

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>333</u> 1c Effective date of plan <u>07/31/1961</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OHIOHEALTH CORPORATION</u> <u>180 E. BROAD ST</u> <u>COLUMBUS, OH 43215</u>	2b Employer Identification Number (EIN) <u>31-4394942</u> 2c Plan Sponsor's telephone number <u>614-544-4570</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2016</u>	<u>LISA MEDDOCK</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 17402
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) 11245 6a(2) 10349 6b 938 6c 5215 6d 16502 6e 276 6f 16778 6g 6h 73
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	512864483	
b Actuarial value	2b	497150027	
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	952	47283423	47283423
b For terminated vested participants	5209	70558419	70558419
c For active participants	11245	291643504	303788366
d Total	17406	409485346	421630208
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	6.27%	
6 Target normal cost	6	27165702	

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

<div>SIGN HERE</div>	<div>09/28/2016</div>
<div>MEGAN E. SCHAFFERNOCKER</div>	<div>Date</div>
<div>MERCER</div>	<div>14-06493</div>
<div>325 JOHN H MCCONNELL BLVD. SUITE 350 COLUMBUS, OH 43215-2671</div>	<div>Most recent enrollment number</div>
<div></div>	<div>614-227-5500</div>
<div></div>	<div>Telephone number (including area code)</div>
<div></div>	<div></div>

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.18</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		40787593
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>6.49</u> %		2647115
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		43434708
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	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	117.91 %
15 Adjusted funding target attainment percentage	15	117.91 %
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	107.79 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2015	10500000	0	09/15/2016	10000000	0
07/15/2015	7500000	0			
10/15/2015	7500000	0			
01/15/2016	7500000	0			
04/15/2016	7500000	0			
07/15/2016	10000000	0			
			Totals ►	18(b)	60500000
				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	56829829
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	27165702	
b Excess assets, if applicable, but not greater than line 31a	31b	27165702	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	56829829	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	56829829	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942	

Part I	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
CITY OF LONDON INVESTMENT MGMT. LTD77 GRACECHURCH STREET LONDON, ENGLAND EC3VDAS GB

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
BLACKSTONE ALTERNATIVE ASSET MGMT. 13-3702086

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 70	NONE	958049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRISMA CAPITAL PARTNERS LP

13-2857105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	235104	Yes ☐ No ☒

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

CLARION PARTNERS LLS

13-3379970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	211272	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)

INCOME RESEARCH & MGMT. INC.

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	167010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	123211	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LAZARD ASSET MANAGEMENT, LLC

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	116031	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)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	INVESTMENT CONSULTANTS	115121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONDRIAN INVESTMENT GROUP (US), INC

56-2475915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	95914	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIAM BLAIR & COMPANY, LLC

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68 50 51	NONE	92467	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)

GRYPHON INTERNATIONAL INVESTMENT CO

20 BAY STREET SUITE 1905
TORONTO, ONTARIO M5J2N8 CN

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 68 50 51	INVESTMENT MANAGER	52115	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PLANTE & MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	INDEPENDENT AUDITOR	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 99 28 50	TRUSTEE/CUSTODIAN	0	Yes ☒ No ☐	Yes ☒ No ☐	830	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)

DIMENSIONAL FUND ADVISORS LP

30-0447847

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

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

INVESTMENT COUNSELORS OF MD, LLC

52-2345054

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRISMA CAPITAL PARTNERS LP	28	235104
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRISMA SPECTRUM FUND 13-2857105 9 W 57TH STREET, 26TH FLOOR NEW YORK, NY 10019	MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS, LP	28 68	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DFA INTERNATIONAL VALUE PORTFOLIO 95-4453303	INVESTMENT MANAGEMENT FEE OF (NET OF WAIVERS IN EFFECT DURING YEAR): 0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
CLARION PARTNERS LLS	28	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CLARION LION PROPERTIES FUND 13-4087331	CASH MANAGEMENT FEE OF 0.25% OF CASH & SHORT TERM INVESTMENTS, ASSET MANAGEMENT FEE BETWEEN 0.2684% AND 0.2729% OF THE NET ASSET	

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
INVESTMENT COUNSELORS OF MD, LLC	28 49 68	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIC ICM SMALL COMPANY PORTFOLIO 23-2539944	MANAGEMENT FEES ARE APPROX. 0.70% OF AVERAGE DAILY ASSETS UNDER MANAGEMENT. ICM HAS SOFT DOLLAR ARRANGEMENTS WITH CERTAIN BROKERS. THESE ARRANGEMENTS ARE USUALLY STRUCTURED AS RATIOS RANGING FROM 1.25:1 TO 1.60:1. OTHER EXPENSES TOTAL APPROX. 0.24%.

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

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

c EIN-PN 45-6138589-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44267961
--	--	--

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

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

c EIN-PN 98-0444411-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9885561
--	--	---

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

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

c EIN-PN 56-2475915-007	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--	--	---

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

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

c EIN-PN 45-6138589-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102861243
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EM SMALL CAP EQUITY TRUST FD

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

c EIN-PN 45-3626181-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11878192
--	--	--

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

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

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

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

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

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

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

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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
<div>A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN) ► 333</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION</div>	<div>D Employer Identification Number (EIN) 31-4394942</div>

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.				
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

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

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

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

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

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

Part II Schedule of Leases in Default or Classified as Uncollectible

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

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

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

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

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

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

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

Part III Nonexempt Transactions

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

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
OHIOHEALTH CORPORATION	PLAN SPONSOR	INADVERTENT LOAN FROM THE PLAN OF \$18,201 DURING THE PLAN YEAR ENDED, DECEMBER 31, 2015			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	18201				

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOHEALTH CORPORATION		D Employer Identification Number (EIN) 31-4394942

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	26036
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	10500000	35000000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	10822	302279
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4550059	2446890
	(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)	54176	286652
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	12102555	13135018
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	160838711	147129204
	(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)	37307553	21763753
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	28912275	28071525
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	258613626	290731631

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	512889777	538892988

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	512889777	538892988
---	-----------	-----------	-----------

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)	60500000	
(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)		60500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19382	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	26	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1162630	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1182038
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	110911	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1617136	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1728047
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-6644562	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-6644562

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		56765523

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27824331	
(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)		27824331
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)	976656	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	973149	
(4) Other	2i(4)	988176	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2937981
j Total expenses. Add all expense amounts in column (b) and enter total	2j		30762312

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26003211
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)				
4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)				
4b		X		

	Yes	No	N/A	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		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X			18201
4d	X			18201
e Was this plan covered by a fidelity bond?	X			10000000
4e	X			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
4j	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
4k		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
4n				
o Did the plan trust incur unrelated business taxable income?				
4o				
p Were in-service distributions made during the plan year?				
4p				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1867445</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>469</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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) 2015
v. 150123

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
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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: <u>31.0</u> % Investment-Grade Debt: <u>55.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>5.0</u> % Other: <u>9.0</u> %
	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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Financial Statements and Supplemental Schedules

OhioHealth Cash Balance Retirement Plan
Years Ended December 31, 2015 and 2014
With Report of Independent Auditors

OhioHealth Cash Balance Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2015 and 2014

Contents

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Independent Auditor's Report

To the Audit Committee
OhioHealth Cash Balance Retirement Plan

Report on the Financial Statements

We have audited the accompanying financial statements of OhioHealth Cash Balance Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility for the 2015 Financial Statements

Our responsibility is to express an opinion on the 2015 financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from 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 on the 2015 financial statements.

