

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>12/01/2018</u> and ending <u>11/30/2019</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2005</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/2005</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRIHEALTH, INC.</u> <u>625 EDEN PARK DR.</u> <u>CINCINNATI, OH 45202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1438846</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-569-6111</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1438846</u>	2c Plan Sponsor's telephone number <u>513-569-6111</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-1438846</u>					
2c Plan Sponsor's telephone number <u>513-569-6111</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2020	MICHAEL CROFTON
	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

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

Form 5500 (2018)
v. 171027

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2353
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1636 6a(2) 3531 6b 1058 6c 2725 6d 7314 6e 77 6f 7391 6g 6h 6
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
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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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019

▶ **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
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Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>341377850</u>	
b Actuarial value	2b	<u>351390704</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>1096</u>	<u>62892831</u>	<u>62892831</u>
b For terminated vested participants	<u>2921</u>	<u>72717474</u>	<u>72717474</u>
c For active participants	<u>3878</u>	<u>191467757</u>	<u>193574617</u>
d Total	<u>7895</u>	<u>327078062</u>	<u>329184922</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>5.47 %</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>09/03/2020</u>
Signature of actuary		Date
<u>TRISHA L. BOUSSARI</u>		<u>20-06986</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>847-295-5000</u>
Firm name		Telephone number (including area code)
<u>4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-3258</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	29943788
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5274663
9 Amount remaining (line 7 minus line 8)	0	24669125
10 Interest on line 9 using prior year's actual return of <u>-0.77</u> %	0	-183482
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.47</u> %		0
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		0
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	24485643

Part III Funding Percentages

14 Funding target attainment percentage	14	99.30%
15 Adjusted funding target attainment percentage	15	106.74%
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	95.61%
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	(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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ 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)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	2279861		1248519
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2348519	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3152223	3152223
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

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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019		
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
PORTFOLIO ADVISORS, LLC
06-1487853

(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
AETHER INVESTMENT PARTNERS, L.P.
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

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

KING STREET CAPITAL MANAGEMENT LP

13-3978904

(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

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

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

(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)

AON CONSULTING, LLC

22-2232264

(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	366790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	332850	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	139106	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)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	138343	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST & YOUNG US LLP

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	107500	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?
20 50 51 52 68 71	NONE	81013	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

80-0175963

(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	79215	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AXIOM ASIA PRIVATE CAPITAL

98-0488590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	40500	Yes ☒ No ☐

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

SCHRODER INVESTMENT MGMT N.A.

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50	NONE	28343	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)

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	24262	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ABERDEEN ASSET MANAGEMENT, INC.

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	19894	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

POLUNIN

80-0741735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	15258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	14754	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PERFECTION PRINT MEDIA

31-1371893

(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?
50 99	NONE	12303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 50	NONE	9640	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
AXIOM ASIA PRIVATE CAPITAL	27 28 50	40500
(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.	
AXIOM ASIA PRIVATE CAPITAL FUND III 98-1044657	INVESTMENT ADVISORY & MANAGEMENT SERVICES	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019		
A Name of plan TRIHEALTH, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIHEALTH, INC.		D Employer Identification Number (EIN) 31-1438846

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	77562	247669
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1854020	11495619
(2) U.S. Government securities	1c(2)	0	7205642
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	1298257
(B) All other.....	1c(3)(B)	0	12068585
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	9012565	24228389
(5) Partnership/joint venture interests	1c(5)	76405378	167332399
(6) Real estate (other than employer real property).....	1c(6)	1502861	4414584
(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)	28810908	54264576
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	21496652	69160918

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	139159946	351716638

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	139159946	351716638
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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)	50939	
(B) U.S. Government securities	2b(1)(B)	74509	
(C) Corporate debt instruments	2b(1)(C)	160373	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		285821
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	308240	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2022789	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2331029
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	32750481	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	26157751	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		6592730
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	25192898	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		25192898

		(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)		8408194
c Other income.....	2c		468413
d Total income. Add all income amounts in column (b) and enter total	2d		43279085

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28381453	
(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)		28381453
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)	960741	
(2) Contract administrator fees.....	2i(2)	21943	
(3) Investment advisory and management fees.....	2i(3)	386587	
(4) Other	2i(4)	786354	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2155625
j Total expenses. Add all expense amounts in column (b) and enter total	2j		30537078

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12742007
l Transfers of assets:			
(1) To this plan.....	2l(1)		199814685
(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		721192
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 4223767. (See instructions.)

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 2018 This Form is Open to Public Inspection.
For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019		
A Name of plan TRIHEALTH, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIHEALTH, INC.		D Employer Identification Number (EIN) 31-1438846
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3581074		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 478
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

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

Stock: 31.0% Investment-Grade Debt: 25.0% High-Yield Debt: 13.0% Real Estate: 3.0% Other: 28.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

TriHealth, Inc. Retirement Plan
Year Ended November 30, 2019 and
Period Ended November 30, 2018
With Report of Independent Auditors

Ernst & Young LLP



TriHealth, Inc. Retirement Plan

Financial Statements and Supplemental Schedules

Year Ended November 30, 2019 and
Period Ended November 30, 2018

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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 November 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the year ended November 30, 2019 and the period from January 1, 2018 to November 30, 2018, 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 November 30, 2019, 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 November 30, 2018, and the changes in its financial status for the period from January 1, 2018 to November 30, 2018, 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 November 30, 2019, 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

September 14, 2020

TriHealth, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

	November 30	
	2019	2018
Assets		
Investments:		
Investments at fair value	<u>\$ 351,468,969</u>	<u>\$ 139,082,384</u>
Total investments	351,468,969	139,082,384
Receivables:		
Accrued income	<u>247,669</u>	<u>77,562</u>
Net assets available for benefits	<u><u>\$ 351,716,638</u></u>	<u><u>\$ 139,159,946</u></u>

See accompanying notes.

TriHealth, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended November 30, 2019	Period Ended November 30, 2018
Additions		
Interest and dividends	\$ 4,253,313	\$ 1,349,239
Net appreciation in fair value of investments	39,025,772	—
Total additions	43,279,085	1,349,239
Deductions		
Net depreciation in fair value of investments	—	2,832,573
Benefits paid to participants	28,381,453	11,390,552
Administrative expenses	2,155,625	1,064,359
Total deductions	30,537,078	15,287,484
Transfer from Bethesda Retirement Plan	199,814,685	—
Change in net assets available for benefits	212,556,692	(13,938,245)
Net assets available for benefits at beginning of period	139,159,946	153,098,191
Net assets available for benefits at end of period	<u>\$ 351,716,638</u>	<u>\$ 139,159,946</u>

See accompanying notes.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements

November 30, 2019

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.

Plan Merger

Effective December 31, 2018, the Company merged the Bethesda Retirement Plan into the Plan, including net assets transferred of \$199,814,685. The actuarial present value of the accumulated plan benefits for the Bethesda Retirement Plan was \$184,850,375 as of January 1, 2018.

General

The Plan is a noncontributory defined benefit plan that covers substantially all employees of the Company and substantially all the employees of Bethesda, Inc. effective December 31, 2018. The Company exists under the Network Affiliation Agreement (the Agreement) between Bethesda Hospital, Inc. and Subsidiaries (Bethesda) and The Good Samaritan Hospital of Cincinnati, Ohio (Good Sam). Bethesda, Inc. is the parent company to Bethesda. The Agreement provides for, among other things, the creation of TriHealth to operate and jointly manage Bethesda; Good Samaritan; and 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 document, 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 are provided interest credits until they commence their benefits.

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

1. Description of the Plan (continued)

Plan Year

The Plan changed its fiscal year-end from December 31 to November 30 during the 2018 Plan year. As a result, the statement of changes in net assets available for benefits for the period ended November 30, 2018 presents the activity for the 11-month period from January 1, 2018 to November 30, 2018, as compared to the 12-month period from December 1, 2018 to November 30, 2019.

Eligibility and Vesting

Prior to the freeze, 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.

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 was 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. The terminated participant's benefit will be in the form of a lump-sum payment to an individual retirement account if the present value of the terminated participant's benefit is less than \$5,000, but greater than \$1,000. If the present value of the terminated participant's benefit is less than \$1,000, the terminated participant's benefit will be paid in the form of a lump-sum payment directly to the terminated participant or the participant's beneficiary.

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 Plan has met the ERISA minimum funding requirements for both 2019 and 2018.

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

1. Description of the Plan (continued)

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.

