.99%	
2nd Segment Rate	6.32%	
3rd Segment Rate	6.99%	
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2014), without regard to interest rate stabilization	
1st Segment Rate	1.25%	
2nd Segment Rate	4.06%	
3rd Segment Rate	5.08%	
Salary Increases	Varies by age according to the following schedule.	
	Rate of Age	Rate of Compensation Increase
	15-24	9.00%
	25-29	9.00%
	30-34	8.00%
	35-39	7.00%
	40-44	6.00%
	45-49	5.00%
	50-54	4.00%
	55+	3.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 4.50% per year.	
Optional Payment Form Election Percentage	Lump sum, if eligible. Else, life annuity	
Projection of Retirement Account at 30-Year Treasury Rate	4.50%	
Retirement Age		
Active Participants	Based on probability by age. See Table 1. 80% of retirement eligible participants are assumed to commence payment upon retirement; the remaining 20% are assumed to commence at age 60.	
Current Terminated Vested Participants	Based on probability by age. See Table 1.	
Future Terminated Vested Participants	Commence at Age 60.	

Schedule SB Attachment (Form 5500)—2014 Plan Year

TriHealth, Inc. Retirement Plan

EIN: 31-1438846 PN: 001

Mortality Rates

Healthy and Disabled

2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Withdrawal Rates

Based on probability by age and service. See Table 2.

Disability Rates

See Table 3

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

Compensation has been limited to \$260,000 based upon the provision of IRC Section 401(a)(17).

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2012 Plan Year

8.00%, limited to 7.52%

2013 Plan Year

7.50%, limited to 6.76%

Trust Expenses Included in Target Normal Cost

\$500,000. Based on prior year's administrative expenses, rounded.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 1

Retirement Rates—Active Participants

<u>Age</u>	<u>Rate</u>
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	6.00%
60	6.00%
61	11.00%
62	11.00%
63	11.00%
64	20.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Retirement Rates—Terminated Vested Participants

<u>Age</u>	<u>Rate</u>
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	10.00%
62	10.00%
63	10.00%
64	35.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
 TriHealth, Inc. Retirement Plan
 EIN: 31-1438846 PN: 001

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15-29	18.00%	18.00%	18.00%	16.00%	14.00%	9.00%
30-34	18.00%	18.00%	18.00%	16.00%	14.00%	8.00%
35-39	14.00%	14.00%	14.00%	16.00%	12.00%	7.00%
40-44	12.00%	12.00%	12.00%	12.00%	10.00%	4.00%
45+	9.00%	9.00%	9.00%	9.00%	9.00%	4.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 3
Disability Rates

Age	<u>Annual Number of Disabilities per 1,000 Participants</u>	
	Male	Female
15-27	0.15	0.15
28	0.15	0.20
29	0.15	0.20
30	0.15	0.20
31	0.15	0.25
32	0.15	0.25
33	0.15	0.30
34	0.15	0.30
35	0.20	0.35
36	0.20	0.40
37	0.25	0.45
38	0.30	0.50
39	0.35	0.60
40	0.40	0.65
41	0.45	0.75
42	0.50	0.85
43	0.60	0.95
44	0.70	1.10
45	0.80	1.20
46	0.90	1.35
47	1.05	1.50
48	1.25	1.65
49	1.40	1.80
50	1.65	2.00
51	1.95	2.20
52	2.30	2.45
53	2.65	2.70
54	3.05	2.95
55	3.45	3.20
56	3.85	3.45
57	4.30	3.70
58	4.75	4.00
59	5.25	4.25
60	5.75	4.50
61	6.30	4.80
62	6.90	5.05
63	7.55	5.25
64	8.20	5.45
65+	0.00	0.00

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The plan reporting valuation reflects the following assumption changes:

- A change in the assumed salary increase schedule for active participants to better reflect plan experience.
- A change in the rates of assumed retirement age and payment commencement age for active participants to better reflect plan experience.
- A change in the rates of assumed retirement age for current terminated vested participants to better reflect plan experience.
- A change in the rates of assumed withdrawal age for active participants to better reflect plan experience.

These changes were made to better reflect anticipated plan experience. Because the changes to the non-prescribed assumptions did not decrease the funding shortfall by the greater of \$5 million or 5% of the funding target liability, nor by \$50 million, approval is not required.

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

This section highlights key plan provisions reflected in the January 1, 2014 valuation. Reference should be made to the Plan Document for additional clarification and details.

Status of Plan	The plan was open with ongoing service and pay accruals as of January 1, 2014. The plan was frozen to future service and pay accruals effective December 31, 2014; this amendment will first be reflected in the January 1, 2015 valuation.
Effective Date	Established as of July 1, 2005. Plan was amended and restated as of January 1, 2011.
Eligibility for Participation	Employees of TriHealth, Inc. are covered by the plan from their date of hire, upon completion of at least 1,000 hours (800 hours for years before 2011) of service in one year. Certain "Staff Employees" as defined by the employer and the Plan Document are not eligible to participate.
Normal Retirement Eligibility	Age 65.
Benefit	The annual normal retirement benefit, payable monthly, is the Retirement Account converted to an actuarially equivalent annuity.
Early Retirement Eligibility	Age 55 and five years of Vesting Service.
Benefit	Same as the normal retirement benefit based on the Retirement Account at the date of retirement.
Vested Termination Eligibility	Three years of Vesting Service.
Benefit	Same as the normal retirement benefit based on the Retirement Account at the date of termination. Payments may begin any time after eligibility for early retirement. Interest on the Retirement Account will accrue at the Applicable 30-Year Treasury Rate until benefits commence.
Disability Eligibility	Total and permanent disability and three years of Vesting Service.
Benefit	Same as the normal retirement benefit based on the Retirement Account at the date of disability. Payments may begin immediately.

