

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>COLUMBIA PARK MEDICAL GROUP</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FAIRVIEW HEALTH SERVICES</u> <u>2450 RIVERSIDE AVENUE</u> <u>2450 RIVERSIDE AVENUE</u> <u>MINNEAPOLIS, MN 55454</u> <u>MINNEAPOLIS, MN 55454</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1970</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>41-0991680</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>612-672-7282</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1970</u>		2b Employer Identification Number (EIN) <u>41-0991680</u>		2c Sponsor's telephone number <u>612-672-7282</u>		2d Business code (see instructions) <u>621111</u>	
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2b Employer Identification Number (EIN) <u>41-0991680</u>											
2c Sponsor's telephone number <u>612-672-7282</u>											
2d Business code (see instructions) <u>621111</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. Signature of plan administrator	<u>10/08/2013</u> Date	<u>DANIEL FROMM</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 457
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	280
b Retired or separated participants receiving benefits.....	6b	31
c Other retired or separated participants entitled to future benefits.....	6c	120
d Subtotal. Add lines 6a , 6b , and 6c	6d	431
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	431
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
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 1G		
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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan COLUMBIA PARK MEDICAL GROUP	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 FAIRVIEW HEALTH SERVICES	D Employer Identification Number (EIN) 41-0991680	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SA 12752	431		12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)..... ▶ APPRECIATION	7c(5)	
	(6) Total additions	7c(6)	1553482
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1553482
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1553482

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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>COLUMBIA PARK MEDICAL GROUP</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FAIRVIEW HEALTH SERVICES</u>	D Employer Identification Number (EIN) <u>41-0991680</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>
2	Assets:
a	Market value 2a <u>12208938</u>
b	Actuarial value 2b <u>12578183</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment 3a <u>31</u> <u>2935037</u>
b	For terminated vested participants 3b <u>120</u> <u>2637041</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>519</u>
(2)	Vested benefits 3c(2) <u>6697227</u>
(3)	Total active 3c(3) <u>280</u> <u>6697746</u>
d	Total 3d <u>431</u> <u>12269824</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>
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>7.09 %</u>
6	Target normal cost 6 <u>40000</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>10/09/2013</u> Date
<u>ERIC J ROLING</u> Signature of actuary	<u>11-05719</u> Most recent enrollment number
<u>DELOITTE CONSULTING LLP</u> Type or print name of actuary	<u>612-397-4000</u> Telephone number (including area code)
<u>50 SOUTH SIXTH STREETE SUITE 2800</u> MINNEAPOLIS, MN 55402 Firm name	
<u>Address of the firm</u>	

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 Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b Interest on (a) using prior year's effective interest rate of <u>6.05</u> % except as otherwise provided (see instructions)		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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.51 %
15	Adjusted funding target attainment percentage	15	102.51 %
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	83.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2012	116773				
07/05/2012	116773				
10/04/2012	116773				
			Totals ►	18(b)	350319 18(c)

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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 338556
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	40000	
b Excess assets, if applicable, but not greater than line 31a	31b	40000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	338556	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	338556	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contributions for all years.....	40		

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	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

A Name of plan COLUMBIA PARK MEDICAL GROUP	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FAIRVIEW HEALTH SERVICES	D Employer Identification Number (EIN) 41-0991680

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ERNST & YOUNG 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		0	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
12	NONE	16000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE

86-1065772

(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	NONE	14994	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan COLUMBIA PARK MEDICAL GROUP		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FAIRVIEW HEALTH SERVICES		D Employer Identification Number (EIN) 41-0991680

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)	402747	116773
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11811599	13202203
(15) Other	1c(15)		

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	12214346	13318976

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	4000	4000
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4000	4000

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12210346	13314976
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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)	475274	
(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)		475274
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	1553482	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1553482

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2028756

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	885761	
(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)		885761
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)		
(2) Contract administrator fees	2i(2)	38365	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		38365
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		924126

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1104630
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

Report of Independent Auditors

The Board of Directors and Participants
Columbia Park Medical Group Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Columbia Park Medical Group Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of and for the years ended December 31, 2012 and 2011, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

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

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

September 26, 2013

Columbia Park Medical Group Pension Plan

EIN: 41-0991680

Plan #002

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

December 31, 2012

Number of Units	Description	Cost	Current Value
22,556	MassMutual Total Return Fund*	\$ 2,941,302	\$ 3,863,633
18,457	MassMutual Select Large Cap Value Fund*	1,865,693	2,431,038
21,048	MassMutual Select Blue Chip Growth Fund*	2,240,935	2,729,724
4,564	MassMutual Select Small Cap Growth Fund*	647,550	988,878
6,421	MassMutual Small & Mid Cap Value Fund*	850,527	981,815
10,298	MassMutual Premier International Equity Fund*	1,294,239	2,207,115
		<u>\$ 9,840,246</u>	<u>\$ 13,202,203</u>

*Party in interest

Attachment to the 2012 Schedule SB: Item 26

Columbia Park Medical Group Pension Plan
EIN: 41-0991680 PN: 002

Schedule SB, line 26 - Schedule of Active Participant Data																						
Attained Age	YEARS OF CREDITED SERVICE																			Total		
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Up			
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.			
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.		
Under 20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
20 to 24	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	13	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	15	N/A
30 to 34	0	N/A	24	N/A	9	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	34	N/A
35 to 39	0	N/A	22	N/A	8	N/A	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	35	N/A
40 to 44	0	N/A	16	N/A	21	N/A	6	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	43	N/A
45 to 49	1	N/A	13	N/A	16	N/A	8	N/A	1	N/A	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A	44	N/A
50 to 54	1	N/A	7	N/A	15	N/A	3	N/A	6	N/A	4	N/A	2	N/A	2	N/A	0	N/A	0	N/A	40	N/A
55 to 59	0	N/A	7	N/A	9	N/A	5	N/A	10	N/A	4	N/A	2	N/A	1	N/A	0	N/A	0	N/A	38	N/A
60 to 64	0	N/A	1	N/A	6	N/A	3	N/A	3	N/A	5	N/A	2	N/A	1	N/A	0	N/A	0	N/A	21	N/A
65 & up	0	N/A	2	N/A	2	N/A	1	N/A	2	N/A	1	N/A	1	N/A	1	N/A	0	N/A	0	N/A	10	N/A

TOTAL	2	N/A	105	N/A	88	N/A	32	N/A	22	N/A	19	N/A	7	N/A	5	N/A	0	N/A	0	N/A	280	N/A
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Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

SCHEDULE SB, LINE 32 – SCHEDULE OF SHORTFALL AMORTIZATION BASES

Date Established	Amortization Base Type	Remaining Number of Years	Annual Shortfall Amortization Installment	Present Value of Remaining Amortization Installments as of January 1, 2012
N/A ¹	N/A	N/A	N/A	N/A

¹ FTAP is greater than 100% in 2012 and no prior shortfall base exists.

