

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☒ 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)	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>		
<u>TRIHEALTH, INC.</u> <u>619 OAK STREET</u> <u>CINCINNATI, OH 45206-1613</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/09/2017</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

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 2681
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 2140 6a(2) 1966 6b 74 6c 552 6d 2592 6e 0 6f 2592 6g 6h 13
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) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 <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 or 5500-SF <u>TRIHEALTH, INC.</u>	D Employer Identification Number (EIN) <u>31-1438846</u>
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>2016</u>	
2 Assets:	
a Market value	2a <u>141980196</u>
b Actuarial value	2b <u>151161093</u>
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.....	<u>54</u> <u>6931616</u> <u>6931616</u>
b For terminated vested participants.....	<u>487</u> <u>16191416</u> <u>16191416</u>
c For active participants.....	<u>2140</u> <u>121938731</u> <u>123874636</u>
d Total.....	<u>2681</u> <u>145061763</u> <u>146997668</u>
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 <u>5.83 %</u>
6 Target normal cost.....	6 <u>1100000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/28/2017</u>
	Signature of actuary	Date
<u>TRISHA L. BOUSSARI</u>	Type or print name of actuary	<u>17-06986</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069-3258</u>	Address of the firm	<u>847-295-5000</u>
		Telephone number (including area code)

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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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	14472642
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	14472642
10	Interest on line 9 using prior year's actual return of <u>-0.95%</u>	0	-137490
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		13828
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>6.07%</u>		839
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		14667
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14335152

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.08%
15	Adjusted funding target attainment percentage	15	102.83%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.97%
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
Totals ►			18(b)	0	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 0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
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	1100000			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	10171727	1680608			
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	0			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2780608			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	2780608			
36	Additional cash requirement (line 34 minus line 35)	36	0			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	0			
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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

22-3430173

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation CRITERION CAPITAL MANAGEMENT
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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 AETHER INVESTMENT PARTNERS, L.P.
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26-3250836

(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

WCP INVESTMENT MANAGER LLC

56-2569505

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

OAKTREE CAPITAL MANAGEMENT, L.P.

26-0189082

(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

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

PORTFOLIO ADVISORS, LLC

06-1487853

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

KAYNE ANDERSON CAPITAL ADVISORS

1800 AVENUE OF THE STARS
3RD FLOOR
LOS ANGELES, CA 90067

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

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

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

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

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	168489	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	73483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

27-6331814

(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	59026	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	50336	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	42650	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	35959	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	33312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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	25161	Yes ☐ No ☒	Yes ☐ No ☐		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	13959	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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 24 28 50 51	NONE	9192	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RELiance TRUST COMPANY

46-6625485

(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	8754	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	4926	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>TRIHEALTH, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIHEALTH, INC.</u>	D Employer Identification Number (EIN) <u>31-1438846</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	109736	63231
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1447867	917785
(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)	7933797	11094258
(5) Partnership/joint venture interests	1c(5)	81945227	91657213
(6) Real estate (other than employer real property).....	1c(6)	1271357	1445257
(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)	29355788	20515874
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	20026161	18121070

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	142089933	143814688

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	59572	28207
i Acquisition indebtedness	1i		
j Other liabilities	1j	6621	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	66193	28207

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	142023740	143786481
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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)	2920	
(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)	114501	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		117421
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	76454	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1027810	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1104264
(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)	171739	
(B) Other	2b(5)(B)	8869964	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		9041703

		(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)		777994
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11041382

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7759594	
(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)		7759594
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)	261466	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	299589	
(4) Other	2i(4)	957992	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1519047
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9278641

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1762741
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l	X		311811
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3986196. (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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>83</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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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>30.0</u> % Investment-Grade Debt: <u>16.0</u> % High-Yield Debt: <u>2.0</u> % Real Estate: <u>0.0</u> % Other: <u>52.0</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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

TriHealth, Inc. Retirement Plan
Years Ended December 31, 2016 and 2015
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

TriHealth, Inc. Retirement Plan
Financial Statements and Supplemental Schedules

Years Ended December 31, 2016 and 2015

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Report of Independent Auditors

The Retirement Plan 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, 2016 and 2015, 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 the TriHealth, Inc. Retirement Plan at December 31, 2016, and the changes in its net assets available for benefits for the year then ended, and the financial status of the TriHealth, Inc. Retirement Plan at December 31, 2015, 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, 2016, 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 11, 2017

TriHealth, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2016	2015
Assets		
Investments:		
Investments at fair value	<u>\$ 143,751,457</u>	<u>\$ 141,980,197</u>
Total investments	143,751,457	141,980,197
Receivables:		
Accrued income	<u>63,231</u>	<u>109,736</u>
Total assets	143,814,688	142,089,933
Liabilities and net assets available for benefits		
Accrued administrative fees	28,207	59,572
Payable for investment purchase	<u>—</u>	<u>6,621</u>
Total liabilities	28,207	66,193
Net assets available for benefits	<u><u>\$ 143,786,481</u></u>	<u><u>\$ 142,023,740</u></u>

See accompanying notes.

TriHealth, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	December 31	
	2016	2015
Additions		
Interest and dividends	\$ 1,221,684	\$ 3,996,774
Net appreciation (depreciation) in fair value of investments	9,819,698	(5,235,498)
Total additions net of investment losses	11,041,382	(1,238,724)
Deductions		
Benefits paid to participants	7,759,594	7,975,352
Administrative expenses	1,519,047	1,312,734
Total deductions	9,278,641	9,288,086
Transfer from Good Samaritan Retirement Plan	–	1,340,301
Transfer from Bethesda Retirement Plan	–	3,983,158
Increase (decrease) in net assets available for benefits	1,762,741	(5,203,351)
Net assets available for benefits at beginning of year	142,023,740	147,227,091
Net assets available for benefits at end of year	<u>\$ 143,786,481</u>	<u>\$ 142,023,740</u>

See accompanying notes.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements

December 31, 2016

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 from the Good Samaritan Retirement Plan during the year ended December 31, 2015, and assets of \$3,983,158 from the Bethesda Retirement Plan during the year ended December 31, 2015, as the result of personnel transfers between the related plan sponsors. There were no transfers of plan assets for the year ended December 31, 2016.

General

The Plan is a non-contributory defined benefit plan that 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 Retirement Plan Committee is responsible for the general administration 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 became a participant in the Plan upon completion of 1,000 hours of service with the Company. Active participants become fully vested upon the earlier 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 was 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 January 1, 2015. Participants were able to also receive an additional benefit if their pay is over the Social Security Covered Compensation Limit.

After reaching age 55, terminated participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution or as an annuity payable monthly. Terminated participants whose accumulated plan benefits are less than \$5,000 will automatically receive 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 2016 and 2015.

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.

2. Significant Accounting Policies

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.

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 Topic (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.

Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) 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 August 2014, the FASB issued Accounting Standards Update No. (ASU) 2014-15, *Presentation of Financial Statements – Going Concern (Subtopic 205-40): Disclosure of Uncertainties about an Entity’s Ability to Continue as a Going Concern*. ASU 2014-15 defines management’s responsibility to evaluate whether there is substantial doubt about an organization’s ability to continue as a going concern and to provide related footnote disclosures. In connection with preparing financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about an organization’s ability to continue as a going concern within one year after the date that the financial statements are issued. ASU 2014-15 is effective for fiscal years ending after December 15, 2016. Management has performed this assessment as of the date these financial statements were available to be issued and no going concern uncertainties were identified.

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

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

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

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, 2015, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 6,640,255
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Other vested benefits	116,081,212
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Total vested benefits	122,721,467
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Non-vested benefits	1,918,315
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Total actuarial present value of accumulated plan benefits	<u>\$ 124,639,782</u>
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TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The changes in accumulated plan benefits between January 1, 2015 and December 31, 2015 were as follows:

Actuarial present value of accumulated plan benefits at January 1, 2015	\$ 124,537,631
Increase during the year attributed to:	
Interest accumulated	9,044,289
Other changes ^(a)	1,140,693
Assumption changes ^(b)	(2,107,479)
Benefits paid	(7,975,352)
Net increase	<u>102,151</u>
Actuarial present value of accumulated plan benefits at December 31, 2015	<u>\$ 124,639,782</u>

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

^(b) The assumption changes reflect the following a change in the future 30-year Treasury Rate from 3.11% as of January 1, 2015 to 2.29% as of January 1, 2016 to better anticipate future experience. The interest rate decreased from 7.50% for the 2015 valuation to 7.00% for the 2016 valuation to better anticipate future experience.

Significant factors underlying the actuarial assumptions are as follows:

Assumed annual rate of return on investments	7.00%
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.
Retirement rates	Various rates, ranging from 6% at age 55 to 100% at age 70 and over

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

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, 2016. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2015.

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):

	2016				2015			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Assets								
Cash and cash equivalents	\$ 918	\$ –	\$ –	\$ 918	\$ 1,448	\$ –	\$ –	\$ 1,448
Marketable equity securities:								
Domestic	11,094	–	–	11,094	7,934	–	–	7,934
Mutual funds:								
Fixed income	13,455	–	–	13,455	18,817	–	–	18,817
Multi-asset	7,061	–	–	7,061	10,539	–	–	10,539
Total assets at fair value	<u>\$ 32,528</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 32,528</u>	<u>\$ 38,738</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 38,738</u>

Investments measured at net asset value (NAV):

Hedge funds (a)	12,343	13,095
Private equity funds (b)	5,778	5,508
Real estate investment trusts (c)	1,445	1,271
Limited partnerships (d)	89,917	81,945
Commingled fund (e)	1,740	1,423
Total assets at fair value	<u>\$ 143,751</u>	<u>\$ 141,980</u>

- (a) The investment objective is to invest in hedge funds. These hedge funds redeem at net asset value (NAV) as of the statement of net assets available for benefits date and have a quarterly redemption option with a 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, 2016, the Plan has committed capital yet to be called of \$6,371,506 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 investment 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 a 10-day notice. There are currently no redemption restrictions on these investments.
- (e) The investment objective is to invest in commingled fund. The commingled fund redeems at NAV as of the statement of net assets available for benefits date with a monthly redemption option with a 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 techniques and inputs 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, mutual funds (fixed income and multi-asset), and cash and cash equivalents. 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.

Investments measured at NAV, which consist of hedge funds, private equity funds, limited partnerships, real estate investment trusts, and commingled 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 these investments are audited and accounted for at fair value by the administrators of the investments. These investments are entered into for further diversification of the portfolio.

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated September 27, 2016, 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. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

6. Related-Party and Parties-in-Interest 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 such 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.

9. Subsequent Events

Management has evaluated and disclosed subsequent events through October 11, 2017, which is the date the accompanying financial statements were available to be issued. 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, 2016

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CASH			
US DOLLAR		\$ 53,953	\$ 53,953
TOTAL CASH		53,953	53,953
MONEY MARKET			
* COLTV SHORT TERM INVT FD		863,832	863,832
TOTAL MONEY MARKET		863,832	863,832
DOMESTIC EQUITY SECURITIES			
THE PRICELINE GROUP INC	80	93,035	117,285
ALPHABET INC CAP STK CL A CAP STK CL A	84	30,773	66,566
ALPHABET INC CAP STK CL C CAP STK CL C	179	78,724	138,156
AMAZON COM INC COM	341	138,394	255,706
BIOGEN INC COMMON STOCK	443	120,661	125,626
GOLDMAN SACHS GROUP INC COM	532	78,941	127,387
INTERNATIONAL BUSINESS MACHS CORP COM	700	102,177	116,193
JONES LANG LASALLE INC COM STK	755	75,137	76,285
BIO RAD LABS INC CL A	794	97,585	144,730
SIMON PROPERTY GROUP INC COM	804	153,099	142,847
SMUCKER J M CO COM NEW	883	97,330	113,077
SALESFORCE COM INC COM STK	919	64,040	62,915
EXXON MOBIL CORP COM	1,069	87,368	96,488
UNION PAC CORP COM	1,145	95,731	118,714
JOHNSON & JOHNSON COM USD1	1,170	115,569	134,796
AGRIUM INC COM	1,260	112,079	126,693
STERICYCLE INC COM	1,310	123,220	100,922
SCHLUMBERGER LTD COM COM	1,331	109,766	111,738
WESCO INTL INC COM	1,408	102,457	93,702
APPLE INC COM STK	1,503	126,953	174,078
COMCAST CORP NEW-CL A	1,721	96,894	118,835
CARNIVAL CORP COM PAIRED	1,855	68,597	96,571
WORLD FUEL SERVICE COM STK USD0.01	2,279	92,354	104,629
ADR NOVARTIS AG	2,355	198,963	171,538