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Preretirement Death

Eligibility

Three years Vesting Service.

Benefit

Without Spouse: Retirement Account at the date of death.

With Spouse: Retirement Account at date of death or an actuarially equivalent life annuity to surviving spouse.

Normal Form of Annuity

Without Spouse: Life Annuity.

With Spouse: Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in the event of participant's death, 50% of the reduced benefit continued to surviving spouse.

Optional Forms of Annuity

Lump sum; life annuity; joint and survivor with spouse beneficiary only (50%, 75%, 100%); 60 or 120 month period certain only; 60 or 120 month period certain and life annuity.

Actuarial Equivalent

A benefit having the same value as the benefit which it replaces, based on the applicable mortality table and the applicable interest rates defined in IRC Section 417(e)(3). For purposes of converting a single life annuity to a qualified joint and survivor annuity or period certain and life annuity, an 8.0% interest rate is used.

Definitions

Retirement Account

Highest Average Compensation times Total Annual Credits

plus

2% per year of Credited Service times Highest Average Compensation over Social Security Covered Compensation

Highest Average Compensation

Generally, highest five consecutive years of W-2 pay during career (including years at a Joint Operating Entity and excluding years in which a participant does not complete 1,000 hours of Service (800 hours for years before 2011)).

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Total Annual Credits

Accumulated credits (earned at end of each plan year)
based on the following table:

Age plus Benefit Service	Annual Credits
<33	2%
33-45	3%
46-58	5%
59-71	7%
71-84	10%
85+	12%

Before 2011:

Age plus Benefit Service	Annual Credits
<30	2%
30-39	4%
40-49	6%
50-59	8%
60-69	10%
70-79	12%
80+	14%

Vesting Service

Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a Joint Operating Entity. Used primarily to determine eligibility for benefits.

Benefit Service

Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a Joint Operating Entity. Used primarily to determine annual credits.

Credited Service

Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) and employed at the end of the year (or prior to termination). Used primarily to determine how many years of annual credits have been earned under the Plan.

Social Security
Covered Compensation

35-year average of Social Security Wage Bases based on year of birth table.

Applicable 30-Year Treasury Rate

Interest rate equal to the annual rate of interest on 30-year Treasury securities, determined for the second calendar month preceding the first day of the applicable plan year. Used to credit interest on the Retirement Account prior to commencement.

Schedule SB Attachment (Form 5500)—2014 Plan Year

TriHealth, Inc. Retirement Plan

EIN: 31-1438846 PN: 001

Joint Operating Entity

Bethesda Hospital, Good Samaritan Hospital of Cincinnati, and any affiliate that participates in the Bethesda Hospital Retirement Plan or the Good Samaritan Hospital Retirement Plan.

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

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- Effective December 31, 2013, assets and liabilities were transferred among the following pension plans: the Bethesda Retirement Plan, the Good Samaritan Hospital Retirement Plan, and the TriHealth, Inc. Retirement Plan. The transfers were made in order to reflect the transfers of employment for active employees during 2013. After the transfer, each active employee's total retirement account will be held within the plan sponsored by the employee's current employer. The asset transfer amounts were determined as of December 31, 2013 in accordance with Internal Revenue Code Section 414(l).

We believe the transfer amounts between the Bethesda and TriHealth, Inc. plan and the Good Samaritan and TriHealth, Inc. plan to be de minimis in size when considering the spin-off of assets transferred out of each plan.

We believe the transfer amounts to be non de minimis in size when considering the merger of assets transferred into the TriHealth, Inc. plan. The asset transfer was treated as a separate cash flow in the development of the Actuarial Value of Plan Assets for each plan.

- The market value of assets as shown on Schedule SB line 2(a), less receivable contributions, is not equal to the net assets shown on Schedule H line I(1)(a), less receivable contributions, for the following reason:
 - The assets shown on Schedule SB line 2(a) reflects the net transfer of assets between plans, as described in the bullet above. Schedule SB 2(a) is shown after the asset transfers in order to maintain consistency between the assets and liabilities on lines 2 and 3 of the Schedule B.

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014.

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		19	3							
25-29		70 \$30,369 \$1,481	42 \$32,982 \$4,387	2						
30-34		75 \$78,100 \$4,912	65 \$72,602 \$11,579	13						
35-39		83 \$84,513 \$6,656	61 \$111,470 \$25,429	35 \$75,821 \$39,253	2	1				
40-44		89 \$98,494 \$7,106	68 \$134,603 \$49,893	36 \$106,047 \$69,258	18	7	1			
45-49		97 \$106,624 \$11,527	80 \$136,567 \$64,753	42 \$95,985 \$70,868	28 \$76,620 \$79,554	15	28 \$64,151 \$106,273	1		
50-54		84 \$100,004 \$10,749	79 \$128,870 \$70,033	32 \$99,000 \$82,842	26 \$58,781 \$75,385	32 \$80,561 \$136,038	21 \$74,506 \$140,292	21 \$73,832 \$173,805	2	
55-59		90 \$110,026 \$14,942	86 \$130,838 \$89,262	51 \$83,757 \$80,693	24 \$94,263 \$132,383	30 \$90,003 \$164,160	28 \$99,127 \$221,959	30 \$86,607 \$229,329	18	
60-64		55 \$117,533 \$18,276	48 \$100,758 \$71,318	26 \$104,999 \$109,353	27 \$91,893 \$147,965	15	17	12	15	12
65-69		16 \$153,713 \$138,894	30 \$153,713 \$138,894	16	7	1	6	3	2	3
70+		12	7	2	1	4	2	2	2	