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

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 (U.S. GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

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

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value 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). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- 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

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

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

2. Significant Accounting Policies (continued)

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

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

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

New Accounting Pronouncement

In July 2018, the FASB issued Accounting Standards Update No. (ASU) 2018-09, *Codification Improvements* (ASU 2018-09), which, among other things, amends an illustrative example of a fair value hierarchy disclosure to indicate that a certain type of investment should not always be considered to be eligible to use the net asset value per share practical expedient. Also, it further clarifies that an entity should evaluate whether a readily determinable fair value exists or whether its investments qualify for the net asset value per share practical expedient in accordance with ASC 820. Adoption of the amended guidance, which is to be applied prospectively, could impact fair value disclosures, but does not change the fair value measurement of the investments. ASU 2018-09 is effective for the Plan for fiscal years beginning after December 15, 2019. Early application is permitted. Management is currently evaluating the impact on the Plan's financial statements.

In August 2018, the FASB issued ASU 2018-13, *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13), which eliminates, adds and modifies certain disclosure requirements for fair value measurements. The amendments are effective for all entities for fiscal years beginning after December 15, 2019, but entities are permitted to early adopt either the entire standard or only the provisions that eliminate or modify the fair value disclosures. Management is currently evaluating the impact of ASU 2018-13 on the Plan's financial statements.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 3) 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 include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees (as of the freeze date) or their beneficiaries. Benefits are based on credits earned using the employees' age and highest five-year average compensation through the date of the Plan freeze plus interest credit subsequent to 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

Aon Hewitt, 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. As a result of the timing of the Bethesda Retirement Plan merger, the accumulated plan benefits of the Bethesda Retirement Plan of \$184,850,375 are excluded from the amounts below.

The accumulated plan benefit information as of November 30, 2018, was as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 12,890,074

Other vested benefits

106,123,274

Total vested benefits

119,013,348

Non-vested benefits

1,255,355

Total actuarial present value of accumulated plan benefits

\$ 120,268,703

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The changes in accumulated plan benefits during the period ended November 30, 2018, were as follows:

Actuarial present value of accumulated plan benefits at January 1, 2018	\$ 128,151,234
Increase (decrease) during the year attributed to:	
Interest accumulated	7,303,429
Benefits paid	(11,390,552)
Assumption changes ^(a)	(3,283,229)
Other changes ^(b)	(512,179)
Net increase	<u>(7,882,531)</u>
Actuarial present value of accumulated plan benefits at November 30, 2018	<u>\$ 120,268,703</u>

^(a)The assumption changes reflect changes to assumptions to better reflect Plan experience/anticipate future experience and include a change in the future 30-year Treasury Rate from 2.99% to 2.53% and a change in the healthy mortality assumption from the RP-2014 Healthy Mortality Tables (base year 2006), projected generationally with Projection Scale MP-2018 to the Pri-2012 Mortality Tables, projected generationally with Projection Scale MP-2019 and a change in the disabled mortality assumption from the RP-2014 Disabled Retiree Mortality Table (base year 2006), projected generationally with Projection Scale MP-2018 to the Pri-2012 Disabled Retiree Mortality Table, projected generationally with Projection Scale MP-2019.

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

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

3. Accumulated Plan Benefits (continued)

Significant factors underlying the actuarial assumptions are as follows:

Assumed annual rate of return on investments	2019 – 6.50%; 2018 – 6.50%
Mortality basis	Healthy – Pri-2012 mortality table projected generationally with projection scale MP-2019 Disabled – Pri-2012 disabled retiree mortality table projected generationally with projection scale MP-2019
Retirement rates	Various rates, ranging from 6% at age 55 to 100% at age 75 and over

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were 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 December 1, 2018. There were no significant changes to the Plan that would have changed the valuations had they been performed as of November 30, 2018.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value (in thousands):

	November 30, 2019				November 30, 2018			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Assets								
Cash and cash equivalents	\$ 11,496	\$ —	\$ —	\$ 11,496	\$ 1,854	\$ —	\$ —	\$ 1,854
Common stock:								
Domestic	22,650	—	—	22,650	8,547	—	—	8,547
International	1,578	—	—	1,578	465	—	—	465
Marketable debt securities:								
U.S. treasuries	—	4,094	—	4,094	—	—	—	—
U.S. government	—	3,112	—	3,112	—	—	—	—
Corporate bonds	—	13,367	—	13,367	—	—	—	—
Mutual funds:								
Fixed income	37,727	—	—	37,727	22,033	—	—	22,033
Equity	16,538	—	—	16,538	6,778	—	—	6,778
	<u>\$ 89,989</u>	<u>\$ 20,573</u>	<u>\$ —</u>	<u>\$ 110,562</u>	<u>\$ 39,677</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 39,677</u>
Investments measured at net asset value (NAV):								
Hedge funds ^(a)				54,642				11,312
Private equity funds ^(b)				10,927				10,185
Real estate investment trusts ^(c)				4,415				1,503
Limited partnerships ^(d)				167,332				76,405
Commingled funds ^(e)				3,591				—
Total investments at fair value				<u>\$ 351,469</u>				<u>\$ 139,082</u>

^(a) The investment objective is to invest in hedge funds. These hedge funds redeem at NAV at the statement of net assets available for benefits date and have a quarterly redemption option with a 45-day notice.

^(b) The investment objective of these investments is to achieve long-term capital appreciation through a diversified portfolio of leveraged buyout, growth equity, venture capital, structured equity, and distressed debt investments opportunities. These investments are generally locked up for the term of the fund or deemed to have no immediate liquidity. At November 30, 2019, the Plan has committed capital yet to be called of \$3,799 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 funds are locked up for the term of the fund or deemed to have no immediate liquidity. At November 30, 2019, the Plan has committed capital yet to be called of \$684 to real estate funds.

^(d) The investment objective is to achieve long-term capital growth. These limited partnerships redeem at NAV at the statement of net assets available for benefits dates with a monthly redemption option with a ten-day notice. There are currently no redemption restrictions on these investments. At November 30, 2019, the Plan has committed capital yet to be called of \$12,385 to limited partnerships.

^(e) The investment objective is to invest in commingled fund. The commingled fund redeems at NAV at the statement of net assets available for benefits date with a monthly redemption option with a ten-day window. 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 investments measured at fair value.

The fair value of cash and cash equivalents, common stock, and mutual funds (fixed income and equity) is based on quoted market prices on the active market on which they are traded. Such instruments are classified within Level 1 of the fair value hierarchy. The Plan does not adjust the quoted market price for such financial instruments.

The types of financial instruments valued based on quoted market prices in markets that are not active, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency include corporate bonds, U.S. government, and U.S. treasuries marketable debt securities. Such financial instruments are generally classified within Level 2 of the fair market value hierarchy.

Investments measured at NAV, which consist of hedge funds, private equity funds, limited partnerships, real estate funds, and a commingled fund, are not necessarily readily marketable and may have underlying investments in short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. However, the Plan 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 respective investments. These investments are entered into for further diversification of the Plan's investment portfolio.

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated November 7, 2017, 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 has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

TriHealth, Inc. Retirement Plan

Notes to Financial Statements (continued)

5. Tax Status (continued)

U.S. GAAP require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of November 30, 2019 and 2018, 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.

6. Party-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. Expenses that are paid by the Company are excluded from these financial statements.

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.

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

8. Risks and Uncertainties (continued)

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

The global viral outbreak of coronavirus disease 2019 (COVID-19) in 2020 and the actions taken to slow the spread of COVID-19 have resulted in broad economic impacts including investment market volatility. As the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the ultimate impact to the Plan is presently unknown. The accompanying financial statements as of and for the year ended November 30, 2019, do not reflect the effects of these subsequent events.

Management has evaluated and disclosed subsequent events through September 14, 2020, which is the date the accompanying financial statements were available to be issued.

