

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/1951</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PREMIER HEALTH</u> <u>110 N. MAIN STREET</u> <u>SUITE 200</u> <u>DAYTON, OH 45402</u>	2b Employer Identification Number (EIN) <u>31-1446699</u> 2c Plan Sponsor's telephone number <u>937-499-5437</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2016</u>	<u>BARBARA JOHNSON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor BARBARA A JOHNSON SYSTEM VP CHIEF HR OFFICER 110 N. MAIN STREET SUITE 200 DAYTON, OH 45402	3b Administrator's EIN 31-1446699
	3c Administrator's telephone number 937-499-5437
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 18618
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 11189
a(2) Total number of active participants at the end of the plan year	6a(2) 11059
b Retired or separated participants receiving benefits.....	6b 2709
c Other retired or separated participants entitled to future benefits.....	6c 3239
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 17007
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 161
f Total. Add lines 6d and 6e	6f 17168
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 299
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	467049369	
	b Actuarial value	2b	461115620	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	2655	146412221	146412221
	b For terminated vested participants	4774	105670791	105670791
	c For active participants	11189	199114225	205974039
	d Total	18618	451197237	458057051
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.34%	
6	Target normal cost	6	27504527	

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

<div>SIGN HERE</div>		09/14/2016
Signature of actuary		Date
JASON M. BRAVO		14-05569
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		216-573-9700
Firm name		Telephone number (including area code)
5005 ROCKSIDE ROAD INDEPENDENCE, OH 44131		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	459812	19306376
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	459812	16445578
9	Amount remaining (line 7 minus line 8)	0	2860798
10	Interest on line 9 using prior year's actual return of <u>6.89</u> %	0	197109
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2956413
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.55</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		203697
c	Total available at beginning of current plan year to add to prefunding balance		3160110
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	3057907

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	100.66 %
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	100.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2016	26708039	0			
08/31/2016	190291961	0			
			Totals ►	18(b)	217000000
				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 195879816
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	27504527	
b Excess assets, if applicable, but not greater than line 31a	31b	662	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	27503865	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	27503865	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	195879816	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	168375951	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK FINANCIAL MANAGEMENT, INC
13-3806691

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
PIMCO
13-3459790

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD
23-2376849

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TWEEDY BROWN COMPANY LLC
350 PARK AVENUE NEW YORK, NY 10022

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

NUVEEN SECURITIES LLC

333 WEST WACKER DRIVE
CHICAGO, IL 60606

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

MAINSTAY

169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

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

THE LORD ABBETT FAMILY OF FUNDS

90 HUDSON STREET
JERSEY CITY, NJ 07302-3973

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

HARBOR FUNDS

PO BOX 804660
CHICAGO, IL 60680-4108

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

DREMAN CONTRARIAN FUNDS

PO BOX 6110
INDIANAPOLIS, IN 46206

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

DODGE & COX

94-1441976

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

EATON VANCE

74-6066759

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

DELAWARE INVESTMENTS

PO BOX 9876
PROVIDENCE, RI 02940-8076

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

DIMENSIONAL FUND ADVISORS LP

6300 BEE CAVE ROAD
BUILDING ONE
AUSTIN, TX 78746

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

GRAPHIC PARTNERS INC

36-4074726

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

BLUECREST CAPITAL MANEGEMENT LIMITE

98-0607511

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

FIR TREE, L.L.C.

20-2556936

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

STANDARD PACIFIC

101 CALIFORNIA ST #36
SAN FRANCISCO, CA 94111

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

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

(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)

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1520845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON INC

04-2243432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	435273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANDISH

1 BOSTON PLAZA 5400
BOSTON, MA 02108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	426162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JEFFERY SLOCUM AND ASSOCIATES

41-1567437

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	193745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST

31-1040228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 51 52 64	TRUSTEE	149627	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PLANTE & MORAN PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	39300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FROST BROWN TODD LLC

61-0722001

(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?
29 50	NONE	24844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERITAS DOCUMENT SOLUTIONS LLC

20-0107082

(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?
38 50	NONE	13263	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THINK PATENTED

2490 CROSSPOINTE DRIVE
MIAMISBURG, OH 45342

(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?
49 50	NONE	9395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: PLANTE & MORAN, PLLC	b EIN: 38-1357951
c Position: AUDITOR	
d Address: 65 E STREET COLUMBUS, OH 43215	e Telephone: 614-849-3000

Explanation: CHANGED AUDITORS TO GET BETTER SERVICE.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33972852
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE EME CL I

b Name of sponsor of entity listed in (a): EATON VANCE TRUST COMPANY

c EIN-PN 32-0225130-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13462708
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF GLOBAL SELECT CAP

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

c EIN-PN 20-5853753-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46174681
--	--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	6023000	217000000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	2093244	7738924
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8740173	21041358
	(2) U.S. Government securities.....	1c(2)	3642577	4109784
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	140161389	112782327
	(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)	51503111	93610241
	(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)	134588148	64039637
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	121362929	97309489

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	468114571	617631760

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	802066	438333
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	802066	438333

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	467312505	617193427
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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)	217000000	
(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)		217000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7239	
(B) U.S. Government securities	2b(1)(B)	74252	
(C) Corporate debt instruments	2b(1)(C)	6718849	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	76458	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6876798
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	500439	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2439380	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2939819
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-18994653	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-18994653

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8588784
(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)		-13739298
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		202671450

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45750331	
(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)		45750331
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)	1915476	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	874321	
(4) Other	2i(4)	4250400	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7040197
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52790528

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		149880922
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: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
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	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			2500000
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.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PREMIER HEALTH</u>	D Employer Identification Number (EIN) <u>31-1446699</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u> <u>31-6162942</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>2225</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
--	--	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>54.0</u> % Investment-Grade Debt: <u>30.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>16.0</u> %
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

Premier Health Partners Employees Retirement Plan

Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

(with Independent Auditors' Report)



CLARK SCHAEFER HACKETT
CPAs & BUSINESS CONSULTANTS

Premier Health Partners Employees Retirement Plan

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INDEPENDENT AUDITORS' REPORT

To the Participants and Trustees
Premier Health Partners Employees Retirement Plan
Dayton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Premier Health Partners Employees Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

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

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

Opinion

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

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Other Matter – 2014 Financial Statements

The financial statements of the Plan as of December 31, 2014 were audited by other auditors whose report dated November 10, 2015 expressed an unmodified opinion on those statements.

Report on Supplemental Information

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

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
September 16, 2016

Premier Health Partners Employees Retirement Plan

Statements of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Investments at fair value:		
Money market fund	\$ 21,041,358	\$ 8,740,173
Mutual funds	64,039,637	134,588,148
Common collective trust funds	93,610,241	51,503,111
U.S. government and agency securities	4,109,784	3,642,577
Corporate bond obligations	112,782,327	140,161,389
Limited partnerships	<u>97,309,489</u>	<u>121,362,929</u>
Total investments at fair value	392,892,836	459,998,327
Contributions receivable	217,000,000	6,023,000
Due from broker for securities sold	6,148,738	322,780
Accrued interest and dividends	<u>1,590,186</u>	<u>1,770,464</u>
Total assets	617,631,760	468,114,571
Liabilities - Accrued liabilities	<u>438,333</u>	<u>802,066</u>
Net Assets Available for Benefits	<u>\$ 617,193,427</u>	<u>\$ 467,312,505</u>

Premier Health Partners Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2015	December 31, 2014
Additions to Net Assets		
Contributions - Employer	\$ 217,000,000	\$ 6,023,000
Investment income:		
Interest and dividends	9,816,617	10,393,734
Net realized and unrealized (losses) gains on investments:		
Mutual funds	(13,739,298)	(5,203,622)
Common collective trust funds	8,588,784	2,833,203
U.S. government and agency securities	(83,666)	258,039
Corporate bond obligations	(13,625,799)	11,546,700
Limited partnerships	<u>(5,285,188)</u>	<u>8,481,709</u>
Net realized and unrealized gains (losses)	<u>(24,145,167)</u>	<u>17,916,029</u>
Total additions	202,671,450	34,332,763
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	45,750,331	17,844,812
Administrative expenses	<u>7,040,197</u>	<u>4,015,314</u>
Total deductions	<u>52,790,528</u>	<u>21,860,126</u>
Net Increase	149,880,922	12,472,637
Net Assets Available for Benefits		
Beginning of year	<u>467,312,505</u>	<u>454,839,868</u>
End of year	<u>\$ 617,193,427</u>	<u>\$ 467,312,505</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description

The following description of Premier Health Partners Employees Retirement Plan (the "Plan"), provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering certain full-time employees of Premier Health Partners (the "Corporation") who are age 21 or older and which provides for retirement, death, and disability benefits.

Eligibility and Vesting - Employees become participants in the Plan following completion of the eligibility requirements as described in the Plan and are fully vested for normal retirement benefits after three years of service.

Funding - Contributions are made by the Corporation in actuarially determined amounts. The Corporation's policy is to make contributions necessary to satisfy Employee Retirement Income Security Act of 1974 (ERISA) funding standards. All minimum funding requirements were met during 2015 and 2014.

Payment of Benefits - Distributions are payable upon retirement, death, disability, or termination of employment in the form of various installment annuities or lump-sum payments.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by State Street Bank and Trust Company or its affiliates. State Street Bank and Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation - The Plan's investments are stated at fair value. The common collective trust funds are valued at net asset value per share (or its equivalent) of the funds, which are based on the fair value of the funds' underlying net assets.

The U.S. government securities and corporate bond obligations are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. Investments in limited partnerships are valued at net asset value per share (or its equivalent) of the funds based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments. The money market fund is valued based on quoted market prices. Mutual funds are valued based on quoted market prices. See Note 7 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Certain administrative costs are paid by the Corporation and are excluded from these financial statements.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Benefits for retired or terminated employees or their beneficiaries are based on the employee's number of years of credited service. Beginning January 1, 2008, a cash balance formula, with compensation and interest credits, is being calculated to accumulate benefits for new participants entering the Plan and existing participants electing to participate. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered through the valuation date.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2015 are summarized as follows:

Actuarial cost method	– Standard unit credit
Assumed rate of return	– 4.28 percent
Mortality basis	– RP-2014 fully generational with blue collar adjustment, projected with scale SS2014INT (healthy); RP-2014 disabled table, projected with scale SS2014INT (disabled)

The foregoing 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.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. 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 statement of net assets available for benefits.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 16, 2016, which is the date the financial statements were available to be issued.

