

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>TRIHEALTH, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>07/01/2005</u>
2a Plan sponsor's name (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>TRIHEALTH, INC.</u> <u>619 OAK STREET</u> <u>CINCINNATI, OH 45206-1613</u>	2b Employer Identification Number (EIN) <u>31-1438846</u> 2c Plan Sponsor's telephone number <u>513-569-5126</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>10/14/2016</u>	<u>BRIAN KRAUSE</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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2801
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 2302
a(2) Total number of active participants at the end of the plan year	6a(2) 2140
b Retired or separated participants receiving benefits.....	6b 54
c Other retired or separated participants entitled to future benefits.....	6c 487
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2681
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 2681
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 35
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 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	151696620	
b Actuarial value	2b	153046524	
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	43	4950999	4950999
b For terminated vested participants	456	17350831	17350831
c For active participants	2302	124698011	128365437
d Total	2801	146999841	150667267
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	6.07 %	
6 Target normal cost	6	400000	

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

SIGN HERE		
Signature of actuary	09/30/2016	Date
TRISHA L. TREML	14-06986	Most recent enrollment number
Type or print name of actuary	847-295-5000	Telephone number (including area code)
HEWITT ASSOCIATES LLC		
Firm name		
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-3258		
Address of the firm		

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

(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 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	400000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
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	400000	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	400000	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	413828	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13828	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>TRIHEALTH, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIHEALTH, INC.</u>	D Employer Identification Number (EIN) <u>31-1438846</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

22-3430173

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
CRITERION CAPITAL MANAGEMENT

27-0008048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EMERGING SOVEREIGN GROUP, LLC

45-0464126

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

20-4497486

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

GMO

72-1566419

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

JANA PARTNERS LLC

42-1553256

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

KING STREET CAPITAL MANAGEMENT LP

13-3978904

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

KING STREET MASTER ADVISORS LLC

26-3871197

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

LIBREMAX CAPITAL, LLC

27-2436175

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

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

WILLIAM BLAIR INVESTMENT TRUST

27-6331814

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

MARATHON ASSET MANAGEMENT

ONE BRYANT PARK
38TH FLOOR
NEW YORK, NY 10036

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

OAK HILL ADVISORS, L.P.

13-4077194

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

PASSPORT CAPITAL, LLC

94-3368567

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

SEI TRUST COMPANY

06-1271230

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

SIGULER GUFF ADVISERS LLC

13-3855629

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

PIMCO

33-0629048

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

REGIMENT CAPITAL MANAGEMENT, LLC

222 BERKLEY STREET
12TH FLOOR
BOSTON, MA 02111

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

SCHRODER INVESTMENT MGMT NA, INC.

13-4064414

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

SYSTEMATICA INVESTMENTS LIMITED

98-1295768

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)

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	201872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC

255 STATE STREET
BOSTON, MA 02109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	104065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABERDEEN ASSET MANAGEMENT

51-0368279

(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	103874	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET BANK

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	61440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST AND YOUNG

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	41600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT CO

ONE FINANCIAL CENTER
23RD FLOOR
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	36839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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?
21 50 24 51 28	NONE	36385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORT WASHINGTON INVESTMENT ADVISORS

31-1301863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68 71	NONE	35956	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	14979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FISHER INVESTMENTS

20-2480800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 31 50 51 55 68 71	NONE	6776	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 TRIHEALTH, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIHEALTH, INC.	D Employer Identification Number (EIN) 31-1438846	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14000000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	100211	109736
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4311376	1447867
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	13583749	7933797
(5) Partnership/joint venture interests	1c(5)	61451964	81945227
(6) Real estate (other than employer real property)	1c(6)	1538018	1271357
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	34502429	29355788
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	17836729	20026161

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	147324476	142089933

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	65642	59572
i Acquisition indebtedness	1i		
j Other liabilities	1j	31743	6621
k Total liabilities (add all amounts in lines 1g through 1j)	1k	97385	66193

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	147227091	142023740
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3803709	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3803709
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-5235498	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-5235498

		(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		-1431789

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7975352	
(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)		7975352
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)	408977	
(2) Contract administrator fees	2i(2)	3380	
(3) Investment advisory and management fees	2i(3)	234809	
(4) Other	2i(4)	665568	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1312734
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9288086

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10719875
l Transfers of assets:			
(1) To this plan	2l(1)		5516524
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	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		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?	X			273466
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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>TRIHEALTH, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIHEALTH, INC.</u>	D Employer Identification Number (EIN) <u>31-1438846</u>

Part I	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>04-3581074</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>91</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☒ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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>10.0</u> % Investment-Grade Debt: <u>0.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>1.0</u> % Other: <u>89.0</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

TriHealth, Inc. Retirement Plan
Years Ended December 31, 2015 and 2014
With Report of Independent Auditors

Ernst & Young LLP



TriHealth, Inc. Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2015 and 2014

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Report of Independent Auditors

The Personnel and Pension Committee
TriHealth, Inc.

We have audited the accompanying financial statements of the TriHealth, Inc. Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 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 conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of TriHealth, Inc. Retirement Plan at December 31, 2015, and the changes in its net assets available for benefits for the year then ended, and the financial status of TriHealth, Inc. Retirement Plan at December 31, 2014, and the changes in its financial status for the year then ended in conformity with U.S. generally accepted accounting principles.

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2015, and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management, and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ernst & Young LLP

October 13, 2016

TriHealth, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2015	2014
Assets		
Investments:		
Investments at fair value	\$ 141,980,197	\$ 133,224,265
Total investments	141,980,197	133,224,265
Receivables:		
Contribution from employer	—	14,000,000
Accrued income	109,736	100,211
Total receivables	109,736	14,100,211
Total assets	142,089,933	147,324,476
Liabilities and net assets available for benefits		
Accrued administrative fees	59,572	65,642
Payable for investment purchase	6,621	31,743
Total liabilities	66,193	97,385
Net assets available for benefits	\$ 142,023,740	\$ 147,227,091

See accompanying notes.

TriHealth, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	December 31	
	2015	2014
Additions		
Employer contributions	\$ —	\$ 19,300,000
Investment income	3,996,774	1,652,622
Transfer from Good Samaritan Retirement Plan	1,340,301	3,580,141
Transfer from Bethesda Retirement Plan	3,983,158	2,953,387
Total additions	<u>9,320,233</u>	<u>27,486,150</u>
Deductions		
Benefits paid to participants	7,975,352	6,510,329
Administrative expenses	1,312,734	589,447
Total deductions	<u>9,288,086</u>	<u>7,099,776</u>
Net (depreciation) appreciation in fair value of investments	<u>(5,235,498)</u>	<u>1,821,452</u>
(Decrease) increase in net assets available for benefits	(5,203,351)	22,207,826
Net assets available for benefits at beginning of the year	147,227,091	125,019,265
Net assets available for benefits at end of the year	<u>\$ 142,023,740</u>	<u>\$ 147,227,091</u>

See accompanying notes.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements

December 31, 2015

1. Description of the Plan

The following description of the TriHealth, Inc. Retirement Plan (the Plan) provides general information about the Plan's provisions. TriHealth, Inc. (the Company) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor. The Good Samaritan Hospital (GSH) of Cincinnati, Ohio, which sponsors the Good Samaritan Retirement Plan, and Bethesda Hospital, Inc., (BTH) which sponsors the Bethesda Retirement Plan, are related parties of the Company. The Plan received assets of \$1,340,301 and \$3,580,141 from the Good Samaritan Retirement Plan during the years ended December 31, 2015 and 2014, respectively, and assets of \$3,983,158 and \$2,953,387 from the Bethesda Retirement Plan during the years ended December 31, 2015 and 2014, respectively, as the result of personnel transfers between the related plan sponsors.

General

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

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

Eligibility and Vesting

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

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

1. Description of the Plan (continued)

Benefits

Participants are entitled to monthly pension benefits beginning at the age of 55. Under the Plan's formula, a participant's benefit is calculated based on an accumulation of credits that are earned each year based on the participant's age and years of service multiplied by the average five highest consecutive years of compensation through December 31, 2015. Participants also may receive an additional benefit if their pay is over the Social Security Covered Compensation Limit.