Supplemental Schedules

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of December 1, 2018

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		6								
25-29		97 \$1,262	15							
30-34		175 \$1,931	96 \$6,733	15						
35-39		172 \$4,468	126 \$15,257	71 \$21,922	3					
40-44		153 \$5,836	112 \$21,280	81 \$40,490	30 \$43,976	2				
45-49		160 \$8,108	126 \$30,414	91 \$58,639	60 \$65,989	36 \$78,199	3			
50-54		189 \$11,628	144 \$35,464	117 \$67,284	65 \$89,663	41 \$101,197	63 \$138,582	7		
55-59		195 \$10,029	121 \$39,459	107 \$81,492	52 \$92,755	58 \$143,668	71 \$152,746	60 \$172,437	18	
60-64		147 \$15,011	123 \$43,735	111 \$100,558	62 \$129,446	49 \$165,983	57 \$187,820	46 \$210,086	51 \$270,271	3
65-69		64 \$16,303	45 \$45,563	37 \$106,932	22 \$154,997	10	20 \$235,725	11	5	6
70+		21 \$21,605	19	15	4	1	2	4	4	1

N-3878

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)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of December 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of December 2018), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.92%
3rd Segment Rate	4.50%
Optional Payment Form Election Percentage	90% lump sum, if eligible. Else, life annuity.
Projection of Retirement Account at 30-Year Treasury Rate	3.25%
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 62.
Current Terminated Vested Participants	Based on probability by age. See Table 2.
Future Terminated Vested Participants	Commence at Age 62.
Mortality Rates	
Healthy and Disabled	2018 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	Based on probability by age and Service. See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
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.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$220,000.
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	
2017 Plan Year	7.00%, limited to 6.48%
2018 Short Plan Year	7.00%, limited to 6.29%
2018 Plan Year	6.50%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	\$1,100,000. Based on prior year's administrative expense to the extent they are expected to occur in the current year, rounded.
Actuarial Method	Standard unit credit cost method
Valuation Date	December 1, 2018

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 1

Retirement Rates—Active Participants

<u>Age</u>	<u>Rate</u>
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	6.00%
60	6.00%
61	12.00%
62	12.00%
63	12.00%
64	25.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70	25.00%
71	25.00%
72	25.00%
73	25.00%
74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 2

Retirement Rates—Terminated Vested Participants

<u>Age</u>	<u>Rate</u>
55	11.00%
56	7.00%
57	6.00%
58	6.00%
59	11.00%
60	11.00%
61	11.00%
62	15.00%
63	15.00%
64	30.00%
65	30.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
 TriHealth, Inc. Retirement Plan
 EIN: 31-1438846 PN: 001

Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15-29	18.00%	18.00%	18.00%	16.00%	14.00%	12.00%
30-34	18.00%	18.00%	18.00%	16.00%	14.00%	9.00%
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%	6.00%
45+	9.00%	9.00%	9.00%	9.00%	9.00%	5.00%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.015%	0.015%	40	0.040%	0.065%
16	0.015%	0.015%	41	0.045%	0.075%
17	0.015%	0.015%	42	0.050%	0.085%
18	0.015%	0.015%	43	0.060%	0.095%
19	0.015%	0.015%	44	0.070%	0.110%
20	0.015%	0.015%	45	0.080%	0.120%
21	0.015%	0.015%	46	0.090%	0.135%
22	0.015%	0.015%	47	0.105%	0.150%
23	0.015%	0.015%	48	0.125%	0.165%
24	0.015%	0.015%	49	0.140%	0.180%
25	0.015%	0.015%	50	0.165%	0.200%
26	0.015%	0.015%	51	0.195%	0.220%
27	0.015%	0.015%	52	0.230%	0.245%
28	0.015%	0.020%	53	0.265%	0.270%
29	0.015%	0.020%	54	0.305%	0.295%
30	0.015%	0.020%	55	0.345%	0.320%
31	0.015%	0.025%	56	0.385%	0.345%
32	0.015%	0.025%	57	0.430%	0.370%
33	0.015%	0.030%	58	0.475%	0.400%
34	0.015%	0.030%	59	0.525%	0.425%
35	0.020%	0.035%	60	0.575%	0.450%
36	0.020%	0.040%	61	0.630%	0.480%
37	0.025%	0.045%	62	0.690%	0.505%
38	0.030%	0.050%	63	0.755%	0.525%
39	0.035%	0.060%	64	0.820%	0.545%
			65+	0.000%	0.000%

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**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019

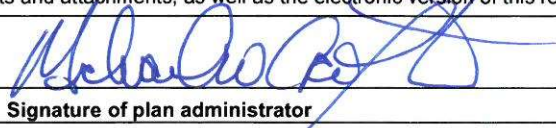
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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. 625 EDEN PARK DR. CINCINNATI OH 45202	2b Employer Identification Number (EIN) 31-1438846
	2c Plan Sponsor's telephone number 513-569-6111
	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>9/14/2020</u>	MICHAEL CROFTON
	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

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

Form 5500 (2018)
v. 171027

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2,353
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) 1,636
a(2) Total number of active participants at the end of the plan year	6a(2) 3,531
b Retired or separated participants receiving benefits.....	6b 1,058
c Other retired or separated participants entitled to future benefits	6c 2,725
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 7,314
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 77
f Total. Add lines 6d and 6e	6f 7,391
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 6
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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 November 30, 2019

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain (Loss)
Category (i) – Individual transactions in excess of 5% of plan assets						
Coltv Short Term Investment Fund	Money Market Fund	\$ 8,751,366	\$ –	\$ 8,751,366	\$ 8,751,366	\$ –
Coltv Short Term Investment Fund	Money Market Fund	17,527,661	–	17,527,661	17,527,661	–
Coltv Short Term Investment Fund	Money Market Fund	17,000,000	–	17,000,000	17,000,000	–
Coltv Short Term Investment Fund	Money Market Fund	–	7,749,896	7,749,896	7,749,896	–
Coltv Short Term Investment Fund	Money Market Fund	–	13,997,075	13,997,075	13,997,075	–
Coltv Short Term Investment Fund	Money Market Fund	–	10,166,231	10,166,231	10,166,231	–
MFO Blackrock FDS V Strategic Income Opportunities Port CL K	Mutual Fund - Fixed Income	–	7,250,000	7,218,405	7,250,000	31,595
MFO PIMCO FDS Extended Duration Fund Instl	Mutual Fund - Fixed Income	–	19,277,661	17,971,840	19,277,661	1,305,821
MFO PIMCO FDS Long Duration Total Return Fund Instl	Mutual Fund - Fixed Income	–	26,420,177	27,867,041	26,420,177	(1,446,864)
MFO PIMCO Long Term CR Fund Instl CL	Mutual Fund - Fixed Income	26,420,177	–	26,420,177	26,420,177	–
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						
CF GAM Unconstrained Bond Fund USD 2Z	Limited Partnership	\$ –	\$ 9,407,218	\$ 8,512,847	\$ 9,407,218	\$ 894,371
Coltv Short Term Investment Fund	Money Market Fund	136,456,748	–	136,456,748	136,456,748	–
Coltv Short Term Investment Fund	Money Market Fund	–	131,915,893	131,915,893	131,915,893	–
MFO Blackrock FDS V Strategic Income Opportunities Port CL K	Mutual Fund - Fixed Income	15,862,054	–	15,862,054	15,862,054	–
MFO Blackrock FDS V Strategic Income Opportunities Port CL K	Mutual Fund - Fixed Income	–	17,400,000	17,228,947	17,400,000	171,053
MFO PIMCO FDS Extended Duration Fund Instl	Mutual Fund - Fixed Income	344,448	–	344,448	344,448	–
MFO PIMCO FDS Extended Duration Fund Instl	Mutual Fund - Fixed Income	–	23,066,366	21,799,026	23,066,366	1,267,340
MFO PIMCO FDS Long Duration Total Return Fund Instl	Mutual Fund - Fixed Income	617,824	–	617,824	617,824	–
MFO PIMCO FDS Long Duration Total Return Fund Instl	Mutual Fund - Fixed Income	–	30,996,344	32,965,633	30,996,344	(1,969,289)
MFO PIMCO Long Term CR Fund Instl CL	Mutual Fund - Fixed Income	27,016,213	–	27,016,213	27,016,213	–
MFO PIMCO Long Term CR Fund Instl CL	Mutual Fund - Fixed Income	–	6,000,000	5,754,455	6,000,000	245,545
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
(Form 5500)Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan
Actuarial Information

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

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

OMB No. 1210-0110

2018**This Form is Open to Public Inspection**For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019▶ **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>12</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....		2a	341,377,850
b Actuarial value		2b	351,390,704
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	1,096	62,892,831	62,892,831
b For terminated vested participants	2,921	72,717,474	72,717,474
c For active participants	3,878	191,467,757	193,574,617
d Total	7,895	327,078,062	329,184,922
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	5.47%	
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

Signature of actuary

TRISHA L. BOUSSARI

Type or print name of actuary

09/03/2020

Date

2006986

Most recent enrollment number

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	29,943,788
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,274,663
9	Amount remaining (line 7 minus line 8).....	0	24,669,125
10	Interest on line 9 using prior year's actual return of <u>-0.77%</u>	0	-183,482
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	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>5.47%</u>		0
	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.....		0
	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	24,485,643

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage	14	99.30%
15	Adjusted funding target attainment percentage.....	15	106.74%
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	95.61%
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	(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: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ 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)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	2,279,861		1,248,519
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2,348,519	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	3,152,223	3,152,223
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

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, lines 7-13—Beginning of Year Carryover and Prefunding Balances

As a result of the December 31, 2018 merger of the Bethesda Retirement Plan into the TriHealth, Inc. Retirement Plan, the beginning of prior year funding balances on line 7 and the portion of funding balances used to offset prior year's funding requirements on line 8 do not match lines 13 and 35, respectively, of the January 1, 2018 Schedule SB for the TriHealth, Inc. Retirement Plan. The development of beginning of year funding balances on line 13 is shown below.