Note 3 - Investments

Investments representing 5% or more of net assets available for benefits at December 31 include:

	2015	2014
Mutual funds:		
Wellington Global Select	\$ 46,174,681	\$ 44,052,872
Vanguard Small Cap Index Fund	*	31,508,553
Dodge & Cox Global Stock Fund	*	30,092,805
Common collective trust fund –		
State Street S&P 500 Flagship Fund	33,972,852	35,445,859
Limited partnerships: - Walter Scott Global Fund		
Walter Scott Global Fund	*	44,439,966

* - Investment did not represent 5% or more of net assets at December 31.

Note 4 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of January 1, 2015, the most recent actuarial valuations, are as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:	
Participants currently receiving benefit payments	\$ 174,876,617
Other vested participants	<u>442,303,968</u>
Total vested benefits	617,180,585
Nonvested benefits	<u>6,090,617</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 623,271,202</u>

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year \$ 511,661,562

Increase (decrease) during the year attributable to:

Interest accumulation	26,047,723
Benefits paid	(17,844,812)
Change of assumptions	74,174,510
Benefits accumulated	<u>29,232,219</u>

Net increase 111,609,640

Actuarial Present Value of Accumulated Plan Benefits - End of year \$ 623,271,202

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 4 – Benefits (Continued)

Significant assumption changes in 2015 were as follows: a change in the discount rate from 5.18 percent to 4.28 percent and a change in the mortality assumption for lump sum payments from the 2014 plan year mortality table to the 2015 plan year mortality table.

Note 5 - Plan Termination

While it has not expressed any intent to do so, the Corporation has the right under the Plan to terminate the Plan subject to the provisions set forth in the Plan and ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2015 and 2014 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset. Significant Level 3 inputs for the limited partnerships include the funds' net asset value based on the audited financial statements.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Fair Value Measurements (Continued)

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

	Level 1	Level 2	Level 3	Balance at December 31, 2015
Money market fund - Short-term investment	\$ 21,041,358	\$ -	\$ -	\$ 21,041,358
Mutual funds:				
Equity funds	57,248,584	-	-	57,248,584
Blended funds	6,791,053	-	-	6,791,053
Common collective trust funds -				
Equity investments (a)	-	93,610,241	-	93,610,241
U.S. government and agency securities	-	4,109,784	-	4,109,784
Corporate bond obligations	-	112,782,327	-	112,782,327
Limited partnerships:				
Pine River Fund LTD (b)	-	-	6,074,247	6,074,247
Tremblant Partners, LTD (c)	-	-	7,651,906	7,651,906
Pentwater Event Fund LTD (d)	-	-	6,312,881	6,312,881
Pershing Square International, LTD. (e)	-	-	8,610,237	8,610,237
Criterion Horizons Offshore, LTD (f)	-	-	9,035,758	9,035,758
Blackstone Resources Select Offshore Fund LTD (g)	-	-	6,678,738	6,678,738
Discovery Global Macro Fund Class A Ser 1 (h)	-	-	2,980,247	2,980,247
Senator Global Opp Off Ser 1 (i)	-	-	6,903,845	6,903,845
Fir Tree Intl Value Fund LP (j)	-	-	7,635,432	7,635,432
Independent Franchise Partners Global Equity LP (k)	-	-	23,154,235	23,154,235
Palestra Capital Offshore Fund LTD (l)	-	-	4,115,870	4,115,870
MW Eureka Class B2 (m)	-	-	8,156,093	8,156,093
Total	<u>\$ 85,080,995</u>	<u>\$ 210,502,352</u>	<u>\$ 97,309,489</u>	<u>\$ 392,892,836</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Fair Value Measurements (Continued)

	Level 1	Level 2	Level 3	Balance at December 31, 2014
Money market fund - Short-term investment	\$ 8,740,173	\$ -	\$ -	\$ 8,740,173
Mutual funds:				
Equity funds	127,148,182	-	-	127,148,182
Fixed-income funds	7,439,966	-	-	7,439,966
Common collective trust funds -				
Equity investments (a)	-	51,503,111	-	51,503,111
U.S. government securities	-	3,642,577	-	3,642,577
Corporate bond obligations:				
Domestic	-	121,526,067	-	121,526,067
Foreign	-	18,635,322	-	18,635,322
Limited partnerships:				
Walter Scott Global Fund (n)	-	-	44,439,966	44,439,966
Pine River Fund LTD (b)	-	-	6,244,022	6,244,022
Tremblant Partners, LTD (c)	-	-	7,237,788	7,237,788
Calypso Overseas, LTD (o)	-	-	14,588	14,588
ESG Cross Border Equity Offshore Fund (p)	-	-	7,668,199	7,668,199
Pentwater Event Fund LTD (d)	-	-	6,682,283	6,682,283
Pershing Square International, LTD (e)	-	-	10,310,604	10,310,604
Criterion Horizons Offshore, LTD (f)	-	-	7,798,391	7,798,391
Blackstone Resources Select Offshore Fund LTD (g)	-	-	9,388,322	9,388,322
Bluecrest Capital Intl LTD (q)	-	-	2,972,120	2,972,120
Discovery Global Macro Fund Class A Ser 1 (h)	-	-	3,127,680	3,127,680
Senator Global Opp Off Ser 1 (i)	-	-	7,100,302	7,100,302
Fir Tree Intl Value Fund LP (j)	-	-	8,378,664	8,378,664
Total	<u>\$ 143,328,321</u>	<u>\$ 195,307,077</u>	<u>\$ 121,362,929</u>	<u>\$ 459,998,327</u>

- (a) This class represents investments in actively managed common collective trust funds that invest primarily in equity securities, which may include common stocks, options, and futures. At December 31, 2014, certain investments were classified as mutual funds in Level 1 based upon the valuation information available at that time. Based on valuation information obtained during 2015, these investments have been reported as common collective trust funds with a Level 2 valuation at December 31, 2015.
- (b) The fund's investment objective is to generate superior risk-adjusted returns by investing and trading in global markets, primarily employing relative value strategies.

Note 7 - Fair Value Measurements (Continued)

- (c) The fund's investment objective is to generate superior returns through investments in domestic and international equity and equity-related securities.
- (d) The fund's investment objective is to generate consistently superior risk-adjusted rates or return by implementing event-driven strategies.
- (e) The fund's investment objective is to preserve capital and seek maximum, long-term capital appreciation commensurate with reasonable risk through investments in long and short positions in equity or debt securities of public U.S. and non-U.S. issuers, derivative instruments, and any other financial instruments which will achieve this objective.
- (f) The fund's investment objective is to generate superior returns through investments in domestic and international equity and equity-related securities.
- (g) The fund's investment objective is to outperform traditional benchmark indices through investments in long-based commodity funds.
- (h) The fund's investment objective is to seek high risk-adjusted total returns by making directional and relative value investments, long and short, primarily through investment positions in equities, equity futures, indices, exchange traded funds, debt (primarily sovereign debt), options, swaps, derivatives, local interest rates, currencies, and commodities across emerging and developed markets.
- (i) The fund's investment objective is to deliver absolute returns to investors by employing a global and opportunistic long/short strategy for investing primarily in distressed debt, value equities, and event equities. In pursuing this objective, the investment manager emphasizes capital preservation and seeks to mitigate risk through various hedging strategies at the position and portfolio levels.
- (j) The fund's investment objective is to invest in securities through its direct and indirect investments in Fir Tree Value Master Fund, LP, Fir Tree Value (LN) Master Fund, LP, and Fir Tree Value (RE) Master Fund, LP. The funds, in turn, primarily invest in equity and fixed-income markets, loan originations and unleveraged real estate, and leveraged real estate, respectively.
- (k) The investment objective of the fund is to seek to achieve an attractive long-term rate of return and to outperform the MSCI World (Net) Index (the "Benchmark") over a full market cycle. The fund will not seek to minimize volatility relative to the Benchmark. The Fund will seek to achieve its investment objective by investing primarily in equity securities listed on global stock exchanges.
- (l) The investment objective of the fund is to generate superior long-term risk-adjusted returns over a market cycle primarily through long and short investment in equity securities of U.S. and non-U.S. issuers. Specifically, the fund will seek to achieve returns that are higher than those of broad equity market indices while assuming less volatility than such indices.
- (m) The investment objective of the fund is to provide investors with above average absolute returns primarily through investing and trading in equities and equity related instruments. Short-term volatility is managed through the use of various hedging and risk management techniques.
- (n) The fund's investment objective is to achieve long-term capital appreciation through investments in the equity securities of companies located outside of the United States of America.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Fair Value Measurements (Continued)

- (o) The fund's investment objective is to achieve capital appreciation through investment in selected global financial securities and other investments.
- (p) The fund's investment objective is to provide superior nonmarket correlated returns primarily by investing in emerging market equities and, from time to time, bond transactions.
- (q) The fund's investment objective is to provide consistent long-term appreciation of assets through active, leveraged trading and investment, on a global basis, principally in a portfolio of debt, equity and foreign exchange instruments, and derivative contracts relating to those instruments.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer.

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2015 and 2014 are as follows:

	Limited Partnerships
Balance at January 1, 2015	\$ 121,362,929
Purchases	38,460,565
Sales	(57,228,817)
Net realized and unrealized gains (losses)	<u>(5,285,188)</u>
Balance at December 31, 2015	<u>\$ 97,309,489</u>
	Limited Partnerships
Balance at January 1, 2014	\$ 124,744,838
Purchases	44,410,021
Sales	(56,273,639)
Net realized and unrealized gains	<u>8,481,709</u>
Balance at December 31, 2014	<u>\$ 121,362,929</u>

Of the Level 3 assets still held by the Plan at December 31, 2015 and 2014, the unrealized gains (losses) for the years ended December 31, 2015 and 2014 were \$(10,289,110) and \$5,960,470, respectively, which are recognized in the statement of changes in net assets available for benefits.

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities. As a result, the unrealized gains and losses for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

For those assets with fair value measured using Level 3 inputs, the plan administrator determines fair value measurement policies and procedures in consultation with the investment committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Fair Value Measurements (Continued)

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including employer contributions receivable, cash, accrued income, accrued liabilities and payables, and unsettled trades. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to the short maturity of the instruments.