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)			
BERKSHIRE HATHAWAY INC-CL B	2,407	\$ 321,794	\$ 392,293
HALLIBURTON CO COM	2,446	99,387	132,304
AVNET INC COM	2,447	93,113	116,502
ABBOTT LAB COM	2,545	90,603	97,754
MICROSOFT CORP COM	2,717	108,198	168,834
BRISTOL MYERS SQUIBB CO COM	2,723	156,126	159,132
VISTA OUTDOOR INC COM	2,918	114,083	107,674
SYSCO CORP COM	3,378	120,608	187,040
AT&T INC COM	3,485	132,870	148,217
CISCO SYSTEMS INC	3,495	79,907	105,619
ORACLE CORP COM	4,155	162,635	159,760
MONDELEZ INTL INC COM	4,510	138,520	199,928
BANK OF AMERICA CORP	4,670	91,356	103,207
BANK NEW YORK MELLON CORP COM STK	4,766	142,508	225,813
TWENTY-FIRST CENTURY FOX INC CL A	4,987	152,168	139,836
GENERAL ELECTRIC CO	6,506	172,668	205,590
AMAZON COM INC COM	205	126,543	153,723
ALPHABET INC CAP STK CL A CAP STK CL A	215	129,954	170,377
ALPHABET INC CAP STK CL C CAP STK CL C	216	128,828	166,713
METTLER-TOLEDO INTL INC COM	249	82,273	104,221
TRANSDIGM GROUP INC COM	375	91,785	93,360
MARRIOTT INTL INC NEW COM STK CL A	400	30,549	33,072
VAIL RESORTS INC COM	420	53,476	67,750
TESORO CORP	460	42,420	40,227
CHARTER COMMUNICATIONS INC NEW CL A CL A	469	104,590	135,035
PALO ALTO NETWORKS INC COM USD0.0001	470	54,749	58,774
WATSCO INC COM	565	84,366	83,689
CONSTELLATION BRANDS INC CL A CL A	575	78,992	88,153
LENNOX INTL INC COM	595	72,279	91,136
CHUBB LTD ORD CHF24.15	680	84,648	89,842
MC DONALDS CORP COM	715	84,448	87,030
CME GROUP INC COM STK	720	69,500	83,052
SERVICENOW INC COM USD0.001	770	56,231	57,242
RYDER SYS INC COM	790	54,449	58,808
WALT DISNEY CO	840	86,004	87,545
DANAHER CORP COM	850	65,141	66,164
UNITED PARCEL SVC INC CL B	1,030	106,109	118,079

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)			
VANTIV INC COM USD0.00001 A	1,040	\$ 51,377	\$ 62,005
KELLOGG CO COM USD0.25	1,160	91,021	85,504
UNION PAC CORP COM	1,210	97,988	125,453
FACEBOOK INC CL A CL A	1,330	105,135	153,017
RED HAT INC COM	1,350	85,435	94,095
GILEAD SCIENCES INC	1,365	111,196	97,748
TJX COS INC COM NEW	1,370	102,012	102,928
SCHWAB CHARLES CORP COM NEW	1,450	57,673	57,232
CELGENE CORP COM	1,465	139,408	169,574
EAST WEST BANCORP INC COM	1,560	49,859	79,295
UNITED CONTL HLDGS INC COM STK	1,560	82,766	113,693
HILL-ROM HLDGS INC COM STK	1,590	92,797	89,263
NEKTAR THERAPEUTICS COM	1,600	27,214	19,632
STERIS PLC NEW STERIS LTD COMSTK	1,710	124,332	115,237
BRISTOL MYERS SQUIBB CO COM	1,720	114,734	100,517
AMETEK INC NEW COM	1,730	84,888	84,078
BAKER HUGHES INC COM	1,730	81,979	112,398
INSTALLED BLDG PRODS INC COM	1,780	59,696	73,514
SALESFORCE COM INC COM STK	1,780	117,375	121,860
VISA INC COM CL A STK	1,810	119,772	141,216
INTEL CORP COM	1,900	70,486	68,913
PAYPAL HLDGS INC COM	2,070	80,327	81,703
LKQ CORP COM LKQ CORP	2,200	74,186	67,430
BERRY PLASTICS GROUP INC COM	2,280	93,043	111,104
APPLE INC COM STK	2,301	210,793	266,502
HD SUPPLY HLDGS INC. COM	2,310	85,723	98,198
NEWELL BRANDS INC COM	2,400	107,713	107,160
STAG INDL INC COM	2,470	56,741	58,959
DOW CHEMICAL CO COM	2,480	132,097	141,906
GENERAL ELECTRIC CO	2,500	80,011	79,000
ABBOTT LAB COM	2,950	126,824	113,310
MICROSOFT CORP COM	3,150	166,545	195,741
#REORG/ARIAD PHARMACEUTICALS CASH MERGER 02-16-2017	4,750	41,927	59,090
ON SEMICONDUCTOR CORP COM	7,180	70,985	91,617
MERRIMACK PHARMACEUTICALS INC COM	8,920	66,675	36,394
TOTAL DOMESTIC EQUITY SECURITIES		9,584,458	11,094,258

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
MUTUAL FUNDS – FIXED INCOME			
MFO PIMCO FDS EXTENDED DURATION FD INSTL	866,972	\$ 6,801,356	\$ 6,363,577
MFO PIMCO FDS LONG DURATION TOTAL			
RETURNFD INSTL	680,598	9,173,795	7,091,826
TOTAL MUTUAL FUNDS – FIXED INCOME		15,975,151	13,455,403
MUTUAL FUNDS – MULTI-ASSET			
GMO BENCHMARK FREE ALLOCATION	284,124	7,490,783	7,060,471
TOTAL MUTUAL FUNDS – MULTI-ASSET		7,490,783	7,060,471
HEDGE FUNDS			
BLUE TREND FUND LP	900,000	900,000	865,513
CAXTON GLOBAL INV (INSTITUTIONAL) LTDCL T-1			
(UNRESTRICTED)SHS A (01-2012) FD	8,791	1,193,630	1,233,952
CRITERION CAPITAL PARTNERS LTD CL A2-90012470-2	12,000	1,200,000	1,357,102
ESG CROSS BORDER EQUITY OFFSHORE LTD CL A1 UNREST SER			
19 FUND	1,400	1,400,000	1,161,761
GCA CREDIT OPPORTUNITIES OFFSHORE LTD CL A SER 01MAY2009	636	1,317,831	1,388,235
GLEACHER DIVERSIFIED STRATEGIES FD CLA SER 1	7	8,870	8,477
HUDSON BAY INTERNATIONAL FUND LTD A-UR252-1	425	425,000	414,192
JANA OFFSHORE PARTNERS LTD CL A NON RESTRICTED			
SER 01/2002	328	1,413,162	1,351,241
JANA OFFSHORE PARTNERS LTD CL A NON RESTRICTED			
SER 07/2015	600	600,000	562,422
KING STREET CAPITAL LTD CL S SER 75 FUND	12	1,166	196
KING STREET CAPITAL LTD CL S SER 65	25	2,518	411
KING STREET CAPITAL LTD CL S SER 85 FUND	26	2,590	2,525
KING STR CAP LTD CL S SER 70	36	3,595	4,112
KING STREET CAPITAL LTD CLASS S SER 90	36	3,596	3,884
KING STREET CAPITAL LTD CLASS S SER 95	78	7,542	7,826
KING STREET CAPITAL LTD CL S SER 80 FUND	303	30,314	30,328
KING STREET CAPITAL LTD CLASS A SER 1	8,134	1,324,947	1,378,834
LIBREMAX OFF FD LTD CL A TRAN G SER 3	743	1,106,421	1,116,986
LIBREMAX OFFSHORE FD,LTD. CL A -TRANCHE G -SER			
8 FD (TRIHEALTH ONLY)	250	248,598	251,136
PASSPORT SPV PASSPORT GLOBAL STRAT II(OFFSHORE)			
LTD CL B I SERIES 225	2	1,655	156