Neither of the legacy plans contained any Funding Standard Carryover balance. As such, the exhibit shown below only shows development of the beginning of year Prefunding balance.

Schedule SB Line	Legacy TriHealth Plan	Legacy Bethesda Plan	Merged Plan
7b —Balance at beginning of prior year after applicable adjustments (line 13 from January 1, 2018 Schedules SB)	\$ 10,640,187	\$ 19,303,601	\$ 29,943,788
8b —Portion elected for use to offset prior year's funding requirement (line 35 from January 1, 2018 Schedules SB ¹)	2,404,383	2,870,280 ¹	5,274,663
9b —Amount Remaining	8,235,804	16,433,321	24,669,125
10b —Interest on Line 9 Using Prior Year's Actual Return ²	(107,889) ²	(75,593) ²	(183,482)
11 —Prior Year's Excess Contributions to be Added to Prefunding Balance	0	0	0
11a(b) —Present value of excess contributions (line 38a from prior year)	0	0	0
11b(1)(b) —Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB	0	0	0
11b(2)(b) —Interest on line 38b from prior year Schedule SB	0	0	0
11c(b) —Total available at beginning of current plan year to add to prefunding balance	0	0	0
11d(b) —Portion of (c) to be added to prefunding balance	0	0	0
12b —Other reductions in balances due to elections or deemed elections	<u>0</u>	<u>0</u>	<u>0</u>
13b —Balance at beginning of current year	\$ 8,127,915	\$ 16,357,728	\$ 24,485,643

¹ For Legacy Bethesda Plan, this represents 0.9167 of the full amount elected to be applied to the 2018 plan year as of 1/1/2018 to account for the 12/1/2018 measurement date

² Return for the Legacy TriHealth Plan of -1.31% is based on the actual return for the period from 1/1/2018–12/1/2018. Return for the Legacy Bethesda Plan of -0.46% is based on the prorated (11/12) actual return from 1/1/2018–1/1/2019.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and
Amounts Used to Calculate AFTAP

The valuation results shown in the Schedule SB reflect updated funding balances as compared to the certified AFTAP. The funding balances decreased from \$27,685,018 to \$24,485,643 as a result of discussion with the IRS on the outstanding funding method request. The AFTAP value was unaffected by this update and remains 106.74%.

	Certified AFTAP	Schedule SB
Funding Target	\$ 329,184,922	\$ 329,184,922
Value of Plan Assets	\$ 351,390,704	\$ 351,390,704
Funding Standard Carryover Balance	\$ 0	\$ 0
Prefunding Balance	\$ 27,685,018	\$ 24,485,643
Annuities Purchased for NHCE's	\$ 0	\$ 0
AFTAP	106.74%	106.74%

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at the beginning of the year. This represents the retirement assumption for the 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	12.00%	0.6899	5.05
62	12.00%	0.6071	4.52
63	12.00%	0.5342	4.04
64	25.00%	0.4701	7.52
65	30.00%	0.3526	6.88
66	25.00%	0.2468	4.07
67	25.00%	0.1851	3.10
68	25.00%	0.1388	2.36
69	25.00%	0.1041	1.80
70	25.00%	0.0781	1.37
71	25.00%	0.0586	1.04
72	25.00%	0.0439	0.79
73	25.00%	0.0329	0.60
74	25.00%	0.0247	0.46
75+	100.00%	0.0185	1.39
Weighted Average			62.76

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of December 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of December 2018), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.92%
3rd Segment Rate	4.50%
Optional Payment Form Election Percentage	90% lump sum, if eligible. Else, life annuity.
Projection of Retirement Account at 30-Year Treasury Rate	3.25%
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 62.
Current Terminated Vested Participants	Based on probability by age. See Table 2.
Future Terminated Vested Participants	Commence at Age 62.
Mortality Rates	
Healthy and Disabled	2018 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	Based on probability by age and Service. See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
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.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
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Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$220,000.
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	
2017 Plan Year	7.00%, limited to 6.48%
2018 Short Plan Year	7.00%, limited to 6.29%
2018 Plan Year	6.50%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	\$1,100,000. Based on prior year's administrative expense to the extent they are expected to occur in the current year, rounded.
Actuarial Method	Standard unit credit cost method
Valuation Date	December 1, 2018

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
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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	12.00%
62	12.00%
63	12.00%
64	25.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70	25.00%
71	25.00%
72	25.00%
73	25.00%
74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Table 2

Retirement Rates—Terminated Vested Participants

<u>Age</u>	<u>Rate</u>
55	11.00%
56	7.00%
57	6.00%
58	6.00%
59	11.00%
60	11.00%
61	11.00%
62	15.00%
63	15.00%
64	30.00%
65	30.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
 TriHealth, Inc. Retirement Plan
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Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15-29	18.00%	18.00%	18.00%	16.00%	14.00%	12.00%
30-34	18.00%	18.00%	18.00%	16.00%	14.00%	9.00%
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%	6.00%
45+	9.00%	9.00%	9.00%	9.00%	9.00%	5.00%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.015%	0.015%	40	0.040%	0.065%
16	0.015%	0.015%	41	0.045%	0.075%
17	0.015%	0.015%	42	0.050%	0.085%
18	0.015%	0.015%	43	0.060%	0.095%
19	0.015%	0.015%	44	0.070%	0.110%
20	0.015%	0.015%	45	0.080%	0.120%
21	0.015%	0.015%	46	0.090%	0.135%
22	0.015%	0.015%	47	0.105%	0.150%
23	0.015%	0.015%	48	0.125%	0.165%
24	0.015%	0.015%	49	0.140%	0.180%
25	0.015%	0.015%	50	0.165%	0.200%
26	0.015%	0.015%	51	0.195%	0.220%
27	0.015%	0.015%	52	0.230%	0.245%
28	0.015%	0.020%	53	0.265%	0.270%
29	0.015%	0.020%	54	0.305%	0.295%
30	0.015%	0.020%	55	0.345%	0.320%
31	0.015%	0.025%	56	0.385%	0.345%
32	0.015%	0.025%	57	0.430%	0.370%
33	0.015%	0.030%	58	0.475%	0.400%
34	0.015%	0.030%	59	0.525%	0.425%
35	0.020%	0.035%	60	0.575%	0.450%
36	0.020%	0.040%	61	0.630%	0.480%
37	0.025%	0.045%	62	0.690%	0.505%
38	0.030%	0.050%	63	0.755%	0.525%
39	0.035%	0.060%	64	0.820%	0.545%
			65+	0.000%	0.000%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

The following briefly describes the key provisions of the TriHealth Retirement Plan. 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. The Bethesda Retirement Plan merged into the Plan effective December 31, 2018. As the core provisions of both plans were the same, the summary of plan provisions below generally apply to both populations.
Effective Date	Established as of July 1, 2005. The Bethesda Retirement Plan which was merged into this plan was initially established January 1, 1973.
Eligibility for Participation	Employees of TriHealth, Inc. (or, for the former Bethesda Retirement Plan, employees of Bethesda Hospital, Inc. and Consolidated Health Services) 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. In no event with the benefit be less than the benefit accrued as of June 30, 1999 under the prior Bethesda Retirement Plan formula.
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.
Late Retirement Eligibility	Retirement after age 65.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of retirement, but not less than the actuarial equivalent amount determined by increasing the retirement account, as of the close of the prior Plan Year, to reflect the deferral for that year.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Vested Termination

Eligibility

Three years of vesting service.

Benefit

Same as the normal retirement benefit based on the retirement account at the date of termination. Payments may begin any time after eligibility for early retirement. Interest on the retirement account will accrue at the applicable 30-year Treasury rate until benefits commence.

Disability

Eligibility

Total and permanent disability and three years of vesting service.

Benefit

Same as the normal retirement benefit based on the retirement account at the date of disability. Payments may begin immediately.

Preretirement Death

Eligibility

Three years vesting service.

Benefit

Without Spouse: Retirement account at the date of death.

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

Normal Form of Annuity

Without Spouse: Life annuity.