Auditor's Responsibility for the 2014 Financial Statements

Our responsibility is to express an opinion on the 2014 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion on the 2014 Financial Statements* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

To the Audit Committee
OhioHealth Cash Balance Retirement Plan

Basis for Disclaimer of Opinion on the 2014 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the investment asset held by The State Street Bank and Trust Company (the "Trustee"), and transactions in those investments were excluded from the scope of our audit of the Plan's 2014 financial statements, except for comparing the information provided by the Trustee, which is summarized in Note 4, with the related information included in the financial statements.

Disclaimer of Opinion on the 2014 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2014 financial statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2014 financial statements.

Opinion on the 2015 Financial Statements

In our opinion, the 2015 financial statements referred to above, present fairly, in all material respects, the net assets of the Plan as of December 31, 2015 and the changes in net assets for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As explained in Note 6, the financial statements include investments valued at approximately \$314,500,000 (58 percent of net assets) at December 31, 2015 and \$295,900,000 (58 percent of net assets) at December 31, 2014, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by The Northern Trust Company and State Street Bank and Trust Company. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2015 was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held, schedule of reportable transactions, and schedule of nonexempt transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2015 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 of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Morse, PLLC

Columbus, Ohio
September 22, 2016

OhioHealth Cash Balance Retirement Plan

Statement of Net Assets Available for Benefits

	December 31	
	2015	2014
Assets		
Cash	\$ 26,036	\$ -
Investments-at fair value:		
Interest-bearing cash	2,446,890	4,550,059
Corporate, municipal, and foreign obligations	286,652	54,176
Corporate and foreign stocks	13,135,018	12,102,555
Mutual funds	28,071,525	28,912,275
Common and Collective Trust valued at NAV (net asset value)	147,129,204	160,838,711
103-12 Investment entities valued at NAV	21,763,753	19,120,679
Alternative investments - Limited Partnerships valued at NAV	290,731,631	276,800,500
	<u>503,564,673</u>	<u>502,378,955</u>
Receivables:		
Contributions receivable from OhioHealth Corporation	35,000,000	10,500,000
Accrued interest	302,279	10,822
	<u>35,302,279</u>	<u>10,510,822</u>
Net assets available for benefits	<u><u>\$ 538,892,988</u></u>	<u><u>\$ 512,889,777</u></u>

OhioHealth Cash Balance Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Years ended December 31	
	2015	2014
Additions		
Interest and dividends	\$ 2,910,085	\$ 6,499,411
Contributions from OhioHealth Corporation	60,500,000	42,500,000
	63,410,085	48,999,411
Deductions		
Benefit payments to participants	27,824,331	26,978,464
Professional fees	976,656	899,777
Investment advisory and management fees	973,149	797,552
Other administrative expenses	988,176	1,242,435
	30,762,312	29,918,228
Net realized and unrealized (loss)/gain on investments	(6,644,562)	47,755,996
Net increase	26,003,211	66,837,179
Net assets available for benefits at beginning of year	512,889,777	446,052,598
Net assets available for benefits at end of year	\$ 538,892,988	\$ 512,889,777

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The OhioHealth Cash Balance Retirement Plan (the Plan) is a non-contributory defined benefit plan which provides for retirement, death and disability benefits. The Plan Sponsor is OhioHealth Corporation (OhioHealth). All eligible employees of the following organizations (collectively, the “Corporation”), hired prior to January 1, 2011 may participate in this Plan: OhioHealth Corporation, OhioHealth Foundation (formerly Grant/Riverside Methodist Hospitals Foundation), OhioHealth Physician Group (formerly Grant/Riverside Medical Care Foundation), Grady Memorial Hospital, Grady Healthworks and HomeReach (which are all not-for-profit wholly owned subsidiaries of OhioHealth), HomeReach/HomeCare, a not-for-profit wholly owned subsidiary of HomeReach and OhioHealth Star Corporation, an Ohio for-profit wholly owned subsidiary of OhioHealth. Effective February 26, 2002, OhioHealth Corporation was merged into Grant/Riverside Methodist Hospitals Corporation and the resulting corporation was renamed OhioHealth Corporation, continuing to be the parent organization and sole voting member of the entities listed above. Effective January 1, 2012, OhioHealth froze entrance for new associates to the Plan. For associates hired after January 1, 2012, OhioHealth offers a defined contribution savings plan with an annual matching employer contribution and an automatic annual retirement contribution (for those who qualify).

The Corporation has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Corporation’s present intention is to make contributions in amounts that are at least sufficient to meet the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

The Plan is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical individual account balances. Account balances are increased each year by a percentage, based on the sum of age plus service, of the employee’s compensation plus an investment credit rate determined annually, based on the greater of the average yield of the five-year treasury bond over the last quarter of the preceding year or 2.73%. The credit rate used by the Plan was 2.73% for 2015 and 2014.

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participants’ benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the plan's *Summary Plan Description*. Copies of this document are available in the OhioHealth Benefits Department.

Party-in-Interest Transactions

Certain assets are in investments managed by The Northern Trust Company or their affiliates. The Northern Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

During 2015, certain nonexempt transaction with a party in interest occurred when assets of the Plan, totaling approximately \$18,000 were inadvertently refunded the plan sponsor. This transaction is reported within the schedule of nonexempt transactions. The Plan sponsor refunded these amounts and lost earnings to the Plan 2016.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 22, 2016, which is the date the financial statements were available to be issued.

2. Significant Accounting Policies

Valuation of Investments

Investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. U.S. government and agency securities and corporate bonds, municipal and foreign obligations shown in the statement of net assets available for benefits for securities that have no quoted market price, are valued at estimated fair value. Estimated fair value amounts have been determined using available market information and various valuation methods depending on the type of instrument. In evaluating the fair value information, considerable judgment is required to interpret the market data used to develop the estimates.