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 (continued)			
PASSPORT OFFSHORE LTD CL A1 IV STANDARD NEW ISSUE SER 10	950	\$ 1,305,232	\$ 1,203,409
TOTAL HEDGE FUNDS		12,496,667	12,342,698
PRIVATE EQUITY FUNDS			
AXIOM ASIA PRIVATE CAPITAL FUND III	1,215,564	1,215,564	1,521,891
FORT WASHINGTON PRIVATE EQUITY INVESTORSVI LP	127,476	127,476	365,861
FORT WASHINGTON PRIVATE EQUITY OPP III LP	1,440,000	1,440,000	1,893,264
KAYNE ANDERSON ENERGY FUND V (QP)	111,709	111,709	220,969
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – SPEC SIT	159,678	159,678	269,945
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – VENTURE CAP	227,651	227,651	334,507
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – BUYOUT	1	1	446,220
PRIVATE EQUITY INVESTMENT FUND V	349,089	349,089	227,061
SIGULER GUFF BRIC OPPORTUNITIES FUND II	143,324	143,324	230,411
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III	45,817	45,817	160,699
OAKTREE MEZZANINE FUND III CLASS A	1	1	72
OAKTREE MEZZANINE FUND III CLASS B	48,214	48,214	107,472
TOTAL PRIVATE EQUITY FUNDS		3,868,524	5,778,372
REAL ESTATE INVESTMENT TRUST FUNDS			
AETHER REAL ASSETS III LP	553,107	553,107	617,191
AEW PARTNERS VI	40,664	40,664	282,291
BLUE VISTA SPONSOR EQUITY FUND II	1	1	40,483
CF INVENTRUST PROPERTIES CORP	74,292	713,337	233,276
WCP REAL ESTATE FUND II	1,356	1,356	272,016
TOTAL REAL ESTATE INVESTMENT TRUST FUNDS		1,308,465	1,445,257

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 EQUITY FUND	56,715	\$ 2,974,879	\$ 2,967,872
ALCENTRA EUROPEAN DIRECT LENDING FUND	1,866,742	1,866,742	2,167,983
AQR GRP EL OFFSHORE LTD CL B ERISA SER ERISA	68	7,116,260	7,134,591
ARTISAN GLOBAL OPPORTUNITIES TRUST FD	551,884	7,500,000	8,846,701
ASHMORE EM BLENDED DBT FEEDER FD	6,950	7,235,661	7,483,872
BLACKROCK EQTY INDEX A FD	5,636	3,587,805	4,428,394
BLACKROCK RUSSELL 2000 INDEX A FUND	69,085	2,383,044	3,109,939
BLACKROCK EAFE CURR HEDGED EQUITY INDEX FD	154,477	6,250,000	6,690,554
GAM UNCONSTRAINED BOND FUND USD 2Z	84,086	8,284,275	8,631,585
LOOMIS SAYLES NHIT- MULTISECTOR FULL DISCRETION TRUST FUND	471,351	7,653,215	9,007,516
LOOMIS SAYLES CR AST TR CL B FD	503,203	9,659,641	10,365,971
MARATHON EUROPEAN CREDIT OPP FD SPC SEGREGATED PORT B SER B7-A2	386	425,952	554,868
OHA STRUCTURED PRODUCTS FUND (OFFSHORE),L.P.	1	1	20,491
OHA EUROPEAN STRATEGIC CREDIT FUND (OFFSHORE) LP	365,550	365,550	761,440
PHARO GAIA FUND, LTD. CL A SERIES 15	511	1,200,000	1,289,761
REGIMENT CAPITAL SPECIAL SITUATIONS FUNDV, LP	101,290	101,290	345,859
RELiance TRUST COMPANY INSTITUTIONAL RETIREMENT TRUST SERIES 3	265,607	2,717,165	2,860,583
SCHRODER INTERNATIONAL SMALL COMPANIES PORTFOLIO	1,578,678	1,578,678	2,916,725
SALIENT MLP TOTAL RETURN, LP	2,000,000	2,000,000	3,173,986
WILLIAM BLAIR CIT MARCO ALLOCATION FUND CL 1	773,893	7,071,747	7,158,505
TOTAL LIMITED PARTNERSHIPS		79,971,905	89,917,196
COMMINGLED FUND			
WELLINGTON DIVER INFLAT HEDGES	145,852	2,221,625	1,740,017
TOTAL COMMINGLED FUND		2,221,625	1,740,017
TOTAL INVESTMENTS		\$133,835,363	\$143,751,457

*Indicates party-in-interest to the Plan.

TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2016

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						
AQR GRP EL Offshore Fund Ltd	Partnership/joint venture interest	\$ –	\$ 7,603,560	\$ 7,603,560	\$ 7,603,560	\$ –
Loomis Sayles Multisector Full	Registered investment company	–	7,676,296	7,676,296	7,676,296	–
Artisan Global Opp Trust	Registered investment company	–	7,500,000	7,500,000	7,500,000	–
GAM Unconstrained BD FD	Registered investment company	–	8,279,829	8,279,829	8,279,829	–
GMO Benchmark Free Allocation	Registered investment company	–	7,379,360	7,379,360	7,379,360	–
PIMCO Long Duration Total Return	Registered investment company	–	8,687,855	8,687,855	8,687,855	–
Loomis Sayles Credit Asset	Registered investment company	–	9,659,641	9,659,641	9,659,641	–
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	\$ 30,220,717	\$ 31,532,696	\$ 31,532,696	\$ 61,753,413	\$ –
AQR GRP EL Offshore Fund	Partnership/joint venture interest	–	8,103,560	8,099,549	8,103,560	4,011
Loomis Sayles Multisector Full	Registered investment company	–	7,699,973	7,698,226	7,699,973	1,747
Artisan Global Opp Trust	Registered investment company	1,000,000	7,500,000	7,500,000	8,500,000	–
GAM Unconstrained BD FD	Registered investment company	15,696	10,279,829	10,283,390	10,295,525	(3,561)
GMO Benchmark Free Allocation	Registered investment company	–	11,079,360	11,389,150	11,079,360	(309,790)
PIMCO Extended Duration Fund	Registered investment company	147,664	11,021,574	10,554,473	11,169,238	467,101
PIMCO Long Duration Total Return	Registered investment company	1,217,874	11,687,855	12,403,668	12,905,729	(715,813)
Loomis Sayles Credit Asset	Registered investment company	1,000,000	10,680,845	10,703,585	11,680,845	(22,740)
William Blair Macro Allocation	Registered investment company	1,500,000	9,571,747	9,670,000	11,071,747	(98,253)
EAFF Curr Hedge EQ Index FD	Registered investment company	1,250,000	6,250,000	6,250,000	7,500,000	–
Category (iv) – A single transaction with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						