N-1978

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.24%	Interest Adjusted Contribution
May 22, 2015	\$ 12,000,000	506	\$ 11,034,129
June 15, 2015	1,575,000	530	1,442,477
Total Contribution	\$ 13,575,000		\$ 12,476,606

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	6.00%	0.7807	2.76
60	6.00%	0.7339	2.64
61	11.00%	0.6899	4.63
62	11.00%	0.6140	4.19
63	11.00%	0.5464	3.79
64	20.00%	0.4863	6.23
65	25.00%	0.3891	6.32
66	25.00%	0.2918	4.81
67	25.00%	0.2189	3.67
68	25.00%	0.1641	2.79
69	25.00%	0.1231	2.12
70	100.00%	0.0923	6.46
Weighted Average			62.78

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA	
1st Segment Rate	4.99%	
2nd Segment Rate	6.32%	
3rd Segment Rate	6.99%	
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2014), without regard to interest rate stabilization	
1st Segment Rate	1.25%	
2nd Segment Rate	4.06%	
3rd Segment Rate	5.08%	
Salary Increases	Varies by age according to the following schedule.	
	Rate of Age	Rate of Compensation Increase
	15-24	9.00%
	25-29	9.00%
	30-34	8.00%
	35-39	7.00%
	40-44	6.00%
	45-49	5.00%
	50-54	4.00%
	55+	3.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 4.50% per year.	
Optional Payment Form Election Percentage	Lump sum, if eligible. Else, life annuity	
Projection of Retirement Account at 30-Year Treasury Rate	4.50%	
Retirement Age		
Active Participants	Based on probability by age. See Table 1. 80% of retirement eligible participants are assumed to commence payment upon retirement; the remaining 20% are assumed to commence at age 60.	
Current Terminated Vested Participants	Based on probability by age. See Table 1.	
Future Terminated Vested Participants	Commence at Age 60.	

Schedule SB Attachment (Form 5500)—2014 Plan Year

TriHealth, Inc. Retirement Plan

EIN: 31-1438846 PN: 001

Mortality Rates

Healthy and Disabled

2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Withdrawal Rates

Based on probability by age and service. See Table 2.

Disability Rates

See Table 3

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

Compensation has been limited to \$260,000 based upon the provision of IRC Section 401(a)(17).

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2012 Plan Year

8.00%, limited to 7.52%

2013 Plan Year

7.50%, limited to 6.76%

Trust Expenses Included in Target Normal Cost

\$500,000. Based on prior year's administrative expenses, rounded.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 1

Retirement Rates—Active Participants

Age	Rate
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	6.00%
60	6.00%
61	11.00%
62	11.00%
63	11.00%
64	20.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Retirement Rates—Terminated Vested Participants

Age	Rate
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	10.00%
62	10.00%
63	10.00%
64	35.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15-29	18.00%	18.00%	18.00%	16.00%	14.00%	9.00%
30-34	18.00%	18.00%	18.00%	16.00%	14.00%	8.00%
35-39	14.00%	14.00%	14.00%	16.00%	12.00%	7.00%
40-44	12.00%	12.00%	12.00%	12.00%	10.00%	4.00%
45+	9.00%	9.00%	9.00%	9.00%	9.00%	4.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 3
Disability Rates

Age	<u>Annual Number of Disabilities per 1,000 Participants</u>	
	Male	Female
15-27	0.15	0.15
28	0.15	0.20
29	0.15	0.20
30	0.15	0.20
31	0.15	0.25
32	0.15	0.25
33	0.15	0.30
34	0.15	0.30
35	0.20	0.35
36	0.20	0.40
37	0.25	0.45
38	0.30	0.50
39	0.35	0.60
40	0.40	0.65
41	0.45	0.75
42	0.50	0.85
43	0.60	0.95
44	0.70	1.10
45	0.80	1.20
46	0.90	1.35
47	1.05	1.50
48	1.25	1.65
49	1.40	1.80
50	1.65	2.00
51	1.95	2.20
52	2.30	2.45
53	2.65	2.70
54	3.05	2.95
55	3.45	3.20
56	3.85	3.45
57	4.30	3.70
58	4.75	4.00
59	5.25	4.25
60	5.75	4.50
61	6.30	4.80
62	6.90	5.05
63	7.55	5.25
64	8.20	5.45
65+	0.00	0.00

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

This section highlights key plan provisions reflected in the January 1, 2014 valuation. Reference should be made to the Plan Document for additional clarification and details.