Investments in 103-12 investments entities and the common and collective trust are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' net underlying assets. Investments in limited partnerships are valued at

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Valuation of Investments (continued)

the net asset value per share, which is based on the audited financial statements with adjustments to account for partnership activity and other applicable valuation adjustments. Mutual funds and common stocks are valued at quoted market prices. Interest-bearing cash investments are valued at their outstanding balances, which approximates fair value. See Note 7 for additional information.

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

Administrative Expenses

Administrative expenses are paid directly by the Plan. Administrative expenses are principally for actuarial services and audit services, investment advisory and management fees, and PBGC insurance premiums. In addition, the Corporation provides other accounting and administrative services to the Plan at no charge.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' hypothetical individual account balances. The accumulated plan benefits for active employees are based on their annual compensation during the period of credited service preceding the valuation date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefit Payments

Benefits are recorded when paid.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Use of Estimates

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

New Accounting Pronouncements

During 2015, the Plan adopted Accounting Standards Update (ASU) Nos. 2015-07, Disclosures for Investments In Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent) and 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient. ASU No. 2015-07 amended ASC 820, Fair Value Measurements, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Part II of ASU No. 2015-12 was applicable to the Plan and modified the investment disclosures under ASC 820 and 960. The standards were adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

3. Accumulated Plan Benefits

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

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefits at the beginning of the plan year, based upon the latest available actuarial valuation, are as follows:

	January 1, 2015
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 49,773,432
Other participants	379,679,330
	<u>429,452,762</u>
Nonvested benefits	10,204,180
Total actuarial present value of accumulated plan benefits	<u><u>\$ 439,656,942</u></u>

	January 1, 2015
Actuarial present value of accumulated plan benefits	
At January 1, 2014	\$ 409,718,840
Increase (decrease) during the year attributable to:	
Benefits accumulated	26,512,474
Interest due to increase for the discount period	26,076,963
Benefits paid	(26,978,464)
Change in actuarial assumptions	4,327,129
Net increase	<u>29,938,102</u>
Actuarial present value of accumulated plan benefits	
At January 1, 2015	<u><u>\$ 439,656,942</u></u>

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations as of January 1, 2015 are as follows:

Rate of return on investments:	5.90%
Mortality table:	Mercer modified MRP 2007 separate annuitant/nonannuitant no collar generational mortality tables using the Mercer modified generational projection scale MMP 2007.
Actuarial Method:	The present value of accumulated plan benefits reflects the benefits attributable under the plan provisions to employees' service rendered to the benefit information date.

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 changes in assumptions from the prior year include: the discount rate was updated from 6.60% to 5.90% to reflect a lower inflation rate and lower expectation for US economic growth, the inflation rate decreased from 2.50% to 2.20% to align more closely with the Federal Reserve's inflation target and rates prices by the market, the cash balance interest crediting rates were updated to reflect a downward shift in our assumed equilibrium yield curve resulting from lower expectations for inflation and US economic growth and the cash balance conversion interest rates and mortality were updated to reflect the current year's interest rates and mortality as well as the outlook for the ultimate interest rates.

4. Unaudited Information

In 2015, the Plan changed trustee, from State Street Bank and Trust to Northern Trust Company (the Former Trustee). The Former Trustee of the Plan held the Plan's investments and executed all investment transactions prior to January 2015. The investment balances and investment income for the year ended December 31, 2014 and interest and dividend income of \$6,499,000 and net realized and unrealized gains and losses on investments of \$47,756,000 for the year ended December 31, 2014 included in the accompanying financial statements are based solely on information provided by the Former Trustee.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service, dated June 18, 2014, indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying statements.

6. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics (see Note 3), all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the statements of net assets available for benefits.

7. Fair Value

Accounting Standards Codification (ASC) 820 clarifies the definition of fair value, establishes a framework for measuring fair value, and expands the disclosures for fair value measurements. ASC 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access. Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted

intervals. Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value (continued)

Disclosure concerning assets measured at fair value are as follows:

Assets and Liabilities Measured at Fair Value at December 31, 2015

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Interest-bearing cash	\$ -	\$ 2,446,890	\$ -	\$ 2,446,890
Corporate, municipal, and foreign obligations	-	286,652	-	286,652
Corporate and foreign stocks	13,135,018	-	-	13,135,018
Mutual funds equity investments	28,071,525	-	-	28,071,525
Subtotal	41,206,543	2,733,542	-	43,940,085
Investment valued at NAV				
Fixed income ⁽¹⁾				102,861,243
Equities – domestic ⁽²⁾				44,267,961
Equities – international ⁽³⁾				11,878,192
Equities – international developed ⁽⁴⁾				9,885,561
Multi-strategy hedge fund ⁽⁵⁾				47,153,646
Emerging markets fund ⁽⁶⁾				11,387,399
Real estate fund ⁽⁷⁾				29,653,865
Equities – international ⁽⁸⁾				20,495,286
Fixed income long duration fund ⁽⁹⁾				91,020,644
Fixed income long duration fund ⁽¹⁰⁾				91,020,791
Total	\$ 41,206,543	\$ 2,733,542	\$ -	\$ 503,564,673

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value (continued)

Assets and Liabilities Measured at Fair Value at December 31, 2014

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Interest-bearing cash	\$ -	\$ 4,550,059	\$ -	\$ 4,550,059
Corporate, municipal, and foreign obligations	-	54,176	-	54,176
Corporate and foreign stocks	12,102,555	-	-	12,102,555
Mutual funds equity investments	28,912,275	-	-	28,912,275
Subtotal	41,014,830	4,604,235	-	45,619,065
Investment valued at NAV				
Fixed income ⁽¹⁾				93,934,078
Equities – domestic ⁽²⁾				66,904,633
Equities – international ⁽³⁾				11,013,166
Equities – developed ⁽⁴⁾				8,107,513
Multi-strategy hedge fund ⁽⁵⁾				46,107,922
Emerging markets fund ⁽⁶⁾				11,593,785
Real estate fund ⁽⁷⁾				24,886,153
Equities – international ⁽⁸⁾				18,297,941
Fixed income long duration fund ⁽⁹⁾				88,932,595
Fixed income long duration fund ⁽¹⁰⁾				86,982,104
Total	\$ 41,014,830	\$ 4,604,235	\$ -	\$ 502,378,955

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value (continued)