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

Funding

The Company has agreed to contribute voluntarily such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost plus interest over a period of 30 years. The Plan has met the ERISA minimum funding requirements for both 2015 and 2014.

Plan Termination

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

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

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

Payable for Investment Purchase

The Plan follows trade-date accounting for the purchase and sale of investments. As a result, at the dates of the statements of net assets available for benefits, certain investment purchases and sale transactions have been initiated but not settled.

2. Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

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

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

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

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

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

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

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

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

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

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

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

Management is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments.

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

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

New Accounting Pronouncements

In May 2015, the FASB issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value (NAV) practical expedient provided by ASC 820. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early application is permitted. Management has elected to adopt early ASU 2015-07 for the year ended December 31, 2015.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient* (ASU 2015-12). Part II of the ASU 2015-12 eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Parts I and II are to be applied retrospectively. Part III is to be applied prospectively. Plans can early adopt any of ASU 2015-12's three parts without early adopting the other parts. Part I and Part III are not applicable to the Plan. The Plan has elected to adopt early Part II for the year ended December 31, 2015.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits, which include benefits expected to be paid to retired or terminated employees or their beneficiaries, are based on credits earned using the employees' age and highest five-year average compensation. Participants also may receive an additional benefit if their pay is over the Social Security Covered Compensation Limit.

Reclassifications

Certain prior year amounts on the statement of net assets available for benefits have been reclassified to conform to the current year presentation, as a result of the adoption of ASU 2015-12.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits

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

The accumulated plan benefit information as of December 31, 2014, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 4,605,166
Other vested benefits	116,638,523

Total vested benefits	121,243,689
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Non-vested benefits	3,293,942
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Total actuarial present value of accumulated plan benefits	<u>\$ 124,537,631</u>
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Actuarial present value of accumulated plan benefits

at January 1, 2014	\$ 109,460,557
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Increase during the year attributed to:

Interest accumulated	7,969,818
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Other changes ^(a)	8,559,734
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Plan amendments	1,032,026
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Assumption changes	(2,507,703)
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Transfer from BTH and GSH plans	6,533,528
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Benefits paid	(6,510,329)
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Net increase	<u>15,077,074</u>
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Actuarial present value of accumulated plan benefits

at December 31, 2014	<u>\$ 124,537,631</u>
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^(a) The other changes component represents the normal operations of the pension plan. It consists primarily of the increase due to ongoing benefit accruals and those items of plan experience that are not associated with plan asset performance.

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

3. Accumulated Plan Benefits (continued)

Significant factors underlying the actuarial assumptions are as follows:

Assumed annual rate of return on investments	7.50%
Mortality basis	Healthy and disabled – RP-2014 (base year 2006) mortality table projected generationally with scale MP-2015. Disabled – RP-2014 (base year 2006) disabled retiree mortality table projected generationally with scale MP-2015.
Interest crediting annual rate	3.11%
Retirement rates	Various rates, ranging from 6% at age 55 to 100% at age 70 and over

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2015. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2014.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

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

	2015				2014			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Assets								
Cash and cash equivalents	\$ 1,448	\$ –	\$ –	\$ 1,448	\$ 4,311	\$ –	\$ –	\$ 4,311
Marketable equity securities:								
Domestic	7,934	–	–	7,934	11,910	–	–	11,910
Foreign	–	–	–	–	1,673	–	–	1,673
Mutual funds:								
Equity	–	–	–	–	1,553	–	–	1,553
Fixed income	18,817	–	–	18,817	15,055	–	–	15,055
Multi-asset	10,539	–	–	10,539	17,895	–	–	17,895
Total assets at fair value	<u>\$ 38,738</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 38,738</u>	<u>\$ 52,397</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 52,397</u>
Investments measured at net asset value (NAV):								
Hedge funds (a)				\$ 13,095				\$ 11,556
Private equity funds (b)				5,508				4,683
Real estate investment trusts (c)				1,271				1,538
Limited partnerships (d)				81,945				61,452
Commingled fund (e)				1,423				1,598
Total assets at fair value				<u>\$ 141,980</u>				<u>\$ 133,224</u>

- (a) These hedge funds redeem at NAV as of statement of net assets available for benefits date and have quarterly redemption option with 45 day notice
- (b) The investment objective is to achieve long-term capital appreciation through diversified portfolio of leveraged buyout, growth equity, venture capital, structured equity, and distressed debt investment opportunities throughout the globe. These private equity funds are locked up for the term of the fund, or deemed to have no immediate liquidity. At December 31, 2015, the Plan has committed capital yet to be called of \$7,106,478 to private equity funds over the next one to three years.
- (c) The investment objective is to invest in commercial real estate properties and real estate related assets. These real estate investments trusts are locked up for the term of the fund, or deemed to have no immediate liquidity
- (d) The investment objective is to achieve long-term capital growth. These limited partnerships redeem at NAV as of the dates of the statements of net assets available for benefits with monthly redemption option with 10-day notice. There are currently no redemption restrictions on these investments.
- (e) The commingled fund redeem at NAV as of the statement of net assets available for benefits date with monthly redemption option with 10 day notice. There are currently no redemption restrictions.

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

4. Fair Value Measurements (continued)

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

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

Alternative investments, which consist of hedge funds, private equity funds, limited partnerships, real estate investment trusts, and comingled funds, are not necessarily readily marketable, and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. However, plan management has determined that the NAV is an appropriate estimate of the fair value of these investments based on the fact that the alternative investments are audited and accounted for at fair value by the administrators of the respective alternative investments. These investments are entered in to further diversify the portfolio.

5. Tax Status

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

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

5. Tax Status (continued)

to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

6. Related-Party Transactions

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

7. Administrative Expenses

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

8. Risks and Uncertainties

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

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

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

9. Subsequent Events

Management has evaluated and disclosed subsequent events through October 13, 2016, which is the date the accompanying financial statements were issued and made available. No recognized or non-recognized subsequent events were identified for recognition or disclosure in the accompanying financial statements.

Supplemental Schedules

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

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

December 31, 2015

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CASH			
US DOLLAR	(36)	\$ (36)	\$ (36)
US DOLLAR	111,459	111,459	111,459
US DOLLAR	272	272	272
TOTAL CASH		111,695	111,695
MONEY MARKET			
STATE STREET BANK + TRUST CO	3,503	3,503	3,503
STATE STREET BANK + TRUST CO	9,537	9,537	9,537
STATE STREET BANK + TRUST CO	15,736	15,736	15,736
STATE STREET BANK + TRUST CO	67,068	67,068	67,068
STATE STREET BANK + TRUST CO	125,103	125,103	125,103
STATE STREET BANK + TRUST CO	1,115,224	1,115,224	1,115,224
TOTAL MONEY MARKET		1,336,171	1,336,171
DOMESTIC EQUITY SECURITIES			
ABBOTT LABORATORIES	3,098	110,290	139,131
AGCO CORP	1,285	68,726	58,326
AGRIUM INC	1,136	99,547	101,490
ALPHABET INC CL A	135	49,456	105,031
ALPHABET INC CL C	135	49,016	102,449
AMAZON.COM INC	257	80,180	173,704
APPLE INC	1,133	92,580	119,260
AVNET INC	2,508	92,596	107,443
BANK OF AMERICA CORP	7,197	149,228	121,126
BANK OF NEW YORK MELLON CORP	5,465	146,770	225,267
BERKSHIRE HATHAWAY INC CL B	1,138	147,771	150,262
BIO RAD LABORATORIES A	704	83,026	97,617
BIOGEN INC	224	67,193	68,622
CARNIVAL CORP	1,963	67,278	106,944