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

Optional Forms of Annuity

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

Actuarial Equivalent

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

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
 TriHealth, Inc. Retirement Plan
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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.

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.

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Benefit Service	Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a joint operating entity. Used primarily to determine annual credits. Benefit service was frozen as of December 31, 2014.
Credited Service	Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) and employed at the end of the year (or prior to termination). Used primarily to determine how many years of 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	Good Samaritan Hospital of Cincinnati and any affiliate that participates in the Good Samaritan Hospital Retirement Plan.

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change:

- The Bethesda Retirement Plan merged into the TriHealth, Inc. Retirement Plan effective December 31, 2018.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Software Limitations

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.

Plan Merger and IRS Funding Method Change

Effective December 31, 2018, the Bethesda Retirement Plan (Bethesda Plan) was merged into the TriHealth, Inc. Retirement Plan (TriHealth Plan).

Funding valuation results have been determined as of December 1, 2018 for both the Bethesda Plan and the TriHealth Plan. The Schedule SB results for the plan year beginning on December 1, 2018 and ending on November 30, 2019 are shown on a post-merger basis. Approval for the funding method used to calculate the post-merger valuation results has been requested of the IRS, and the request is still pending final approval. Should final results based on IRS final approval differ from those shown in the Schedule SB, a revised Schedule SB will be filed.

As a result of consultation thus far with the IRS on the funding method request, valuation results were revised. This occurred after funding balance elections were made for the plan year, leading to irrevocable funding balance elections in excess of the revised minimum required contribution, as shown on line 35.

As a result of the December 31, 2018 merger, the beginning of prior year funding balances on line 7 and the portion of funding balances used to offset prior year's funding requirements on line 8 do not match lines 13 and 35, respectively, of the January 1, 2018 Schedule SB for the TriHealth, Inc. Retirement Plan. The development of beginning of year funding balance on line 13 is shown in the section labeled "Schedule SB, lines 7-13—Beginning of Year Carryover and Prefunding Balances" in these attachments.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A changed in the expected return on assets from 7.00% to 6.50% to better anticipate future experience.

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

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
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Schedule SB, line 25—Change in Method

The ERISA funding valuation reflects the following method changes:

- Effective December 1, 2018, the plan year start date changed from January 1 to December 1. As a result, there was a short plan year from January 1, 2018 to November 30, 2018 as reported on the January 1, 2018 Schedule SB.
- A request to change the funding method was made to the IRS in conjunction with the December 31, 2018 merger of the Bethesda Retirement Plan into the TriHealth Inc. Retirement Plan. After the merger, the plan year for the merged plan will be December 1 to November 30; the valuation date will be December 1; the merged plan will use segment rates with no lookback period (i.e., December); the funding method will continue to be the unit credit method; the asset valuation method will continue to be the smoothed fair market value of assets over the current and prior two years adjusted to be no great than 110% and no less than 90% of the fair market value. The TriHealth Inc. Retirement Plan is still pending final approval from the IRS. Should final results based on IRS final approval differ from those shown in the Schedule SB, a revised Schedule SB will be filed.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of December 1, 2018

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		6								
25-29		97 \$1,262	15							
30-34		175 \$1,931	96 \$6,733	15						
35-39		172 \$4,468	126 \$15,257	71 \$21,922	3					
40-44		153 \$5,836	112 \$21,280	81 \$40,490	30 \$43,976	2				
45-49		160 \$8,108	126 \$30,414	91 \$58,639	60 \$65,989	36 \$78,199	3			
50-54		189 \$11,628	144 \$35,464	117 \$67,284	65 \$89,663	41 \$101,197	63 \$138,582	7		
55-59		195 \$10,029	121 \$39,459	107 \$81,492	52 \$92,755	58 \$143,668	71 \$152,746	60 \$172,437	18	
60-64		147 \$15,011	123 \$43,735	111 \$100,558	62 \$129,446	49 \$165,983	57 \$187,820	46 \$210,086	51 \$270,271	3
65-69		64 \$16,303	45 \$45,563	37 \$106,932	22 \$154,997	10	20 \$235,725	11	5	6
70+		21 \$21,605	19	15	4	1	2	4	4	1

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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)—December 1, 2018 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

A request to change the funding method was made to the IRS in conjunction with the December 31, 2018 merger of the Bethesda Retirement Plan into the TriHealth Inc. Retirement Plan. The method for combining and determining the Shortfall Amortization Bases shown below is pending the final method approval.

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$(9,577,221)	11/12 of December 1, 2018 prorated for December 31 merger (Bethesda) 12/12 of December 1, 2018 (TriHealth)	7	\$ (1,486,391)
Shortfall	\$ (87,673)	1/12 of January 1, 2018 prorated for the short plan year (Bethesda) 1/12 of January 1, 2018 (TriHealth)	7	\$ (15,138)
Shortfall	\$ (245,409)	11/12 of January 1, 2018 prorated for the short plan year (Bethesda) 1/12 of January 1, 2017 prorated for the short plan year (Bethesda) 11/12 of January 1, 2018 (TriHealth) 1/12 of January 1, 2017 (TriHealth)	6	\$ (63,628)
Shortfall	\$ 6,367,709	11/12 of January 1, 2017 prorated for the short plan year (Bethesda) 11/12 of January 1, 2017 (TriHealth) 1 /12 of January 1, 2016 (TriHealth)	5	\$ 1,273,063
Shortfall	\$ 5,822,455	11/12 of January 1, 2016 (TriHealth)	4	\$ 1,540,613

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, lines 7-13—Beginning of Year Carryover and Prefunding Balances

As a result of the December 31, 2018 merger of the Bethesda Retirement Plan into the TriHealth, Inc. Retirement Plan, the beginning of prior year funding balances on line 7 and the portion of funding balances used to offset prior year's funding requirements on line 8 do not match lines 13 and 35, respectively, of the January 1, 2018 Schedule SB for the TriHealth, Inc. Retirement Plan. The development of beginning of year funding balances on line 13 is shown below.

Neither of the legacy plans contained any Funding Standard Carryover balance. As such, the exhibit shown below only shows development of the beginning of year Prefunding balance.

Schedule SB Line	Legacy TriHealth Plan	Legacy Bethesda Plan	Merged Plan
7b —Balance at beginning of prior year after applicable adjustments (line 13 from January 1, 2018 Schedules SB)	\$ 10,640,187	\$ 19,303,601	\$ 29,943,788
8b —Portion elected for use to offset prior year's funding requirement (line 35 from January 1, 2018 Schedules SB ¹)	2,404,383	2,870,280 ¹	5,274,663
9b —Amount Remaining	8,235,804	16,433,321	24,669,125
10b —Interest on Line 9 Using Prior Year's Actual Return ²	(107,889) ²	(75,593) ²	(183,482)
11 —Prior Year's Excess Contributions to be Added to Prefunding Balance	0	0	0
11a(b) —Present value of excess contributions (line 38a from prior year)	0	0	0
11b(1)(b) —Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB	0	0	0
11b(2)(b) —Interest on line 38b from prior year Schedule SB	0	0	0
11c(b) —Total available at beginning of current plan year to add to prefunding balance	0	0	0
11d(b) —Portion of (c) to be added to prefunding balance	0	0	0
12b —Other reductions in balances due to elections or deemed elections	0	0	0
13b —Balance at beginning of current year	\$ 8,127,915	\$ 16,357,728	\$ 24,485,643

¹ For Legacy Bethesda Plan, this represents 0.9167 of the full amount elected to be applied to the 2018 plan year as of 1/1/2018 to account for the 12/1/2018 measurement date

² Return for the Legacy TriHealth Plan of -1.31% is based on the actual return for the period from 1/1/2018–12/1/2018. Return for the Legacy Bethesda Plan of -0.46% is based on the prorated (11/12) actual return from 1/1/2018–1/1/2019.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and
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The valuation results shown in the Schedule SB reflect updated funding balances as compared to the certified AFTAP. The funding balances decreased from \$27,685,018 to \$24,485,643 as a result of discussion with the IRS on the outstanding funding method request. The AFTAP value was unaffected by this update and remains 106.74%.