- (1) The purpose of the Fund is to provide a passive vehicle to access the United States domestic bond market. The Fund will be maintained by the Trustee with the objective of providing investment results that approximate the overall performance of the Barclay's Capital U.S. Long Term Government Bond Index (the "Index"). The Fund will be invested primarily in securities that comprise the Index, which includes, but may not be limited to: Fixed income securities of the U.S. Government or any agency thereof *and* other securities which the Trustee determines will help achieve the fund's objective.
- (2) The primary objective of the fund is to approximate the risk and return characteristics of the Russell 1000 Index. This index is commonly used to represent the large cap segment of the U.S. market. To achieve its objective, the fund employs a replication technique which generally seeks to hold each index constituent in its proportional index weight.
- (3) The Trust's investment objective is to achieve long-term capital appreciation by investing primarily in equity and equity-related securities of small cap companies that are located in, or do significant business in, emerging market countries. The Investment Manager utilizes a relative value investment philosophy through a process of bottom-up stock selection. This philosophy is implemented by assessing the trade-off between valuation and financial productivity for an individual security. The Investment Manager uses database screening, accounting validation, fundamental analysis and portfolio construction (focusing on macro-economic, political, portfolio and ESG issues risk) to select securities for inclusion in the Trust's portfolio. In searching for under-valued, under-appreciated, and financially productive stocks, the Investment Manager follows an investment process that incorporates three types of investment research – Analytic Framework, Accounting Validation, and Fundamental Analysis – as well as other investment selection techniques. The research is predominantly qualitative, although quantitative research is also used to a lesser extent.
- (4) The investment objective of the Fund is capital appreciation. The Fund intends to achieve its objective by investing primarily in equity securities of issuers from developed markets located in Europe, Australasia and the Far East.
- (5) Multi-strategy Hedge Funds of Funds that target attractive risk-adjusted returns through investments in a well-diversified group of hedge fund managers employing a variety of unique investment strategies including: Global Macro, Fixed Income Arbitrage, Event Driven, Credit Driven, Interest Rate Driven, and Long/Short Equity. The Hedge Funds of Funds are actively managed investment portfolios which attempt to produce stable long-term risk-adjusted returns with lower volatility and low correlation as compared to traditional asset classes.
Employs a process that is centralized around the purchase and sale of emerging markets closed-end funds. Specifically, the fund seeks to identify and own closed-

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value (continued)

- end funds that trade at a discount to management's estimate of fair market value. The fund is expected to consist of 90 to 110 closed-end funds, with each underlying fund holding approximately 70 securities.
- (6) An open-end real estate fund that holds a strategically diversified portfolio of real estate assets across the five main property types in major markets located throughout the United States. The investment strategy is to manage a diversified portfolio of primarily institutional quality real estate assets and related investments. The primary performance objective is to combine an attractive income yield with long-term capital growth.
 - (7) Invests in stocks where rigorous dividend discount analysis isolates value in terms of the long-term flow of dividends. Dividend yield and future real growth play a central role in the investment decision making process and over time the dividend component is expected to be a meaningful portion of total expected return. At any given time, the portfolio is expected to consist of 70-120 international small cap equities.
 - (8) The Fund's objective is to outperform the benchmark index by investing fund assets in a diversified pool of long duration U.S. investment grade assets while seeking to maximize total return through a combination of income and capital appreciation. The "Benchmark Index" is the Barclays Capital Long US Credit Index. The fund will seek to increase total return primarily through active management of interest rate and credit risk. The Investment Adviser anticipates that optimal security selection and sector rotation will permit the construction of a portfolio that delivers consistent excess returns while exhibiting lower overall volatility. In seeking to achieve this objective, the Investment Adviser will also follow its credit selection process. The Investment Adviser's credit oriented investment process seeks to add value through both timely industry rotation and issuer selection.
 - (9) The Fund seeks to outperform the Barclays U.S. Long Credit Index, which measures the performance of U.S. dollar denominated investment grade corporate securities that have remaining maturities of ten years or more. Securities included in the Index have \$250 million or more of outstanding face value and must be fixed rate and nonconvertible. The Fund's investment objective is to outperform the benchmark by utilizing a disciplined, bottom-up investment approach to seek what the Manager believes to be inefficiently priced securities with strong fundamentals. While the Manager is benchmark aware, the Fund's portfolio is not beholden to the Index's composition and the most attractive opportunities are actively sought. As such, the Manager may deviate from Index sector and constituent weights and may use tactical allocations to the securitized bond sectors as a means of seeking diversification and outperformance.

The Plan also holds other assets not measured at fair value on a recurring basis, including cash, accrued income, and receivables. The fair value of these assets are equal to the

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value (continued)

carrying amounts in the accompanying financial statements due to the short maturity of such instruments.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2015 and 2014.

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At December 31, 2015 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

	Investments Held at December 31, 2015			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trust				
Fixed income long duration fund	\$ 102,861,243	-	Daily	1 day
Domestic large cap equity	44,267,961	-	Daily	1 day
103-12 Investment Entities				
Emerging markets closed-end funds	11,878,192	-	Monthly	30 days
International equities	9,885,561	-	Monthly	5 days
Alternative Investments – Limited Partnerships				
Emerging markets closed-end funds	11,387,399	-	Monthly	30 days
Real estate funds	29,653,865	-	Quarterly	90 days
International equities	20,495,286	-	Monthly	15 days
Multi-strategy hedge fund	23,207,098	-	Quarterly	65 days
Multi-strategy hedge fund	23,946,548	-	Semi Annual	95 days
Fixed income long duration fund	91,020,644	-	Weekly	5 Days
Fixed income long duration fund	91,020,791	-	Daily	5 days
Total	\$ 459,624,588	-		

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value (continued)

At December 31, 2014 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

	Investments Held at December 31, 2014			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trust				
Fixed income long duration fund	\$ 93,934,078	-	Daily	1 day
Domestic large cap equity	66,904,633	-	Daily	1 day
103-12 Investment Entities				
Emerging markets closed-end funds	11,013,166	-	Monthly	30 days
International equities	8,107,513	-	Monthly	5 days
Alternative Investments – Limited Partnerships				
Emerging markets closed-end funds	11,593,785	-	Monthly	30 days
Real estate funds	24,886,153	-	Quarterly	90 days
International equities	18,297,941	-	Monthly	15 days
Multi-strategy hedge fund	23,063,022	-	Quarterly	65 days
Multi-strategy hedge fund	23,044,900	-	Semi Annual	95 days
Fixed income long duration fund	88,932,595	-	Weekly	5 Days
Fixed income long duration fund	86,982,104	-	Daily	5 days
Total	\$ 456,759,890	-		

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule G, Part III - Schedule of Nonexempt Transactions
 Year ended December 31, 2015