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

SCHEDULE SB, PART V – SUMMARY OF ACTUARIAL ASSUMPTIONS
ACTUARIAL METHODS FOR FUNDING, EXPENSE AND PRESENT VALUE OF
ACCRUED BENEFITS

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The funding target is defined to be the present value of the benefits accrued or earned at valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the funding target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the target normal cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the funding target and target normal cost of a plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The target normal cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from plan assets for a plan year are not reflected in the determination of a plan's funding target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's target normal cost.

Generally if insurance contracts are held by the Plan, they are included in plan assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a plan's funding target and target normal cost for a plan year is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a plan amendment is treated as having been adopted on the first day of the plan year (including a plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the funding target for the plan year and the amount the funding target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of plan amendments within the last two years are excluded from the calculation of the cushion amount.

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

Actuarial Methods for Funding, Expense and Present Value of Accrued Benefits

Projected Unit Credit Method for determining the Net Periodic Pension Cost under ASC 715-30

ASC 715-30 requires that the Projected Unit Credit actuarial cost method be used to determine the service cost and the projected benefit obligation. Under this method, the benefits expected to be paid to each participant are projected to retirement based on the applicable actuarial assumptions. The projected benefits are then divided on a pro-rata basis over the applicable years of service. For purposes of this funding method, the applicable years of service commence at the age at which the funding eligibility conditions are first met and extend to the date each particular projected benefit is expected to be payable, or, if earlier, the date at which the credited service requirements for each particular benefit are satisfied.

The Service Cost for the year is equal to the actuarial present value of the benefits allocated to the current year in accordance with the funding method and includes interest to the end of the fiscal year. The Projected Benefit Obligation is equal to the actuarial present value of all benefits allocated to years prior to the valuation date. Note, however, that as a participant ages, the normal cost can be expected to increase as a percentage of compensation. Therefore, to the extent the weighted average age of the active participants increases over time, the underlying level of costs (as a percentage of compensation) can be expected to increase.

Asset Valuation Method

Funding Purposes: Plan assets are determined using the two-year averaging method as set forth in Notice 2009-22. Under this method, the actuarial value of assets is the average of the fair market value of the assets on the valuation date and the adjusted fair market value of assets determined as of the two prior determination dates. The adjusted fair market value of assets as of a determination date is the market value of assets on that date, increased by contributions that were not included in the plan's asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the market value of assets plus discounted receivable contributions and no less than 90% of the market value of assets plus discounted contributions.

Net Periodic Pension Cost (Expense) Purposes: The market-related value of assets is equal to the market value of assets.

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

Actuarial Methods for Funding, Expense and Present Value of Accrued Benefits

Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the plan sponsor. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The plan sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

Present Value of Accrued and Vested Benefits (ASC 960)

For active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The present value of accrued benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions for accrued benefits.

Method Changes Since Last Year

There were no method changes since the prior valuation.

Columbia Park Medical Group Pension Plan**EIN: 41-0991680 PN: 002****Attachment to 2012 Form 5500****SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS**

Employer ID and Plan Number	41-0957302 (Plan 002)
1. Effective Date	January 1, 1988
2. Plan Year	January 1 to December 31
3. Employees Covered	All employees of Columbia Park Medical Group, P.A. No employees hired on or after January 1, 2008 are eligible for the plan.
4. Vesting Service	A Plan Year during which a Participant has at least 1,000 hours of service, excluding service prior to age 18 or service credited prior to July 1, 1970.
5. Benefit Service	The sum of the Plan Years in which the Employee has been credited with at least 1,000 hours of service, excluding service credited prior to participation in the Plan. No additional Benefit Service shall be credited on or after January 1, 2008.
6. Vesting	An employee becomes 100% vested after five years of vesting service.
7. Final Average Monthly Compensation	The amount equal to one-sixtieth (1/60) of the total amount paid to the Participant during the five consecutive Plan Years which produce the highest Final Average Monthly Compensation. If a participant has been employed for less than 60 months, the Final Average Monthly Compensation shall be determined for the number of months during which he or she has been employed. No compensation paid on or after January 1, 2008 shall be considered in this calculation.
8. Covered Compensation	The average maximum Social Security wage base for the 35-year period ending in the year in which the participant attains Social Security retirement age. Covered Compensation varies with age and is adjusted each year to reflect changes in the wage base.
9. Normal Retirement Benefit	<p>Monthly amount equals the greater of (a) and the sum of (b) plus (c):</p> <p>(a) 0.62% of Final Average Monthly Compensation plus 0.62% of Final Average Monthly Compensation in excess of Covered Compensation, the total of which is multiplied by the Participant's Years of Benefit Service not to exceed 30 years.</p> <p>(b) 0.62% of Final Average Monthly Compensation plus 0.62% of Final Average Monthly Compensation in excess of Covered Compensation, the total of which is multiplied by the Participant's Years of Benefit Service after June 30, 1994.</p> <p>(c) Participant's accrued benefit as of June 30, 1994.</p> <p>All Participants' benefits were frozen effective December 31, 2007.</p>
10. Early Retirement Benefit	Monthly Accrued Benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months that the Participant's Early Retirement Date precedes his Normal Retirement Date.
11. Normal Form of Payment	Monthly annuity payable for life.
12. Optional Form of Payment	Life Annuity with 120 or 60 monthly payments guaranteed, Joint & Survivor Annuity, and Lump Sum distribution.
13. Death Benefit	<p>If a vested participant dies before retirement, the standard joint and 50% preretirement survivor annuity is payable to the spouse at the later of age 55 or date of death if the participant was married for at least one year and was vested.</p> <p>If a participant dies after retirement, the benefit will depend on the form of payment elected. Normal form is a life annuity.</p> <p>If a participant is not vested, no death benefit is payable.</p>
14. Changes Since Prior Valuation	None.