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
CISCO SYSTEMS INC	3,784	\$ 86,515	\$ 102,755
CSX CORP	1,008	26,238	26,158
EXXON MOBIL CORP	806	63,742	62,828
GENERAL ELECTRIC CO W/D	5,582	141,626	173,879
GOLDMAN SACHS GROUP INC	698	104,814	125,801
HALLIBURTON CO	2,401	95,083	81,730
INTL BUSINESS MACHINES CORP	470	69,273	64,681
JM SMUCKER CO/THE	845	88,031	104,222
JOHNSON + JOHNSON	882	82,423	90,599
MICROSOFT CORP	2,219	81,114	123,110
MONDELEZ INTERNATIONAL INC A	5,087	136,173	228,101
NOVARTIS AG SPONSORED ADR	1,613	141,906	138,783
ORACLE CORP	3,133	122,256	114,448
OWENS + MINOR INC	5,282	165,602	190,046
PRICELINE GROUP INC/THE	71	79,558	90,521
RELIANCE STEEL + ALUMINUM	1,514	110,251	87,676
ROYAL CARIBBEAN CRUISES LTD	280	9,187	28,339
SCHLUMBERGER LTD	1,003	84,552	69,959
SYSCO CORP	3,396	106,175	139,236
TWENTY FIRST CENTURY FOX A	2,902	95,623	78,818
UNION PACIFIC CORP	863	71,553	67,487
WESCO INTERNATIONAL INC	1,556	122,136	67,966
WORLD FUEL SERVICES CORP	1,718	66,537	66,074
ALLIANCE DATA SYSTEMS CORP	275	70,132	76,057
ALPHABET INC CL A	142	78,061	110,477
ALPHABET INC CL C	143	77,945	108,520
AMAZON.COM INC	182	97,831	123,012
APPLE INC	1,681	145,080	176,942
BANKUNITED INC	1,820	62,823	65,629
BIOGEN INC	205	60,677	62,802
BRISTOL MYERS SQUIBB CO	1,240	79,924	85,300

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
CBRE GROUP INC A	1,470	\$ 38,116	\$ 50,833
CELGENE CORP	1,130	94,305	135,329
COCA COLA ENTERPRISES	1,720	77,579	84,693
COMCAST CORP CLASS A	1,540	82,863	86,902
CONSTELLATION BRANDS INC A	450	58,000	64,098
COOPER COS INC/THE	420	57,619	56,364
COSTCO WHOLESALE CORP	385	61,686	62,178
DELPHI AUTOMOTIVE PLC	900	76,263	77,157
DOW CHEMICAL CO W/D	1,580	81,701	81,338
EASTMAN CHEMICAL CO	740	57,144	49,957
FACEBOOK INC A	1,220	79,930	127,685
FORTINET INC	1,130	41,538	35,222
HOME DEPOT INC	630	53,046	83,318
JARDEN CORP	910	41,356	51,979
JAZZ PHARMACEUTICALS PLC	770	118,691	108,231
KROGER CO	1,660	62,568	69,438
LENNOX INTERNATIONAL INC	500	56,993	62,450
LOWE S COS INC	1,180	81,042	89,727
MANPOWERGROUP INC	700	65,837	59,003
MASTERCARD INC CLASS A	740	65,012	72,046
MERRIMACK PHARMACEUTICALS IN	2,090	21,129	16,511
MICROSOFT CORP	1,690	91,288	93,761
MIDDLEBY CORP	360	39,460	38,833
NEWELL RUBBERMAID INC	1,370	61,245	60,390
NXP SEMICONDUCTORS NV	470	40,222	39,598
PALO ALTO NETWORKS INC	385	37,701	67,814
PRICELINE GROUP INC/THE	57	65,328	72,672
PTC THERAPEUTICS INC	1,090	57,023	35,316
RED HAT INC	840	46,662	69,560
RUSH ENTERPRISES INC CL A	1,490	39,850	32,616

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
SALESFORCE.COM INC	1,020	\$ 59,128	\$ 79,968
SERVICE CORP INTERNATIONAL	2,060	59,709	53,601
SIGNET JEWELERS LTD	330	25,939	40,818
STARBUCKS CORP	670	39,230	40,220
STEELCASE INC CL A	4,260	81,582	63,474
STERIS PLC	1,270	94,666	95,682
SUNCOR ENERGY INC	1,370	40,980	35,346
SYNCHRONY FINANCIAL	2,010	62,181	61,124
TESORO CORP	785	63,320	82,715
TEVA PHARMACEUTICAL SP ADR	2,020	104,088	132,593
TRANSDIGM GROUP INC	275	65,476	62,824
TWENTY FIRST CENTURY FOX A	2,220	62,015	60,295
UNITED CONTINENTAL HOLDINGS	690	41,347	39,537
VALERO ENERGY CORP	970	58,593	68,589
VF CORP	635	45,275	39,529
VISA INC CLASS A SHARES	1,040	54,528	80,652
VULCAN MATERIALS CO	560	42,432	53,183
TOTAL DOMESTIC EQUITY SECURITIES		6,978,184	7,933,797
MUTUAL FUNDS – FIXED INCOME			
PIMCO EXTENDED DURATION FUND	1,323,615	10,406,809	10,310,961
PIMCO LONG DURATION TOTAL RETU	795,677	11,185,794	8,505,791
TOTAL MUTUAL FUNDS – FIXED INCOME		21,592,603	18,816,752
MUTUAL FUNDS-MULTI ASSET			
GMO BENCHMARK FREE ALLOCATION	431,574	11,389,150	10,539,037
TOTAL MUTUAL FUNDS – MULTI ASSET		11,389,150	10,539,037

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
HEDGE FUNDS			
BLUE TREND FUND LTD	900,000	\$ 900,000	\$ 1,014,106
CAXTON GLOBAL INV. LTD.	1,125	1,125,000	1,191,471
CRITERION CAPITAL PARTNERS	12,000	1,200,000	1,486,625
GCA CREDIT OPPS OFFSHORE	250	250,000	249,479
GCA CREDIT OPPS OFFSHORE	514	1,039,640	1,058,207
GLEACHER DIVERSIFIED STRAT FND	7	8,870	9,586
HUDSON BAY INTL FUND LTD	850	850,000	804,643
JANA OFFSHORE PARTNERS LP	328	1,413,162	1,318,768
JANA OFFSHORE PARTNERS LP	600	600,000	548,911
KING STREET CAPITAL LP	8,204	1,336,106	1,328,080
KING STREET CAPITAL, LTD	36	3,595	3,866
KING STREET CAPITAL, LTD	12	1,166	1,245
KING STREET CAPITAL, LTD	303	30,314	29,848
KING STREET CAPITAL, LTD	26	2,590	2,505
KING STREET CAPITAL, LTD.	25	2,518	2,635
LIBREMAX OFFSHORE FUND, LTD	743	1,106,421	1,086,399
LIBREMAX OFFSHORE FUND, LTD	250	248,598	243,305
PASSPORT OFFSHORE LTD	950	1,305,232	1,408,005
PASSPORT SPV GSII OFFSHORE LTD	2	1,655	534
ESG CROSS BORDER EQUITY	1,400	1,400,000	1,306,613
POLUNIN DEVELOPING COUNTRIES	268,147	2,743,157	2,362,379
TOTAL HEDGE FUNDS		15,568,024	15,457,210

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
PRIVATE EQUITY FUNDS			
AXIOM ASIA PRIVATE CAP FND III	1,042,041	\$ 1,042,041	\$ 1,188,852
FORT WASHINGTON PRIVATE EQUITY	847,500	847,500	1,041,435
FORT WASHINGTON PVT EQUITY IV	153,223	153,223	411,724
PORTFOLIO AD PVT	108,819	108,819	739,745
PORTFOLIO AD PVT	275,243	275,243	442,592
PORTFOLIO AD PVT	192,309	192,309	351,458
PRIVATE EQUITY INVESTMENT	365,125	365,125	478,681
SIGULER GUFF BRIC OPPORT	186,606	186,606	246,099
SIGULER GUFF DOF	95,044	95,044	218,285
KAYNE ANDERSON ENERGY	81,709	81,709	252,702
OAKTREE MEZZANINE FUND	87,398	87,398	136,696
TOTAL PRIVATE EQUITY FUNDS		3,435,017	5,508,269
REAL ESTATE INVESTMENT FUNDS			
AETHER REAL ASSETS III, LP	326,776	326,776	316,664
AEW PARTNERS VI	62,194	62,194	270,334
BLUE VISTA EQUITY BETHESDA INC	6,122	6,122	85,228
INLAND AMERICAN REAL ESTATE TR	74,292	713,337	297,167
WCP REAL ESTATE FUND II	172,556	172,556	301,964
TOTAL REAL ESTATE INVESTMENT FUNDS		1,280,985	1,271,357