(a) Identity of Party Involved		(b) Relationship to Plan, employer or other party-in-interest	
OhioHealth Corporation		Plan Sponsor	
Description of the transactions including maturity date, rate of interest, collateral, par or maturity value			
Inadvertent loan from the Plan of \$18,201 during the plan year ended, December 31, 2015			
Purchase price	Selling price	Lease rental/loan amount involved	Expenses incurred in connection with transaction
\$ -	\$ -	\$ 18,201	\$ -

This transaction was resolved in the year ended December 31, 2016.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	26 4,680	123 30,207 1,744	5								154
25–29	15	497 43,179 3,737	319 50,242 8,356	14							845
30–34	17	379 42,762 4,721	678 57,882 12,162	226 56,334 20,126	16						1,316
35–39	32 13,429	262 55,816 5,913	513 64,042 14,618	414 71,942 29,325	126 64,046 36,328	1					1,348
40–44	29 24,093	213 60,059 7,170	500 75,374 18,501	357 74,560 33,175	271 72,747 44,284	76 74,311 53,900	6				1,452
45–49	34 16,477	171 53,204 7,232	410 68,459 19,029	327 67,221 32,133	253 69,898 47,031	168 78,862 61,553	135 77,127 69,392	5			1,503
50–54	28 21,790	162 63,335 8,883	369 69,861 20,906	283 69,611 36,322	224 74,303 52,633	182 77,532 64,758	251 81,138 83,647	90 73,044 81,399	25 63,377 78,280		1,614
55–59	27 20,391	107 69,958 9,575	305 74,118 24,504	235 73,382 42,424	219 69,021 54,388	160 76,983 75,178	209 77,721 89,884	131 75,502 99,894	130 70,519 100,846	9	1,532
60–64	19	64 51,809 8,271	200 73,923 27,003	149 69,957 43,106	137 69,133 61,005	102 73,780 83,678	128 74,306 99,785	93 77,069 120,074	95 65,661 108,826	82 69,331 123,854	1,069
65–69	10	18 70,774 26,229	57 68,123 47,425	49 68,123 47,425	29 77,272 86,284	35 63,002 90,244	40 64,859 104,004	21 68,301 112,557	21 72,581 132,486	30 58,636 143,275	310
70 & up	15	10	16	8	8	12	11	6	4	12	102
Total	252	2,006	3,372	2,062	1,283	736	780	346	275	133	11,245

In each cell, the top number is the count of active participants for each age/service combination, the middle number is average pay for 2014 limited to \$260,000, and the bottom number is the average account balance. Average pay and account balance is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2015 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
		<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years		4.72%	1.15%
• Next 15 years		6.11%	4.06%
• Over 20 years		6.81%	5.15%

Mortality sponsor elections

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

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

Cash balance plans

• Interest accumulation rate	See table of sample rates
• Whipsaw calculations	No
• Annuity conversion	
— Mortality table	2015 IRC Section 417(e) unisex mortality
— Interest rate basis	Funding segment rates

Other economic assumptions

• Salary increases	Rates vary by age (between 1.69% and 4.68%). See table of sample rates below.
• Inflation	2.20% per year
• Expected investment return	6.60% for year 2013; 6.35% for year 2014, 6.02% for 2015
• Expenses	\$2,730,000 for 2015. Average of two prior years' actual administrative and investment expenses rounded to the nearest \$1,000

Demographic assumptions

• Withdrawal	Rates are a function of attained age and service. See table of sample rates
• Disability incidence	None assumed

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

• Retirement age	Percentage		
	Attained age	Male	Female
	52 and under	2.5%	2.5%
	53-59	5.0%	5.0%
	60-62	7.5%	7.5%
	63-65	15.0%	15.0%
	66-74	20.0%	20.0%
	75 and above	100.0%	100.0%
• Benefit commencement age for			
— Future vested deferred	65 or immediate		
— Current vested deferred	65		
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
— Percentage married	85%	50%	
— Spouse age difference	3 years younger	3 years older	
Form of payment	<u>Lump sum immediate</u>	<u>Lump sum deferred to 65</u>	<u>Single life</u>
• Active retirements	90%	N/A	10%
• Future vested deferred			
— Hired after 1/1/03	10%	90%	0%
— Hired before 1/1/03	25%	75%	0%
• Future deaths	100%	0%	0%
• Current vested deferred			
— Terminated before 1/1/98	0%	0%	100%
— Terminated after 1/1/98	0%	100%	0%
Unpredictable contingent event assumptions	Not applicable		

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

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

Cash balance interest accumulation rates

Year	Cash balance interest rate
2015-2017	2.73%
2018	2.90%
2019	3.06%
2020	3.23%
2021	3.40%
2022	3.57%
2023	3.73%
2024+	3.90%

Salary Increases

Attained Age	2015	2016	2017	2018	2019	2020+
20	4.68%	3.36%	3.66%	3.51%	3.51%	3.66%
25	4.44	3.19	3.47	3.33	3.33	3.47
30	4.14	2.98	3.24	3.11	3.11	3.24
35	3.85	2.77	3.01	2.89	2.89	3.01
40	3.55	2.55	2.77	2.66	2.66	2.77
45	3.25	2.34	2.54	2.44	2.44	2.54
50	2.96	2.12	2.31	2.22	2.22	2.31
55	2.72	1.96	2.13	2.04	2.04	2.13
60	2.54	1.82	1.98	1.90	1.90	1.98
65	2.35	1.69	1.84	1.76	1.76	1.84
70	2.35	1.69	1.84	1.76	1.76	1.84

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

Actuarial Methods

Asset Methods

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

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

Participant Methods

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

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

Minimum Funding Methods

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

A detailed description of the calculation follows:

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

OhioHealth Cash Balance Retirement Plan
 EIN -- 31-4394942
 Plan Number -- 333
 Schedule H, line 4j - Schedule of Reportable Transactions
 Year ended December 31, 2015

Identity of Party Involved	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (iii) - Series of transactions in excess of 5 percent of plan assets.</u>			
GOVERNMENT SHORT TERM INVESTMENT FUND			
178 Purchases	\$ 50,015,701	\$ 50,015,701	\$ -
192 Sales	47,568,811	47,568,811	-

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2015.