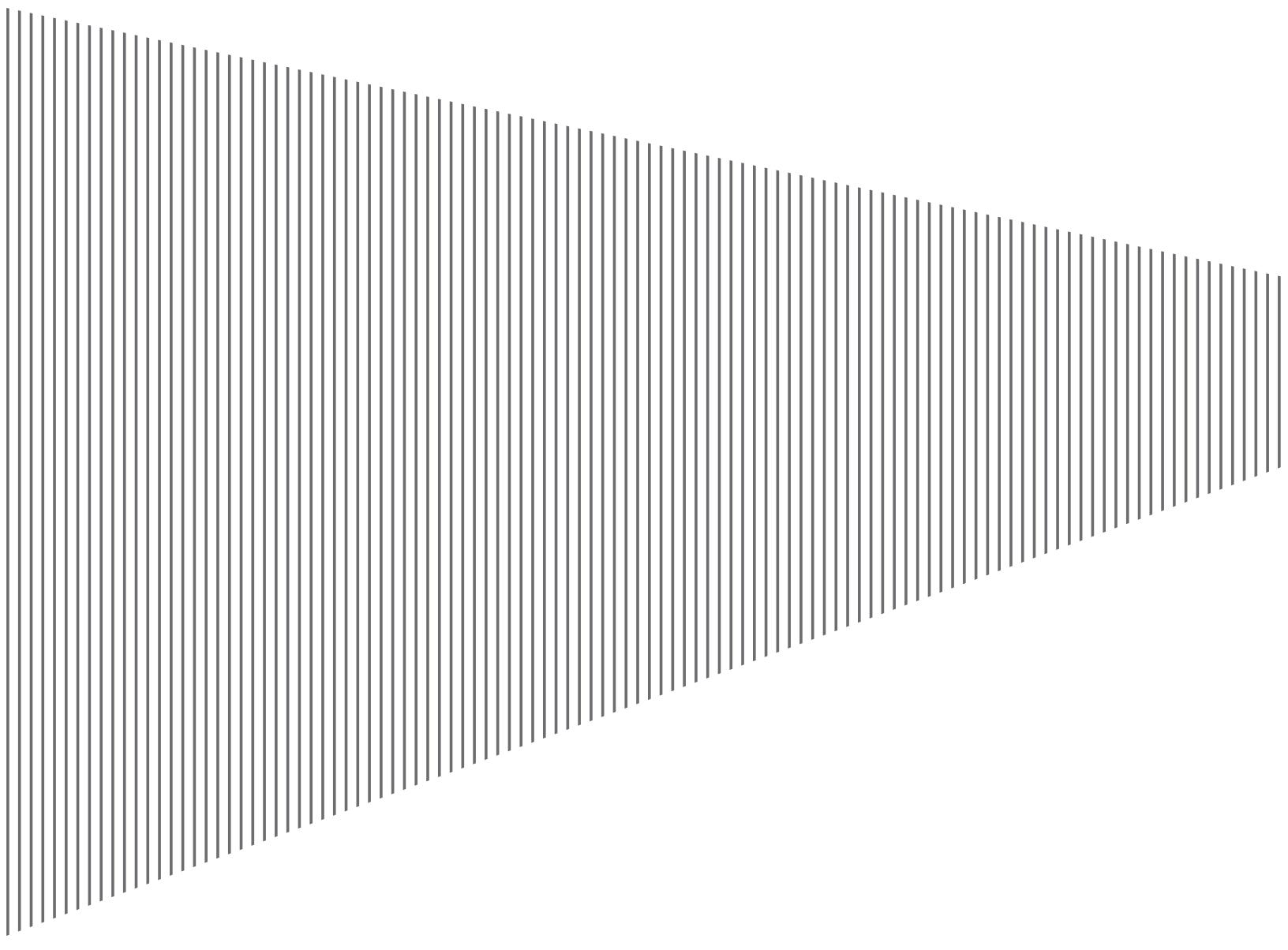
About EY

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Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

**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		13	2							
25-29		89 \$1,379	24 \$5,269							
30-34		85 \$4,502	67 \$13,859	19						
35-39		107 \$6,836	60 \$27,073	40 \$41,733	6					
40-44		112 \$8,560	55 \$46,621	47 \$71,670	21 \$74,157	11	1			
45-49		110 \$13,906	69 \$49,243	50 \$90,089	37 \$90,948	11	22 \$119,481	1		
50-54		130 \$12,862	59 \$54,588	49 \$114,036	30 \$105,373	29 \$148,050	34 \$149,331	16	4	
55-59		117 \$15,775	60 \$57,805	70 \$125,262	29 \$138,676	28 \$192,441	30 \$212,965	26 \$255,476	19	1
60-64		84 \$19,890	39 \$60,923	38 \$136,731	29 \$148,413	11	14	14	11	10
65-69		17	21 \$106,670	12	6	4	4	3	4	2
70+		13	5	5	1		1	1	1	

N-2140

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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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 2016), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2016), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.96%
3rd Segment Rate	4.97%
Optional Payment Form Election Percentage	Lump sum, if eligible. Else, life annuity
Projection of Retirement Account at 30-Year Treasury Rate	3.75%
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.
Mortality Rates	
Healthy and Disabled	2016 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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
 EIN: 31-1438846 PN: 001

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	
2014 Plan Year	7.50%, limited to 6.99%
2015 Plan Year	7.50%, limited to 6.81%
2016 Plan Year	7.00%, limited to 6.65%
Trust Expenses Included in Target Normal Cost	\$1,100,000. Based on prior year's administrative expenses, rounded.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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)—2016 Plan Year
 TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
 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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 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**2016****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

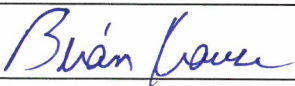
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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	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	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>10/9/17</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

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, 681
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, 140
a(2) Total number of active participants at the end of the plan year	6a(2) 1, 966
b Retired or separated participants receiving benefits.....	6b 74
c Other retired or separated participants entitled to future benefits	6c 552
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2, 592
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 2, 592
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 13
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)

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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, 2016