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
LIMITED PARTNERSHIPS			
ABERDEEN EMERGING MARKETS	56,715	\$ 2,932,520	\$ 2,652,157
ALCENTRA EUROPEAN DLF	2,108,113	2,108,113	2,329,005
AQR GRP EL OFFSHORE FUND LTD	77	8,099,549	7,706,589
ARTISAN GLOBAL OPP TRUST	485,217	6,500,000	7,423,826
ASHMORE EM BD FEEDER FUND	6,933	6,932,760	6,703,569
BLACKROCK EQUITY INDEX FUND	4,801	3,013,797	3,368,320
BLACKROCK RUSSELL 2000 IDX FD	43,901	1,558,353	1,624,873
EAFE CURR. HEDGE EQ INDEX FD	120,680	5,000,000	4,905,013
GAM UNCONSTRAINED BD FD	104,219	10,267,694	10,071,129
LOOMIS SAYLE CREDIT ASSET	508,392	9,703,585	9,659,449
LOOMIS SAYLES MULTISECTOR FULL	474,015	7,698,226	8,252,599
MARATHON EUROPEAN CREDIT OPPOR	571	629,967	785,175
OHA EUROPEAN STRATEGIC CREDIT	983,100	983,100	1,307,198
OHA STRUCTURED PRODUCTS	1	1	142,639
REGIMENT CAPITAL	300,887	300,887	518,522
SCHRODER INTL SMALL COS PORTFO	1,578,678	1,578,678	2,881,404
THE ONSHORE ETAP FUND LLC	2,100,000	2,100,000	1,431,524
WILLIAM BLAIR MACRO ALLOCATION	686,555	8,170,000	7,819,857
TOTAL LIMITED PARTNERSHIPS		77,577,230	79,582,848
COMMINGLED FUND			
WELLINGTON DIVER INFLAT HEDGES	144,620	2,213,644	1,423,061
TOTAL COMMINGLED FUND		2,213,644	1,423,061
TOTAL INVESTMENTS		\$ 141,482,703	\$ 141,980,197

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2015

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain
Category (i) – Individual transactions in excess of 5% of plan assets						
State Street Bank + Trust Co	Money Market Fund	\$ 11,994,974	\$ –	\$ –	\$ 11,994,974	\$ –
State Street Bank + Trust Co	Money Market Fund	–	13,250,000	13,250,000	13,250,000	–
State Street Bank + Trust Co	Money Market Fund	9,000,000	–	–	9,000,000	–
State Street Bank + Trust Co	Money Market Fund	–	9,000,000	9,000,000	9,000,000	–
State Street Bank + Trust Co	Money Market Fund	6,934,196	–	–	6,934,196	–
State Street Bank + Trust Co	Money Market Fund	–	6,934,196	6,934,196	6,934,196	–
Ashmore Emerging Border Feeder Fund	Limited Partnership	6,930,000	–	–	6,930,000	–
Ashmore Emerging Markets Total	Limited Partnership	–	6,934,196	7,616,588	6,934,196	(682,392)
Pimco All Asset All Authority	Limited Partnership	–	8,171,497	9,960,015	8,171,497	(1,788,518)
William Blair Macro Allocation	Limited Partnership	8,170,000	–	–	8,170,000	–
Category (ii) – A series of transactions with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						
Category (iii) – A series of transactions in same security in excess of 5% of plan assets						
State Street Bank + Trust Co	Money Market Fund	\$ 73,684,795	\$ 76,657,510	\$ 76,657,510	\$ 150,342,305	\$ –
Ashmore Emerging Border Feeder Fund	Limited Partnership	6,932,760	–	–	6,932,760	–
AQR GRP EL Offshore Fund	Limited Partnership	3,970,036	3,970,036	3,870,487	7,940,072	99,549
Ashmore Emerging Markets Total	Limited Partnership	1,716,927	6,971,042	7,653,573	8,687,969	(682,531)
GMO Benchmark Free Allocation	Limited Partnership	5,719,232	3,600,000	3,886,341	9,319,232	(286,341)
Pimco All Asset All Authority	Limited Partnership	1,190,480	9,021,497	10,903,168	10,211,977	(1,881,671)
William Blair Macro Allocation	Limited Partnership	8,170,000	–	–	8,170,000	–
Category (iv) – A single transaction with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						

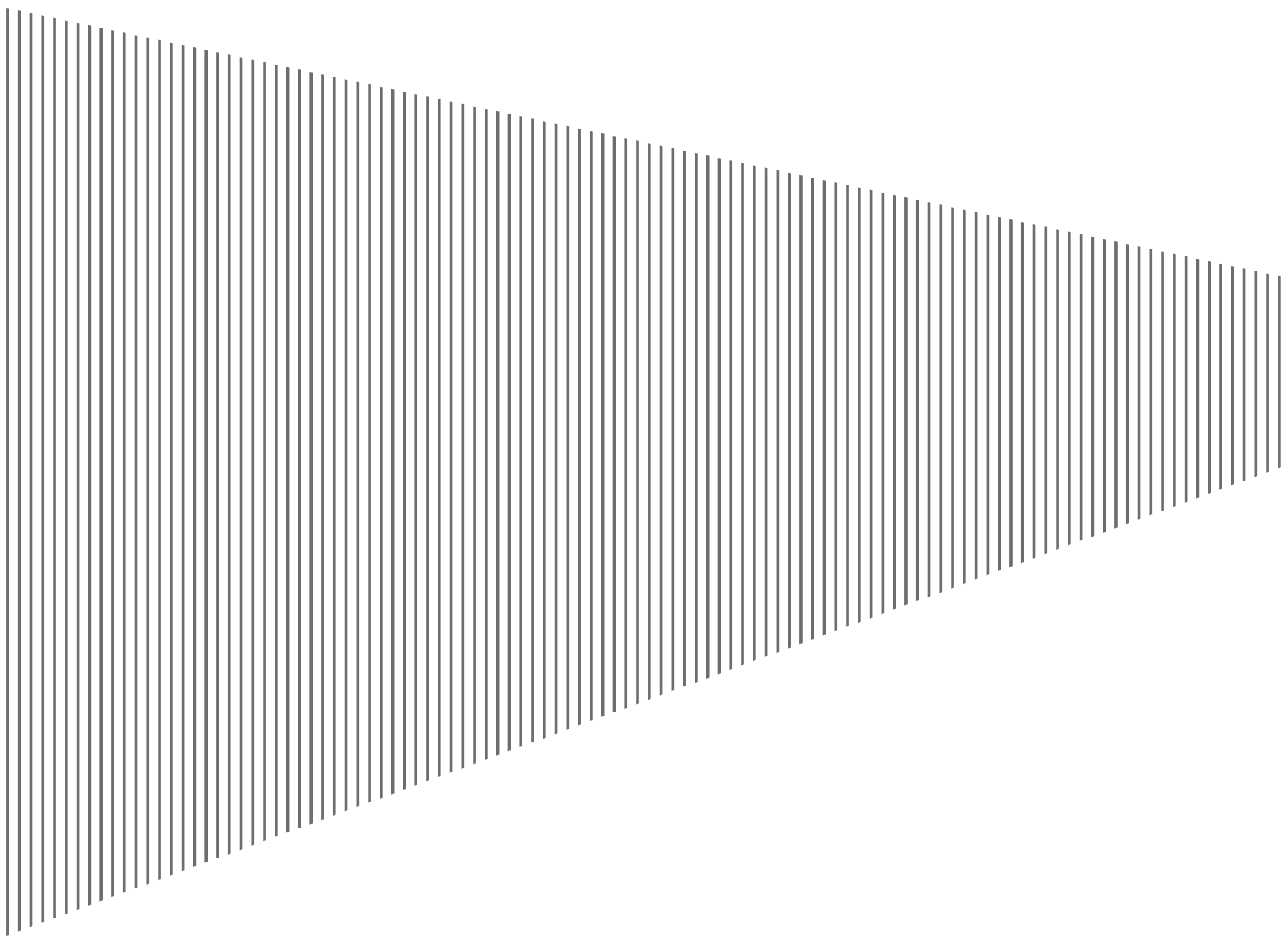
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Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