Status of Plan	The plan was open with ongoing service and pay accruals as of January 1, 2014. The plan was frozen to future service and pay accruals effective December 31, 2014; this amendment will first be reflected in the January 1, 2015 valuation.
Effective Date	Established as of July 1, 2005. Plan was amended and restated as of January 1, 2011.
Eligibility for Participation	Employees of TriHealth, Inc. are covered by the plan from their date of hire, upon completion of at least 1,000 hours (800 hours for years before 2011) of service in one year. Certain "Staff Employees" as defined by the employer and the Plan Document are not eligible to participate.
Normal Retirement Eligibility	Age 65.
Benefit	The annual normal retirement benefit, payable monthly, is the Retirement Account converted to an actuarially equivalent annuity.
Early Retirement Eligibility	Age 55 and five years of Vesting Service.
Benefit	Same as the normal retirement benefit based on the Retirement Account at the date of retirement.
Vested Termination Eligibility	Three years of Vesting Service.
Benefit	Same as the normal retirement benefit based on the Retirement Account at the date of termination. Payments may begin any time after eligibility for early retirement. Interest on the Retirement Account will accrue at the Applicable 30-Year Treasury Rate until benefits commence.
Disability Eligibility	Total and permanent disability and three years of Vesting Service.
Benefit	Same as the normal retirement benefit based on the Retirement Account at the date of disability. Payments may begin immediately.

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
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Preretirement Death

Eligibility

Three years Vesting Service.

Benefit

Without Spouse: Retirement Account at the date of death.

With Spouse: Retirement Account at date of death or an actuarially equivalent life annuity to surviving spouse.

Normal Form of Annuity

Without Spouse: Life Annuity.

With Spouse: Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in the event of participant's death, 50% of the reduced benefit continued to surviving spouse.

Optional Forms of Annuity

Lump sum; life annuity; joint and survivor with spouse beneficiary only (50%, 75%, 100%); 60 or 120 month period certain only; 60 or 120 month period certain and life annuity.

Actuarial Equivalent

A benefit having the same value as the benefit which it replaces, based on the applicable mortality table and the applicable interest rates defined in IRC Section 417(e)(3). For purposes of converting a single life annuity to a qualified joint and survivor annuity or period certain and life annuity, an 8.0% interest rate is used.

Definitions

Retirement Account

Highest Average Compensation times Total Annual Credits

plus

2% per year of Credited Service times Highest Average Compensation over Social Security Covered Compensation

Highest Average Compensation

Generally, highest five consecutive years of W-2 pay during career (including years at a Joint Operating Entity and excluding years in which a participant does not complete 1,000 hours of Service (800 hours for years before 2011)).

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
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Total Annual Credits

Accumulated credits (earned at end of each plan year)
based on the following table:

Age plus Benefit Service	Annual Credits
<33	2%
33-45	3%
46-58	5%
59-71	7%
71-84	10%
85+	12%

Before 2011:

Age plus Benefit Service	Annual Credits
<30	2%
30-39	4%
40-49	6%
50-59	8%
60-69	10%
70-79	12%
80+	14%

Vesting Service

Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a Joint Operating Entity. Used primarily to determine eligibility for benefits.

Benefit Service

Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a Joint Operating Entity. Used primarily to determine annual credits.

Credited Service

Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) and employed at the end of the year (or prior to termination). Used primarily to determine how many years of annual credits have been earned under the Plan.

Social Security
Covered Compensation

35-year average of Social Security Wage Bases based on year of birth table.

Applicable 30-Year Treasury Rate

Interest rate equal to the annual rate of interest on 30-year Treasury securities, determined for the second calendar month preceding the first day of the applicable plan year. Used to credit interest on the Retirement Account prior to commencement.

Schedule SB Attachment (Form 5500)—2014 Plan Year

TriHealth, Inc. Retirement Plan

EIN: 31-1438846 PN: 001

Joint Operating Entity

Bethesda Hospital, Good Samaritan Hospital of Cincinnati, and any affiliate that participates in the Bethesda Hospital Retirement Plan or the Good Samaritan Hospital Retirement Plan.

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

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- Effective December 31, 2013, assets and liabilities were transferred among the following pension plans: the Bethesda Retirement Plan, the Good Samaritan Hospital Retirement Plan, and the TriHealth, Inc. Retirement Plan. The transfers were made in order to reflect the transfers of employment for active employees during 2013. After the transfer, each active employee's total retirement account will be held within the plan sponsored by the employee's current employer. The asset transfer amounts were determined as of December 31, 2013 in accordance with Internal Revenue Code Section 414(l).

We believe the transfer amounts between the Bethesda and TriHealth, Inc. plan and the Good Samaritan and TriHealth, Inc. plan to be de minimis in size when considering the spin-off of assets transferred out of each plan.

We believe the transfer amounts to be non de minimis in size when considering the merger of assets transferred into the TriHealth, Inc. plan. The asset transfer was treated as a separate cash flow in the development of the Actuarial Value of Plan Assets for each plan.

- The market value of assets as shown on Schedule SB line 2(a), less receivable contributions, is not equal to the net assets shown on Schedule H line I(1)(a), less receivable contributions, for the following reason:
 - The assets shown on Schedule SB line 2(a) reflects the net transfer of assets between plans, as described in the bullet above. Schedule SB 2(a) is shown after the asset transfers in order to maintain consistency between the assets and liabilities on lines 2 and 3 of the Schedule B.

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The plan reporting valuation reflects the following assumption changes:

- A change in the assumed salary increase schedule for active participants to better reflect plan experience.
- A change in the rates of assumed retirement age and payment commencement age for active participants to better reflect plan experience.
- A change in the rates of assumed retirement age for current terminated vested participants to better reflect plan experience.
- A change in the rates of assumed withdrawal age for active participants to better reflect plan experience.

These changes were made to better reflect anticipated plan experience. Because the changes to the non-prescribed assumptions did not decrease the funding shortfall by the greater of \$5 million or 5% of the funding target liability, nor by \$50 million, approval is not required.