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						
AQR GRP EL Offshore Fund Ltd	Partnership/joint venture interest	\$ –	\$ 7,603,560	\$ 7,603,560	\$ 7,603,560	\$ –
Loomis Sayles Multisector Full	Registered investment company	–	7,676,296	7,676,296	7,676,296	–
Artisan Global Opp Trust	Registered investment company	–	7,500,000	7,500,000	7,500,000	–
GAM Unconstrained BD FD	Registered investment company	–	8,279,829	8,279,829	8,279,829	–
GMO Benchmark Free Allocation	Registered investment company	–	7,379,360	7,379,360	7,379,360	–
PIMCO Long Duration Total Return	Registered investment company	–	8,687,855	8,687,855	8,687,855	–
Loomis Sayles Credit Asset	Registered investment company	–	9,659,641	9,659,641	9,659,641	–
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	\$ 30,220,717	\$ 31,532,696	\$ 31,532,696	\$ 61,753,413	\$ –
AQR GRP EL Offshore Fund	Partnership/joint venture interest	–	8,103,560	8,099,549	8,103,560	4,011
Loomis Sayles Multisector Full	Registered investment company	–	7,699,973	7,698,226	7,699,973	1,747
Artisan Global Opp Trust	Registered investment company	1,000,000	7,500,000	7,500,000	8,500,000	–
GAM Unconstrained BD FD	Registered investment company	15,696	10,279,829	10,283,390	10,295,525	(3,561)
GMO Benchmark Free Allocation	Registered investment company	–	11,079,360	11,389,150	11,079,360	(309,790)
PIMCO Extended Duration Fund	Registered investment company	147,664	11,021,574	10,554,473	11,169,238	467,101
PIMCO Long Duration Total Return	Registered investment company	1,217,874	11,687,855	12,403,668	12,905,729	(715,813)
Loomis Sayles Credit Asset	Registered investment company	1,000,000	10,680,845	10,703,585	11,680,845	(22,740)
William Blair Macro Allocation	Registered investment company	1,500,000	9,571,747	9,670,000	11,071,747	(98,253)
EAFF Curr Hedge EQ Index FD	Registered investment company	1,250,000	6,250,000	6,250,000	7,500,000	–
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 ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit
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.**

210-0110

2016**This Form is Open to Public
Inspection**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016▶ **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>2016</u>			
2 Assets:			
a Market value.....	2a	141,980,196	
b Actuarial value.....	2b	151,161,093	
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.....	54	6,931,616	6,931,616
b For terminated vested participants.....	487	16,191,416	16,191,416
c For active participants.....	2,140	121,938,731	123,874,636
d Total.....	2,681	145,061,763	146,997,668
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	5.83%	
6 Target normal cost.....	6	1,100,000	

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. Boussari (TLB)	09/28/2017
Signature of actuary		Date
TRISHA L. BOUSSARI		1706986
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		847-295-5000
Firm name		Telephone number (including area code)

4 OVERLOOK POINT

LINCOLNSHIRE IL 60069-3258
Address of the firmIf 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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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	14,472,642
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	14,472,642
10	Interest on line 9 using prior year's actual return of <u> -0.95% </u>	0	-137,490
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		13,828
	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> 6.07% </u>		839
	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		14,667
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14,335,152

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.08%
15	Adjusted funding target attainment percentage	15	102.83%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.97%
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
Totals ▶			18(b)	0	18(c)
				0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ 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	1,100,000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>10,171,727</td> <td>1,680,608</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	10,171,727	1,680,608	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	10,171,727	1,680,608										
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	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2,780,608										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	2,780,608									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
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)—2016 Plan Year
 TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
 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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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 2016), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2016), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.96%
3rd Segment Rate	4.97%
Optional Payment Form Election Percentage	Lump sum, if eligible. Else, life annuity
Projection of Retirement Account at 30-Year Treasury Rate	3.75%
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.
Mortality Rates Healthy and Disabled	2016 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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
 EIN: 31-1438846 PN: 001

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	
2014 Plan Year	7.50%, limited to 6.99%
2015 Plan Year	7.50%, limited to 6.81%
2016 Plan Year	7.00%, limited to 6.65%
Trust Expenses Included in Target Normal Cost	\$1,100,000. Based on prior year's administrative expenses, rounded.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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)—2016 Plan Year
 TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
 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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

This section highlights the key plan provisions reflected in the January 1, 2016 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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Credited Service	Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) and employed at the end of the year (or prior to termination). Used primarily to determine how many years of annual credits have been earned under the Plan. 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 does not reflect any plan changes.

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.

The name of the enrolled actuary changed from Trisha L. Trembl to Trisha L. Boussari; however, the enrolled actuary remains the same person and has not changed.

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the future 30-year Treasury Rate from 4.50% as of June 30, 2015 to 3.75% as of June 30, 2016 to better reflect anticipated future experience.
- A change in the expected return on assets from 7.50% to 7.00% to better anticipate future experience.

Neither of these non-prescribed assumption changes reduce the funding shortfall by more than the thresholds stated in Internal Revenue Service Section 430(h)(5). Consequently, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

**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		13	2							
25-29		89 \$1,379	24 \$5,269							
30-34		85 \$4,502	67 \$13,859	19						
35-39		107 \$6,836	60 \$27,073	40 \$41,733	6					
40-44		112 \$8,560	55 \$46,621	47 \$71,670	21 \$74,157	11	1			
45-49		110 \$13,906	69 \$49,243	50 \$90,089	37 \$90,948	11	22 \$119,481	1		
50-54		130 \$12,862	59 \$54,588	49 \$114,036	30 \$105,373	29 \$148,050	34 \$149,331	16	4	
55-59		117 \$15,775	60 \$57,805	70 \$125,262	29 \$138,676	28 \$192,441	30 \$212,965	26 \$255,476	19	1
60-64		84 \$19,890	39 \$60,923	38 \$136,731	29 \$148,413	11	14	14	11	10
65-69		17	21 \$106,670	12	6	4	4	3	4	2
70+		13	5	5	1		1	1	1	

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.

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Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Amount
Shortfall	\$10,171,727	January 1, 2016	7	\$1,680,608

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

This section highlights the key plan provisions reflected in the January 1, 2016 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)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

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.
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Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

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Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

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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.

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TriHealth, Inc. Retirement Plan

EIN 31-1438846 Plan #001

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

December 31, 2016

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CASH			
US DOLLAR		\$ 53,953	\$ 53,953
TOTAL CASH		53,953	53,953
MONEY MARKET			
* COLTV SHORT TERM INVT FD		863,832	863,832
TOTAL MONEY MARKET		863,832	863,832
DOMESTIC EQUITY SECURITIES			
THE PRICELINE GROUP INC	80	93,035	117,285
ALPHABET INC CAP STK CL A CAP STK CL A	84	30,773	66,566
ALPHABET INC CAP STK CL C CAP STK CL C	179	78,724	138,156
AMAZON COM INC COM	341	138,394	255,706
BIOGEN INC COMMON STOCK	443	120,661	125,626
GOLDMAN SACHS GROUP INC COM	532	78,941	127,387
INTERNATIONAL BUSINESS MACHS CORP COM	700	102,177	116,193
JONES LANG LASALLE INC COM STK	755	75,137	76,285
BIO RAD LABS INC CL A	794	97,585	144,730
SIMON PROPERTY GROUP INC COM	804	153,099	142,847
SMUCKER J M CO COM NEW	883	97,330	113,077
SALESFORCE COM INC COM STK	919	64,040	62,915
EXXON MOBIL CORP COM	1,069	87,368	96,488
UNION PAC CORP COM	1,145	95,731	118,714
JOHNSON & JOHNSON COM USD1	1,170	115,569	134,796
AGRIUM INC COM	1,260	112,079	126,693
STERICYCLE INC COM	1,310	123,220	100,922
SCHLUMBERGER LTD COM COM	1,331	109,766	111,738
WESCO INTL INC COM	1,408	102,457	93,702
APPLE INC COM STK	1,503	126,953	174,078
COMCAST CORP NEW-CL A	1,721	96,894	118,835
CARNIVAL CORP COM PAIRED	1,855	68,597	96,571
WORLD FUEL SERVICE COM STK USD0.01	2,279	92,354	104,629
ADR NOVARTIS AG	2,355	198,963	171,538