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

ACTUARIAL ASSUMPTIONS

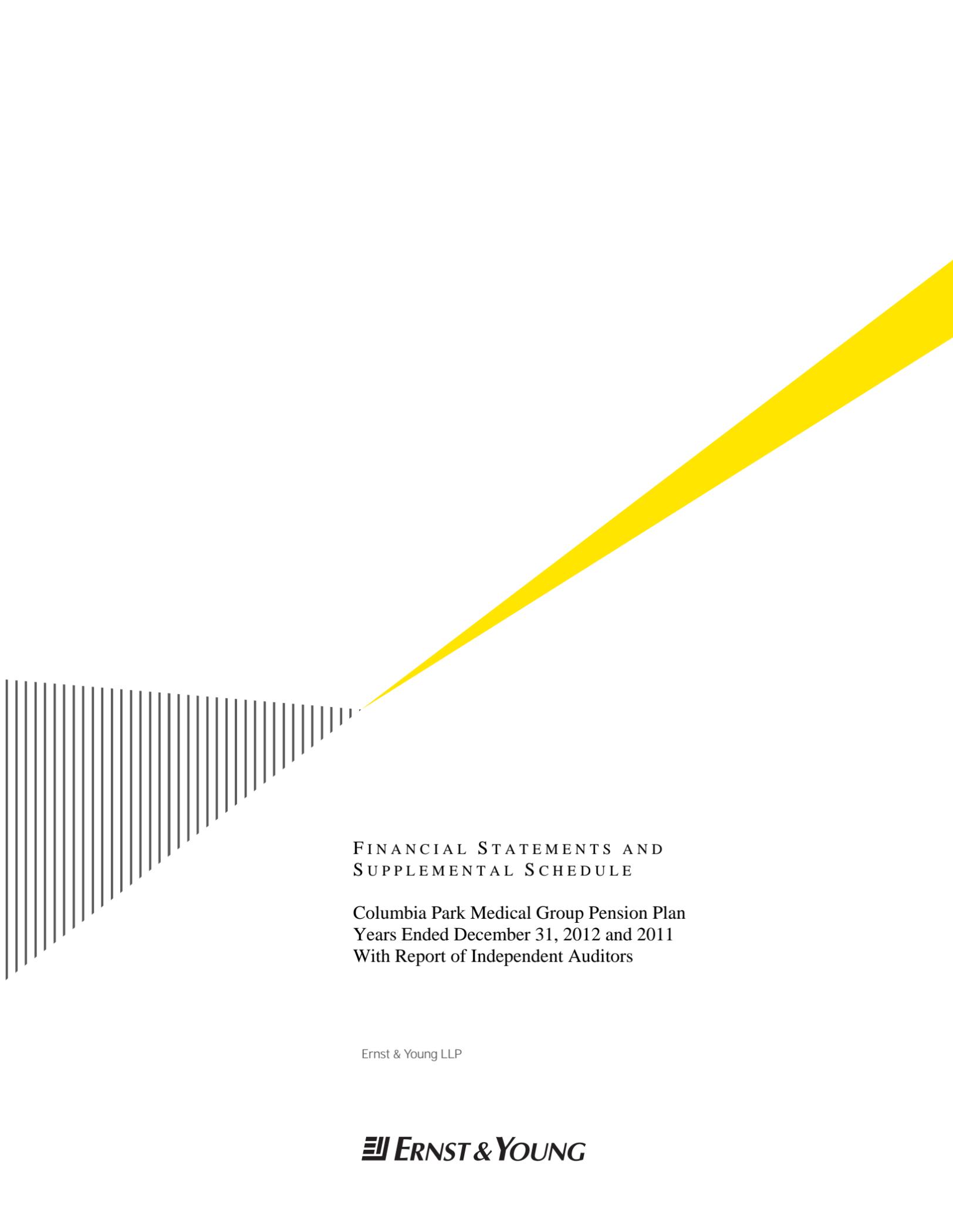
Interest Rates		Pre-MAP-21 Segment Rates ¹	25 Year Average Segment Rates	MAP-21 Corridor (90%-110% for 2012)	MAP-21 Segment Rates ²																											
	Lookback Month	January	N/A	N/A	N/A																											
	First Segment Rate	1.98%	6.15%	5.54% - 6.77%	5.54%																											
	Second Segment Rate	5.07%	7.61%	6.85% - 8.37%	6.85%																											
	Third Segment Rate	6.19%	8.35%	7.52% - 9.19%	7.52%																											
	Effective Rate	5.52%	N/A	N/A	7.09%																											
	¹ Used for maximum deductible, ERISA 4010 reporting and excess assets for §420 transfers ² Used for minimum funding and benefit restrictions ASC 960: 7.50% per annum ASC 715-30: 4.00% per annum																															
Salary Scale	Not applicable																															
Mortality	Funding Target: As defined in proposed regulations 1.430(h)(3). This table is based on the RP2000 sex-distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for non-annuitants and seven years into the future for annuitants. ASC 715-30 and ASC 960: RP-2000 Combined Healthy Mortality Table for Males and Females with Generational Mortality applied using Scale AA.																															
Withdrawal	Annual rates are as follows: <table><tr><th colspan="3">Percentage of Employees Expected to Terminate in One Year</th></tr><tr><th>Age</th><th>Males</th><th>Females</th></tr><tr><td>25</td><td>14.8%</td><td>31.8%</td></tr><tr><td>30</td><td>8.7</td><td>21.2</td></tr><tr><td>35</td><td>4.9</td><td>13.0</td></tr><tr><td>40</td><td>2.3</td><td>8.0</td></tr><tr><td>45</td><td>1.1</td><td>3.6</td></tr><tr><td>50</td><td>0.6</td><td>0.9</td></tr><tr><td>55</td><td>0.2</td><td>0.2</td></tr></table>					Percentage of Employees Expected to Terminate in One Year			Age	Males	Females	25	14.8%	31.8%	30	8.7	21.2	35	4.9	13.0	40	2.3	8.0	45	1.1	3.6	50	0.6	0.9	55	0.2	0.2
Percentage of Employees Expected to Terminate in One Year																																
Age	Males	Females																														
25	14.8%	31.8%																														
30	8.7	21.2																														
35	4.9	13.0																														
40	2.3	8.0																														
45	1.1	3.6																														
50	0.6	0.9																														
55	0.2	0.2																														
Retirement Age	65 years and 5 years of service.																															
Expenses	Funding Target: \$45,000 assumed to be included in Target Normal Cost. ASC 715-30: None assumed.																															