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OHIOHEALTH CORPORATION	D Employer Identification Number (EIN) 31-4394942
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value.....		2a	512864483
b Actuarial value.....		2b	497150027
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.....	952	47283423	47283423
b For terminated vested participants.....	5209	70558419	70558419
c For active participants.....	11245	291643504	303788366
d Total.....	17406	409485346	421630208
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	6.27%	
6 Target normal cost.....	6	27165702	

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	Megan E Schaffernocker NES	9/28/16
MEGAN E. SCHAFFERNOCKER		Date
MERCER		1406493
Firm name		Most recent enrollment number
325 JOHN H MCCONNELL BLVD.		614-227-5500
SUITE 350		Telephone number (including area code)
COLUMBUS OH 43215-2671		
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.18</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		40787593
	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>6.4</u> %		2647115
	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.....		43434708
	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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	117.91%
15	Adjusted funding target attainment percentage	15	117.91%
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	107.79%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2015	10500000				
07/15/2015	7500000				
10/15/2015	7500000				
01/15/2016	7500000				
04/15/2016	7500000				
07/15/2016	10000000				
09/15/2016	10000000				
			Totals ►	18(b)	60500000 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	56829829

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

Supply shown as of end of quarter of this prior year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72%2nd segment:
6.11%3rd segment:
6.81%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

27165702

b Excess assets, if applicable, but not greater than line 31a**31b**

27165702

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ... **34** 0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

56829829

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

56829829

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

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

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

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

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2015 Funding Valuation**

Discount rate sponsor elections

• Segment rates or full yield curve	Segment		
• Look-back months	4		
		<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years		4.72%	1.15%
• Next 15 years		6.11%	4.06%
• Over 20 years		6.81%	5.15%

Mortality sponsor elections

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

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

Cash balance plans

• Interest accumulation rate	See table of sample rates
• Whipsaw calculations	No
• Annuity conversion	
— Mortality table	2015 IRC Section 417(e) unisex mortality
— Interest rate basis	Funding segment rates

Other economic assumptions

• Salary increases	Rates vary by age (between 1.69% and 4.68%). See table of sample rates below.
• Inflation	2.20% per year
• Expected investment return	6.60% for year 2013; 6.35% for year 2014, 6.02% for 2015
• Expenses	\$2,730,000 for 2015. Average of two prior years' actual administrative and investment expenses rounded to the nearest \$1,000

Demographic assumptions

• Withdrawal	Rates are a function of attained age and service. See table of sample rates
• Disability incidence	None assumed

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

• Retirement age	Percentage		
	Attained age	Male	Female
	52 and under	2.5%	2.5%
	53-59	5.0%	5.0%
	60-62	7.5%	7.5%
	63-65	15.0%	15.0%
	66-74	20.0%	20.0%
	75 and above	100.0%	100.0%
• Benefit commencement age for			
— Future vested deferred	65 or immediate		
— Current vested deferred	65		
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
— Percentage married	85%	50%	
— Spouse age difference	3 years younger	3 years older	
Form of payment	<u>Lump sum immediate</u>	<u>Lump sum deferred to 65</u>	<u>Single life</u>
• Active retirements	90%	N/A	10%
• Future vested deferred			
— Hired after 1/1/03	10%	90%	0%
— Hired before 1/1/03	25%	75%	0%
• Future deaths	100%	0%	0%
• Current vested deferred			
— Terminated before 1/1/98	0%	0%	100%
— Terminated after 1/1/98	0%	100%	0%
Unpredictable contingent event assumptions	Not applicable		

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

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

Cash balance interest accumulation rates

Year	Cash balance interest rate
2015-2017	2.73%
2018	2.90%
2019	3.06%
2020	3.23%
2021	3.40%
2022	3.57%
2023	3.73%
2024+	3.90%

Salary Increases

Attained Age	2015	2016	2017	2018	2019	2020+
20	4.68%	3.36%	3.66%	3.51%	3.51%	3.66%
25	4.44	3.19	3.47	3.33	3.33	3.47
30	4.14	2.98	3.24	3.11	3.11	3.24
35	3.85	2.77	3.01	2.89	2.89	3.01
40	3.55	2.55	2.77	2.66	2.66	2.77
45	3.25	2.34	2.54	2.44	2.44	2.54
50	2.96	2.12	2.31	2.22	2.22	2.31
55	2.72	1.96	2.13	2.04	2.04	2.13
60	2.54	1.82	1.98	1.90	1.90	1.98
65	2.35	1.69	1.84	1.76	1.76	1.84
70	2.35	1.69	1.84	1.76	1.76	1.84

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

Actuarial Methods

Asset Methods

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

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

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
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- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

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

A detailed description of the calculation follows:

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

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost decreased from \$2,526,000 to \$2,730,000 to reflect our expectations for the current year.
- The inflation rate decreased from 2.50% to 2.20% to align more closely with the Federal Reserve's inflation target and rates priced by the market.
- The expected return on assets decreased from 6.35% to 6.02% to reflect a lower inflation rate and lower expectation for US economic growth.
- The salary scale was updated to better reflect OhioHealth's expectation for future wage increases.
- The cash balance interest crediting rates were updated to reflect a downward shift in our assumed equilibrium yield curve resulting from lower expectations for inflation and US economic growth.
- The cash balance conversion interest rates and mortality were updated to reflect the current year's valuation interest rates and mortality.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	26 4,680	123 30,207 1,744	5								154
25–29	15	497 43,179 3,737	319 50,242 8,356	14							845
30–34	17	379 42,762 4,721	678 57,882 12,162	226 56,334 20,126	16						1,316
35–39	32 13,429	262 55,816 5,913	513 64,042 14,618	414 71,942 29,325	126 64,046 36,328	1					1,348
40–44	29 24,093	213 60,059 7,170	500 75,374 18,501	357 74,560 33,175	271 72,747 44,284	76 74,311 53,900	6				1,452
45–49	34 16,477	171 53,204 7,232	410 68,459 19,029	327 67,221 32,133	253 69,898 47,031	168 78,862 61,553	135 77,127 69,392	5			1,503
50–54	28 21,790	162 63,335 8,883	369 69,861 20,906	283 69,611 36,322	224 74,303 52,633	182 77,532 64,758	251 81,138 83,647	90 73,044 81,399	25 63,377 78,280		1,614
55–59	27 20,391	107 69,958 9,575	305 74,118 24,504	235 73,382 42,424	219 69,021 54,388	160 76,983 75,178	209 77,721 89,884	131 75,502 99,894	130 70,519 100,846	9	1,532
60–64	19	64 51,809 8,271	200 73,923 27,003	149 69,957 43,106	137 69,133 61,005	102 73,780 83,678	128 74,306 99,785	93 77,069 120,074	95 65,661 108,826	82 69,331 123,854	1,069
65–69	10	18 70,774 26,229	57 68,123 47,425	49 68,123 47,425	29 77,272 86,284	35 63,002 90,244	40 64,859 104,004	21 68,301 112,557	21 72,581 132,486	30 58,636 143,275	310
70 & up	15	10	16	8	8	12	11	6	4	12	102
Total	252	2,006	3,372	2,062	1,283	736	780	346	275	133	11,245

In each cell, the top number is the count of active participants for each age/service combination, the middle number is average pay for 2014 limited to \$260,000, and the bottom number is the average account balance. Average pay and account balance is not shown for cells with fewer than 20 participants.