Investments in Entities that Calculate Net Asset Value per Share

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

At year end, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	<u>December 31,</u> <u>2015</u>	<u>December 31,</u> <u>2014</u>		
	<u>Fair Value</u>	<u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency, if</u> <u>Eligible</u>
Independent Franchise				
Partners Global Equity LP	\$ 23,154,235	\$ -	\$ -	Bi-Monthly
Walter Scott Global Fund	-	44,439,966	-	Daily
Pine River Fund LTD	6,074,247	6,244,022	-	Quarterly
Tremblant Partners, LTD.	7,651,906	7,237,788	-	Quarterly
Calypso Overseas, LTD.	-	14,588	-	Quarterly
ESG Cross Border Equity				
Offshore Fund	-	7,668,199	-	Quarterly
Pentwater Event Fund LTD	6,312,881	6,682,283	-	Monthly
Palestra Capital Offshore				
Fund LTD	4,115,870	-	-	Quarterly
Pershing Square International,				
LTD	8,610,237	10,310,604	-	Bi-annually
Criterion Horizons Offshore,				
LTD	9,035,758	7,798,391	-	Monthly
Bluecrest Capital Intl LTD	-	2,972,120	-	Quarterly
Discovery Global Macro Fund				
Class A Ser 1	2,980,247	3,127,680	-	Quarterly
Senator Global Opp Off Ser 1	6,903,845	7,100,302	-	Quarterly
Fir Tree Intl Value Fund LP	7,635,432	8,378,664	-	Bi-annually
Blackstone Resources Select				
Offshore Fund LTD	6,678,738	9,388,322	-	Monthly
MW Eureka Class B2	8,156,093	-	-	Monthly
Common collective trust fund -				
Eaton Vance EME CL I	13,462,708	16,057,252	-	Daily
Common collective trust fund -				
S&P 500 Flagship Fund	33,972,852	35,445,859	-	Daily
Wellington Global Select	<u>46,174,681</u>	<u>**</u>	-	Monthly
Total	<u>\$ 190,919,730</u>	<u>\$ 172,866,040</u>	<u>\$ -</u>	

** - Investment was not valued at net asset value at December 31, 2014.

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
*	STATE STREET SHORT TERM INV FUND	Money Market Fund		21,043,358	\$ 21,041,358	\$ 21,041,358
	FNMA POOL 649060	US Government Security	6/1/2017	96	100	96
	US TREASURY N/B	US Government Security	8/15/2044	1,300,000	1,340,402	1,328,587
	US TREASURY N/B	US Government Security	2/15/2025	2,845,000	2,793,929	2,781,101
					4,134,431	4,109,784
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	2/15/2041	475,000	549,655	533,772
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	9/15/2044	640,000	639,494	615,590
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	12/1/2045	320,000	445,971	417,050
	ACE CAPITAL TRUST II	Corporate Bond Obligation	4/1/2030	195,000	269,844	281,775
	ACE INA HOLDINGS	Corporate Bond Obligation	11/3/2045	235,000	234,413	238,791
	ACTAVIS FUNDING SCS	Corporate Bond Obligation	3/15/2035	150,000	149,355	145,779
	ACTAVIS FUNDING SCS	Corporate Bond Obligation	6/15/2044	285,000	281,848	281,985
	AETNA INC	Corporate Bond Obligation	5/15/2042	225,000	219,675	221,031
	AGL CAPITAL CORP	Corporate Bond Obligation	3/15/2041	165,000	199,690	180,919
	AGRIUM INC	Corporate Bond Obligation	3/15/2035	155,000	153,621	131,851
	AGRIUM INC	Corporate Bond Obligation	1/15/2041	245,000	302,350	261,119
	AGRIUM INC	Corporate Bond Obligation	6/1/2043	235,000	233,209	210,224
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000	476,175	513,416
	ALABAMA POWER CO	Corporate Bond Obligation	6/1/2041	175,000	199,686	189,737
	ALABAMA POWER CO	Corporate Bond Obligation	1/15/2042	125,000	124,485	118,866
	ALLY FINANCIAL INC	Corporate Bond Obligation	11/1/2031	350,000	451,963	404,250
	ALTRIA GROUP INC	Corporate Bond Obligation	2/6/2039	73,000	111,667	119,709
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	395,000	390,778	362,428
	ALTRIA GROUP INC	Corporate Bond Obligation	1/31/2044	390,000	388,339	419,500
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2035	395,000	393,693	348,402
	AMGEN INC	Corporate Bond Obligation	11/15/2041	690,000	742,585	700,509
	AMGEN INC	Corporate Bond Obligation	6/15/2042	380,000	416,941	411,190
	AMGEN INC	Corporate Bond Obligation	5/1/2045	155,000	154,079	143,611
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	9/15/2036	235,000	280,512	226,507
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2040	740,000	852,913	680,837
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2039	330,000	519,248	475,678
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2040	310,000	428,136	370,397
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000	99,292	94,432
	ANTHEM INC	Corporate Bond Obligation	1/15/2043	255,000	253,524	242,648
	ANTHEM INC	Corporate Bond Obligation	8/15/2044	245,000	244,488	233,507
	APPALACHIAN POWER CO	Corporate Bond Obligation	4/1/2038	405,000	561,637	504,837
	APPLE INC	Corporate Bond Obligation	5/4/2043	805,000	809,708	741,655
	AT+T INC	Corporate Bond Obligation	5/15/2035	1,070,000	1,068,679	989,600
	AT+T INC	Corporate Bond Obligation	1/15/2038	750,000	909,690	820,740
	AT+T INC	Corporate Bond Obligation	9/1/2040	540,000	540,257	533,369
	AT+T INC	Corporate Bond Obligation	8/15/2041	625,000	735,794	628,044
	ATMOS ENERGY CORP	Corporate Bond Obligation	6/15/2041	355,000	406,022	406,802
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/22/2025	470,000	467,166	460,097
	BANK OF AMERICA CORP	Corporate Bond Obligation	6/1/2028	150,000	165,267	179,818
	BANK OF AMERICA CORP	Corporate Bond Obligation	5/14/2038	425,000	463,807	576,631
	BANK OF AMERICA CORP	Corporate Bond Obligation	2/7/2042	700,000	835,134	816,956
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/21/2044	170,000	174,529	177,427
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/1/2044	70,000	69,934	72,481
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/21/2045	180,000	179,771	173,009
	BANK ONE CORP	Corporate Bond Obligation	4/29/2027	150,000	184,854	193,815
	BARCLAYS BANK PLC	Corporate Bond Obligation	5/15/2024	285,000	284,906	290,492
	BARCLAYS PLC	Corporate Bond Obligation	8/17/2045	350,000	349,160	352,552
	BARRICK NA FINANCE LLC	Corporate Bond Obligation	5/1/2043	175,000	183,306	126,572
	BECTON DICKINSON AND CO	Corporate Bond Obligation	12/15/2044	180,000	180,000	181,604
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	219,343
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	9/15/2037	885,000	1,151,106	1,077,072
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2040	340,000	409,349	396,804
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2042	180,000	177,694	178,222
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2043	225,000	223,162	220,651

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	BERKSHIRE HATHAWAY INC	Corporate Bond Obligation	2/11/2043	110,000	108,555	110,762
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	507,004
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	274,258
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/15/2041	899,000	980,279	916,441
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/15/2043	480,000	475,606	456,394
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	175,000	185,922	179,580
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	235,000	234,232	212,988
	BURLINGTON RESOURCES FIN	Corporate Bond Obligation	12/1/2031	160,000	219,310	190,565
	CATHOLIC HEALTH INITIATI	Corporate Bond Obligation	11/1/2042	335,000	320,662	313,329
	CELGENE CORP	Corporate Bond Obligation	8/15/2045	225,000	224,305	225,875
	CENOVUS ENERGY INC	Corporate Bond Obligation	11/15/2039	330,000	443,876	313,794
	CENOVUS ENERGY INC	Corporate Bond Obligation	9/15/2043	105,000	104,582	82,193
	CF INDUSTRIES INC	Corporate Bond Obligation	6/1/2043	240,000	239,587	204,065
	CIGNA CORP	Corporate Bond Obligation	2/15/2042	310,000	343,415	339,869
	CISCO SYSTEMS INC	Corporate Bond Obligation	1/15/2040	415,000	520,465	486,687
	CITIGROUP INC	Corporate Bond Obligation	8/25/2036	651,000	679,744	740,135
	CITIGROUP INC	Corporate Bond Obligation	7/15/2039	905,000	1,282,324	1,298,023
	CITIGROUP INC	Corporate Bond Obligation	7/30/2045	415,000	414,398	421,142
	CLEVELAND CLINIC FOUND	Corporate Bond Obligation	1/1/2114	350,000	348,317	339,381
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	430,000	420,256	377,488
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	506,054
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	59,435
	COMCAST CORP	Corporate Bond Obligation	3/1/2040	1,505,000	1,922,455	1,867,886
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	269,835
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	185,793
	CONOCOPHILLIPS	Corporate Bond Obligation	2/1/2039	560,000	756,785	590,134
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	11/15/2044	145,000	137,865	120,498
	CONSOLIDATED EDISON CO O	Corporate Bond Obligation	12/1/2039	325,000	400,371	369,154
	CONTINENTAL RESOURCES	Corporate Bond Obligation	6/1/2044	370,000	307,993	223,103
	COOPERATIEVE RABOBANK UA	Corporate Bond Obligation	8/4/2045	355,000	353,406	372,001
	CORNING INC	Corporate Bond Obligation	3/15/2042	100,000	99,853	93,869
	COVIDIEN INTL FINANCE SA	Corporate Bond Obligation	10/15/2037	165,000	220,384	206,844
	COX COMMUNICATIONS INC	Corporate Bond Obligation	3/1/2039	220,000	302,524	242,431
	CRED SUIS GP FUN LTD	Corporate Bond Obligation	5/15/2045	485,000	483,414	478,254
	CSX CORP	Corporate Bond Obligation	5/30/2042	200,000	209,252	199,280
	CSX CORP	Corporate Bond Obligation	5/1/2050	310,000	307,204	262,204
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	545,000	550,564	574,119
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	259,697.39	312,089	306,165
	DAIMLER FINANCE NA LLC	Corporate Bond Obligation	1/18/2031	460,000	671,683	667,230
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	305,000	438,202	422,864
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	400,000	470,063	302,332
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	5/15/2042	55,000	54,513	39,047
	DEVON FINANCING CORP LLC	Corporate Bond Obligation	9/30/2031	215,000	292,695	220,517
	DIRECTV HOLDINGS/FING	Corporate Bond Obligation	3/1/2041	210,000	246,778	225,397
	DOMINION RESOURCES INC	Corporate Bond Obligation	8/1/2041	430,000	474,039	420,781
	DOW CHEMICAL CO/THE	Corporate Bond Obligation	11/1/2029	565,000	750,416	697,803
	DOW CHEMICAL CO/THE	Corporate Bond Obligation	11/15/2041	395,000	436,299	385,030
	DTE ELECTRIC CO	Corporate Bond Obligation	3/15/2045	380,000	379,111	349,155
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	186,223
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	2/15/2040	425,000	518,139	487,649
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	555,000	550,371	514,013
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	7/15/2043	130,000	129,411	140,470
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	5/15/2042	100,000	99,504	96,952
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	3/15/2043	290,000	287,869	281,468
	ECOLAB INC	Corporate Bond Obligation	12/8/2041	345,000	377,478	375,363
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	3/15/2035	330,000	329,373	239,946
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	6/1/2041	200,000	202,664	156,060
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	2/1/2042	180,000	207,803	146,394
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2041	350,000	402,791	321,489
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2043	315,000	313,331	240,310
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	335,996