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

Percentage of Married	80% of males and 80% of females are assumed to be married. Husbands are assumed to be 4 years older than wives. Actual spousal data is used for retirees.
Form of Payment	<p>Participants retiring at Normal Retirement Age are assumed to elect a life annuity. Participants terminating prior to Normal Retirement Age are assumed to elect a lump sum distribution.</p> <p>Funding Target: The lump sum is calculated using the valuation segment rates and mortality pursuant to Revenue Ruling 2007-67.</p> <p>ASC 715-60 and ASC 960: The lump sum is calculated using 6.25% interest and mortality pursuant to Revenue Ruling 2007-67.</p>
Assumption Changes Since Last Year	<p>Funding Target: The discount rates and mortality table were updated per IRS requirements.</p> <p>ASC 960: The mortality table was updated to be the same as the mortality table used for Funding Target.</p> <p>ASC 715-30: The discount rate was changed to 4.00% from 5.10%.</p>



FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Columbia Park Medical Group Pension Plan
Years Ended December 31, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP



Columbia Park Medical Group Pension Plan
Financial Statements and Supplemental Schedule
Years Ended December 31, 2012 and 2011

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Report of Independent Auditors

The Board of Directors and Participants
Columbia Park Medical Group Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Columbia Park Medical Group Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of and for the years ended December 31, 2012 and 2011, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

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

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

September 26, 2013

Columbia Park Medical Group Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2012	2011
<hr/>		
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 13,202,203	\$ 11,811,599
Employer contribution receivable	116,773	402,747
Total assets	13,318,976	12,214,346
Liabilities		
Professional fees payable	4,000	4,000
Net assets available for benefits	\$ 13,314,976	\$ 12,210,346
	<hr/>	

See accompanying notes.

Columbia Park Medical Group Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2012	2011
Additions		
Employer contributions	\$ 475,274	\$ 497,994
Total additions	<u>475,274</u>	<u>497,994</u>
Deductions		
Benefit payments	885,761	1,127,074
Administrative expenses	38,365	39,539
Total deductions	<u>924,126</u>	<u>1,166,613</u>
Net appreciation (depreciation) in fair value of investments in pooled separate accounts	<u>1,553,482</u>	<u>(162,271)</u>
Net increase (decrease)	1,104,630	(830,890)
Net assets available for benefits – beginning of year	12,210,346	13,041,236
Net assets available for benefits – end of year	<u><u>\$ 13,314,976</u></u>	<u><u>\$ 12,210,346</u></u>

See accompanying notes.

Columbia Park Medical Group Pension Plan

Notes to Financial Statements

December 31, 2012

1. Description of Plan

The following description of the Columbia Park Medical Group Pension Plan (the Plan) provides general information about the Plan's provisions. Fairview Health Services (Fairview) 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.

General

The Plan is a noncontributory defined benefit pension plan established to provide retirement, death, and disability benefits to eligible participants. The Plan covers substantially all persons who were employed by Columbia Park Medical Group, P.A. (CPMG) on or prior to December 31, 2007. No new participants are eligible for the Plan.

On January 1, 2008, the Plan was amended, changing the plan sponsor from CPMG to Fairview and freezing the Plan as of December 31, 2007. No participants shall accrue benefits after December 31, 2007 (the Freeze Date). Active participants in the Plan on December 31, 2007, who were hired by Fairview from January 1, 2008 to January 7, 2008, continue to accrue service for vesting purposes.

Massachusetts Mutual Life Insurance Company (MassMutual) is the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Funding

Fairview contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan is subject to, and has met, the minimum funding requirements of ERISA.

Columbia Park Medical Group Pension Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Benefits

The Plan provides retirement, death, and disability benefits based on compensation and years of service. The benefits are subject to certain maximum limits, as defined by the Plan, and adjustments for any of the following options permitted by the Plan: a life annuity option, a life with certain period option, a survivor option, or a lump-sum option. Normal monthly pension benefits are calculated based on the participant's average salary over a five-year period, as defined, and the number of years of benefit service, as defined. The Plan provides that certain benefits may be paid if a participant dies or becomes disabled.

The Plan permits early retirement for vested participants beginning at age 55 with appropriate actuarial reduction in benefits for those participants who have five years of vested service. The surviving spouse of a deceased vested participant is entitled to a monthly benefit payable beginning at the participant's age of 55 as though the employee had elected a joint and survivor early retirement option prior to death.

Administrative Expenses

The Plan's administrative expenses are paid by either Fairview or the Plan. Administrative expenses paid by the Plan included trustee fees, actuarial fees, and audit fees. Administrative expenses paid by Fairview included legal fees, personnel costs, and other indirect costs of plan administration.

Plan Termination

Although it has not expressed an intention to do so, Fairview reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates:

- (a) The net assets 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, and

Columbia Park Medical Group Pension Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

- (b) To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation (PBGC) to participants, up to specified limitations, as described by ERISA. Benefit improvements attributable to recent plan amendments may not be fully guaranteed by the PBGC, or
- (c) To the extent funds exist after the allocations provided by ERISA, the remaining net assets shall revert to and be paid to Fairview.