	Certified AFTAP	Schedule SB
Funding Target	\$ 329,184,922	\$ 329,184,922
Value of Plan Assets	\$ 351,390,704	\$ 351,390,704
Funding Standard Carryover Balance	\$ 0	\$ 0
Prefunding Balance	\$ 27,685,018	\$ 24,485,643
Annuities Purchased for NHCE's	\$ 0	\$ 0
AFTAP	106.74%	106.74%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
 TriHealth, Inc. Retirement Plan
 EIN: 31-1438846 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at the beginning of the year. This represents the retirement assumption for the 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	12.00%	0.6899	5.05
62	12.00%	0.6071	4.52
63	12.00%	0.5342	4.04
64	25.00%	0.4701	7.52
65	30.00%	0.3526	6.88
66	25.00%	0.2468	4.07
67	25.00%	0.1851	3.10
68	25.00%	0.1388	2.36
69	25.00%	0.1041	1.80
70	25.00%	0.0781	1.37
71	25.00%	0.0586	1.04
72	25.00%	0.0439	0.79
73	25.00%	0.0329	0.60
74	25.00%	0.0247	0.46
75+	100.00%	0.0185	1.39
Weighted Average			62.76

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

The following briefly describes the key provisions of the TriHealth Retirement Plan. 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. The Bethesda Retirement Plan merged into the Plan effective December 31, 2018. As the core provisions of both plans were the same, the summary of plan provisions below generally apply to both populations.
Effective Date	Established as of July 1, 2005. The Bethesda Retirement Plan which was merged into this plan was initially established January 1, 1973.
Eligibility for Participation	Employees of TriHealth, Inc. (or, for the former Bethesda Retirement Plan, employees of Bethesda Hospital, Inc. and Consolidated Health Services) 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. In no event with the benefit be less than the benefit accrued as of June 30, 1999 under the prior Bethesda Retirement Plan formula.
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.
Late Retirement Eligibility	Retirement after age 65.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of retirement, but not less than the actuarial equivalent amount determined by increasing the retirement account, as of the close of the prior Plan Year, to reflect the deferral for that year.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Vested Termination

Eligibility

Three years of vesting service.

Benefit

Same as the normal retirement benefit based on the retirement account at the date of termination. Payments may begin any time after eligibility for early retirement. Interest on the retirement account will accrue at the applicable 30-year Treasury rate until benefits commence.

Disability

Eligibility

Total and permanent disability and three years of vesting service.

Benefit

Same as the normal retirement benefit based on the retirement account at the date of disability. Payments may begin immediately.

Preretirement Death

Eligibility

Three years vesting service.

Benefit

Without Spouse: Retirement account at the date of death.

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

Normal Form of Annuity

Without Spouse: Life annuity.

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

Optional Forms of Annuity

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

Actuarial Equivalent

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

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
 TriHealth, Inc. Retirement Plan
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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.

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.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Benefit Service	Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a joint operating entity. Used primarily to determine annual credits. Benefit service was frozen as of December 31, 2014.
Credited Service	Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) and employed at the end of the year (or prior to termination). Used primarily to determine how many years of 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	Good Samaritan Hospital of Cincinnati and any affiliate that participates in the Good Samaritan Hospital Retirement Plan.

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change:

- The Bethesda Retirement Plan merged into the TriHealth, Inc. Retirement Plan effective December 31, 2018.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Software Limitations

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.

Plan Merger and IRS Funding Method Change

Effective December 31, 2018, the Bethesda Retirement Plan (Bethesda Plan) was merged into the TriHealth, Inc. Retirement Plan (TriHealth Plan).

Funding valuation results have been determined as of December 1, 2018 for both the Bethesda Plan and the TriHealth Plan. The Schedule SB results for the plan year beginning on December 1, 2018 and ending on November 30, 2019 are shown on a post-merger basis. Approval for the funding method used to calculate the post-merger valuation results has been requested of the IRS, and the request is still pending final approval. Should final results based on IRS final approval differ from those shown in the Schedule SB, a revised Schedule SB will be filed.

As a result of consultation thus far with the IRS on the funding method request, valuation results were revised. This occurred after funding balance elections were made for the plan year, leading to irrevocable funding balance elections in excess of the revised minimum required contribution, as shown on line 35.

As a result of the December 31, 2018 merger, the beginning of prior year funding balances on line 7 and the portion of funding balances used to offset prior year's funding requirements on line 8 do not match lines 13 and 35, respectively, of the January 1, 2018 Schedule SB for the TriHealth, Inc. Retirement Plan. The development of beginning of year funding balance on line 13 is shown in the section labeled "Schedule SB, lines 7-13—Beginning of Year Carryover and Prefunding Balances" in these attachments.

TriHealth, Inc. Retirement Plan

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

November 30, 2019

Identity of Issue, Borrower, Lessor, or Similar Party	Cost	Current Value
CASH		
US DOLLAR	\$ 5,141,241	\$ 5,141,241
TOTAL CASH	5,141,241	5,141,241
MONEY MARKET		
* COLTV SHORT TERM INVT FD	\$ 6,354,378	\$ 6,354,378
TOTAL MONEY MARKET	6,354,378	6,354,378
DOMESTIC EQUITY SECURITIES		
#REORG/INGERSOLL-RAND TRANE TECHNOLOGY MANDATORY EXCHANGE 2D1QA1	\$ 186,485	\$ 262,220
#REORG/MEDICINES CO CASH MERGER 01-07-2020	94,250	245,022
#REORG/UNITED MANDATORY EXCHANGE COM 2F1QAS3 04-03-2020	231,179	260,040
ALPHABET INC CAP STK USD0.001 CL C	159,103	434,552
ALPHABET INC CAPITAL STOCK USD0.001 CL A	565,348	891,998
AMAZON COM INC COM	462,013	1,190,329
AMERISOURCEBERGEN CORP COM	157,996	162,370
AMETEK INC NEW COM	115,518	225,248
APPLE INC COM STK	731,173	1,544,171
APPLIED MATERIALS INC COM	155,895	185,280
AT&T INC COM	215,651	214,898
AVNET INC COM	131,143	140,852
BANK OF AMERICA CORP	204,304	337,532
BERKSHIRE HATHAWAY INC-CL B	582,053	920,193
BIO RAD LABS INC CL A	282,366	467,266
BIOGEN INC COMMON STOCK	234,293	266,831
BLACK KNIGHT INC COM USD0.0001 WI	146,208	197,221
BOOKING HLDGS INC COM	43,847	70,449
BRISTOL MYERS SQUIBB CO COM	458,689	485,983
CARNIVAL CORP COM PAIRED	127,837	140,469
CATERPILLAR INC COM	168,492	186,702
CHARTER COMMUNICATIONS INC NEW CL A CL A	177,619	246,755
CITIGROUP INC COM NEW COM NEW	144,183	149,489
COGNIZANT TECH SOLUTIONS CORP CL A	125,702	125,656
COMCAST CORP NEW-CL A	205,882	323,178
CONSTELLATION BRANDS INC CL A CL A	182,175	184,199
DEERE & CO COM	147,590	176,957
DUPONT DE NEMOURS INC COMMON STOCK	116,101	109,918
EXXON MOBIL CORP COM	165,450	140,825
FACEBOOK INC COM USD0.000006 CL 'A'	882,649	1,150,356

TriHealth, Inc. Retirement Plan

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

November 30, 2019

Identity of Issue, Borrower, Lessor, or Similar Party	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)		
FEDEX CORP COM	\$ 111,243	\$ 83,706
FIDELITY NATL INFORMATION SVCS INC COM STK	327,262	339,296
FOX CORP CL A CL A	165,845	157,308
GENERAL ELECTRIC CO	137,957	67,586
GLOBAL PMTS INC COM	234,856	258,792
GOLDMAN SACHS GROUP INC COM	187,778	260,529
HALLIBURTON CO COM	137,086	70,883
HOME DEPOT INC COM	276,910	378,175
HUBBELL INC COM	114,638	120,850
ILL TOOL WKS INC COM	164,509	182,175
INTERNATIONAL BUSINESS MACHS CORP COM	175,001	161,474
INTERSECT ENT INC COM	110,696	85,419
JOHNSON & JOHNSON COM USD1	191,086	268,106
JONES LANG LASALLE INC COM STK	183,996	292,741
KNOWLES CORP COM	129,126	139,503
L3HARRIS TECHNOLOGIES INC COM	202,932	197,068
LPL FINL HLDGS INC COM	140,831	176,389
MARATHON PETE CORP COM	274,707	218,425
MICROCHIP TECHNOLOGY INC COM	249,748	257,716
MICROSOFT CORP COM	477,876	1,286,427
MONDELEZ INTL INC COM	95,629	172,279
MONSTER BEVERAGE CORP NEW COM	132,399	154,276
NETFLIX INC COM STK	137,897	139,080
ORACLE CORP COM	255,979	358,398
ORION ENGINEERED CARBONS SA COMMON STOCK	161,272	154,348
PIONEER NAT RES CO COM	242,467	168,749
PROOFPOINT INC COM	120,812	161,418
S&P GLOBAL INC COM	125,644	203,781
SALESFORCE COM INC COM STK	356,750	676,645
SCHLUMBERGER LTD COM COM	242,406	107,767
SERVICENOW INC COM USD0.001	113,777	267,473
SIGNATURE BK NY N Y COM	219,134	200,460
SIMON PROPERTY GROUP INC COM	319,837	259,628
SPIRIT REALTY CAPITAL INC COM USD0.01(POST REV SPLIT)	171,866	204,360
STARBUCKS CORP COM	54,337	83,294
STERIS PLC ORD USD0.001	99,835	185,902
THERMO FISHER CORP	164,183	226,044
T-MOBILE US INC COM	155,906	172,025
TRANSDIGM GROUP INC COM	168,038	187,143
ULTA BEAUTY INC COM STK USD0.01	116,012	106,406
UNION PAC CORP COM	271,489	439,095