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)			
BERKSHIRE HATHAWAY INC-CL B	2,407	\$ 321,794	\$ 392,293
HALLIBURTON CO COM	2,446	99,387	132,304
AVNET INC COM	2,447	93,113	116,502
ABBOTT LAB COM	2,545	90,603	97,754
MICROSOFT CORP COM	2,717	108,198	168,834
BRISTOL MYERS SQUIBB CO COM	2,723	156,126	159,132
VISTA OUTDOOR INC COM	2,918	114,083	107,674
SYSCO CORP COM	3,378	120,608	187,040
AT&T INC COM	3,485	132,870	148,217
CISCO SYSTEMS INC	3,495	79,907	105,619
ORACLE CORP COM	4,155	162,635	159,760
MONDELEZ INTL INC COM	4,510	138,520	199,928
BANK OF AMERICA CORP	4,670	91,356	103,207
BANK NEW YORK MELLON CORP COM STK	4,766	142,508	225,813
TWENTY-FIRST CENTURY FOX INC CL A	4,987	152,168	139,836
GENERAL ELECTRIC CO	6,506	172,668	205,590
AMAZON COM INC COM	205	126,543	153,723
ALPHABET INC CAP STK CL A CAP STK CL A	215	129,954	170,377
ALPHABET INC CAP STK CL C CAP STK CL C	216	128,828	166,713
METTLER-TOLEDO INTL INC COM	249	82,273	104,221
TRANSDIGM GROUP INC COM	375	91,785	93,360
MARRIOTT INTL INC NEW COM STK CL A	400	30,549	33,072
VAIL RESORTS INC COM	420	53,476	67,750
TESORO CORP	460	42,420	40,227
CHARTER COMMUNICATIONS INC NEW CL A CL A	469	104,590	135,035
PALO ALTO NETWORKS INC COM USD0.0001	470	54,749	58,774
WATSCO INC COM	565	84,366	83,689
CONSTELLATION BRANDS INC CL A CL A	575	78,992	88,153
LENNOX INTL INC COM	595	72,279	91,136
CHUBB LTD ORD CHF24.15	680	84,648	89,842
MC DONALDS CORP COM	715	84,448	87,030
CME GROUP INC COM STK	720	69,500	83,052
SERVICENOW INC COM USD0.001	770	56,231	57,242
RYDER SYS INC COM	790	54,449	58,808
WALT DISNEY CO	840	86,004	87,545
DANAHER CORP COM	850	65,141	66,164
UNITED PARCEL SVC INC CL B	1,030	106,109	118,079

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)			
VANTIV INC COM USD0.00001 A	1,040	\$ 51,377	\$ 62,005
KELLOGG CO COM USD0.25	1,160	91,021	85,504
UNION PAC CORP COM	1,210	97,988	125,453
FACEBOOK INC CL A CL A	1,330	105,135	153,017
RED HAT INC COM	1,350	85,435	94,095
GILEAD SCIENCES INC	1,365	111,196	97,748
TJX COS INC COM NEW	1,370	102,012	102,928
SCHWAB CHARLES CORP COM NEW	1,450	57,673	57,232
CELGENE CORP COM	1,465	139,408	169,574
EAST WEST BANCORP INC COM	1,560	49,859	79,295
UNITED CONTL HLDGS INC COM STK	1,560	82,766	113,693
HILL-ROM HLDGS INC COM STK	1,590	92,797	89,263
NEKTAR THERAPEUTICS COM	1,600	27,214	19,632
STERIS PLC NEW STERIS LTD COMSTK	1,710	124,332	115,237
BRISTOL MYERS SQUIBB CO COM	1,720	114,734	100,517
AMETEK INC NEW COM	1,730	84,888	84,078
BAKER HUGHES INC COM	1,730	81,979	112,398
INSTALLED BLDG PRODS INC COM	1,780	59,696	73,514
SALESFORCE COM INC COM STK	1,780	117,375	121,860
VISA INC COM CL A STK	1,810	119,772	141,216
INTEL CORP COM	1,900	70,486	68,913
PAYPAL HLDGS INC COM	2,070	80,327	81,703
LKQ CORP COM LKQ CORP	2,200	74,186	67,430
BERRY PLASTICS GROUP INC COM	2,280	93,043	111,104
APPLE INC COM STK	2,301	210,793	266,502
HD SUPPLY HLDGS INC. COM	2,310	85,723	98,198
NEWELL BRANDS INC COM	2,400	107,713	107,160
STAG INDL INC COM	2,470	56,741	58,959
DOW CHEMICAL CO COM	2,480	132,097	141,906
GENERAL ELECTRIC CO	2,500	80,011	79,000
ABBOTT LAB COM	2,950	126,824	113,310
MICROSOFT CORP COM	3,150	166,545	195,741
#REORG/ARIAD PHARMACEUTICALS CASH MERGER 02-16-2017	4,750	41,927	59,090
ON SEMICONDUCTOR CORP COM	7,180	70,985	91,617
MERRIMACK PHARMACEUTICALS INC COM	8,920	66,675	36,394
TOTAL DOMESTIC EQUITY SECURITIES		9,584,458	11,094,258