Vesting

Participants become 100% vested in the Plan after they have completed five years of service. Full vesting for participants also occurs upon termination of employment due to death, disability, or retirement at age 55 or later with at least five years of participation.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been 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 requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Columbia Park Medical Group Pension Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined 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. See Note 5 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. In accordance with the policy of stating investments at fair value, the net change in unrealized appreciation (depreciation) for the year is reflected in the statements of changes in net assets available for benefits.

Adoption of New Accounting Pronouncement

Effective for the year ended December 31, 2012, the Plan adopted new accounting guidance that amends disclosure requirements relating to fair value measurements. The guidance expands disclosure for fair value measurements, addresses nonfinancial assets highest and best use and permits fair value adjustments for assets and liabilities with offsetting risks. The adoption of this guidance did not have a material impact on the financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees, and salary history, up to the Freeze Date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries.

3. Accumulated Plan Benefits

The Plan's 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

Columbia Park Medical Group Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information is as follows:

	December 31, 2011
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 2,791,963
Terminated and transferred participants	2,521,986
Other participants	6,979,464
	<u>12,293,413</u>
Nonvested benefits	629
	<u><u>\$ 12,294,042</u></u>

The changes in the accumulated plan benefits were as follows:

	Year Ended December 31, 2011
Actuarial present value of accumulated plan benefits at beginning of year	\$ 12,297,740
Increase (decrease) during the year attributed to:	
Actuarial experience	242,547
Increase for interest due to decrease in the discount period	880,829
Benefits paid	(1,127,074)
Net decrease	<u>(3,698)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 12,294,042</u></u>

The more significant assumptions underlying the computation are as follows:

Discount rate	– 7.50% per year
Mortality basis	– RP-2000 Mortality Table with Generational Projection
Retirement age	– 65

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Columbia Park Medical Group Pension Plan

Notes to Financial Statements (continued)

4. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2012 and 2011, and net appreciation (depreciation) in fair value of investments, interest, and dividends for the years ended December 31, 2012 and 2011, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by MassMutual, the custodian of the Plan.

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	2012	2011
MassMutual Total Return Fund	\$ 3,863,633	\$ 4,155,961
MassMutual Select Large Cap Value Fund	2,431,038	2,071,988
MassMutual Select Blue Chip Growth Fund	2,729,724	2,196,197
MassMutual Select Small Cap Growth Fund	988,878	824,459
MassMutual Small & Mid Cap Value Fund	981,815	843,719
MassMutual Premier International Equity Fund	2,207,115	1,719,275

5. Fair Value Measurements

Fair value is 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. The Fair Value Measurements and Disclosures Section of the Financial Accounting Standards Board's Accounting Standards Codification establishes a framework for measuring fair value. The framework consists of a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

- Fair value for Level 1 is based upon unadjusted quoted prices in active markets accessible to the Plan at the measurement date for identical assets and liabilities.
- Fair value for Level 2 is based upon 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. These inputs may include quoted prices for similar instruments in active markets, quoted prices for identical or similar

Columbia Park Medical Group Pension Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

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

- Fair value for Level 3 is based on unobservable market data. There were no financial instruments recorded at fair value classified as Level 3 for the years ended December 31, 2012 or 2011.

Following is a description of the valuation techniques and inputs used by the Plan for major categories of assets measured at fair value. There were no transfers between levels for the years ended December 2012 or 2011.

Pooled Separate Accounts

The pooled separate accounts are valued at fair value, which represents the net asset value (NAV) of the units held by the Plan at year-end. These investments are classified within Level 2 of the valuation hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts: ^(a)				
U.S. equities	\$ —	\$ 7,131,455	\$ —	\$ 7,131,455
International equities	—	2,207,115	—	2,207,115
Fixed income	—	3,863,633	—	3,863,633
	<u>\$ —</u>	<u>\$ 13,202,203</u>	<u>\$ —</u>	<u>\$ 13,202,203</u>

Columbia Park Medical Group Pension Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts: ^(a)				
U.S. equities	\$ —	\$ 5,936,362	\$ —	\$ 5,936,362
International equities	—	1,719,276	—	1,719,276
Fixed income	—	4,155,961	—	4,155,961
	<u>\$ —</u>	<u>\$ 11,811,599</u>	<u>\$ —</u>	<u>\$ 11,811,599</u>

^(a) The pooled separate accounts represent contributions invested in domestic and international common stocks and high-yield fixed income securities, which may be slightly below investment grade, valued at market. These funds share the common goal of preserving capital balanced by current income. There are currently no redemption restrictions on these investments.

6. 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 in the statements of net assets available for benefits.

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

7. Related-Party Transactions

The Plan holds units of pooled separate accounts managed by MassMutual, the custodian of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Columbia Park Medical Group Pension Plan

Notes to Financial Statements (continued)

8. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (the IRS) dated July 23, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

9. Subsequent Events

Management evaluated subsequent events for the Plan through September 26, 2013, the date the financial statements were available to be issued. During this period, there were no subsequent events that required recognition or disclosure in the financial statements.

Supplemental Schedule

Columbia Park Medical Group Pension Plan

EIN: 41-0991680

Plan #002

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

December 31, 2012

Number of Units	Description	Cost	Current Value
22,556	MassMutual Total Return Fund*	\$ 2,941,302	\$ 3,863,633
18,457	MassMutual Select Large Cap Value Fund*	1,865,693	2,431,038
21,048	MassMutual Select Blue Chip Growth Fund*	2,240,935	2,729,724
4,564	MassMutual Select Small Cap Growth Fund*	647,550	988,878
6,421	MassMutual Small & Mid Cap Value Fund*	850,527	981,815
10,298	MassMutual Premier International Equity Fund*	1,294,239	2,207,115
		<u>\$ 9,840,246</u>	<u>\$ 13,202,203</u>