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

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

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The cash balance account with the greater of accruals to Late Retirement or the normal retirement benefit with adjustment for the fact that benefits are expected to be paid over a shorter period of time.
Deferred vested	
• Eligibility	Full vesting occurs after three years of service.
• Benefit	The cash balance account will continue to earn Interest Credits until this participant's normal retirement date. The participant has the option to receive an immediate distribution of the cash balance account if requested within 180 days of termination. Effective for employees hired on or after January 1, 2003, distributions are disallowed until the sum of the terminated participant's age and service equals or exceeds 70 unless the lump sum value is less than or equal to \$20,000.
Pre-retirement death	
• Eligibility	Vested upon participant's death.
• Benefit	The surviving spouse will receive the preretirement death benefit equivalent to the value of the participant's cash account balance payable as a monthly annuity over the lifetime of the spouse. If unmarried, the designated beneficiary will receive an immediate payment of the cash balance account. Alternatively, the surviving spouse can elect to receive an immediate cash balance account.
Form of benefits	
• Automatic form for unmarried participants	Single Life Annuity
• Automatic form for married participants	50% Joint & Survivor
• Optional forms	Lump sum, life annuity, 10 years certain and life, 15 years certain and life, 50% joint and survivor, 75% joint and survivor, 100% joint and survivor.
• Optional form conversion factors	417(e) assumptions for lump sum. Optional forms of benefit, other than the lump sum, are based upon the RP-2000 Combined No Collar mortality table (weighted 75% female/ 25% male), projected to 2015, and 7.5% interest.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2015, the limit is \$265,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2015, the limit is \$210,000.

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

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

- **Late retirement increases:**
 - *Active participants:* The plan provides the greater of accruals to late retirement or the normal retirement benefit with an actuarial adjustment for the fact that benefits are expected to be paid over a shorter period of time. This valuation compares the continued benefit accrual and the actuarial increased normal retirement benefit and the most valuable benefit is used for current participants over age 65.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2014 to 2015.

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

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

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

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

Effective date and plan year	Original plan: January 1, 1985, amended to a Cash Balance Plan January 1, 1998 Restated plan: January 1, 2013 Plan year: January 1 through December 31												
Most recent amendment	January 1, 2014												
Status of the plan	The plan has ongoing benefit accruals, but is closed to new participants hired on or after January 1, 2012.												
Definitions													
• Covered employees	OhioHealth Corporation, Grady Memorial Hospital, HomeReach/Home Care, HomeReach Inc., Grant/Riverside Medical Care Foundation, Grady Memorial Hospital and OhioHealth Star Corporation												
• Participation	All employees become participants on the January 1 following the attainment of age 20 ½ and completion of 6 months of employment. Plan is closed to new participants effective January 1, 2012.												
• Interest credits	Interest will be credited on participants' accounts according to yield on 5-year Treasury-bills. The interest rate will be reset on an annual basis but not less than 2.73%.												
• Service	A year of service is granted for a plan year if paid for at least 1,000 hours in that plan year.												
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Schedule SB, Part V — Summary of Plan Provisions

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

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

- **Late retirement increases:**
 - *Active participants:* The plan provides the greater of accruals to late retirement or the normal retirement benefit with an actuarial adjustment for the fact that benefits are expected to be paid over a shorter period of time. This valuation compares the continued benefit accrual and the actuarial increased normal retirement benefit and the most valuable benefit is used for current participants over age 65.
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 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2014 to 2015.

OhioHealth Cash Balance Retirement Plan
EIN -- 31-4394942
Plan Number -- 333
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2015