Schedule SB Attachment (Form 5500)—2014 Plan Year
TriHealth, Inc. Retirement Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014.

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		19	3							
25-29		70 \$30,369 \$1,481	42 \$32,982 \$4,387	2						
30-34		75 \$78,100 \$4,912	65 \$72,602 \$11,579	13						
35-39		83 \$84,513 \$6,656	61 \$111,470 \$25,429	35 \$75,821 \$39,253	2	1				
40-44		89 \$98,494 \$7,106	68 \$134,603 \$49,893	36 \$106,047 \$69,258	18	7	1			
45-49		97 \$106,624 \$11,527	80 \$136,567 \$64,753	42 \$95,985 \$70,868	28 \$76,620 \$79,554	15	28 \$64,151 \$106,273	1		
50-54		84 \$100,004 \$10,749	79 \$128,870 \$70,033	32 \$99,000 \$82,842	26 \$58,781 \$75,385	32 \$80,561 \$136,038	21 \$74,506 \$140,292	21 \$73,832 \$173,805	2	
55-59		90 \$110,026 \$14,942	86 \$130,838 \$89,262	51 \$83,757 \$80,693	24 \$94,263 \$132,383	30 \$90,003 \$164,160	28 \$99,127 \$221,959	30 \$86,607 \$229,329	18	
60-64		55 \$117,533 \$18,276	48 \$100,758 \$71,318	26 \$104,999 \$109,353	27 \$91,893 \$147,965	15	17	12	15	12
65-69		16 \$153,713 \$138,894	30 \$153,713 \$138,894	16	7	1	6	3	2	3
70+		12	7	2	1	4	2	2	2	

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TriHealth, Inc Retirement Plan

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CASH			
US DOLLAR	2,158	\$ 2,158	\$ 2,158
US DOLLAR	60	60	60
TOTAL CASH		2,218	2,218
MONEY MARKET			
STATE STREET BANK + TRUST CO	3,358,428	3,358,428	3,358,428
STATE STREET BANK + TRUST CO	341,291	341,291	341,291
STATE STREET BANK + TRUST CO	28,733	28,733	28,733
STATE STREET BANK + TRUST CO	383,252	383,252	383,252
STATE STREET BANK + TRUST CO	5,035	5,035	5,035
STATE STREET BANK + TRUST CO	82,986	82,986	82,986
STATE STREET BANK + TRUST CO	109,161	109,161	109,161
SHORT TERM INVESTMENT FUND	272	272	272
TOTAL MONEY MARKET		4,309,158	4,309,158
DOMESTIC EQUITY SECURITIES			
ABBOTT LABORATORIES	5,406	192,456	243,378
AGCO CORP	3,337	178,473	150,833
AGRIUM INC	1,609	140,995	152,404
ALTERA CORP	1,764	54,366	65,162
AMAZON.COM INC	352	110,395	109,243
APPLE INC	1,604	131,066	177,049
AVNET INC	3,553	131,178	152,850
BANK OF AMERICA CORP	20,342	421,787	363,918
BANK OF NEW YORK MELLON CORP	8,535	229,219	346,265
BERRY PLASTICS GROUP INC	4,358	101,655	137,495
BIO RAD LABORATORIES A	997	117,581	120,198
CARNIVAL CORP	3,890	133,322	176,334
CISCO SYSTEMS INC	6,223	142,279	173,093
DEVON ENERGY CORP	1,427	91,296	87,347
GENERAL ELECTRIC CO	6,192	158,792	156,472

TriHealth, Inc Retirement Plan

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
GOOGLE INC CL A	190	\$ 69,605	\$ 100,825
GOOGLE INC CL C	190	69,175	100,016
HALLIBURTON CO	1,842	72,101	72,446
HELEN OF TROY LTD	1,296	56,388	84,318
II VI INC	6,175	101,388	84,289
JM SMUCKER CO/THE	1,196	124,598	120,772
JOY GLOBAL INC	2,138	110,057	99,460
KENNAMETAL INC	2,707	108,982	96,884
MICROSOFT CORP	2,678	96,028	124,393
MONDELEZ INTERNATIONAL INC A	7,206	192,897	261,758
NATIONAL OILWELL VARCO INC	1,974	131,782	129,356
NOVARTIS AG SPONSORED ADR	1,567	135,292	145,198
ORACLE CORP	2,888	111,904	129,873
ORANGE SPON ADR	7,566	101,563	128,017
OWENS + MINOR INC	5,000	155,858	175,550
RELIANCE STEEL + ALUMINUM	2,144	156,129	131,363
ROYAL CARIBBEAN CRUISES LTD	2,030	66,604	167,333
SCHLUMBERGER LTD	1,081	94,316	92,328
SPEEDWAY MOTORSPORTS INC	4,153	65,259	90,826
SYSCO CORP	4,811	150,414	190,949
TIME WARNER CABLE	356	24,252	54,133
WESCO INTERNATIONAL INC	1,282	105,876	97,701
WORLD FUEL SERVICES CORP	2,901	112,353	136,144
ACTAVIS PLC	720	118,367	185,335
ALEXANDER + BALDWIN INC	1,610	64,408	63,209
ALLIANCE DATA SYSTEMS CORP	370	92,558	105,839
AMERIPRISE FINANCIAL INC	465	51,972	61,496
APPLE INC	2,895	237,442	319,550
ARIAD PHARMACEUTICALS INC	4,570	31,077	31,396
AUTODESK INC	1,140	56,457	68,468
B+G FOODS INC	2,220	72,887	66,378
CATERPILLAR INC	780	69,871	71,393
CAVIUM INC	1,180	56,133	72,948
CBRE GROUP INC A	2,700	70,009	92,475