**TriHealth, Inc.
Retirement Plan
Active Participants**

EIN: 31-1438846 PN: 001

Number of Participants and Average Lump Sum Value

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		17	2							
25-29		105 \$1,318	25 \$5,005							
30-34		96 \$4,410	73 \$13,004	20 \$14,785						
35-39		117 \$6,458	61 \$27,044	41 \$40,155	6					
40-44		118 \$8,087	58 \$43,674	48 \$71,189	22 \$72,045	11	1			
45-49		117 \$13,062	71 \$48,011	51 \$86,752	38 \$87,216	11	23 \$115,981	1		
50-54		142 \$12,249	67 \$52,063	51 \$108,149	30 \$102,105	28 \$142,763	34 \$144,701	16	4	
55-59		123 \$15,526	63 \$54,171	71 \$120,758	32 \$129,095	29 \$184,533	31 \$202,324	26 \$247,554	19	1
60-64		92 \$19,702	41 \$57,264	41 \$126,357	32 \$137,288	14	18	14	13	13
65-69		22 \$16,181	25 \$89,535	14	8	4	5	4	4	2
70+		18	5	7	1		3	1	1	

N-2302

Note: The Plan is "hard-frozen" and as a result, compensation is not provided. Because the plan is a pension equity plan, the average lump sum value is shown.

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2015), without regard to interest rate stabilization
1st Segment Rate	1.22%
2nd Segment Rate	4.11%
3rd Segment Rate	5.20%
Optional Payment Form Election Percentage	Lump sum, if eligible. Else, life annuity
Projection of Retirement Account at 30-Year Treasury Rate	4.50%
Retirement Age Active Participants	Based on probability by age. See Table 1. 80% of retirement eligible participants are assumed to commence payment upon retirement; the remaining 20% are assumed to commence at age 60.
Current Terminated Vested Participants	Based on probability by age. See Table 2.
Future Terminated Vested Participants	Commence at Age 60.

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Mortality Rates Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	Based on probability by age and service. See Table 3.
Disability Rates	See Table 4
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2013 Plan Year	7.50%, limited to 6.76%
2014 Plan Year	7.50%, limited to 6.99%
2015 Plan Year	7.50%, limited to 6.81%
Trust Expenses Included in Target Normal Cost	\$400,000. Based on prior year's administrative expenses, rounded.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 1

Retirement Rates—Active Participants

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 2

Retirement Rates—Terminated Vested Participants

Age	Rate
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	10.00%
64	30.00%
65	30.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 3

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 4

Disability Rates

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

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
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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 TRIHEALTH, INC. RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 07/01/2005</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/2005			
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan 07/01/2005							
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) TRIHEALTH, INC. 619 OAK STREET CINCINNATI OH 45206-1613	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">2b Employer Identification Number (EIN) 31-1438846</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number 513-569-5126</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1438846		2c Plan Sponsor's telephone number 513-569-5126		2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 31-1438846							
2c Plan Sponsor's telephone number 513-569-5126							
2d Business code (see instructions) 622000							

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

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

SIGN HERE		<u>10/11/16</u>	BRIAN KRAUSE
	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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2,801
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 2,302
a(2) Total number of active participants at the end of the plan year	6a(2) 2,140
b Retired or separated participants receiving benefits.....	6b 54
c Other retired or separated participants entitled to future benefits.....	6c 487
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2,681
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 2,681
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 35
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 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2015

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain
Category (i) – Individual transactions in excess of 5% of plan assets						
State Street Bank + Trust Co	Money Market Fund	\$ 11,994,974	\$ –	\$ –	\$ 11,994,974	\$ –
State Street Bank + Trust Co	Money Market Fund	–	13,250,000	13,250,000	13,250,000	–
State Street Bank + Trust Co	Money Market Fund	9,000,000	–	–	9,000,000	–
State Street Bank + Trust Co	Money Market Fund	–	9,000,000	9,000,000	9,000,000	–
State Street Bank + Trust Co	Money Market Fund	6,934,196	–	–	6,934,196	–
State Street Bank + Trust Co	Money Market Fund	–	6,934,196	6,934,196	6,934,196	–
Ashmore Emerging Border Feeder Fund	Limited Partnership	6,930,000	–	–	6,930,000	–
Ashmore Emerging Markets Total	Limited Partnership	–	6,934,196	7,616,588	6,934,196	(682,392)
Pimco All Asset All Authority	Limited Partnership	–	8,171,497	9,960,015	8,171,497	(1,788,518)
William Blair Macro Allocation	Limited Partnership	8,170,000	–	–	8,170,000	–
Category (ii) – A series of transactions with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						
Category (iii) – A series of transactions in same security in excess of 5% of plan assets						
State Street Bank + Trust Co	Money Market Fund	\$ 73,684,795	\$ 76,657,510	\$ 76,657,510	\$ 150,342,305	\$ –
Ashmore Emerging Border Feeder Fund	Limited Partnership	6,932,760	–	–	6,932,760	–
AQR GRP EL Offshore Fund	Limited Partnership	3,970,036	3,970,036	3,870,487	7,940,072	99,549
Ashmore Emerging Markets Total	Limited Partnership	1,716,927	6,971,042	7,653,573	8,687,969	(682,531)
GMO Benchmark Free Allocation	Limited Partnership	5,719,232	3,600,000	3,886,341	9,319,232	(286,341)
Pimco All Asset All Authority	Limited Partnership	1,190,480	9,021,497	10,903,168	10,211,977	(1,881,671)
William Blair Macro Allocation	Limited Partnership	8,170,000	–	–	8,170,000	–
Category (iv) – A single transaction with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						

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 TRIHEALTH, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRIHEALTH, INC.	D Employer Identification Number (EIN) 31-1438846	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	151,696,620	
b Actuarial value	2b	153,046,524	
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.....	43	4,950,999	4,950,999
b For terminated vested participants.....	456	17,350,831	17,350,831
c For active participants.....	2,302	124,698,011	128,365,437
d Total.....	2,801	146,999,841	150,667,267
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.....	6.07%		
6 Target normal cost.....	400,000		

Statement by Enrolled Actuary

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

SIGN HERE	Trisha L. Trembl (TT)	09/30/2016
	Signature of actuary	Date
	TRISHA L. TREML	1406986
	Type or print name of actuary	Most recent enrollment number
	HEWITT ASSOCIATES LLC	847-295-5000
	Firm name	Telephone number (including area code)
4 OVERLOOK POINT		
LINCOLNSHIRE IL 60069-3258		
Address of the firm		

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

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

Schedule SB (Form 5500) 2015
v. 150123

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	1,177,121
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	1,177,121
10 Interest on line 9 using prior year's actual return of <u>3.43</u> %	0	40,375
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		12,476,606
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>6.24</u> %		778,540
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		13,255,146
d Portion of (c) to be added to prefunding balance		13,255,146
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	14,472,642

Part III Funding Percentages

14 Funding target attainment percentage	14	91.97 %
15 Adjusted funding target attainment percentage	15	101.57 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.73 %
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
06/15/2015	425,000	0			
Totals ▶			18(b)	425,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	413,828

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	400,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		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	400,000
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35)		36	400,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	413,828
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	13,828
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.07%	Interest Adjusted Contribution
June 15, 2015	<u>\$ 425,000</u>	165	<u>\$ 413,828</u>
Total Contribution	\$ 425,000		\$ 413,828

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

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

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2015), without regard to interest rate stabilization
1st Segment Rate	1.22%
2nd Segment Rate	4.11%
3rd Segment Rate	5.20%
Optional Payment Form Election Percentage	Lump sum, if eligible. Else, life annuity
Projection of Retirement Account at 30-Year Treasury Rate	4.50%
Retirement Age Active Participants	Based on probability by age. See Table 1. 80% of retirement eligible participants are assumed to commence payment upon retirement; the remaining 20% are assumed to commence at age 60.
Current Terminated Vested Participants	Based on probability by age. See Table 2.
Future Terminated Vested Participants	Commence at Age 60.