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value				Cost	Current Value
INTEREST-BEARING CASH						
GOVERNMENT SHORT TERM INVESTMENT FUND	Investor Class				\$ 2,446,890	\$ 2,446,890
					2,446,890	2,446,890
CORPORATE OBLIGATIONS						
LEHMAN BROTHERS HOLDINGS SR UNSECURED 08/09 0.00000	317,000.000	principal amount	0.000% due	8/22/2009	280,687	280,687
LEHMAN BROTHERS HOLDINGS SR UNSECURED 12/08 VAR	77,000.000	principal amount	0.000% due	12/23/2008	67,842	5,679
SIGMA FIN INC MEDIUM TERM TRANCHE TR 00519	454,401.850	principal amount	0.000% due	6/4/2009	454,339	286
TOTAL CORPORATE, MUNICIPAL, AND FOREIGN OBLIGATIONS					802,868	286,652
CORPORATE AND FOREIGN STOCKS						
2U INC COM	5,107	shares			96,627	142,894
ABIOMED INC COM	1,714	shares			55,327	154,740
ADR WNS HLDGS LTD SPONSORED ADR	4,259	shares			74,028	132,838
AFFILIATED MANAGERS GROUP INC COM STK	1,630	shares			202,141	260,409
ALIGN TECHNOLOGY INC COM	3,622	shares			131,743	238,509
ANSYS INC COM	2,670	shares			203,527	246,975
BALL CORP COM	1,863	shares			135,490	135,496
BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK	7,927	shares			190,524	244,548
BRUNSWICK CORP COM	2,512	shares			135,153	126,881
CAMBREX CORP COM	4,140	shares			194,735	194,953
CARRIZO OIL & GAS INC COM	2,630	shares			125,690	77,795
CBOE HOLDINGS INC COM	4,210	shares			158,290	273,229
CEB INC COM	3,057	shares			161,487	187,669
CELANESE CORP DEL COM SER A STK	3,480	shares			173,265	234,308
CENTENE CORP DEL COM	2,088	shares			127,204	137,411
CHOICE HOTELS INTL INC COM	3,899	shares			207,895	196,549
COLLIERS INTL GROUP INC COMMON STOCK	3,353	shares			70,893	149,376
COSTAR GROUP INC COM	1,249	shares			130,224	258,156
CVENT INC COM	4,930	shares			144,942	172,106
DIAMONDBACK ENERGY INC COM	2,010	shares			135,072	134,469
DREW INDS INC COM NEW COM NEW	2,730	shares			128,838	166,230
ENCORE CAP GROUP INC COM	4,395	shares			159,036	127,807
EXACT SCIENCES CORP COM	12,157	shares			221,451	112,209
EXAMWORKS GROUP INC COM	3,320	shares			113,114	88,312
FACTSET RESH SYS INC COM STK	1,041	shares			116,121	169,235
FIRST CASH FINANCIAL SERVICES INC	3,222	shares			161,938	120,599
FIRSTSERVICE CORP COMMON STOCK	6,169	shares			116,827	249,413
GARTNER INC COM	2,560	shares			162,370	232,192
GUIDEWIRE SOFTWARE INC COM USD0.0001	6,117	shares			246,269	367,999
HEALTHCARE SVCS GROUP INC COM	4,750	shares			100,363	165,633
HEALTHSOUTH CORP COM NEW STK	6,727	shares			208,849	234,167
HEXCEL CORP NEW COM	3,930	shares			163,714	182,549
HURON CONSULTING GROUP INC COM STK	2,320	shares			140,126	137,808
IDEXX LABS INC COM	2,280	shares			121,067	166,258
INTL FLAVORS & FRAGRANCES INC COM	2,140	shares			211,243	256,030
J2 GLOBAL INC COM	3,722	shares			175,415	306,395
JARDEN CORP COM	3,832	shares			97,790	218,884
JONES LANG LASALLE INC COM STK	1,209	shares			131,198	193,271
LAZARD LTD CL A LTD PART USD.01	4,200	shares			217,394	189,042
LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	2,633	shares			151,546	285,470
MANPOWERGROUP INC	2,080	shares			132,109	175,323
MAXIMUS INC COM	3,602	shares			206,622	202,613
MEDIVATION INC COM STK	3,250	shares			129,689	157,105
MEDNAX INC COM	3,950	shares			225,567	283,057
METTLER-TOLEDO INTL INC COM	850	shares			205,152	288,261
MIDDLEBY CORP COM	1,725	shares			149,356	186,076
NEUSTAR INC CL A	8,650	shares			270,709	207,341
NU SKIN ENTERPRISES INC CL A CL A	4,154	shares			180,373	157,395
OLD DOMINION FGHT LINE INC COM	4,286	shares			229,051	253,174
OM ASSET MGT PLC COM GBP0.001	7,020	shares			122,264	107,617
PANDORA MEDIA INC	6,476	shares			110,374	86,843
POLARIS INDS INC COM	1,940	shares			206,387	166,743
QUINTILES TRANSNATIONAL HLDGS INC COM	3,310	shares			204,689	227,265
SALLY BEAUTY HLDGS INC COM STK	5,960	shares			168,394	166,224
SBA COMMUNICATIONS CORP CL A COM	1,930	shares			91,503	202,785
SERVICEMASTER GLOBAL HLDGS INC COM	4,253	shares			125,158	166,888
SIGNATURE BK NY N Y COM	1,400	shares			143,387	214,718
#REORG/SIRONA DENTAL STOCK MERGER DENTSPLY SIRONA 231NA21 02-	2,096	shares			134,622	229,659
SIX FLAGS ENTMT CORP NEW COM	5,826	shares			227,664	320,080
STERICYCLE INC COM	1,074	shares			78,469	129,524

OhioHealth Cash Balance Retirement Plan
EIN -- 31-4394942
Plan Number -- 333
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2015

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
CORPORATE AND FOREIGN STOCKS (continued)			
TORO CO COM	2,110 shares	\$ 137,345	\$ 154,178
#REORG/TOWERS WATSON STOCK MERGER WILLIS TOWERS 2217AC1 01-01	146 shares	15,509	18,755
TRACTOR SUPPLY CO COM	1,680 shares	68,462	143,640
TRANSDIGM GROUP INC COM	609 shares	82,017	139,126
TYLER TECHNOLOGIES INC COM STK	1,250 shares	168,158	217,900
ULTA SALON COSMETICS & FRAGRANCE INC COMSTK	1,200 shares	188,478	222,000
VANTIV INC COM USD0.00001 A	5,073 shares	158,085	240,562
VIRTU FINL INC CL A CL A	4,618 shares	102,455	104,552
WD 40 CO COM STK	1,860 shares	156,599	183,489
WILLIAMS SONOMA INC COM	1,940 shares	117,716	113,311
		10,535,289	13,135,018
MUTUAL FUNDS			
ICM SMALL COMPANY PORTFOLIO ICM SMALL COMPANY PORT INSTL	467,147 shares	11,990,804	11,533,864
DFA INTERNATIONAL VALUE PORTFO DFA INTERNATIONAL VALUE	1,031,669 shares	17,875,623	16,537,661
		29,866,427	28,071,525
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV			
NT COLLECTIVE RUSSELL 1000 INDEX FUND	2,026,643 shares	34,222,263	44,267,961
THE NORTHERN TRUST LONG TERM BOND INDEX FUND LP	2,174,748 shares	95,127,563	102,861,243
		129,349,826	147,129,204
103-12 INVESTMENT ENTITIES VALUED AT NAV			
GRYPHON INTL EAFE GROWTH GROUP LIMITED PARTNERSHIP	543,294 shares	9,441,373	9,885,561
LAZARD EM SMALL CAP EQUITY TRUST FUND	978,078 shares	12,331,369	11,878,192
		21,772,742	21,763,753
ALTERNATIVE INVESTMENTS VALUED AT NAV			
BLACKSTONE PARTNERS V S LIMITED PARTNERSHIP	20,000,000 shares	20,000,000	23,946,548
CITY OF LONDON GLOBAL EMERGING □	232,253 shares	10,935,527	11,387,399
CLARION LION PROPERTIES FUND LLC	22,712 shares	21,663,437	29,653,865
MONDRIAN INTL SMALL CAP LIMITED PARTNERSHIP	813,925 shares	18,645,035	20,495,286
PRISMA SPECTRUM FUND, LTD. LIMITED PARTNERSHIP	19,328 shares	19,500,000	23,207,098
THE LGIMA LONG DURATION US CREDIT FUND ,LLC	87,200,000 shares	87,200,000	91,020,644
IR M LONG CREDIT FUND MUTUAL FUND	9,393,019 shares	93,874,057	91,020,791
		271,818,056	290,731,631
		\$ 466,592,098	\$ 503,564,673

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost decreased from \$2,526,000 to \$2,730,000 to reflect our expectations for the current year.
- The inflation rate decreased from 2.50% to 2.20% to align more closely with the Federal Reserve's inflation target and rates priced by the market.
- The expected return on assets decreased from 6.35% to 6.02% to reflect a lower inflation rate and lower expectation for US economic growth.
- The salary scale was updated to better reflect OhioHealth's expectation for future wage increases.
- The cash balance interest crediting rates were updated to reflect a downward shift in our assumed equilibrium yield curve resulting from lower expectations for inflation and US economic growth.
- The cash balance conversion interest rates and mortality were updated to reflect the current year's valuation interest rates and mortality.