TriHealth, Inc Retirement Plan

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CELGENE CORP	2,390	\$ 199,458	\$ 267,345
CITIGROUP INC	1,110	62,393	60,062
COMCAST CORP CLASS A	2,380	128,061	138,064
CONSOL ENERGY INC	2,320	88,695	78,439
COOPER COS INC/THE	580	73,771	94,012
COPART INC	2,320	84,605	84,657
COSTCO WHOLESALE CORP	670	87,493	94,973
CUBIST PHARMACEUTICALS INC	1,980	134,851	199,287
DANAHER CORP	1,190	91,157	101,995
EASTMAN CHEMICAL CO	1,140	88,032	86,480
EMC CORP/MA	3,000	91,877	89,220
ENDO INTERNATIONAL PLC	1,810	118,684	130,537
F5 NETWORKS INC	360	43,353	46,967
FACEBOOK INC A	1,290	71,947	100,646
GOOGLE INC CL A	191	105,551	101,356
GOOGLE INC CL C	191	104,831	100,542
HOME DEPOT INC	975	82,094	102,346
IHS INC CLASS A	840	99,276	95,659
JACK IN THE BOX INC	820	57,171	65,567
JARDEN CORP	1,820	77,028	87,142
JAZZ PHARMACEUTICALS PLC	620	82,356	101,513
LIBERTY GLOBAL PLC SERIES C	2,180	89,519	105,316
MEAD JOHNSON NUTRITION CO	910	90,442	91,491
MICROSOFT CORP	3,560	163,990	165,362
MONSANTO CO	1,010	114,382	120,665
NATIONAL OILWELL VARCO INC	1,350	95,777	88,466
ON SEMICONDUCTOR CORP	4,770	48,250	48,320
PACCAR INC	1,260	76,950	85,693
PALO ALTO NETWORKS INC	710	59,812	87,025
POLARIS INDUSTRIES INC	610	84,684	92,256
PRICELINE GROUP INC/THE	96	114,243	109,460
QUALCOMM INC	960	72,477	71,357
RED HAT INC	1,060	55,914	73,288
SALESFORCE.COM INC	1,490	82,161	88,372

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
SERVICENOW INC	1,390	\$ 86,309	\$ 94,312
SHIRE PLC ADR	715	130,389	151,966
SIGNET JEWELERS LTD	820	64,455	107,887
STARBUCKS CORP	1,140	87,202	93,537
STARWOOD PROPERTY TRUST INC	2,590	71,782	60,192
STERIS CORP	1,910	108,768	123,864
TESORO CORP	1,490	82,990	110,782
TEVA PHARMACEUTICAL SP ADR	2,510	118,108	144,350
THERMO FISHER SCIENTIFIC INC	540	58,780	67,657
TWENTY FIRST CENTURY FOX A	2,950	99,291	113,295
UNITED CONTINENTAL HOLDINGS	1,720	72,992	115,051
VERIFONE SYSTEMS INC	1,940	55,523	72,168
VERIZON COMMUNICATIONS INC	1,530	74,104	71,573
VF CORP	880	58,268	65,911
VISA INC CLASS A SHARES	400	83,889	104,880
WALT DISNEY CO/THE	1,170	85,160	110,202
GOLDMAN SACHS GROUP INC	1,468	220,440	284,542
TOTAL DOMESTIC EQUITY SECURITIES		10,348,597	11,910,509
FOREIGN EQUITY SECURITIES			
ADIDAS AG SPONSORED ADR	313	12,476	10,800
AMBEV SA ADR	1,518	10,567	9,442
ANHEUSER BUSCH INBEV SPN ADR	322	24,561	36,167
ARM HOLDINGS PLC SPONS ADR	1,080	36,213	50,004
ASML HOLDING NV NY REG SHS	530	26,188	57,150
ASOS PLC UNSP ADR	171	16,950	6,818
BAIDU INC SPON ADR	61	10,820	13,906
BANK MANDIRI TBK UNSPON ADR	1,850	19,063	16,058
BASF SE SPON ADR	272	25,485	22,682
BAYER AG SPONSORED ADR	394	34,157	53,915
BMW UNSPONSORED ADR	536	15,710	19,092
CANADIAN NATL RAILWAY CO	260	13,309	17,917
CIE FINANCIERE RICH UNSP ADR	4,725	32,933	41,911
CIELO SA SPONSORED ADR	1,219	14,677	19,163