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	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)		
UNITEDHEALTH GROUP INC COM	\$ 224,540	\$ 265,877
VERTEX PHARMACEUTICALS INC COM	256,982	324,864
VISA INC COM CL A STK	217,105	463,120
WALT DISNEY CO	271,233	363,489
ZENDESK INC COM	117,868	164,715
TOTAL DOMESTIC EQUITY SECURITIES	16,408,677	22,650,159
INTERNATIONAL EQUITY SECURITIES		
ADR ALIBABA GROUP HOLDING LTD SPON ADS EACH REP 8 ORD SHS ADS	\$ 134,376	\$ 173,200
ADR ASCENDIS PHARMA A/S SPONSORED ADR	165,900	168,163
ADR JD COM INC SPONSORED ADR REPSTG COM CL A	101,189	88,743
ADR NOVARTIS AG	384,186	437,041
ADR ORCHARD THERAPEUTICS PLC ADS	52,821	33,031
ADR UNILEVER N V NEW YORK SHS NEW	119,703	175,137
BAIDU INC SPONS ADR REPR 0.10 ORD CLS A	106,235	58,672
BROOKFIELD ASSET MGMT INC VOTING SHS CL A VOTING SHS CL A	220,223	255,836
YUM CHINA HLDGS INC COM	116,135	188,409
TOTAL INTERNATIONAL EQUITY SECURITIES	1,400,768	1,578,230
MARKETABLE DEBT SECURITIES - U.S. TREASURIES		
UNITED STATES OF AMER TREAS BONDS DTD 05/15/2016 2.5% DUE 05-15-2046 REG	\$ 2,935,241	\$ 3,126,182
UNITED STATES TREAS BDS DTD 02/15/2000 6.25 DUE 05-15-2030 REG	78,547	78,388
WI UNITED STATES TREAS NTS FLTGT RT 04-30-2021 REG	889,481	889,345
TOTAL MARKETABLE DEBT SECURITIES - U.S. TREASURIES	3,903,268	4,093,915
MARKETABLE DEBT SECURITIES - U.S. GOVERNMENT		
FEDERAL FARM CREDIT BANK FLTGT 03-17-2021	\$ 1,524,430	\$ 1,523,304
FEDERAL HOME LN BKS CONS BD DTD FLTGT RATE DUE 09-13-2021	990,000	988,797
FHLB VAR RT 01-04-2021	599,774	599,627
TOTAL MARKETABLE DEBT SECURITIES - U.S. GOVERNMENT	3,114,204	3,111,728
MARKETABLE DEBT SECURITIES - CORPORATE		
AMERICAN EXPRESS CO FLTGT 08-03-2023	\$ 750,461	\$ 749,618
BANK AMER CORP SR NT FLTGT RATE DUE 04-24-2023 REG	746,297	748,451
BANK NEW YORK MELLON CORP TRANCHE # TR 00006 FLTGT 10-30-2023	850,738	850,110
CITIGROUP INC SR NT FLTGT RATE 06-01-2024	699,458	702,936
COMCAST CORP NEW FLTGT RT DUE 10-01-2021 BEO	663,320	663,202
CONSOLIDATED EDISON CO N Y INC DEB SER 2018 C FLTGT RATE DUE 06-25-2021 RJ	—	—
DEERE JOHN CAP FLTGT RT 1.79722% DUE 09-08-2022	832,938	832,582
DISNEY WALT CO NEW MEDIUM TERM NTS BOOK FLTGT RT 03-04-2022	748,822	749,226
GOLDMAN SACHS GROUP INC 4.223% 05-01-2029	972,722	996,793
INTERNATIONAL BUSINESS MACHS CORP 3.5% 05-15-2029 REG	643,278	646,921

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	Cost	Current Value
MARKETABLE DEBT SECURITIES - CORPORATE (continued)		
JPMORGAN CHASE & CO 2.739% DUE 10-15-2030	\$ 639,516	\$ 648,497
JPMORGAN CHASE & CO NT FLTG DUE 04-25-2023/04-25-2022 REG	321,857	322,811
KEYBANK NATL ASSN CLEVELAND OHIO GLOBAL FLTG RT 11-22-2021	701,457	701,986
MORGAN STANLEY 2.417457% DUE 05-08-2024	324,608	325,702
MORGAN STANLEY 3.772% DUE 01-24-2029	636,432	644,672
PNC BK N A FLTG 06-27-2022	807,708	809,522
QUALCOMM INC NT FLTG RATE DUE 01-30-2023REG	602,052	605,446
SUNTRUST BK ATLANTA GA MEDIUM TERM SR DUE 08-02-2022 REG	761,634	762,227
U S BK NATL ASSN FLTG RT 05-23-2022	651,307	651,336
WELLS FARGO & CO 4.15% DUE 01-24-2029	642,814	645,944
WELLS FARGO & CO FLTG RT 2.91088% DUE 01-24-2023	309,112	308,861
TOTAL MARKETABLE DEBT SECURITIES - CORPORATE	13,306,529	13,366,842
MUTUAL FUNDS – FIXED INCOME		
MFO BLACKROCK FDS V STRATEGIC INCOME OPPORTUNITIES PORT CL K	\$ 15,318,044	\$ 15,366,069
MFO PIMCO LONG-TERM LONG-TERM CR FD INSTL CL	21,261,767	22,360,456
TOTAL MUTUAL FUNDS – FIXED INCOME	36,579,812	37,726,525
MUTUAL FUNDS – EQUITY		
MFO GMO BENCHMARK-FREE ALLOC FD CL III	\$ 16,114,710	\$ 16,538,051
TOTAL MUTUAL FUNDS – EQUITY	16,114,710	16,538,051
HEDGE FUNDS		
BLUE TREND FUND LP	\$ 1,525,000	\$ 1,483,902
CF BLACKROCK EAFE CURR HEDGED EQUITY INDEX FD	11,355,108	15,958,781
CF CAXTON GBL INV (INSTIT) LTD CL T-I (UNREST) SHS D	200,000	216,719
CF CAXTON GBL INV (INSTIT) LTD CL T-I (UNREST)SHS A	3,160,633	3,312,500
CF CEVIAN CAPITAL II LTD	2,500,000	2,369,275
CF GLEACHER DIVERSIFIED STRATEGIES FD CLA SER 1	24,675	13,648
CF HG VORA SPECIAL OPPORTUNITIES FUND, LTD.CL A SUB CL 1-ILG-1118	5,000,000	5,293,276
CF KING STR CAP CL S SER 217 FD	6,900	6,883
CF KING STR CAP CL S SER 224 FD	5,884	6,398
CF KING STREET CAPITAL LTD CL S SER 131	901	939
CF KING STREET CAPITAL LTD CL S SER 137	7,639	8,675
CF KING STREET CAPITAL LTD CL S SER 161	15,757	17,715
CF KING STREET CAPITAL LTD CL S SER 168	5,807	6,428
CF KING STREET CAPITAL LTD CL S SER 175	11,369	14,564
CF KING STREET CAPITAL LTD CL S SER 196	5,193	8,317
CF KING STREET CAPITAL LTD CL S SER 203	6,726	7,398
CF KING STREET CAPITAL LTD CL S SER 210	2,903	3,377
CF KING STREET CAPITAL LTD CL S SER 65	7,829	1,647
CF KING STREET CAPITAL LTD CLASS S SER 101	14,722	17,155