*Party in interest

Ernst & Young LLP

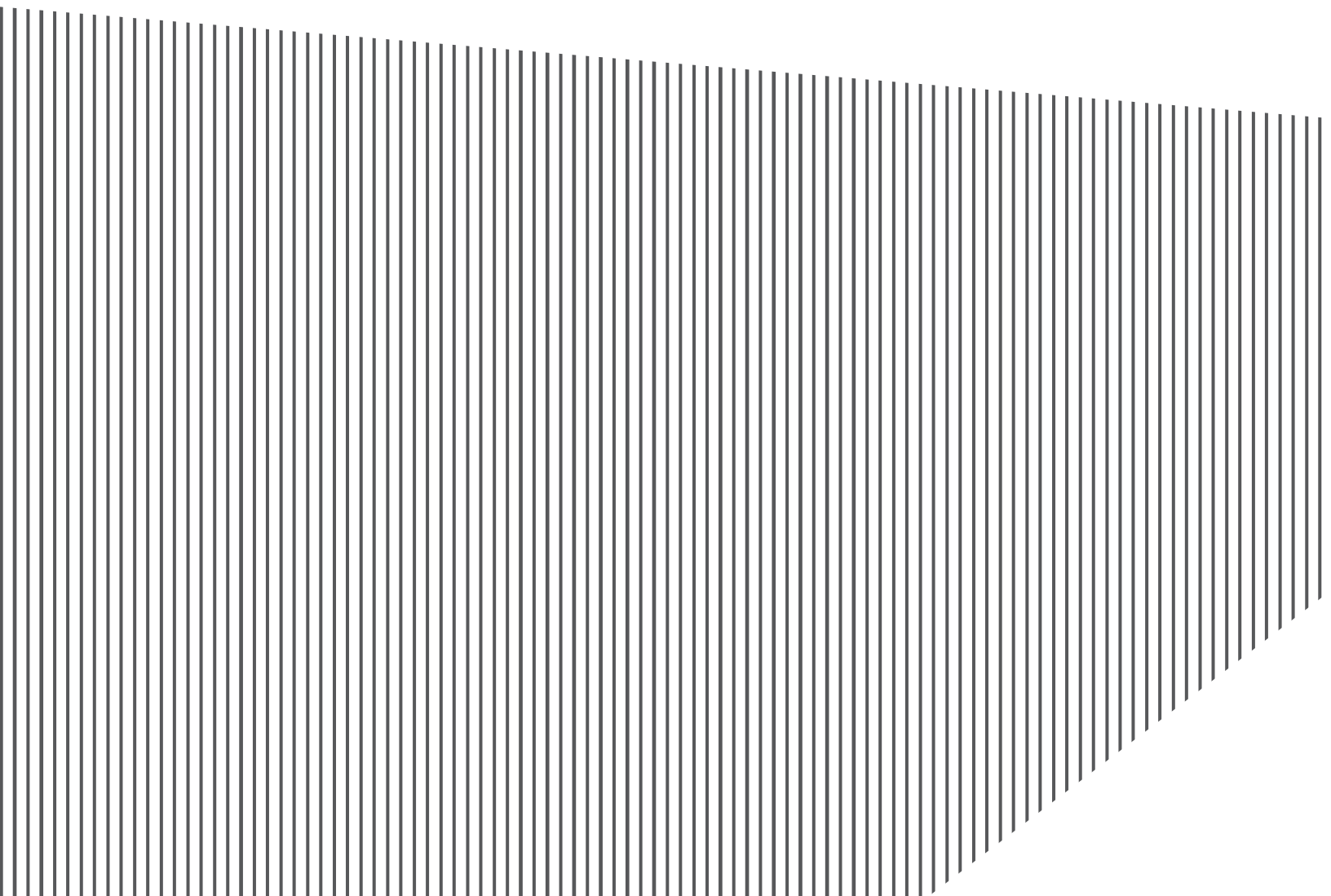
Assurance | Tax | Transactions | Advisory

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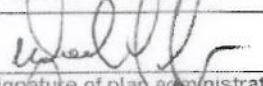
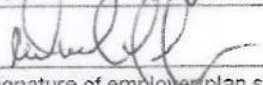
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2012</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>			
A	This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a DFE (specify) _____
B	This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> an amended return/report;	<input type="checkbox"/> the final return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here <input type="checkbox"/>		
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> special extension (enter description) _____	<input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;

Part II Basic Plan Information - enter all requested information			
1a	Name of plan COLUMBIA PARK MEDICAL GROUP	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 01/01/1970
2a	Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) FAIRVIEW HEALTH SERVICES 2450 RIVERSIDE AVENUE MINNEAPOLIS MN 55454 2450 RIVERSIDE AVENUE MINNEAPOLIS MN 55454	2b	Employer Identification Number (EIN) 41-0991680
		2c	Sponsor's telephone number 612-672-7282
		2d	Business code (see instructions) 621111

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		10.8.2013	DANIEL FROMM Enter name of individual signing as plan administrator
SIGN HERE		10.8.2013	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

**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

2012**This Form is Open to Public
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

► **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 Columbia Park Medical Group Pension Plan	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Fairview Health Services	D Employer Identification Number (EIN) 41-0991680
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other	
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2012</u>		
2 Assets:		
a Market value	2a	12,208,938
b Actuarial value	2b	12,578,183
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 31	2,935,037
b For terminated vested participants.....	3b 120	2,637,041
c For active participants:		
(1) Non-vested benefits	3c(1)	519
(2) Vested benefits	3c(2)	6,697,227
(3) Total active.....	3c(3) 280	6,697,746
d Total.....	3d 431	12,269,824
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
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	7.09 %
6 Target normal cost	6	40,000

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	<u>EJR</u>	07/20/2013
Signature of actuary		Date
ERIC J ROLING		11-05719
Type or print name of actuary		Most recent enrollment number
DELOITTE CONSULTING LLP		(612) 397-4000
Firm name		Telephone number (including area code)
50 SOUTH SIXTH STREET, SUITE 2800		
MINNEAPOLIS MN 55402-1844		
Address of the firm		

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

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

Schedule SB (Form 5500) 2012
v. 120126

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

21 Discount rate:			
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
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	40,000										
b Excess assets, if applicable, but not greater than line 31a	31b	40,000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment		0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment		0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	338,556										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	338,556										
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	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
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 Interest on (a) using prior year's effective interest rate of <u>6.05</u> % except as otherwise provided (see instructions)		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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	102.51 %
15 Adjusted funding target attainment percentage	15	102.51 %
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	83.55 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2012	116,773				
07/05/2012	116,773				
10/04/2012	116,773				
Totals ▶			18(b)	350,319	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	338,556

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

Attachment to 2012 Form 5500

(1)	(2)	(3)	(4)	(5)
			(2) x (3)	(1) x (4)

Age	Lx	Rx	Number Retiring	Weighted Average
55	10,000	0.00	0	0
56	10,000	0.00	0	0
57	10,000	0.00	0	0
58	10,000	0.00	0	0
59	10,000	0.00	0	0
60	10,000	0.00	0	0
61	10,000	0.00	0	0
62	10,000	0.00	0	0
63	10,000	0.00	0	0
64	10,000	0.00	0	0
65	10,000	1.00	10,000	650,000

Total:	10,000	650,000
---------------	---------------	----------------

Weighted
Average: $650,000/10,000 = 65.00$

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age (shown above) is the arithmetic average of the expected retirement ages of all such participants on the valuation date.