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Mortality Rates Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	Based on probability by age and service. See Table 3.
Disability Rates	See Table 4
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2013 Plan Year	7.50%, limited to 6.76%
2014 Plan Year	7.50%, limited to 6.99%
2015 Plan Year	7.50%, limited to 6.81%
Trust Expenses Included in Target Normal Cost	\$400,000. Based on prior year's administrative expenses, rounded.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 1

Retirement Rates—Active Participants

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
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Table 2

Retirement Rates—Terminated Vested Participants

Age	Rate
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	10.00%
64	30.00%
65	30.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
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Table 3

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
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Table 4

Disability Rates

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

This section highlights key plan provisions reflected in the January 1, 2015 valuation. Reference should be made to the Plan Document for additional clarification and details.

Status of Plan	Plan was frozen effective December 31, 2014 with participants continuing to earn vesting service.
Effective Date	Established as of July 1, 2005. Plan was amended and restated as of January 1, 2011, and was further amended as of December 31, 2014.
Eligibility for Participation	Employees of TriHealth, Inc. are covered by the plan from their date of hire, upon completion of at least 1,000 hours (800 hours for years before 2011) of service in one year. Certain "Staff Employees" as defined by the employer and the plan document are not eligible to participate. Effective December 31, 2014 the plan was frozen to new entrants.
Normal Retirement Eligibility	Age 65.
Benefit	The annual normal retirement benefit, payable monthly, is the retirement account converted to an actuarially equivalent annuity.
Early Retirement Eligibility	Age 55 and five years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of retirement.
Vested Termination Eligibility	Three years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of termination. Payments may begin any time after eligibility for early retirement. Interest on the retirement account will accrue at the applicable 30-year Treasury rate until benefits commence.

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
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Disability	
Eligibility	Total and permanent disability and three years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of disability. Payments may begin immediately.
Preretirement Death	
Eligibility	Three years vesting service.
Benefit	<i>Without Spouse:</i> Retirement account at the date of death. <i>With Spouse:</i> Retirement account at date of death or an actuarially equivalent life annuity to surviving spouse.
Normal Form of Annuity	<i>Without Spouse:</i> Life annuity. <i>With Spouse:</i> Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in the event of participant's death, 50% of the reduced benefit continued to surviving spouse.
Optional Forms of Annuity	Lump sum; life annuity; joint and survivor with spouse beneficiary only (50%, 75%, 100%); 60 or 120 month period certain only; 60 or 120 month period certain and life annuity.
Actuarial Equivalent	A benefit having the same value as the benefit which it replaces, based on the applicable mortality table and the applicable interest rates defined in IRC Section 417(e)(3). For purposes of converting a single life annuity to a qualified joint and survivor annuity or period certain and life annuity, an 8.0% interest rate is used.
Definitions	
Retirement Account	Highest average compensation times total annual credits plus 2% per year of credited service times highest average compensation over Social Security covered compensation Effective December 31, 2014, the retirement account was frozen. Participants will accrue interest on the retirement account for years after 2014. Interest will accrue at the applicable 30-year Treasury rate until commencement.

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Highest Average Compensation Generally, highest five consecutive years of W-2 pay during career (including years at a joint operating entity and excluding years in which a participant does not complete 1,000 hours of service (800 hours for years before 2011)). Highest average compensation was frozen as of December 31, 2014.

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

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

Before 2011:

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

Total Annual Credits was frozen as of December 31, 2014.

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

Benefit Service Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a joint operating entity. Used primarily to determine annual credits. Benefit service was frozen as of December 31, 2014.

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
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annual credits have been earned under the Plan. Credited service was frozen as of December 31, 2014.

Social Security
Covered Compensation

35-year average of Social Security wage bases based on year of birth table. Social Security covered compensation was frozen as of December 31, 2014.

Applicable 30-Year
Treasury Rate

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

For only the 2015 plan year, there is a comparison to credit interest on the retirement account based on the greater of the 30-year Treasury securities determined for the second month preceding the first day of the plan year and the 30-year Treasury securities determined for the fifth month preceding the first day of the plan year.

Effective January 1, 2015 participants' frozen retirement accounts will be credited with interest based on the applicable 30-Year until commencement.

Joint Operating Entity

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change to freeze pay and benefit accruals effective December 31, 2014.
- A change from crediting interest on the Retirement Account based on 30-year Treasury securities for the second calendar month preceding the first day of the plan year to crediting interest on the Retirement Account based on 30-year Treasury securities for the fifth calendar month preceding the first day of the plan year.
- A change in interest rates used for the Actuarial Equivalence definition from the 417(e)(3) interest rates determined for the second calendar month preceding the first day of the plan year to the 417(e)(3) interest rates determined for the fifth calendar month preceding the first day of the plan year.

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- Effective December 31, 2014, assets and liabilities were transferred among the following pension plans: the Bethesda Retirement Plan, the Good Samaritan Hospital Retirement Plan, and the TriHealth, Inc. Retirement Plan. The transfers were made in order to reflect the transfers of employment for active employees during 2014. After the transfer, each active employee's total retirement account will be held within the plan sponsored by the employee's current employer. The asset transfer amounts were determined as of December 31, 2014 in accordance with Internal Revenue Code Section 414(l).

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

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the rates of assumed retirement age for current terminated vested participants to better reflect plan experience.

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

**TriHealth, Inc.
Retirement Plan
Active Participants**

EIN: 31-1438846 PN: 001

Number of Participants and Average Lump Sum Value

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		17	2							
25-29		105 \$1,318	25 \$5,005							
30-34		96 \$4,410	73 \$13,004	20 \$14,785						
35-39		117 \$6,458	61 \$27,044	41 \$40,155	6					
40-44		118 \$8,087	58 \$43,674	48 \$71,189	22 \$72,045	11	1			
45-49		117 \$13,062	71 \$48,011	51 \$86,752	38 \$87,216	11	23 \$115,981	1		
50-54		142 \$12,249	67 \$52,063	51 \$108,149	30 \$102,105	28 \$142,763	34 \$144,701	16	4	
55-59		123 \$15,526	63 \$54,171	71 \$120,758	32 \$129,095	29 \$184,533	31 \$202,324	26 \$247,554	19	1
60-64		92 \$19,702	41 \$57,264	41 \$126,357	32 \$137,288	14	18	14	13	13
65-69		22 \$16,181	25 \$89,535	14	8	4	5	4	4	2
70+		18	5	7	1		3	1	1	

N-2302

Note: The Plan is "hard-frozen" and as a result, compensation is not provided. Because the plan is a pension equity plan, the average lump sum value is shown.

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.07%	Interest Adjusted Contribution
June 15, 2015	<u>\$ 425,000</u>	165	<u>\$ 413,828</u>
Total Contribution	\$ 425,000		\$ 413,828

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

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

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

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Schedule H, line 4I

The Plan Sponsor has determined that certain terminated vested participants did not start payment of their required minimum distributions as required by Internal Revenue Code Section 401(a)(9). The total of the outstanding amounts that were not paid when due in previous years and that have continued to remain unpaid was estimated for this filing. The amount also excludes amounts for participants the Plan Sponsor has determined to be missing. The Plan Sponsor is currently taking such actions necessary to correct the above identified error consistent with Employee Plans Compliance Resolution System, as set forth in Revenue Procedure 2013-12, as modified by the Internal Revenue Service.

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Schedule SB, Part V—Summary of Plan Provisions

This section highlights key plan provisions reflected in the January 1, 2015 valuation. Reference should be made to the Plan Document for additional clarification and details.

Status of Plan	Plan was frozen effective December 31, 2014 with participants continuing to earn vesting service.
Effective Date	Established as of July 1, 2005. Plan was amended and restated as of January 1, 2011, and was further amended as of December 31, 2014.
Eligibility for Participation	Employees of TriHealth, Inc. are covered by the plan from their date of hire, upon completion of at least 1,000 hours (800 hours for years before 2011) of service in one year. Certain “Staff Employees” as defined by the employer and the plan document are not eligible to participate. Effective December 31, 2014 the plan was frozen to new entrants.
Normal Retirement Eligibility	Age 65.
Benefit	The annual normal retirement benefit, payable monthly, is the retirement account converted to an actuarially equivalent annuity.
Early Retirement Eligibility	Age 55 and five years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of retirement.
Vested Termination Eligibility	Three years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of termination. Payments may begin any time after eligibility for early retirement. Interest on the retirement account will accrue at the applicable 30-year Treasury rate until benefits commence.