TriHealth, Inc. Retirement Plan

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

Identity of Issue, Borrower, Lessor, or Similar Party	Cost	Current Value
HEDGE FUNDS (continued)		
CF KING STREET CAPITAL LTD CLASS S SER 113	\$ 7,766	\$ 11,249
CF KING STREET CAPITAL LTD CLASS S SER 119	24,299	23,865
CF KING STREET CAPITAL LTD CLASS S SER 182	52,741	46,494
CF KING STREET CAPITAL LTD CLASS S SER 189	9,750	11,429
CF KING STREET CAPITAL LTD CLASS S SER 107	845	1,337
CF KING STREET CAPITAL LTD CLASS S SER 238	2,594	2,941
CF KING STREET CAPITAL LTD CLASS S SER 244	3,547	3,904
CF KING STREET CAPITAL LTD CLASS S SER 90	3,749	5,728
CF KING STREET CAPTIAL LTD CL S SER 231	2,588	2,821
CF KING STREET CAPTIAL LTD CL S SER 125 FUND	3,510	3,999
CF KING STREET CAPTIAL LTD CL S SER 75 FUND	3,624	787
CF KING STREET CAPTIAL LTD CL S SER 80 FUND	53,167	61,767
CF KING STREET CAPTIAL LTD CL S SER 85 FUND	20	61
CF LIBREMAX OFFSHORE LTD CL A TRANCHE N SERIES 1	4,999,986	6,242,063
CF MOON CAP GLOBAL EQ OFF CL S SER 52	129,949	99,436
CF MOON CAP GLOBAL EQ OFF CL S SER 60	15,253	11,669
CF NUT TREE OFFSHORE FUND LTD, GENERAL SER 06 JUNE 19	5,000,000	5,085,261
CF PHARO GAIA FUND, LTD. CL A SERIES 15	3,200,000	4,944,845
CF PHARO GAIA FUND, LTD. CL A SERIES 31	1,000,000	1,114,681
CF RTW OFFSH FD ONE LTD 173_0719 C	84,790	94,125
CF RTW OFFSHORE FUND ONE, LTD	2,665,210	2,509,465
CF SOMA OFFSHORE LTD. SERIES A, SUB-CLASS 2	2,750,000	2,880,387
RENAISSANCE INSTITUTIONAL EQUITIES FUND LLC	2,250,000	2,736,423
TOTAL HEDGE FUNDS	46,120,433	54,642,335
PRIVATE EQUITY FUNDS		
DRUM SPECIAL SITUATION PARTNERS II	\$ 500,852	\$ 591,160
FORT WASHINGTON PRIVATE EQUITY INVESTORSVI LP	257,957	1,779,692
FORT WASHINGTON PRIVATE EQUITY OPP III LP	3,035,339	3,540,128
KAYNE ANDERSON ENERGY FUND V (QP)	444,159	661,077
OAKTREE MEZZANINE FUND III CLASS A	2	2,801
OAKTREE MEZZANINE FUND III CLASS B	2	108,256
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE)- BUYOUT	1	514,119
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE)- SPEC SIT	215,913	299,351
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE)- VENTURE CAP	368,895	419,727
PRIVATE EQUITY INVESTMENT FUND V	940,527	911,039
PRIVATE EQUITY PARTNERS 2005 MGR LP	474,425	571,050
SIGULER GUFF BRIC OPPORTUNITIES FUND II	554,616	895,718
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND II	192,828	31,124
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III	1	601,937
TOTAL PRIVATE EQUITY FUNDS	6,985,516	10,927,179

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	Cost	Current Value
REAL ESTATE INVESTMENT TRUSTS		
AETHER REAL ASSETS III LP	\$ 1,685,192	\$ 1,670,090
AEW PARTNERS VI	1	267,523
BLUE VISTA SPONSOR EQUITY FUND II	2	3,367
CF INVENTRUST PROPERTIES CORP	5,136,408	1,632,913
WCP REAL ESTATE FUND II	2	840,691
TOTAL REAL ESTATE INVESTMENT TRUSTS	6,821,604	4,414,584
LIMITED PARTNERSHIPS		
ALCENTRA EUROPEAN DIRECT LENDING FUND	\$ 709,478	\$ 1,141,150
AXIOM ASIA PRIVATE CAPITAL FUND III	2,126,568	6,674,771
CF AQR GRP EL OFFSHORE LTD CL B ERISA SER ERISA	13,872,096	17,650,626
CF ARTISAN GLOBAL OPPORTUNITIES TRUST FD	11,627,504	21,721,408
CF ASHMORE EM BLENDED DBT FEEDER FD	18,418,933	18,735,528
CF BLACKROCK EQTY INDEX A FD	5,870,614	9,395,127
CF BLACKROCK RUSSELL 2000 INDEX A FUND	2,388,771	3,899,125
CF LOOMIS SAYLES CR AST TR CL B FD	20,996,196	26,814,604
CF LOOMIS SAYLES NHIT- MULTISECTOR FULL DISCRETION TRUST FUND	16,176,104	22,246,638
CF MARATHON EUROPEAN CREDIT OPP FD SPC SEGREGATED PORT B SER B7-A	81,731	174,299
CF MARATHON EUROPEAN CREDIT OPP FD SPC SEGREGATED PORT B SER B7-A2	54,498	116,207
CF POLUNIN DEVELOPING COUNTRIES COLLECTIVE FUND A	5,073,849	5,157,470
CF SCHRODER INTERNATIONAL SMALL COMPANIES FUND - 3090400900	2,841,257	4,727,587
CF UBS EMERGING MKT EQT COLLECTIVE FD CLS D	5,000,000	4,931,799
CF WILLIAM BLAIR CIT MARCO ALLOCATION FUND CL 1	14,654,959	16,314,888
OHA EUROPEAN STRATEGIC CREDIT FUND (OFFSHORE) LP	1	708,888
REGIMENT CAPITAL SPECIAL SITUATIONS FUNDV, LP	2	467,913
SALIENT MLP TOTAL RETURN, LP	1,600,000	3,001,711
SCHRODER INTERNATIONAL SMALL COMPANIES PORTFOLIO	1,578,678	3,452,660
TOTAL LIMITED PARTNERSHIPS	123,071,241	167,332,399
COMMINGLED FUNDS		
CF WTC CTF DIH FD	\$ 4,835,637	\$ 3,591,404
TOTAL COMMINGLED FUNDS	4,835,637	3,591,404
TOTAL INVESTMENTS	\$ 290,158,017	\$351,468,969

*Indicates party-in-interest to the Plan.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

A request to change the funding method was made to the IRS in conjunction with the December 31, 2018 merger of the Bethesda Retirement Plan into the TriHealth Inc. Retirement Plan. The method for combining and determining the Shortfall Amortization Bases shown below is pending the final method approval.

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$(9,577,221)	11/12 of December 1, 2018 prorated for December 31 merger (Bethesda) 12/12 of December 1, 2018 (TriHealth)	7	\$ (1,486,391)
Shortfall	\$ (87,673)	1/12 of January 1, 2018 prorated for the short plan year (Bethesda) 1/12 of January 1, 2018 (TriHealth)	7	\$ (15,138)
Shortfall	\$ (245,409)	11/12 of January 1, 2018 prorated for the short plan year (Bethesda) 1/12 of January 1, 2017 prorated for the short plan year (Bethesda) 11/12 of January 1, 2018 (TriHealth) 1/12 of January 1, 2017 (TriHealth)	6	\$ (63,628)
Shortfall	\$ 6,367,709	11/12 of January 1, 2017 prorated for the short plan year (Bethesda) 11/12 of January 1, 2017 (TriHealth) 1 /12 of January 1, 2016 (TriHealth)	5	\$ 1,273,063
Shortfall	\$ 5,822,455	11/12 of January 1, 2016 (TriHealth)	4	\$ 1,540,613

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 25—Change in Method

The ERISA funding valuation reflects the following method changes:

- Effective December 1, 2018, the plan year start date changed from January 1 to December 1. As a result, there was a short plan year from January 1, 2018 to November 30, 2018 as reported on the January 1, 2018 Schedule SB.
- A request to change the funding method was made to the IRS in conjunction with the December 31, 2018 merger of the Bethesda Retirement Plan into the TriHealth Inc. Retirement Plan. After the merger, the plan year for the merged plan will be December 1 to November 30; the valuation date will be December 1; the merged plan will use segment rates with no lookback period (i.e., December); the funding method will continue to be the unit credit method; the asset valuation method will continue to be the smoothed fair market value of assets over the current and prior two years adjusted to be no great than 110% and no less than 90% of the fair market value. The TriHealth Inc. Retirement Plan is still pending final approval from the IRS. Should final results based on IRS final approval differ from those shown in the Schedule SB, a revised Schedule SB will be filed.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
TriHealth, Inc. Retirement Plan
EIN: 31-1438846 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A changed in the expected return on assets from 7.00% to 6.50% to better anticipate future experience.

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