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
COMMONWEALTH BK AUS SP ADR	144	\$ 9,098	\$ 10,038
COMPAGNIE DE SAINT UNSP ADR	2,513	27,176	20,958
CSL LTD SPONSORED ADR	1,141	29,833	40,334
DAIMLER AG SPN ADR	333	23,155	27,569
DANONE SPONS ADR	496	6,346	6,456
DASSAULT SYSTEMES S SPON ADR	261	12,097	15,921
DEUTSCHE POST AG SPON ADR	886	27,215	28,751
DIAGEO PLC SPONSORED ADR	216	23,628	24,643
ERICSSON (LM) TEL SP ADR	2,341	29,823	28,326
EXPERIAN PLC SPONS ADR	2,309	46,454	38,791
FANUC CORP UNSP ADR	1,336	38,350	36,780
FOMENTO ECONOMICO MEX SP ADR	199	15,752	17,518
GLAXOSMITHKLINE PLC SPON ADR	601	29,503	25,687
HONG KONG EXCHANGES UNSP ADR	672	12,078	14,939
HSBC HOLDINGS PLC SPONS ADR	511	23,590	24,135
INDIVIOR PLC SPON ADR	74	601	836
INFOSYS LTD SP ADR	569	14,112	17,901
L OREAL UNSPONSORED ADR	945	24,292	31,497
LEGAL + GEN GROUP SPON ADR	520	7,767	10,018
LENOVO GROUP LTD ADR	1,890	34,821	49,556
LLOYDS BANKING GROUP PLC ADR	8,648	44,303	40,127
LUXOTTICA GROUP SPA SPON ADR	476	16,382	25,928
LVMH MOET HENNESSY UNSP ADR	1,054	38,401	36,294
MAGNIT PJSC SPON GDR REGS	227	7,375	10,306
MITSUBISHI UFJ FINL SPON ADR	2,479	12,119	13,709
NOVARTIS AG SPONSORED ADR	438	27,733	40,585
NOVO NORDISK A/S SPONS ADR	1,347	41,824	57,005
PING AN INSURANCE ADR	779	10,867	15,884
PRUDENTIAL PLC ADR	347	13,476	16,021
RAKUTEN INC ADR	1,149	17,368	16,000
RECKITT BENCKISER SPON ADR	1,849	21,305	30,638
ROCHE HOLDINGS LTD SPONS ADR	1,217	32,726	41,366
ROGERS COMMUNICATIONS INC B	190	9,105	7,383
ROYAL DUTCH SHELL SPON ADR A	274	18,816	18,344

TriHealth, Inc Retirement Plan

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
SAMSUNG ELECTR GDR	46	\$ 27,177	\$ 27,830
SANDS CHINA LTD UNSPONS ADR	529	22,724	26,051
SANOFI ADR	708	32,784	32,292
SAP SE SPONSORED ADR	472	31,086	32,875
SHIRE PLC ADR	208	21,866	44,208
SIEMENS AG SPONS ADR	359	38,296	40,208
SWISS RE LTD SPN ADR	307	23,498	25,963
TAIWAN SEMICONDUCTOR SP ADR	2,094	30,424	46,864
TENCENT HOLDINGS LTD UNS ADR	3,436	23,121	49,856
TORONTO DOMINION BANK	251	10,340	11,993
TOYOTA MOTOR CORP SPON ADR	164	20,434	20,579
UBS GROUP AG	1,849	36,871	31,525
VODAFONE GROUP PLC SP ADR	442	20,736	15,103
WALMART DE MEXICO SPON ADR V	289	8,528	6,196
WPP PLC SPONSORED ADR	446	29,130	46,428
TOTAL FOREIGN SECURITIES		1,417,615	1,673,240
MUTUAL FUNDS-FIXED INCOME			
PIMCO EXTENDED DURATION FUND	470,588	4,000,000	4,009,412
PIMCO LONG DURATION TOTAL RETU	472,502	5,543,167	5,670,023
ASHMORE EMERGING MARKETS TOTAL	656,307	5,936,646	5,375,155
TOTAL MUTUAL FUNDS-FIXED INCOME		15,479,813	15,054,590
MUTUAL FUNDS EQUITY			
DODGE + COX INTL STOCK FUND	36,868	1,430,612	1,552,504
TOTAL MUTUAL FUNDS EQUITY		1,430,612	1,552,504
MUTUAL FUNDS-MULTI ASSET			
PIMCO ALL ASSET ALL AUTHORITY	956,654	9,712,688	8,734,255
GMO BENCHMARK FREE ALLOCATION	352,078	9,556,259	9,161,080
TOTAL MUTUAL FUNDS-MULTI ASSET		19,268,947	17,895,335

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
HEDGE FUNDS			
BLUE TREND FUND LTD	600,000	\$ 600,000	\$ 643,342
CAXTON GLOBAL INV. LTD.	1,125	1,125,000	1,149,149
CRITERION CAPITAL PARTNERS	12,000	1,200,000	1,281,207
GCA CREDIT OPPS OFFSHORE	1,025	1,025,000	1,036,899
GLEACHER DIVERSIFIED STRAT FND	10	12,432	13,050
HUDSON BAY INTL FUND LTD	850	850,000	827,728
JANA OFFSHORE PARTNERS	1,375	1,375,000	1,413,162
KING STREET CAPITAL LP	8,150	1,327,193	1,364,440
KING STREET CAPITAL, LTD	25	2,510	2,504
KING STREET CAPITAL, LTD	96	9,569	9,508
KING STREET CAPITAL, LTD	317	31,651	31,610
KING STREET CAPITAL, LTD.	54	5,422	5,242
LIBREMAX OFFSHORE FUND, LTD	1,025	1,025,000	1,087,693
PASSPORT OFFSHORE LTD	950	1,305,232	1,273,436
PASSPORT SPV GSII OFFSHORE LTD	5	4,982	3,244
STANDARD PACIFIC CAP. OFFSHORE	11,323	1,375,000	1,413,928
TOTAL HEDGE FUNDS		11,273,991	11,556,142
PRIVATE EQUITY FUNDS			
AXIOM ASIA PRIVATE CAP FND III	612,041	612,041	611,033
FORT WASHINGTON PRIVATE EQUITY	240,000	240,000	249,211
FORT WASHINGTON PVT EQUITY IV	254,473	254,473	414,886
PORTFOLIO AD PVT	296,199	296,199	453,706
PORTFOLIO AD PVT	386,465	386,465	529,510
PORTFOLIO AD PVT	483,488	483,488	983,545
PRIVATE EQUITY INVESTMENT	374,925	374,925	477,708
SIGULER GUFF BRIC OPPORT	215,003	215,003	252,376
SIGULER GUFF DOF	164,041	164,041	273,444
KAYNE ANDERSON ENERGY	959	959	273,043
OAKTREE MEZZANINE FUND	96,017	96,017	129,749
OAKTREE MEZZANINE FUND	20,075	20,075	34,324
TOTAL PRIVATE EQUITY FUNDS		3,143,686	4,682,535