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	EPR PROPERTIES	Corporate Bond Obligation	7/15/2023	170,000	175,459	173,123
	ERAC USA FINANCE LLC	Corporate Bond Obligation	10/15/2037	370,000	459,656	450,915
	ERAC USA FINANCE LLC	Corporate Bond Obligation	2/15/2045	155,000	153,214	144,136
	EXELON GENERATION CO LLC	Corporate Bond Obligation	10/1/2039	915,000	1,083,744	925,605
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	125,708
	FEDEX CORP	Corporate Bond Obligation	1/15/2034	220,000	219,692	226,010
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	4/1/2039	70,000	69,949	87,378
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	6/1/2041	200,000	199,820	227,946
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,961	311,702
	FORD MOTOR COMPANY	Corporate Bond Obligation	7/16/2031	930,000	1,179,553	1,147,629
	FREEMPORT MCMORAN INC	Corporate Bond Obligation	11/14/2024	415,000	329,763	237,587
	FRONTIER COMMUNICATIONS	Corporate Bond Obligation	9/15/2025	245,000	245,870	242,550
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,071,000	2,127,801	2,113,414
	GENERAL ELECTRIC CO	Corporate Bond Obligation	3/15/2032	392,000	479,881	512,191
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	408,921
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	420,000	414,788	391,952
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	535,000	550,912	565,249
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2042	460,000	468,506	424,861
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2043	350,000	347,722	321,300
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	355,000	353,534	359,271
	GLAXOSMITHKLINE CAP INC	Corporate Bond Obligation	3/18/2043	455,000	448,958	459,277
	GLENCORE FUNDING LLC	Corporate Bond Obligation	4/29/2024	350,000	348,495	253,470
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/15/2033	190,000	195,714	222,574
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	1,270,000	1,443,747	1,484,554
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/1/2041	155,000	191,963	184,884
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	165,000	163,928	160,279
	GRUPO TELEVISAB SAB	Corporate Bond Obligation	5/13/2045	405,000	390,963	348,219
	HALLIBURTON CO	Corporate Bond Obligation	8/1/2043	450,000	449,073	422,455
	HESS CORP	Corporate Bond Obligation	2/15/2041	505,000	551,776	425,675
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	118,859
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	630,000	628,419	644,043
	HP ENTERPRISE CO	Corporate Bond Obligation	10/15/2045	735,000	715,369	697,765
	HP INC	Corporate Bond Obligation	9/15/2041	105,000	115,309	91,679
	HSBC HOLDINGS PLC	Corporate Bond Obligation	3/14/2024	500,000	496,700	501,815
	HSBC HOLDINGS PLC	Corporate Bond Obligation	5/2/2036	530,000	656,763	632,544
	HSBC HOLDINGS PLC	Corporate Bond Obligation	9/15/2037	175,000	190,225	209,951
	HSBC HOLDINGS PLC	Corporate Bond Obligation	6/1/2038	600,000	670,248	746,850
	INGERSOLL RAND GL HLD CO	Corporate Bond Obligation	6/15/2043	290,000	288,811	316,045
	INTEL CORP	Corporate Bond Obligation	12/15/2032	50,000	49,558	49,764
	INTEL CORP	Corporate Bond Obligation	10/1/2041	200,000	198,516	208,496
	INTEL CORP	Corporate Bond Obligation	12/15/2042	375,000	374,051	361,493
	INTERNATIONAL PAPER CO	Corporate Bond Obligation	6/15/2044	435,000	432,734	395,728
	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	985,000	1,237,007	1,255,442
	JPMORGAN CHASE + CO	Corporate Bond Obligation	8/16/2043	195,000	193,522	212,199
	KINDER MORGAN ENER PART	Corporate Bond Obligation	3/1/2041	390,000	452,706	325,498
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	175,000	174,221	123,139
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	815,000	1,022,110	773,362
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	12/1/2034	40,000	39,887	31,522
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	6/1/2045	115,000	114,612	89,772
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	450,000	449,028	333,724
	KRAFT FOODS GROUP INC	Corporate Bond Obligation	1/26/2039	365,000	455,028	432,598
	KRAFT FOODS GROUP INC	Corporate Bond Obligation	2/9/2040	590,000	744,518	687,787
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	55,000	54,477	56,349
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	8/1/2039	70,000	75,861	85,230
	KROGER CO/THE	Corporate Bond Obligation	7/15/2040	145,000	157,091	153,400
	KROGER CO/THE	Corporate Bond Obligation	4/15/2042	390,000	420,506	398,970
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/1/2042	350,000	378,183	397,870
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	8/1/2044	240,000	239,808	222,247
	LINCOLN NATIONAL CORP	Corporate Bond Obligation	6/15/2040	50,000	59,752	62,714
	LLOYDS BANKING GROUP PLC	Corporate Bond Obligation	11/4/2024	425,000	422,599	431,430
	LLOYDS BANKING GROUP PLC	Corporate Bond Obligation	12/1/2045	200,000	199,732	202,954

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	650,000	694,531	669,260
	LYB INTL FINANCE BV	Corporate Bond Obligation	7/15/2043	430,000	422,984	412,839
	LYB INTL FINANCE BV	Corporate Bond Obligation	3/15/2044	75,000	74,123	68,489
	MACYS RETAIL HLDGS INC	Corporate Bond Obligation	1/15/2042	250,000	257,578	214,900
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	3/1/2041	90,000	97,538	90,050
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	9/15/2044	195,000	192,781	159,393
	MASS MUTUAL LIFE INS CO	Corporate Bond Obligation	6/1/2039	455,000	673,693	660,705
	MCKESSON CORP	Corporate Bond Obligation	3/1/2041	100,000	129,701	115,123
	MCKESSON CORP	Corporate Bond Obligation	3/15/2044	125,000	125,000	124,937
	METLIFE INC	Corporate Bond Obligation	6/15/2035	150,000	158,096	173,367
	METLIFE INC	Corporate Bond Obligation	2/6/2041	100,000	121,922	117,450
	METLIFE INC	Corporate Bond Obligation	12/15/2066	50,000	49,438	54,625
	METLIFE INC	Corporate Bond Obligation	8/1/2069	70,000	99,057	109,637
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	762,506
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	675,000	651,561	606,332
	MIDAMERICAN ENERGY CO	Corporate Bond Obligation	5/1/2046	400,000	399,448	395,676
	MISSISSIPPI POWER CO	Corporate Bond Obligation	3/15/2042	55,000	54,695	42,044
	MONSANTO CO	Corporate Bond Obligation	7/15/2034	105,000	104,323	90,297
	MORGAN STANLEY	Corporate Bond Obligation	9/8/2026	450,000	447,586	451,472
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	779,027
	MOSAIC CO	Corporate Bond Obligation	11/15/2033	270,000	268,990	272,884
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	418,572
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	260,040
	NEW YORK LIFE INSURANCE	Corporate Bond Obligation	11/15/2039	560,000	728,989	718,441
	NISOURCE FINANCE CORP	Corporate Bond Obligation	12/15/2040	480,000	564,028	568,109
	NISOURCE FINANCE CORP	Corporate Bond Obligation	2/15/2043	80,000	79,891	84,992
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	10/1/2041	65,000	69,979	63,140
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	660,000	658,469	621,898
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	5/23/2111	125,000	148,774	130,800
	OMEGA HLTHCARE INVESTORS	Corporate Bond Obligation	1/15/2026	305,000	304,137	311,323
	ORACLE CORP	Corporate Bond Obligation	7/8/2039	450,000	577,100	544,140
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2034	620,000	750,906	730,509
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	6/15/2043	485,000	484,607	492,809
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/15/2045	285,000	281,725	281,150
	PACIFIC LIFE INSURANCE C	Corporate Bond Obligation	6/15/2039	335,000	486,821	486,641
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	61,848
	PACIFICORP	Corporate Bond Obligation	1/15/2039	175,000	205,830	212,343
	PERNOD RICARD SA	Corporate Bond Obligation	1/15/2042	250,000	262,328	251,850
	PETRO CANADA	Corporate Bond Obligation	5/15/2038	695,000	889,412	759,899
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	5/16/2038	260,000	335,020	327,938
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	340,000	330,470	321,388
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	201,513
	PHILLIPS 66	Corporate Bond Obligation	5/1/2042	200,000	199,944	200,472
	PLAINS ALL AMER PIPELINE	Corporate Bond Obligation	1/15/2037	75,000	89,345	66,253
	PLAINS ALL AMER PIPELINE	Corporate Bond Obligation	6/1/2042	418,000	431,786	303,276
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	334,097
	PPL CAPITAL FUNDING INC	Corporate Bond Obligation	6/1/2043	295,000	293,962	293,664
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2041	100,000	117,233	113,296
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	334,422
	PROCTER + GAMBLE CO/THE	Corporate Bond Obligation	3/5/2037	125,000	136,005	151,907
	PROGRESS ENERGY INC	Corporate Bond Obligation	12/1/2039	570,000	721,036	659,638
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	11/16/2041	350,000	392,027	397,044
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	9/15/2042	55,000	55,000	57,173
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	3/15/2044	170,000	170,000	164,135
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	5/15/2045	265,000	265,000	264,669
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	107,668
	REALTY INCOME CORP	Corporate Bond Obligation	10/15/2026	345,000	343,272	346,107
	REPUBLIC SERVICES INC	Corporate Bond Obligation	5/15/2041	405,000	466,746	453,021
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	5/1/2040	115,000	147,164	141,064
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/4/2041	130,000	150,216	146,189
	RIO TINTO FIN USA LTD	Corporate Bond Obligation	11/2/2040	325,000	356,973	298,230