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Disability	
Eligibility	Total and permanent disability and three years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of disability. Payments may begin immediately.
Preretirement Death	
Eligibility	Three years vesting service.
Benefit	<i>Without Spouse:</i> Retirement account at the date of death. <i>With Spouse:</i> Retirement account at date of death or an actuarially equivalent life annuity to surviving spouse.
Normal Form of Annuity	<i>Without Spouse:</i> Life annuity. <i>With Spouse:</i> Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in the event of participant's death, 50% of the reduced benefit continued to surviving spouse.
Optional Forms of Annuity	Lump sum; life annuity; joint and survivor with spouse beneficiary only (50%, 75%, 100%); 60 or 120 month period certain only; 60 or 120 month period certain and life annuity.
Actuarial Equivalent	A benefit having the same value as the benefit which it replaces, based on the applicable mortality table and the applicable interest rates defined in IRC Section 417(e)(3). For purposes of converting a single life annuity to a qualified joint and survivor annuity or period certain and life annuity, an 8.0% interest rate is used.
Definitions	
Retirement Account	Highest average compensation times total annual credits plus 2% per year of credited service times highest average compensation over Social Security covered compensation Effective December 31, 2014, the retirement account was frozen. Participants will accrue interest on the retirement account for years after 2014. Interest will accrue at the applicable 30-year Treasury rate until commencement.

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Highest Average Compensation Generally, highest five consecutive years of W-2 pay during career (including years at a joint operating entity and excluding years in which a participant does not complete 1,000 hours of service (800 hours for years before 2011)). Highest average compensation was frozen as of December 31, 2014.

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

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

Before 2011:

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

Total Annual Credits was frozen as of December 31, 2014.

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

Benefit Service Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a joint operating entity. Used primarily to determine annual credits. Benefit service was frozen as of December 31, 2014.

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

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annual credits have been earned under the Plan. Credited service was frozen as of December 31, 2014.

Social Security
Covered Compensation

35-year average of Social Security wage bases based on year of birth table. Social Security covered compensation was frozen as of December 31, 2014.

Applicable 30-Year
Treasury Rate

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

For only the 2015 plan year, there is a comparison to credit interest on the retirement account based on the greater of the 30-year Treasury securities determined for the second month preceding the first day of the plan year and the 30-year Treasury securities determined for the fifth month preceding the first day of the plan year.

Effective January 1, 2015 participants' frozen retirement accounts will be credited with interest based on the applicable 30-Year until commencement.

Joint Operating Entity

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change to freeze pay and benefit accruals effective December 31, 2014.
- A change from crediting interest on the Retirement Account based on 30-year Treasury securities for the second calendar month preceding the first day of the plan year to crediting interest on the Retirement Account based on 30-year Treasury securities for the fifth calendar month preceding the first day of the plan year.
- A change in interest rates used for the Actuarial Equivalence definition from the 417(e)(3) interest rates determined for the second calendar month preceding the first day of the plan year to the 417(e)(3) interest rates determined for the fifth calendar month preceding the first day of the plan year.

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

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.
- Effective December 31, 2014, assets and liabilities were transferred among the following pension plans: the Bethesda Retirement Plan, the Good Samaritan Hospital Retirement Plan, and the TriHealth, Inc. Retirement Plan. The transfers were made in order to reflect the transfers of employment for active employees during 2014. After the transfer, each active employee's total retirement account will be held within the plan sponsored by the employee's current employer. The asset transfer amounts were determined as of December 31, 2014 in accordance with Internal Revenue Code Section 414(l).

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

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

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

TriHealth, Inc. Retirement Plan

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

December 31, 2015

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CASH			
US DOLLAR	(36)	\$ (36)	\$ (36)
US DOLLAR	111,459	111,459	111,459
US DOLLAR	272	272	272
TOTAL CASH		111,695	111,695
MONEY MARKET			
STATE STREET BANK + TRUST CO	3,503	3,503	3,503
STATE STREET BANK + TRUST CO	9,537	9,537	9,537
STATE STREET BANK + TRUST CO	15,736	15,736	15,736
STATE STREET BANK + TRUST CO	67,068	67,068	67,068
STATE STREET BANK + TRUST CO	125,103	125,103	125,103
STATE STREET BANK + TRUST CO	1,115,224	1,115,224	1,115,224
TOTAL MONEY MARKET		1,336,171	1,336,171
DOMESTIC EQUITY SECURITIES			
ABBOTT LABORATORIES	3,098	110,290	139,131
AGCO CORP	1,285	68,726	58,326
AGRIUM INC	1,136	99,547	101,490
ALPHABET INC CL A	135	49,456	105,031
ALPHABET INC CL C	135	49,016	102,449
AMAZON.COM INC	257	80,180	173,704
APPLE INC	1,133	92,580	119,260
AVNET INC	2,508	92,596	107,443
BANK OF AMERICA CORP	7,197	149,228	121,126
BANK OF NEW YORK MELLON CORP	5,465	146,770	225,267
BERKSHIRE HATHAWAY INC CL B	1,138	147,771	150,262
BIO RAD LABORATORIES A	704	83,026	97,617
BIOGEN INC	224	67,193	68,622
CARNIVAL CORP	1,963	67,278	106,944

TriHealth, Inc. Retirement Plan

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
CISCO SYSTEMS INC	3,784	\$ 86,515	\$ 102,755
CSX CORP	1,008	26,238	26,158
EXXON MOBIL CORP	806	63,742	62,828
GENERAL ELECTRIC CO W/D	5,582	141,626	173,879
GOLDMAN SACHS GROUP INC	698	104,814	125,801
HALLIBURTON CO	2,401	95,083	81,730
INTL BUSINESS MACHINES CORP	470	69,273	64,681
JM SMUCKER CO/THE	845	88,031	104,222
JOHNSON + JOHNSON	882	82,423	90,599
MICROSOFT CORP	2,219	81,114	123,110
MONDELEZ INTERNATIONAL INC A	5,087	136,173	228,101
NOVARTIS AG SPONSORED ADR	1,613	141,906	138,783
ORACLE CORP	3,133	122,256	114,448
OWENS + MINOR INC	5,282	165,602	190,046
PRICELINE GROUP INC/THE	71	79,558	90,521
RELIANCE STEEL + ALUMINUM	1,514	110,251	87,676
ROYAL CARIBBEAN CRUISES LTD	280	9,187	28,339
SCHLUMBERGER LTD	1,003	84,552	69,959
SYSCO CORP	3,396	106,175	139,236
TWENTY FIRST CENTURY FOX A	2,902	95,623	78,818
UNION PACIFIC CORP	863	71,553	67,487
WESCO INTERNATIONAL INC	1,556	122,136	67,966
WORLD FUEL SERVICES CORP	1,718	66,537	66,074
ALLIANCE DATA SYSTEMS CORP	275	70,132	76,057
ALPHABET INC CL A	142	78,061	110,477
ALPHABET INC CL C	143	77,945	108,520
AMAZON.COM INC	182	97,831	123,012
APPLE INC	1,681	145,080	176,942
BANKUNITED INC	1,820	62,823	65,629
BIOGEN INC	205	60,677	62,802
BRISTOL MYERS SQUIBB CO	1,240	79,924	85,300