TriHealth, Inc Retirement Plan

EIN #31-1438846 Plan #001

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
REAL ESTATE INVESTMENT FUNDS			
AETHER REAL ASSETS III, LP	128,541	\$ 128,541	\$ 125,092
AEW PARTNERS VI	100,736	100,736	288,192
BLUE VISTA EQUITY BETHESDA INC	104,333	104,333	239,212
INLAND AMERICAN REAL ESTATE TR	74,292	713,337	515,584
WCP REAL ESTATE FUND II	253,456	253,456	369,938
TOTAL REAL ESTATE INVESTMENT FUNDS		1,300,403	1,538,018
LIMITED PARTNERSHIPS			
ALCENTRA EUROPEAN DLF	1,526,440	1,526,440	1,576,514
AQR GRP EL OFFSHORE FUND LTD	77	8,000,000	8,245,771
ARTISAN GLOBAL OPP TRUST	485,217	6,500,000	6,860,974
BLACKROCK ACWI EX U S SUPERFUN	88,787	2,021,225	2,013,475
BLACKROCK EQUITY INDEX FUND	6,098	3,750,000	4,216,532
BLACKROCK RUSSELL 2000 IDX FD	56,343	2,000,000	2,175,802
GAM UNCONSTRAINED BD FD	91,640	9,000,000	8,988,087
LOOMIS SAYLE CREDIT ASSET	330,083	6,239,544	6,321,094
LOOMIS SAYLES MULTISECTOR FULL	353,835	5,482,766	6,323,027
MARATHON EUROPEAN CREDIT OPPOR	923	1,018,099	1,174,653
OHA EUROPEAN STRATEGIC CREDIT	1,171,740	1,171,740	1,433,469
OHA STRUCTURED PRODUCTS	4,460	4,460	299,245
REGIMENT CAPITAL	496,151	496,151	634,018
SCHRODER INTL SMALL COS PORTFO	2,878,678	2,878,678	3,816,572
POLUNIN DEVELOPING COUNTRIES	293,255	3,000,000	2,991,202
ABERDEEN EMERGING MARKETS	61,196	3,164,263	3,164,263
THE ONSHORE ETAP FUND LLC	1,500,000	1,500,000	1,217,266
TOTAL LIMITED PARTNERSHIPS		57,753,366	61,451,964
COMMINGLED FUND			
WELLINGTON DIVER INFLAT HEDGES	127,031	2,004,515	1,598,052
TOTAL COMMINGLED FUND		2,004,515	1,598,052
TOTAL INVESTMENTS		\$ 127,732,921	\$ 133,224,265

TriHealth, Inc. Retirement Plan

EIN #31-1438846 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain
Category (i) – Individual transactions in excess of 5% of plan assets						
State Street Bank + Trust Co	Money Market Fund	\$ 5,579,431	\$ –	\$ –	\$ 5,579,431	\$ –
State Street Bank + Trust Co	Money Market Fund	10,987,627	–	–	10,987,627	–
State Street Bank + Trust Co	Money Market Fund	–	7,000,000	7,000,000	7,000,000	–
State Street Bank + Trust Co	Money Market Fund	–	–	–	–	–
Drake Capital Offshore Partners	Hedge Fund	–	5,911,135	4,949,035	5,911,135	962,100
Pimco Unconstrained Bond Fund	Mututal Funds – Fixed Income	9,000,000	–	–	9,000,000	–
Pimco Unconstrained	Mututal Funds – Fixed Income	–	7,578,458	7,636,404	7,578,458	(57,946)
Category (ii) – A series of transactions with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						
Category (iii) – A series of transactions in same security in excess of 5% of plan assets						
State Street Bank + Trust Co	Money Market Fund	88,195,714	90,499,526	90,499,526	178,695,240	–
Drake Capital Offshore Partners	Hedge Fund	–	5,911,135	4,949,035	5,911,135	962,100
GAM Unconstrained Bond	Limited Partnership	9,000,000	–	–	9,000,000	–
Aberdeen Emerging Markets Fund	Limited Partnership	73,668	6,164,244	6,086,559	6,237,912	77,685
Ashmore Emerging Markets Total	Mututal Funds – Fixed Income	5,936,646	–	–	5,936,646	–
Pimco Unconstrained Bond Fund	Mutual Fund - Fixed Income	2,103,005	7,578,458	7,636,404	9,681,463	(57,946)
Loomis Sayle Credit Asset	Limited Partnership	9,500,000	3,260,565	3,260,456	12,760,565	109
Category (iv) – A single transaction with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						