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	510,000	506,078	513,448
	SAN DIEGO G + E	Corporate Bond Obligation	4/1/2042	200,000	198,962	202,210
	SANTANDER UK GROUP HLDGS	Corporate Bond Obligation	9/15/2025	245,000	244,324	241,768
	SEMPRA ENERGY	Corporate Bond Obligation	10/15/2039	475,000	592,979	532,608
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	195,000	193,374	186,133
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	160,000	216,501	189,152
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	3/25/2040	525,000	649,276	567,320
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	2/1/2040	100,000	136,167	131,912
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	220,000	216,663	234,940
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	10/1/2044	245,000	243,552	243,939
	SKY GROUP FINANCE PLC	Corporate Bond Obligation	10/15/2035	150,000	172,749	179,452
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	2/1/2041	225,000	272,061	247,804
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	2/1/2042	200,000	200,568	191,810
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	6/1/2065	140,000	147,221	145,919
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	208,600
	SOUTHWESTERN ELEC POWER	Corporate Bond Obligation	4/1/2045	715,000	708,622	626,075
	SOUTHWESTERN PUBLIC SERV	Corporate Bond Obligation	10/1/2036	347,000	389,285	403,918
	SPECTRA ENERGY PARTNERS	Corporate Bond Obligation	9/25/2043	715,000	824,962	682,739
	STATOIL ASA	Corporate Bond Obligation	11/23/2041	380,000	382,129	358,028
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	325,000	324,698	328,279
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	6/20/2036	570,000	652,086	684,997
	TIME WARNER CABLE INC	Corporate Bond Obligation	6/15/2039	405,000	534,723	406,458
	TIME WARNER CABLE INC	Corporate Bond Obligation	11/15/2040	270,000	296,631	255,871
	TIME WARNER INC	Corporate Bond Obligation	4/15/2031	70,000	93,160	86,614
	TIME WARNER INC	Corporate Bond Obligation	10/15/2041	1,095,000	1,194,820	1,120,218
	TIME WARNER INC	Corporate Bond Obligation	7/15/2045	615,000	614,563	585,634
	TRANS CANADA PIPELINES	Corporate Bond Obligation	3/1/2034	615,000	621,986	581,464
	TRANS CANADA PIPELINES	Corporate Bond Obligation	3/15/2036	195,000	206,547	200,577
	TRANSOCEAN INC	Corporate Bond Obligation	12/15/2041	270,000	290,333	153,900
	TRAVELERS COS INC	Corporate Bond Obligation	8/1/2043	290,000	289,252	304,744
	TRINITY ACQUISITION PLC	Corporate Bond Obligation	8/15/2043	270,000	268,934	288,538
	UNION PACIFIC CORP	Corporate Bond Obligation	2/1/2035	250,000	249,243	225,790
	UNION PACIFIC CORP	Corporate Bond Obligation	9/15/2041	160,000	174,176	171,018
	UNION PACIFIC CORP	Corporate Bond Obligation	6/15/2044	250,000	287,510	271,310
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	400,000	407,321	402,816
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	400,000	399,448	382,188
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	279,114
	VALE OVERSEAS LIMITED	Corporate Bond Obligation	11/10/2039	245,000	285,427	170,253
	VALERO ENERGY CORP	Corporate Bond Obligation	3/15/2039	145,000	217,494	192,907
	VENTAS REALTY LP	Corporate Bond Obligation	9/30/2043	320,000	318,810	351,514
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2033	57,000	67,397	64,939
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2035	235,000	257,013	251,316
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	668,631
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2043	84,000	83,902	99,726
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	1,584,000	1,584,000	1,416,571
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/21/2054	688,000	689,318	629,926
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/15/2055	813,000	791,179	705,847
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	140,714
	VISA INC	Corporate Bond Obligation	12/14/2025	425,000	423,445	425,527
	VISA INC	Corporate Bond Obligation	12/14/2035	180,000	179,757	181,724
	VISA INC	Corporate Bond Obligation	12/14/2045	720,000	718,798	730,483
	WAL MART STORES INC	Corporate Bond Obligation	8/15/2037	270,000	325,222	348,745
	WAL MART STORES INC	Corporate Bond Obligation	4/15/2041	2,425,000	3,060,296	2,884,683
	WALGREENS BOOTS ALLIANCE	Corporate Bond Obligation	11/18/2044	445,000	420,957	402,543
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	12/1/2041	100,000	98,829	100,097
	WEA FINANCE LLC/WESTFIEL	Corporate Bond Obligation	9/17/2044	375,000	388,125	367,421
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/3/2026	945,000	944,027	953,874
	WELLS FARGO + COMPANY	Corporate Bond Obligation	7/22/2027	300,000	298,860	306,459
	WELLS FARGO + COMPANY	Corporate Bond Obligation	11/2/2043	210,000	209,378	224,753
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	298,675
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,431	1,161,603

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	WELLTOWER INC	Corporate Bond Obligation	3/15/2023	50,000	49,816	49,099
	WELLTOWER INC	Corporate Bond Obligation	3/15/2043	95,000	94,122	95,233
	WILLIAMS PARTNERS LP	Corporate Bond Obligation	4/15/2040	180,000	212,305	138,123
	ZIMMER BIOMET HOLDINGS	Corporate Bond Obligation	8/15/2035	650,000	645,723	605,969
	ZIMMER BIOMET HOLDINGS	Corporate Bond Obligation	8/15/2045	295,000	305,011	271,288
					119,300,648	112,782,327
*	EATON VANCE EME CL I	Common Collective Trust Fund		1,535,051	16,493,053	13,462,708
	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		71,986	25,841,917	33,972,852
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		2,745,225	35,621,012	46,174,681
					77,955,982	93,610,241
	DEUTSCHE X TRACKERS MSCI EAFE	Mutual Fund		322,198	9,616,641	8,750,897
	DFA INTERNATIONAL SMALL COMPAN	Mutual Fund		657,840	10,657,616	11,321,430
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		1,890,042	22,944,014	19,769,843
	PIMCO ALL ASSET FUND	Mutual Fund		665,790	8,410,313	6,791,053
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		328,113	11,370,776	17,406,414
					62,999,360	64,039,637
	BLACKSTONE RESOURCES SELECT OFFSHORE FUND LTD	Limited Partnership		11,181	10,056,819	6,678,738
	CRITERION HORIZONS OFFSHORE, LTD	Limited Partnership		3,781	7,798,391	9,035,758
	DISCOVERY GLOBAL MACRO FUND CLASS A SER 1	Limited Partnership		3,142	3,127,680	2,980,247
	FIR TREE INTL VALUE FUND LP	Limited Partnership		7,750,000	8,378,665	7,635,432
	INDEPENDENT FRANCHISE PARTNERS GLOBAL EQUITY LP	Limited Partnership		23,300,000	23,300,000	23,154,235
	PALESTRA CAPITAL OFFSHORE FUND LTD	Limited Partnership		4,000	4,000,000	4,115,870
	PENTWATER EVENT FUND LTD	Limited Partnership		3,462	6,682,283	6,312,881
	PERSHING SQUARE INTERNATIONAL LTD	Limited Partnership		2,756	9,982,254	8,610,237
	PINE RIVER FUND LTD	Limited Partnership		1,632	6,244,022	6,074,247
	SENATOR GLOBAL OPP OFF SER 1	Limited Partnership		3,109	6,914,862	6,903,845
	TREMBLANT PARTNERS LTD	Limited Partnership		50,505	6,837,501	7,651,906
	MW EUREKA CLASS B2 USD	Limited Partnership		47,527	8,156,093	8,156,093
					101,478,570.00	97,309,489
Total					\$ 386,910,349	\$ 392,892,836

* A party in interest as defined by ERISA

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
<u>Category (i) - Single transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co 24,958,258 units purchased in 1 transaction	\$ 24,958,258	\$ -	\$ 24,958,258	\$ 24,958,258	-
* State Street	State Street Bank + Trust Co 27,294,252 units sold in 1 transaction	-	27,294,252	27,294,252	27,294,252	-
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co 189,669,278 units purchased in a series of 181 transactions 177,368,093 units sold in a series of 121 transactions	\$ 189,669,278	\$ -	\$ 189,669,278	\$ 189,669,278	-
		-	177,368,093	177,368,093	177,368,093	-
US Treasury	US Treasury N/B 27,015,000 units purchased in a series of 56 transactions 25,160,000 units sold in a series of 43 transactions	29,579,411	-	29,579,411	29,579,411	-
		-	28,693,092	28,307,879	28,693,092	385,213
Walter Scott	Walter Scott Ltd. 2,103,399 units sold in a series of 5 transactions	-	43,884,521	39,130,858	43,884,521	4,753,663
S + P 500	S + P 500 Flagship Fund 25,309 units purchased in a series of 1 transaction 29,526 units sold in a series of 2 transactions	12,000,000	-	12,000,000	12,000,000	-
		-	14,000,000	10,599,361	14,000,000	3,400,639

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (ii) or (iv) transactions from January 1, 2015 to December 31, 2015.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	37 \$13,359	291 \$31,401 \$967	2							
25-29	47 \$12,289	866 \$44,408 \$1,983	284 \$43,844 \$4,309	6						
30-34	31 \$22,230	579 \$49,990 \$2,125	485 \$49,192 \$4,813	174 \$50,034 \$6,798	11					
35-39	49 \$32,854 \$2,300	453 \$55,264 \$2,307	354 \$55,213 \$5,379	244 \$59,593 \$6,912	93 \$57,099 \$9,698	5				
40-44	80 \$36,961 \$2,770	398 \$57,438 \$2,466	320 \$60,257 \$5,768	254 \$58,305 \$7,400	182 \$64,725 \$9,028	63 \$61,494 \$9,123	5			
45-49	86 \$50,472 \$4,510	348 \$57,612 \$2,376	278 \$59,258 \$5,295	257 \$59,667 \$6,536	168 \$69,184 \$7,984	114 \$72,670 \$7,964	73 \$71,414 \$8,104	4		
50-54	95 \$47,708 \$4,016	288 \$55,323 \$2,480	251 \$58,244 \$5,231	314 \$59,601 \$5,842	218 \$64,984 \$6,453	137 \$81,018 \$9,244	137 \$72,824 \$10,643	77 \$69,905 \$14,665	11	
55-59	75 \$46,250 \$4,162	224 \$65,270 \$2,564	218 \$55,846 \$5,288	263 \$56,560 \$5,159	212 \$63,422 \$5,167	151 \$73,391 \$6,929	127 \$68,343 \$10,326	121 \$68,395 \$7,995	137 \$62,775 \$11,266	10
60-64	36 \$48,611 \$4,033	169 \$70,371 \$3,037	151 \$57,369 \$5,259	185 \$52,643 \$4,696	125 \$59,056 \$5,692	91 \$72,042 \$6,834	95 \$66,698 \$10,913	73 \$72,360 \$17,769	141 \$71,271 \$15,496	30 \$67,468 \$19,502
65-69	20 \$24,833 \$771	51 \$54,212 \$2,185	50 \$55,418 \$5,456	42 \$47,501 \$3,981	44 \$61,896 \$7,999	15	19	21 \$60,396 \$18,469	28 \$59,021 \$8,765	14
70+	14	25 \$106,831 \$5,094	10	13	6	7	4		2	1

N-11,189

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

**Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For ERISA Requirements**

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	Choice One Participants: 55% life annuity. 8% 100% joint and survivor annuity. 1% 75% joint and survivor annuity. 8% 50% joint and survivor annuity. 14% level income annuity. 1% 15-year certain and life annuity. 12% 10-year certain and life annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums other than cash balance accounts. Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums other than cash balance accounts. Current IRC section 417(e) table for lump sums