Attachment to the 2012 Schedule SB: Item 26

Columbia Park Medical Group Pension Plan
EIN: 41-0991680 PN: 002

Schedule SB, line 26 - Schedule of Active Participant Data																
Attained Age	YEARS OF CREDITED SERVICE															
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	Total					
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.			
Under 20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A		
20 to 24	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A		
25 to 29	0	N/A	13	N/A	2	N/A	0	N/A	0	N/A	0	N/A	15	N/A		
30 to 34	0	N/A	24	N/A	9	N/A	1	N/A	0	N/A	0	N/A	34	N/A		
35 to 39	0	N/A	22	N/A	8	N/A	5	N/A	0	N/A	0	N/A	35	N/A		
40 to 44	0	N/A	16	N/A	21	N/A	6	N/A	0	N/A	0	N/A	43	N/A		
45 to 49	1	N/A	13	N/A	16	N/A	8	N/A	1	N/A	0	N/A	44	N/A		
50 to 54	1	N/A	7	N/A	15	N/A	3	N/A	0	N/A	2	N/A	40	N/A		
55 to 59	0	N/A	7	N/A	9	N/A	5	N/A	2	N/A	1	N/A	38	N/A		
60 to 64	0	N/A	1	N/A	6	N/A	3	N/A	2	N/A	1	N/A	21	N/A		
65 & up	0	N/A	2	N/A	2	N/A	1	N/A	1	N/A	1	N/A	10	N/A		
TOTAL	2	N/A	105	N/A	88	N/A	32	N/A	22	N/A	19	N/A	5	N/A	280	N/A

Columbia Park Medical Group Pension Plan
EIN: 41-0991680 PN: 002
Attachment to 2012 Form 5500

SCHEDULE SB, LINE 32 – SCHEDULE OF SHORTFALL AMORTIZATION BASES

Date Established	Amortization Base Type	Remaining Number of Years	Annual Shortfall Amortization Installment	Present Value of Remaining Amortization Installments as of January 1, 2012
N/A ¹	N/A	N/A	N/A	N/A

¹ FTAP is greater than 100% in 2012 and no prior shortfall base exists.

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

SCHEDULE SB, PART V – SUMMARY OF ACTUARIAL ASSUMPTIONS
ACTUARIAL METHODS FOR FUNDING, EXPENSE AND PRESENT VALUE OF
ACCRUED BENEFITS

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The funding target is defined to be the present value of the benefits accrued or earned at valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the funding target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the target normal cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the funding target and target normal cost of a plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The target normal cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from plan assets for a plan year are not reflected in the determination of a plan's funding target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's target normal cost.

Generally if insurance contracts are held by the Plan, they are included in plan assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a plan's funding target and target normal cost for a plan year is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a plan amendment is treated as having been adopted on the first day of the plan year (including a plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the funding target for the plan year and the amount the funding target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of plan amendments within the last two years are excluded from the calculation of the cushion amount.

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

Actuarial Methods for Funding, Expense and Present Value of Accrued Benefits

Projected Unit Credit Method for determining the Net Periodic Pension Cost under ASC 715-30

ASC 715-30 requires that the Projected Unit Credit actuarial cost method be used to determine the service cost and the projected benefit obligation. Under this method, the benefits expected to be paid to each participant are projected to retirement based on the applicable actuarial assumptions. The projected benefits are then divided on a pro-rata basis over the applicable years of service. For purposes of this funding method, the applicable years of service commence at the age at which the funding eligibility conditions are first met and extend to the date each particular projected benefit is expected to be payable, or, if earlier, the date at which the credited service requirements for each particular benefit are satisfied.

The Service Cost for the year is equal to the actuarial present value of the benefits allocated to the current year in accordance with the funding method and includes interest to the end of the fiscal year. The Projected Benefit Obligation is equal to the actuarial present value of all benefits allocated to years prior to the valuation date. Note, however, that as a participant ages, the normal cost can be expected to increase as a percentage of compensation. Therefore, to the extent the weighted average age of the active participants increases over time, the underlying level of costs (as a percentage of compensation) can be expected to increase.

Asset Valuation Method

Funding Purposes: Plan assets are determined using the two-year averaging method as set forth in Notice 2009-22. Under this method, the actuarial value of assets is the average of the fair market value of the assets on the valuation date and the adjusted fair market value of assets determined as of the two prior determination dates. The adjusted fair market value of assets as of a determination date is the market value of assets on that date, increased by contributions that were not included in the plan's asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the market value of assets plus discounted receivable contributions and no less than 90% of the market value of assets plus discounted contributions.

Net Periodic Pension Cost (Expense) Purposes: The market-related value of assets is equal to the market value of assets.

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

Actuarial Methods for Funding, Expense and Present Value of Accrued Benefits

Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the plan sponsor. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The plan sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

Present Value of Accrued and Vested Benefits (ASC 960)

For active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The present value of accrued benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions for accrued benefits.

Method Changes Since Last Year

There were no method changes since the prior valuation.