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
MUTUAL FUNDS – FIXED INCOME			
MFO PIMCO FDS EXTENDED DURATION FD INSTL	866,972	\$ 6,801,356	\$ 6,363,577
MFO PIMCO FDS LONG DURATION TOTAL			
RETURNFD INSTL	680,598	9,173,795	7,091,826
TOTAL MUTUAL FUNDS – FIXED INCOME		15,975,151	13,455,403
MUTUAL FUNDS – MULTI-ASSET			
GMO BENCHMARK FREE ALLOCATION	284,124	7,490,783	7,060,471
TOTAL MUTUAL FUNDS – MULTI-ASSET		7,490,783	7,060,471
HEDGE FUNDS			
BLUE TREND FUND LP	900,000	900,000	865,513
CAXTON GLOBAL INV (INSTITUTIONAL) LTDCL T-1			
(UNRESTRICTED)SHS A (01-2012) FD	8,791	1,193,630	1,233,952
CRITERION CAPITAL PARTNERS LTD CL A2-90012470-2	12,000	1,200,000	1,357,102
ESG CROSS BORDER EQUITY OFFSHORE LTD CL A1 UNREST SER			
19 FUND	1,400	1,400,000	1,161,761
GCA CREDIT OPPORTUNITIES OFFSHORE LTD CL A SER 01MAY2009	636	1,317,831	1,388,235
GLEACHER DIVERSIFIED STRATEGIES FD CLA SER 1	7	8,870	8,477
HUDSON BAY INTERNATIONAL FUND LTD A-UR252-1	425	425,000	414,192
JANA OFFSHORE PARTNERS LTD CL A NON RESTRICTED			
SER 01/2002	328	1,413,162	1,351,241
JANA OFFSHORE PARTNERS LTD CL A NON RESTRICTED			
SER 07/2015	600	600,000	562,422
KING STREET CAPITAL LTD CL S SER 75 FUND	12	1,166	196
KING STREET CAPITAL LTD CL S SER 65	25	2,518	411
KING STREET CAPITAL LTD CL S SER 85 FUND	26	2,590	2,525
KING STR CAP LTD CL S SER 70	36	3,595	4,112
KING STREET CAPITAL LTD CLASS S SER 90	36	3,596	3,884
KING STREET CAPITAL LTD CLASS S SER 95	78	7,542	7,826
KING STREET CAPITAL LTD CL S SER 80 FUND	303	30,314	30,328
KING STREET CAPITAL LTD CLASS A SER 1	8,134	1,324,947	1,378,834
LIBREMAX OFF FD LTD CL A TRAN G SER 3	743	1,106,421	1,116,986
LIBREMAX OFFSHORE FD,LTD. CL A -TRANCHE G -SER			
8 FD (TRIHEALTH ONLY)	250	248,598	251,136
PASSPORT SPV PASSPORT GLOBAL STRAT II(OFFSHORE)			
LTD CL B I SERIES 225	2	1,655	156

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 (continued)			
PASSPORT OFFSHORE LTD CL A1 IV STANDARD NEW ISSUE SER 10	950	\$ 1,305,232	\$ 1,203,409
TOTAL HEDGE FUNDS		12,496,667	12,342,698
PRIVATE EQUITY FUNDS			
AXIOM ASIA PRIVATE CAPITAL FUND III	1,215,564	1,215,564	1,521,891
FORT WASHINGTON PRIVATE EQUITY INVESTORSVI LP	127,476	127,476	365,861
FORT WASHINGTON PRIVATE EQUITY OPP III LP	1,440,000	1,440,000	1,893,264
KAYNE ANDERSON ENERGY FUND V (QP)	111,709	111,709	220,969
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – SPEC SIT	159,678	159,678	269,945
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – VENTURE CAP	227,651	227,651	334,507
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – BUYOUT	1	1	446,220
PRIVATE EQUITY INVESTMENT FUND V	349,089	349,089	227,061
SIGULER GUFF BRIC OPPORTUNITIES FUND II	143,324	143,324	230,411
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III	45,817	45,817	160,699
OAKTREE MEZZANINE FUND III CLASS A	1	1	72
OAKTREE MEZZANINE FUND III CLASS B	48,214	48,214	107,472
TOTAL PRIVATE EQUITY FUNDS		3,868,524	5,778,372
REAL ESTATE INVESTMENT TRUST FUNDS			
AETHER REAL ASSETS III LP	553,107	553,107	617,191
AEW PARTNERS VI	40,664	40,664	282,291
BLUE VISTA SPONSOR EQUITY FUND II	1	1	40,483
CF INVENTRUST PROPERTIES CORP	74,292	713,337	233,276
WCP REAL ESTATE FUND II	1,356	1,356	272,016
TOTAL REAL ESTATE INVESTMENT TRUST FUNDS		1,308,465	1,445,257

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 EQUITY FUND	56,715	\$ 2,974,879	\$ 2,967,872
ALCENTRA EUROPEAN DIRECT LENDING FUND	1,866,742	1,866,742	2,167,983
AQR GRP EL OFFSHORE LTD CL B ERISA SER ERISA	68	7,116,260	7,134,591
ARTISAN GLOBAL OPPORTUNITIES TRUST FD	551,884	7,500,000	8,846,701
ASHMORE EM BLENDED DBT FEEDER FD	6,950	7,235,661	7,483,872
BLACKROCK EQTY INDEX A FD	5,636	3,587,805	4,428,394
BLACKROCK RUSSELL 2000 INDEX A FUND	69,085	2,383,044	3,109,939
BLACKROCK EAFE CURR HEDGED EQUITY INDEX FD	154,477	6,250,000	6,690,554
GAM UNCONSTRAINED BOND FUND USD 2Z	84,086	8,284,275	8,631,585
LOOMIS SAYLES NHIT- MULTISECTOR FULL DISCRETION TRUST FUND	471,351	7,653,215	9,007,516
LOOMIS SAYLES CR AST TR CL B FD	503,203	9,659,641	10,365,971
MARATHON EUROPEAN CREDIT OPP FD SPC SEGREGATED PORT B SER B7-A2	386	425,952	554,868
OHA STRUCTURED PRODUCTS FUND (OFFSHORE),L.P.	1	1	20,491
OHA EUROPEAN STRATEGIC CREDIT FUND (OFFSHORE) LP	365,550	365,550	761,440
PHARO GAIA FUND, LTD. CL A SERIES 15	511	1,200,000	1,289,761
REGIMENT CAPITAL SPECIAL SITUATIONS FUNDV, LP	101,290	101,290	345,859
RELiance TRUST COMPANY INSTITUTIONAL RETIREMENT TRUST SERIES 3	265,607	2,717,165	2,860,583
SCHRODER INTERNATIONAL SMALL COMPANIES PORTFOLIO	1,578,678	1,578,678	2,916,725
SALIENT MLP TOTAL RETURN, LP	2,000,000	2,000,000	3,173,986
WILLIAM BLAIR CIT MARCO ALLOCATION FUND CL 1	773,893	7,071,747	7,158,505
TOTAL LIMITED PARTNERSHIPS		79,971,905	89,917,196
COMMINGLED FUND			
WELLINGTON DIVER INFLAT HEDGES	145,852	2,221,625	1,740,017
TOTAL COMMINGLED FUND		2,221,625	1,740,017
TOTAL INVESTMENTS		\$133,835,363	\$143,751,457

*Indicates party-in-interest to the Plan.

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Amount
Shortfall	\$10,171,727	January 1, 2016	7	\$1,680,608

Schedule SB Attachment (Form 5500)—2016 Plan Year
TriHealth, Inc. Retirement Plan, a Part of the TriHealth Retirement Program
EIN: 31-1438846 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the future 30-year Treasury Rate from 4.50% as of June 30, 2015 to 3.75% as of June 30, 2016 to better reflect anticipated future experience.
- A change in the expected return on assets from 7.50% to 7.00% to better anticipate future experience.

Neither of these non-prescribed assumption changes reduce the funding shortfall by more than the thresholds stated in Internal Revenue Service Section 430(h)(5). Consequently, approval of the Commissioner is not required.