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3–4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2014 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2013 Plan Year	7.25%, limited to 6.76%
2014 Plan Year	7.25%, limited to 6.99%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Trust Expenses Included in Target Normal Cost	\$6,800,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Changes in ERISA Methods Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service		
	0–1	2	3+
15	20.00%	15.00%	7.94%
16	20.00%	15.00%	7.94%
17	20.00%	15.00%	7.94%
18	20.00%	15.00%	7.94%
19	20.00%	15.00%	7.94%
20	20.00%	15.00%	7.94%
21	20.00%	15.00%	7.90%
22	20.00%	15.00%	7.86%
23	20.00%	15.00%	7.82%
24	20.00%	15.00%	7.77%
25	20.00%	15.00%	7.72%
26	20.00%	15.00%	7.67%
27	20.00%	15.00%	7.60%
28	20.00%	15.00%	7.49%
29	20.00%	15.00%	7.37%
30	20.00%	15.00%	7.22%
31	20.00%	15.00%	7.06%
32	20.00%	15.00%	6.89%
33	20.00%	15.00%	6.69%
34	20.00%	15.00%	6.49%
35	20.00%	15.00%	6.27%
36	20.00%	15.00%	6.05%
37	20.00%	15.00%	5.83%
38	20.00%	15.00%	5.61%
39	20.00%	15.00%	5.38%
40	20.00%	15.00%	5.15%
41	20.00%	15.00%	4.92%
42	20.00%	15.00%	4.68%
43	20.00%	15.00%	4.45%
44	20.00%	15.00%	4.22%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0–1	2	3+
45	20.00%	15.00%	3.97%
46	20.00%	15.00%	3.72%
47	20.00%	15.00%	3.46%
48	20.00%	15.00%	3.18%
49	20.00%	15.00%	2.88%
50	20.00%	15.00%	2.56%
51	20.00%	15.00%	2.22%
52	20.00%	15.00%	1.89%
53	20.00%	15.00%	1.55%
54	20.00%	15.00%	1.23%
55	20.00%	15.00%	0.94%
56	20.00%	15.00%	0.69%
57	20.00%	15.00%	0.47%
58	20.00%	15.00%	0.30%
59	20.00%	15.00%	0.17%
60	20.00%	15.00%	0.09%
61	20.00%	15.00%	0.03%
62+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 3

Disability Rates—Atrium Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.05%	45	0.20%	0.32%
16	0.04%	0.05%	46	0.20%	0.32%
17	0.04%	0.05%	47	0.20%	0.32%
18	0.04%	0.05%	48	0.20%	0.32%
19	0.04%	0.05%	49	0.20%	0.32%
20	0.04%	0.05%	50	0.36%	0.53%
21	0.04%	0.05%	51	0.36%	0.53%
22	0.04%	0.05%	52	0.36%	0.53%
23	0.04%	0.05%	53	0.36%	0.53%
24	0.04%	0.05%	54	0.36%	0.53%
25	0.04%	0.05%	55	0.72%	0.95%
26	0.04%	0.05%	56	0.72%	0.95%
27	0.04%	0.05%	57	0.72%	0.95%
28	0.04%	0.05%	58	0.72%	0.95%
29	0.04%	0.05%	59	0.72%	0.95%
30	0.05%	0.08%	60	1.26%	1.16%
31	0.05%	0.08%	61	1.26%	1.16%
32	0.05%	0.08%	62	1.26%	1.16%
33	0.05%	0.08%	63	1.26%	1.16%
34	0.05%	0.08%	64	1.26%	1.16%
35	0.07%	0.14%	65+	0.00%	0.00%
36	0.07%	0.14%			
37	0.07%	0.14%			
38	0.07%	0.14%			
39	0.07%	0.14%			
40	0.12%	0.21%			
41	0.12%	0.21%			
42	0.12%	0.21%			
43	0.12%	0.21%			
44	0.12%	0.21%			

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 4

Disability Rates—MedAmerica Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
<u>Category (i) - Single transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co 24,958,258 units purchased in 1 transaction	\$ 24,958,258	\$ -	\$ 24,958,258	\$ 24,958,258	-
* State Street	State Street Bank + Trust Co 27,294,252 units sold in 1 transaction	-	27,294,252	27,294,252	27,294,252	-
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co 189,669,278 units purchased in a series of 181 transactions 177,368,093 units sold in a series of 121 transactions	\$ 189,669,278 -	\$ - 177,368,093	\$ 189,669,278 177,368,093	\$ 189,669,278 177,368,093	- -
US Treasury	US Treasury N/B 27,015,000 units purchased in a series of 56 transactions 25,160,000 units sold in a series of 43 transactions	29,579,411 -	- 28,693,092	29,579,411 28,307,879	29,579,411 28,693,092	- 385,213
Walter Scott	Walter Scott Ltd. 2,103,399 units sold in a series of 5 transactions	-	43,884,521	39,130,858	43,884,521	4,753,663
S + P 500	S + P 500 Flagship Fund 25,309 units purchased in a series of 1 transaction 29,526 units sold in a series of 2 transactions	12,000,000 -	- 14,000,000	12,000,000 10,599,361	12,000,000 14,000,000	- 3,400,639

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (ii) or (iv) transactions from January 1, 2015 to December 31, 2015.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
► 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 Premier Health Partners Employees Retirement Plan	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Premier Health Partners	D Employer Identification Number (EIN) 34-1446699
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>		
2	Assets:		
	a Market value	2a	467,049,369
	b Actuarial value	2b	461,115,620
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	2,655	146,412,221
	b For terminated vested participants.....	4,774	105,670,791
	c For active participants.....	11,189	199,114,225
	d Total.....	18,618	451,197,237
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.34%
6	Target normal cost.....	6	27,504,527

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>Jason M. Bravo</u> Signature of actuary	<u>09/14/2016</u> Date
	<u>Jason M. Bravo</u> Type or print name of actuary	<u>1405569</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>216-573-9700</u> Telephone number (including area code)
	<u>5005 Rockside Road</u> <u>Independence OH 44131</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	459,812	19,306,376
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	459,812	16,445,578
9 Amount remaining (line 7 minus line 8)	0	2,860,798
10 Interest on line 9 using prior year's actual return of <u>6.89</u> %	0	197,109
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2,956,413
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.59</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		203,697
c Total available at beginning of current plan year to add to prefunding balance		3,160,110
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	3,057,907

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00 %
15 Adjusted funding target attainment percentage	15	100.66 %
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	100.97 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2016	26,708,039	0			
08/31/2016	190,291,961	0			
Totals ▶			18(b)	217,000,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 195,879,816
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	27,504,527	
b Excess assets, if applicable, but not greater than line 31a	31b	662	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...	34	27,503,865	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	27,503,865	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	195,879,816	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	168,375,951	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.34%	Interest Adjusted Contribution
August 31, 2016	\$ 26,708,039	608	\$ 24,108,598
August 31, 2016	<u>190,291,961</u>	608	<u>171,771,218</u>
Total Contribution	\$ 217,000,000		\$ 195,879,816

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	10.00%	0.6268	3.92
63.5	10.00%	0.5641	3.58
64.5	10.00%	0.5077	3.27
65.5	20.00%	0.4569	5.99
66.5	20.00%	0.3655	4.86
67.5	20.00%	0.2924	3.95
68.5	20.00%	0.2339	3.20
69.5	20.00%	0.1872	2.60
70	100.00%	0.1497	10.48
Weighted Average			63.79

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

**Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For ERISA Requirements**

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	Choice One Participants: 55% life annuity. 8% 100% joint and survivor annuity. 1% 75% joint and survivor annuity. 8% 50% joint and survivor annuity. 14% level income annuity. 1% 15-year certain and life annuity. 12% 10-year certain and life annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums other than cash balance accounts. Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums other than cash balance accounts. Current IRC section 417(e) table for lump sums

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3—4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2014 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2013 Plan Year	7.25%, limited to 6.76%
2014 Plan Year	7.25%, limited to 6.99%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Trust Expenses Included in Target Normal Cost	\$6,800,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Changes in ERISA Methods Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

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Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

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Withdrawal Rates

Age	Years of Service		
	0–1	2	3+
15	20.00%	15.00%	7.94%
16	20.00%	15.00%	7.94%
17	20.00%	15.00%	7.94%
18	20.00%	15.00%	7.94%
19	20.00%	15.00%	7.94%
20	20.00%	15.00%	7.94%
21	20.00%	15.00%	7.90%
22	20.00%	15.00%	7.86%
23	20.00%	15.00%	7.82%
24	20.00%	15.00%	7.77%
25	20.00%	15.00%	7.72%
26	20.00%	15.00%	7.67%
27	20.00%	15.00%	7.60%
28	20.00%	15.00%	7.49%
29	20.00%	15.00%	7.37%
30	20.00%	15.00%	7.22%
31	20.00%	15.00%	7.06%
32	20.00%	15.00%	6.89%
33	20.00%	15.00%	6.69%
34	20.00%	15.00%	6.49%
35	20.00%	15.00%	6.27%
36	20.00%	15.00%	6.05%
37	20.00%	15.00%	5.83%
38	20.00%	15.00%	5.61%
39	20.00%	15.00%	5.38%
40	20.00%	15.00%	5.15%
41	20.00%	15.00%	4.92%
42	20.00%	15.00%	4.68%
43	20.00%	15.00%	4.45%
44	20.00%	15.00%	4.22%

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Withdrawal Rates

Age	Years of Service		
	0–1	2	3+
45	20.00%	15.00%	3.97%
46	20.00%	15.00%	3.72%
47	20.00%	15.00%	3.46%
48	20.00%	15.00%	3.18%
49	20.00%	15.00%	2.88%
50	20.00%	15.00%	2.56%
51	20.00%	15.00%	2.22%
52	20.00%	15.00%	1.89%
53	20.00%	15.00%	1.55%
54	20.00%	15.00%	1.23%
55	20.00%	15.00%	0.94%
56	20.00%	15.00%	0.69%
57	20.00%	15.00%	0.47%
58	20.00%	15.00%	0.30%
59	20.00%	15.00%	0.17%
60	20.00%	15.00%	0.09%
61	20.00%	15.00%	0.03%
62+	0.00%	0.00%	0.00%

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Table 3

Disability Rates—Atrium Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.05%	45	0.20%	0.32%
16	0.04%	0.05%	46	0.20%	0.32%
17	0.04%	0.05%	47	0.20%	0.32%
18	0.04%	0.05%	48	0.20%	0.32%
19	0.04%	0.05%	49	0.20%	0.32%
20	0.04%	0.05%	50	0.36%	0.53%
21	0.04%	0.05%	51	0.36%	0.53%
22	0.04%	0.05%	52	0.36%	0.53%
23	0.04%	0.05%	53	0.36%	0.53%
24	0.04%	0.05%	54	0.36%	0.53%
25	0.04%	0.05%	55	0.72%	0.95%
26	0.04%	0.05%	56	0.72%	0.95%
27	0.04%	0.05%	57	0.72%	0.95%
28	0.04%	0.05%	58	0.72%	0.95%
29	0.04%	0.05%	59	0.72%	0.95%
30	0.05%	0.08%	60	1.26%	1.16%
31	0.05%	0.08%	61	1.26%	1.16%
32	0.05%	0.08%	62	1.26%	1.16%
33	0.05%	0.08%	63	1.26%	1.16%
34	0.05%	0.08%	64	1.26%	1.16%
35	0.07%	0.14%	65+	0.00%	0.00%
36	0.07%	0.14%			
37	0.07%	0.14%			
38	0.07%	0.14%			
39	0.07%	0.14%			
40	0.12%	0.21%			
41	0.12%	0.21%			
42	0.12%	0.21%			
43	0.12%	0.21%			
44	0.12%	0.21%			

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Table 4

Disability Rates—MedAmerica Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, Part V—Summary of Plan Provisions

Med America – Plan Provisions

History of Plan

Miami Valley Hospital established the Miami Valley Hospital Employees Retirement Plan for the benefit of its employees on January 1, 1951. Prior to January 1, 1971, benefits were provided under Group Annuity Contract issued by the National Health and Welfare Retirement Association.