Columbia Park Medical Group Pension Plan

EIN: 41-0991680 PN: 002

Attachment to 2012 Form 5500

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Employer ID and Plan Number	41-0957302 (Plan 002)
1. Effective Date	January 1, 1988
2. Plan Year	January 1 to December 31
3. Employees Covered	All employees of Columbia Park Medical Group, P.A. No employees hired on or after January 1, 2008 are eligible for the plan.
4. Vesting Service	A Plan Year during which a Participant has at least 1,000 hours of service, excluding service prior to age 18 or service credited prior to July 1, 1970.
5. Benefit Service	The sum of the Plan Years in which the Employee has been credited with at least 1,000 hours of service, excluding service credited prior to participation in the Plan. No additional Benefit Service shall be credited on or after January 1, 2008.
6. Vesting	An employee becomes 100% vested after five years of vesting service.
7. Final Average Monthly Compensation	The amount equal to one-sixtieth (1/60) of the total amount paid to the Participant during the five consecutive Plan Years which produce the highest Final Average Monthly Compensation. If a participant has been employed for less than 60 months, the Final Average Monthly Compensation shall be determined for the number of months during which he or she has been employed. No compensation paid on or after January 1, 2008 shall be considered in this calculation.
8. Covered Compensation	The average maximum Social Security wage base for the 35-year period ending in the year in which the participant attains Social Security retirement age. Covered Compensation varies with age and is adjusted each year to reflect changes in the wage base.
9. Normal Retirement Benefit	<p>Monthly amount equals the greater of (a) and the sum of (b) plus (c):</p> <p>(a) 0.62% of Final Average Monthly Compensation plus 0.62% of Final Average Monthly Compensation in excess of Covered Compensation, the total of which is multiplied by the Participant's Years of Benefit Service not to exceed 30 years.</p> <p>(b) 0.62% of Final Average Monthly Compensation plus 0.62% of Final Average Monthly Compensation in excess of Covered Compensation, the total of which is multiplied by the Participant's Years of Benefit Service after June 30, 1994.</p> <p>(c) Participant's accrued benefit as of June 30, 1994.</p> <p>All Participants' benefits were frozen effective December 31, 2007.</p>
10. Early Retirement Benefit	Monthly Accrued Benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months that the Participant's Early Retirement Date precedes his Normal Retirement Date.
11. Normal Form of Payment	Monthly annuity payable for life.
12. Optional Form of Payment	Life Annuity with 120 or 60 monthly payments guaranteed, Joint & Survivor Annuity, and Lump Sum distribution.
13. Death Benefit	<p>If a vested participant dies before retirement, the standard joint and 50% preretirement survivor annuity is payable to the spouse at the later of age 55 or date of death if the participant was married for at least one year and was vested.</p> <p>If a participant dies after retirement, the benefit will depend on the form of payment elected. Normal form is a life annuity.</p> <p>If a participant is not vested, no death benefit is payable.</p>
14. Changes Since Prior Valuation	None.

Columbia Park Medical Group Pension Plan

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Attachment to 2012 Form 5500

ACTUARIAL ASSUMPTIONS

Interest Rates		Pre-MAP-21 Segment Rates ¹	25 Year Average Segment Rates	MAP-21 Corridor (90%-110% for 2012)	MAP-21 Segment Rates ²																											
	Lookback Month	January	N/A	N/A	N/A																											
	First Segment Rate	1.98%	6.15%	5.54% - 6.77%	5.54%																											
	Second Segment Rate	5.07%	7.61%	6.85% - 8.37%	6.85%																											
	Third Segment Rate	6.19%	8.35%	7.52% - 9.19%	7.52%																											
	Effective Rate	5.52%	N/A	N/A	7.09%																											
	¹ Used for maximum deductible, ERISA 4010 reporting and excess assets for \$420 transfers ² Used for minimum funding and benefit restrictions ASC 960: 7.50% per annum ASC 715-30: 4.00% per annum																															
Salary Scale	Not applicable																															
Mortality	Funding Target: As defined in proposed regulations 1.430(h)(3). This table is based on the RP2000 sex-distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for non-annuitants and seven years into the future for annuitants. ASC 715-30 and ASC 960: RP-2000 Combined Healthy Mortality Table for Males and Females with Generational Mortality applied using Scale AA.																															
Withdrawal	Annual rates are as follows: <table><tr><th colspan="3">Percentage of Employees Expected to Terminate in One Year</th></tr><tr><th>Age</th><th>Males</th><th>Females</th></tr><tr><td>25</td><td>14.8%</td><td>31.8%</td></tr><tr><td>30</td><td>8.7</td><td>21.2</td></tr><tr><td>35</td><td>4.9</td><td>13.0</td></tr><tr><td>40</td><td>2.3</td><td>8.0</td></tr><tr><td>45</td><td>1.1</td><td>3.6</td></tr><tr><td>50</td><td>0.6</td><td>0.9</td></tr><tr><td>55</td><td>0.2</td><td>0.2</td></tr></table>					Percentage of Employees Expected to Terminate in One Year			Age	Males	Females	25	14.8%	31.8%	30	8.7	21.2	35	4.9	13.0	40	2.3	8.0	45	1.1	3.6	50	0.6	0.9	55	0.2	0.2
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55	0.2	0.2																														
Retirement Age	65 years and 5 years of service.																															
Expenses	Funding Target: \$45,000 assumed to be included in Target Normal Cost. ASC 715-30: None assumed.																															

Columbia Park Medical Group Pension Plan

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Percentage of Married	80% of males and 80% of females are assumed to be married. Husbands are assumed to be 4 years older than wives. Actual spousal data is used for retirees.
Form of Payment	<p>Participants retiring at Normal Retirement Age are assumed to elect a life annuity. Participants terminating prior to Normal Retirement Age are assumed to elect a lump sum distribution.</p> <p>Funding Target: The lump sum is calculated using the valuation segment rates and mortality pursuant to Revenue Ruling 2007-67.</p> <p>ASC 715-60 and ASC 960: The lump sum is calculated using 6.25% interest and mortality pursuant to Revenue Ruling 2007-67.</p>
Assumption Changes Since Last Year	<p>Funding Target: The discount rates and mortality table were updated per IRS requirements.</p> <p>ASC 960: The mortality table was updated to be the same as the mortality table used for Funding Target.</p> <p>ASC 715-30: The discount rate was changed to 4.00% from 5.10%.</p>