TriHealth, Inc. Retirement Plan

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
CBRE GROUP INC A	1,470	\$ 38,116	\$ 50,833
CELGENE CORP	1,130	94,305	135,329
COCA COLA ENTERPRISES	1,720	77,579	84,693
COMCAST CORP CLASS A	1,540	82,863	86,902
CONSTELLATION BRANDS INC A	450	58,000	64,098
COOPER COS INC/THE	420	57,619	56,364
COSTCO WHOLESALE CORP	385	61,686	62,178
DELPHI AUTOMOTIVE PLC	900	76,263	77,157
DOW CHEMICAL CO W/D	1,580	81,701	81,338
EASTMAN CHEMICAL CO	740	57,144	49,957
FACEBOOK INC A	1,220	79,930	127,685
FORTINET INC	1,130	41,538	35,222
HOME DEPOT INC	630	53,046	83,318
JARDEN CORP	910	41,356	51,979
JAZZ PHARMACEUTICALS PLC	770	118,691	108,231
KROGER CO	1,660	62,568	69,438
LENNOX INTERNATIONAL INC	500	56,993	62,450
LOWE S COS INC	1,180	81,042	89,727
MANPOWERGROUP INC	700	65,837	59,003
MASTERCARD INC CLASS A	740	65,012	72,046
MERRIMACK PHARMACEUTICALS IN	2,090	21,129	16,511
MICROSOFT CORP	1,690	91,288	93,761
MIDDLEBY CORP	360	39,460	38,833
NEWELL RUBBERMAID INC	1,370	61,245	60,390
NXP SEMICONDUCTORS NV	470	40,222	39,598
PALO ALTO NETWORKS INC	385	37,701	67,814
PRICELINE GROUP INC/THE	57	65,328	72,672
PTC THERAPEUTICS INC	1,090	57,023	35,316
RED HAT INC	840	46,662	69,560
RUSH ENTERPRISES INC CL A	1,490	39,850	32,616

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
SALESFORCE.COM INC	1,020	\$ 59,128	\$ 79,968
SERVICE CORP INTERNATIONAL	2,060	59,709	53,601
SIGNET JEWELERS LTD	330	25,939	40,818
STARBUCKS CORP	670	39,230	40,220
STEELCASE INC CL A	4,260	81,582	63,474
STERIS PLC	1,270	94,666	95,682
SUNCOR ENERGY INC	1,370	40,980	35,346
SYNCHRONY FINANCIAL	2,010	62,181	61,124
TESORO CORP	785	63,320	82,715
TEVA PHARMACEUTICAL SP ADR	2,020	104,088	132,593
TRANSDIGM GROUP INC	275	65,476	62,824
TWENTY FIRST CENTURY FOX A	2,220	62,015	60,295
UNITED CONTINENTAL HOLDINGS	690	41,347	39,537
VALERO ENERGY CORP	970	58,593	68,589
VF CORP	635	45,275	39,529
VISA INC CLASS A SHARES	1,040	54,528	80,652
VULCAN MATERIALS CO	560	42,432	53,183
TOTAL DOMESTIC EQUITY SECURITIES		6,978,184	7,933,797
MUTUAL FUNDS – FIXED INCOME			
PIMCO EXTENDED DURATION FUND	1,323,615	10,406,809	10,310,961
PIMCO LONG DURATION TOTAL RETU	795,677	11,185,794	8,505,791
TOTAL MUTUAL FUNDS – FIXED INCOME		21,592,603	18,816,752
MUTUAL FUNDS-MULTI ASSET			
GMO BENCHMARK FREE ALLOCATION	431,574	11,389,150	10,539,037
TOTAL MUTUAL FUNDS – MULTI ASSET		11,389,150	10,539,037

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
HEDGE FUNDS			
BLUE TREND FUND LTD	900,000	\$ 900,000	\$ 1,014,106
CAXTON GLOBAL INV. LTD.	1,125	1,125,000	1,191,471
CRITERION CAPITAL PARTNERS	12,000	1,200,000	1,486,625
GCA CREDIT OPPS OFFSHORE	250	250,000	249,479
GCA CREDIT OPPS OFFSHORE	514	1,039,640	1,058,207
GLEACHER DIVERSIFIED STRAT FND	7	8,870	9,586
HUDSON BAY INTL FUND LTD	850	850,000	804,643
JANA OFFSHORE PARTNERS LP	328	1,413,162	1,318,768
JANA OFFSHORE PARTNERS LP	600	600,000	548,911
KING STREET CAPITAL LP	8,204	1,336,106	1,328,080
KING STREET CAPITAL, LTD	36	3,595	3,866
KING STREET CAPITAL, LTD	12	1,166	1,245
KING STREET CAPITAL, LTD	303	30,314	29,848
KING STREET CAPITAL, LTD	26	2,590	2,505
KING STREET CAPITAL, LTD.	25	2,518	2,635
LIBREMAX OFFSHORE FUND, LTD	743	1,106,421	1,086,399
LIBREMAX OFFSHORE FUND, LTD	250	248,598	243,305
PASSPORT OFFSHORE LTD	950	1,305,232	1,408,005
PASSPORT SPV GSII OFFSHORE LTD	2	1,655	534
ESG CROSS BORDER EQUITY	1,400	1,400,000	1,306,613
POLUNIN DEVELOPING COUNTRIES	268,147	2,743,157	2,362,379
TOTAL HEDGE FUNDS		15,568,024	15,457,210

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
PRIVATE EQUITY FUNDS			
AXIOM ASIA PRIVATE CAP FND III	1,042,041	\$ 1,042,041	\$ 1,188,852
FORT WASHINGTON PRIVATE EQUITY	847,500	847,500	1,041,435
FORT WASHINGTON PVT EQUITY IV	153,223	153,223	411,724
PORTFOLIO AD PVT	108,819	108,819	739,745
PORTFOLIO AD PVT	275,243	275,243	442,592
PORTFOLIO AD PVT	192,309	192,309	351,458
PRIVATE EQUITY INVESTMENT	365,125	365,125	478,681
SIGULER GUFF BRIC OPPORT	186,606	186,606	246,099
SIGULER GUFF DOF	95,044	95,044	218,285
KAYNE ANDERSON ENERGY	81,709	81,709	252,702
OAKTREE MEZZANINE FUND	87,398	87,398	136,696
TOTAL PRIVATE EQUITY FUNDS		3,435,017	5,508,269
REAL ESTATE INVESTMENT FUNDS			
AETHER REAL ASSETS III, LP	326,776	326,776	316,664
AEW PARTNERS VI	62,194	62,194	270,334
BLUE VISTA EQUITY BETHESDA INC	6,122	6,122	85,228
INLAND AMERICAN REAL ESTATE TR	74,292	713,337	297,167
WCP REAL ESTATE FUND II	172,556	172,556	301,964
TOTAL REAL ESTATE INVESTMENT FUNDS		1,280,985	1,271,357

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

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
LIMITED PARTNERSHIPS			
ABERDEEN EMERGING MARKETS	56,715	\$ 2,932,520	\$ 2,652,157
ALCENTRA EUROPEAN DLF	2,108,113	2,108,113	2,329,005
AQR GRP EL OFFSHORE FUND LTD	77	8,099,549	7,706,589
ARTISAN GLOBAL OPP TRUST	485,217	6,500,000	7,423,826
ASHMORE EM BD FEEDER FUND	6,933	6,932,760	6,703,569
BLACKROCK EQUITY INDEX FUND	4,801	3,013,797	3,368,320
BLACKROCK RUSSELL 2000 IDX FD	43,901	1,558,353	1,624,873
EAFE CURR. HEDGE EQ INDEX FD	120,680	5,000,000	4,905,013
GAM UNCONSTRAINED BD FD	104,219	10,267,694	10,071,129
LOOMIS SAYLE CREDIT ASSET	508,392	9,703,585	9,659,449
LOOMIS SAYLES MULTISECTOR FULL	474,015	7,698,226	8,252,599
MARATHON EUROPEAN CREDIT OPPOR	571	629,967	785,175
OHA EUROPEAN STRATEGIC CREDIT	983,100	983,100	1,307,198
OHA STRUCTURED PRODUCTS	1	1	142,639
REGIMENT CAPITAL	300,887	300,887	518,522
SCHRODER INTL SMALL COS PORTFO	1,578,678	1,578,678	2,881,404
THE ONSHORE ETAP FUND LLC	2,100,000	2,100,000	1,431,524
WILLIAM BLAIR MACRO ALLOCATION	686,555	8,170,000	7,819,857
TOTAL LIMITED PARTNERSHIPS		77,577,230	79,582,848
COMMINGLED FUND			
WELLINGTON DIVER INFLAT HEDGES	144,620	2,213,644	1,423,061
TOTAL COMMINGLED FUND		2,213,644	1,423,061
TOTAL INVESTMENTS		\$ 141,482,703	\$ 141,980,197

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the rates of assumed retirement age for current terminated vested participants to better reflect plan experience.

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