Effective January 1, 1976, the plan was amended and restated to comply with ERISA. Benefits provided by the plan to eligible employees include normal, early, vesting, and disability retirement benefits. The plan also provides a preretirement surviving spouse's benefit. The benefit formula is of the career average type with a different percentage applied to compensation above and below a given breakpoint.

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a three-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

Effective January 1, 1980, the plan was amended to grant benefit increases for retirees prior to December 31, 1979.

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with five years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

Effective January 1, 1985, the plan was amended to reduce the required participation age to age 21, and to extend preretirement surviving spouse protection to all active vested participants.

As reflected in the 1986 valuation, the plan was further amended to change the benefit formula (including a change in the breakpoint definition), and provide 10-year cliff vesting for new participants. In addition, a special retirement program was offered to a small group of participants employed in the diagnostic laboratories, and an ad hoc benefit increase was granted to all retirees who retired prior to January 1, 1985.

Effective January 1, 1988, the age 60 maximum entry age restriction was eliminated. In addition, benefit accruals are required to be granted past age 65.

Effective January 1, 1989, the plan was amended to change the benefit formula to a final five-year average pay excess plan and to provide five-year cliff vesting.

Effective October 13, 1995, the lump sum payouts are based on the GATT actuarial factors.

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years), payable until Social Security normal retirement age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

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Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

Effective January 1, 2008, the plan was amended and restated to reflect changes in the law resulting from the Economic Growth and Tax Relief Reconciliation Act of 2001 and other legislation and regulations issued since the plan's last restatement. In addition, the plan now includes a cash balance formula applicable to post-December 31, 2007 participants and other participants who voluntarily chose to be covered under this cash balance formula.

Effective January 1, 2009, vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Effective December 31, 2012, the Atrium Health System Cash Balance Plan and Upper Valley Medical Center Retirement Plan were merged into the MedAmerica Health Systems Corp. Employees Retirement Plan, with the surviving plan renamed the Premier Health Partners Employees Retirement Plan.

Effective January 1, 2013, employees of Good Samaritan Hospital entered the plan and began accruing benefits under the "Good Sam Enhanced Formula." Also, employees of Upper Valley Medical Center previously receiving self-directed DC benefits entered the plan and began accruing under the 3%–5% cash balance formula.

Members of the Upper Valley Physicians' group became eligible to participate in the Premier Health Partners Employees Retirement Plan, effective January 1, 2014. Members began accruing benefits under the Premier Health Partners Cash Balance formula for New Plan participants with past service granted for purposes of determining a participant's annual pay credit.

A brief summary of the major plan provisions in effect on the valuation date can be found on the following pages.

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Effective Date	Original plan: January 1, 1951. Amended and completely restated on January 1, 2008.
Employees Covered	All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.
Participation Requirements	All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.
Normal Retirement Eligibility	Age 65 and five years of service. Members with at least one hour of service on or after January 1, 2008: Age 65.
Annual Benefit	Choice One Participants The sum of (a) and (b) below multiplied by credited service after January 1, 1971: (a) 0.90% x final average pay up to a breakpoint. (b) 1.65% x final average pay in excess of the breakpoint. A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security normal retirement age. OR Choice Two Participants Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Minimum Benefit	The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.

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Early Retirement
Eligibility

Participants prior to January 1, 1984: Age 50 (Not applicable for Choice Two participants).

New participants after December 31, 1983: Age 55 with five or more years of service.

Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of vesting service.

Annual Benefit

Choice One Participants

The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age.

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Disability Retirement
Eligibility

Participants prior to January 1, 1999: Permanent and total disability.

New participants after December 31, 1998: Five years of service.

Members with at least one hour of service on or after January 1, 2008: Three years of vesting service.

The disability retirement benefit has been eliminated prospectively effective January 1, 2013.

Annual Benefit

Choice One Participants

A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

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Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.

All employees who were participants prior to January 1, 1976, are considered fully vested.

Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Preretirement Spouse's Survivor Annuity
Eligibility

All vested participants who have not yet begun receiving benefit payments.

Annual Benefit

An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.

Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the accrued pension account.

Supplemental Early Retirement Benefit
Eligibility

Choice One participants who are age 60 with 10 or more years of vesting service.

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Benefit	A benefit, payable until Social Security normal retirement age, equal to \$10 times years of credited service (up to 20 years).														
Normal Form of Retirement Benefits	Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.														
Optional Form of Retirement Benefits	100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.														
Source of Contributions	100% employer-paid since January 1, 1976.														
Definitions															
Actuarial Equivalence	Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15% male, and a 7% interest rate.														
Annual Cash Balance Credits	For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows: <table> <tr> <th>Years of Benefit Service</th><th>Annual Cash Balance Credit</th></tr> <tr> <td>0–5</td><td>2.0% of Compensation</td></tr> <tr> <td>6–10</td><td>2.5% of Compensation</td></tr> <tr> <td>11–15</td><td>3.0% of Compensation</td></tr> <tr> <td>16–20</td><td>4.0% of Compensation</td></tr> <tr> <td>21–25</td><td>5.0% of Compensation</td></tr> <tr> <td>26+</td><td>6.0% of Compensation</td></tr> </table> <p>Credits are to be made at the earlier of the last day of the plan year or severance from service.</p>	Years of Benefit Service	Annual Cash Balance Credit	0–5	2.0% of Compensation	6–10	2.5% of Compensation	11–15	3.0% of Compensation	16–20	4.0% of Compensation	21–25	5.0% of Compensation	26+	6.0% of Compensation
Years of Benefit Service	Annual Cash Balance Credit														
0–5	2.0% of Compensation														
6–10	2.5% of Compensation														
11–15	3.0% of Compensation														
16–20	4.0% of Compensation														
21–25	5.0% of Compensation														
26+	6.0% of Compensation														
Accrued Pension Account Interest	The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited.														
Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.														
Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.														

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Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	<p>Monthly average of a participant's compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.</p>
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ Without regard to the age increase factor; and▪ As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.
Credited Service	<p>Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.</p> <p>After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.</p>

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Benefit Service	<p>Service used to determine the amount of the cash balance credits.</p> <p>Pre-2008 benefit service is equal to the years and partial years of credited service the member had as of December 31, 2007.</p> <p>Post-2007 benefit service is granted for each plan year in which a member completes 1,000 hours of service. Service is not granted during periods of disability.</p>
Accumulation of Employee Contributions	<p>Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.</p>
Member	<p>Any current or former participant who is receiving or is entitled to receive benefits under this plan.</p>
Plan Year	<p>January 1 to December 31.</p>

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Atrium Medical Center

Effective Date and Plan Year

Original plan: January 1, 1998 (for restated plan).

Restated plan: January 1, 2008.

Plan year: January 1, through December 31.

Status of the Plan

The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

Covered Employees

A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.

Participation

All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.

Employee Contributions

None.

Vesting Service

An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).

Credited Service

An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.

Pensionable Earnings

Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).

Accrued Benefit

Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially

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equivalent value of the December 31, 1997, accrued benefit under the prior plan.

Normal Retirement
Eligibility

The first day of the month coincident with or immediately following the member's sixty-fifth birthday.

Old Plan Benefit

Initial account balance: The account balance of any participant of the prior plan will be credited with an amount equal to the actuarial equivalent of the participant's prior plan benefit based on the accrued benefit determined under the terms of the plan in effect on December 31, 1997.

Service credits: The service credit is equal to 3% of compensation for plan years in which a participant earns 832 hours of service (1,000 hours after January 1, 2006 or if the employee participates in the new plan benefit).

Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the one year U.S. Treasury bill yield during third calendar quarter of the previous year.

New Plan Benefit

On January 1, 2008 all active participants were given the option to stay with the Old Plan formula or switch to the New Plan formula. For those that elected to switch, the Old Plan benefit would receive no additional service credits. Their future accruals under the New Plan are detailed below. All new participants on or after January 1, 2008 will be placed in the New Plan.

Service credits: The service credit is equal to the percentage of compensation detailed in the table below for plan years in which a participant earns 1,000 hours of service.

Years of Service	Contribution Percentage
1–5	2.0%
6–10	2.5%
11–15	3.0%
16–20	4.0%
21–25	5.0%
26+	6.0%

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Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the 10 year U.S. Treasury bill yield during August of the previous year (at least 4.01%).

Early Retirement
Eligibility

First day of the month following age 55 and three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the early retirement date.

Late Retirement
Eligibility

The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.

Benefit

The account balance as defined for normal retirement, with accruals through the late retirement date.

Deferred Vested
Eligibility

Completion of three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.

Disability
Eligibility

Based on determination of total and permanent disability with three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of disability. Interest credits are credited to the account balance up until the balance is distributed.

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Preretirement Death

Eligibility

If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.

Benefit

A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.

Form of Benefits

Automatic Form for Unmarried Participants Single life annuity.

Automatic Form for Married Participants Actuarially reduced joint and 50% survivor annuity.

Option Forms

Life only;
Life and 5 years certain;
Life and 10 years certain;
Life and 15 years certain;
Joint and 50% survivor;
Joint and 75% survivor;
Joint and 100% survivor;
Level income;
Lump sum.

Optional Form Conversion Factors

Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year.

Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

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Upper Valley Medical Center (Prior DB Plan)

Effective Date	January 1, 1987, last amended and restated effective January 1, 2008, last amended effective January 1, 2009.
Plan Year	The 12-month period beginning each January 1.
Participation	Any employee who has completed one year of vesting service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. Effective March 1, 2001, no new participants are permitted in this plan. Each participant age 40 or older as of January 1, 2001, who affirmatively elected to continue participation under this plan continues to accrue benefits under this plan. Each other participant had their accrued benefit under this plan frozen as of March 1, 2001, with such benefit based on average monthly compensation and benefit service as of March 1, 2001. If any former employee or former participant is re-employed by the company on or after March 1, 2001, such re-employed employee may not participate in this plan upon re-employment.
Compensation	Total compensation for the calendar year as limited by IRC section 415(c)(3) including modifications by IRC sections 403(b), 401(k), 132(f)(4), 125, 402(h), and 457(b).
Annualized Compensation	Compensation for purposes of calculating the average monthly compensation shall be annualized on a 2,080 hour basis. Hours for this purpose include hours actually worked, but not on-call hours or any other hours during which the employee is not actually working, such as hours credited for a leave of absence.
Average Monthly Compensation	1/60th of annualized compensation for the highest five consecutive years of employment out of the last 10 years of employment. Such 10 year period shall end with the last plan year preceding the plan year in which the employee terminates employment.
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked. All hours of service are included for this purpose.

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Benefit Service

For each plan year, benefit service is credited based on hours of service according to the following table:

Hours in Plan Year	Credit
Less Than 1,000	0.0
1,000–1,199	0.6
1,200–1,399	0.7
1,400–1,599	0.8
1,600–1,799	0.9
1,800 or More	1.0

For each plan year for which hours of service is less than 1,000, and only a partial plan year is worked, benefit service is credited based on hours of service according to the following table:

Hours in Partial Plan Year	Credit
Less Than 200	0.0
200–399	0.1
400–599	0.2
600–799	0.3
800–999	0.4

Hours for this purpose include up to 500 hours each of hours credited because of excused on census or approved leave of absence.

Accrued Benefit

A monthly life annuity starting at age 65 equal to 1.0% of average monthly compensation multiplied by the number of years of benefit service.

Normal Retirement Benefit

Eligibility

Age 65.

Monthly Benefit

The accrued benefit.

Early Retirement Benefit

Eligibility

Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.

Monthly Benefit

The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.

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Late Retirement Benefit	
Eligibility	Any age after normal retirement age.
Monthly Benefit	The accrued benefit.
Disability Retirement Benefit	
Eligibility	Completion of five years of vesting service and permanent and total disability at any age.
Monthly Benefit	The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.
Termination Benefit	
Eligibility	Upon termination of employment prior to retirement after completion of at least five years of vesting service.
Monthly Benefit	The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Death Benefit	
Eligibility	100% vested and married for at least one year.
Monthly Benefit	A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.
Optional Forms of Payments	Life annuity; Joint and survivor with 50%, 66⅔%, 75% or 100% continuation; 5-year or 10-year certain and continuous. The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.
Benefits Available as Lump Sums	This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available. The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

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Upper Valley Medical Center (Prior DC Participants)

Participation

Employees of Upper Valley Medical Center receiving self-directed DC benefits became eligible to participate in the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that Annual Cash Balance Credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0–4	3.0% of Compensation
5–9	4.0% of Compensation
10+	5.0% of Compensation

Interest Credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the Plan Year as of which the interest is being earned (at least 3.79%)

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Good Samaritan Hospital
Participation

Employees of Good Samaritan Hospital became eligible to participate in the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that Annual Cash Balance Credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0–5	5.0% of Compensation
6–10	6.0% of Compensation
11–15	7.5% of Compensation
16+	10.0% of Compensation

Interest Credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 5-year Treasury securities for the month of November preceding the Plan Year as of which the interest is being earned (at least 3.79%)

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2014 plan year 417(e)(3) mortality table to the 2015 plan year 417(e)(3) mortality table.
- An increase in the annual pay limit under IRC section 401(a)(17) from \$260,000 in 2014 to \$265,000 in 2015.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	37 \$13,359	291 \$31,401 \$967	2							
25-29	47 \$12,289	866 \$44,408 \$1,983	284 \$43,844 \$4,309	6						
30-34	31 \$22,230	579 \$49,990 \$2,125	485 \$49,192 \$4,813	174 \$50,034 \$6,798	11					
35-39	49 \$32,854 \$2,300	453 \$55,264 \$2,307	354 \$55,213 \$5,379	244 \$59,593 \$6,912	93 \$57,099 \$9,698	5				
40-44	80 \$36,961 \$2,770	398 \$57,438 \$2,466	320 \$60,257 \$5,768	254 \$58,305 \$7,400	182 \$64,725 \$9,028	63 \$61,494 \$9,123	5			
45-49	86 \$50,472 \$4,510	348 \$57,612 \$2,376	278 \$59,258 \$5,295	257 \$59,667 \$6,536	168 \$69,184 \$7,984	114 \$72,670 \$7,964	73 \$71,414 \$8,104	4		
50-54	95 \$47,708 \$4,016	288 \$55,323 \$2,480	251 \$58,244 \$5,231	314 \$59,601 \$5,842	218 \$64,984 \$6,453	137 \$81,018 \$9,244	137 \$72,824 \$10,643	77 \$69,905 \$14,665	11	
55-59	75 \$46,250 \$4,162	224 \$65,270 \$2,564	218 \$55,846 \$5,288	263 \$56,560 \$5,159	212 \$63,422 \$5,167	151 \$73,391 \$6,929	127 \$68,343 \$10,326	121 \$68,395 \$7,995	137 \$62,775 \$11,266	10
60-64	36 \$48,611 \$4,033	169 \$70,371 \$3,037	151 \$57,369 \$5,259	185 \$52,643 \$4,696	125 \$59,056 \$5,692	91 \$72,042 \$6,834	95 \$66,698 \$10,913	73 \$72,360 \$17,769	141 \$71,271 \$15,496	30 \$67,468 \$19,502
65-69	20 \$24,833 \$771	51 \$54,212 \$2,185	50 \$55,418 \$5,456	42 \$47,501 \$3,981	44 \$61,896 \$7,999	15	19	21 \$60,396 \$18,469	28 \$59,021 \$8,765	14
70+	14	25 \$106,831 \$5,094	10	13	6	7	4		2	1

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	10.00%	0.6268	3.92
63.5	10.00%	0.5641	3.58
64.5	10.00%	0.5077	3.27
65.5	20.00%	0.4569	5.99
66.5	20.00%	0.3655	4.86
67.5	20.00%	0.2924	3.95
68.5	20.00%	0.2339	3.20
69.5	20.00%	0.1872	2.60
70	100.00%	0.1497	10.48
Weighted Average			63.79

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.34%	Interest Adjusted Contribution
August 31, 2016	\$ 26,708,039	608	\$ 24,108,598
August 31, 2016	190,291,961	608	171,771,218
Total Contribution	\$ 217,000,000		\$ 195,879,816

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Schedule SB, Part V—Summary of Plan Provisions

Med America – Plan Provisions

History of Plan

Miami Valley Hospital established the Miami Valley Hospital Employees Retirement Plan for the benefit of its employees on January 1, 1951. Prior to January 1, 1971, benefits were provided under Group Annuity Contract issued by the National Health and Welfare Retirement Association.

Effective January 1, 1976, the plan was amended and restated to comply with ERISA. Benefits provided by the plan to eligible employees include normal, early, vesting, and disability retirement benefits. The plan also provides a preretirement surviving spouse's benefit. The benefit formula is of the career average type with a different percentage applied to compensation above and below a given breakpoint.

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a three-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

Effective January 1, 1980, the plan was amended to grant benefit increases for retirees prior to December 31, 1979.

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with five years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

Effective January 1, 1985, the plan was amended to reduce the required participation age to age 21, and to extend preretirement surviving spouse protection to all active vested participants.

As reflected in the 1986 valuation, the plan was further amended to change the benefit formula (including a change in the breakpoint definition), and provide 10-year cliff vesting for new participants. In addition, a special retirement program was offered to a small group of participants employed in the diagnostic laboratories, and an ad hoc benefit increase was granted to all retirees who retired prior to January 1, 1985.

Effective January 1, 1988, the age 60 maximum entry age restriction was eliminated. In addition, benefit accruals are required to be granted past age 65.

Effective January 1, 1989, the plan was amended to change the benefit formula to a final five-year average pay excess plan and to provide five-year cliff vesting.

Effective October 13, 1995, the lump sum payouts are based on the GATT actuarial factors.

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years), payable until Social Security normal retirement age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

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Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

Effective January 1, 2008, the plan was amended and restated to reflect changes in the law resulting from the Economic Growth and Tax Relief Reconciliation Act of 2001 and other legislation and regulations issued since the plan's last restatement. In addition, the plan now includes a cash balance formula applicable to post-December 31, 2007 participants and other participants who voluntarily chose to be covered under this cash balance formula.

Effective January 1, 2009, vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Effective December 31, 2012, the Atrium Health System Cash Balance Plan and Upper Valley Medical Center Retirement Plan were merged into the MedAmerica Health Systems Corp. Employees Retirement Plan, with the surviving plan renamed the Premier Health Partners Employees Retirement Plan.

Effective January 1, 2013, employees of Good Samaritan Hospital entered the plan and began accruing benefits under the "Good Sam Enhanced Formula." Also, employees of Upper Valley Medical Center previously receiving self-directed DC benefits entered the plan and began accruing under the 3%–5% cash balance formula.

Members of the Upper Valley Physicians' group became eligible to participate in the Premier Health Partners Employees Retirement Plan, effective January 1, 2014. Members began accruing benefits under the Premier Health Partners Cash Balance formula for New Plan participants with past service granted for purposes of determining a participant's annual pay credit.

A brief summary of the major plan provisions in effect on the valuation date can be found on the following pages.

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Effective Date	Original plan: January 1, 1951. Amended and completely restated on January 1, 2008.
Employees Covered	All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.
Participation Requirements	All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.
Normal Retirement Eligibility	<p>Age 65 and five years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Age 65.</p>
Annual Benefit	<p>Choice One Participants The sum of (a) and (b) below multiplied by credited service after January 1, 1971:</p> <p>(a) 0.90% x final average pay up to a breakpoint.</p> <p>(b) 1.65% x final average pay in excess of the breakpoint.</p> <p>A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security normal retirement age.</p> <p>OR</p> <p>Choice Two Participants Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.</p>
Minimum Benefit	The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.

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Early Retirement
Eligibility

Participants prior to January 1, 1984: Age 50 (Not applicable for Choice Two participants).

New participants after December 31, 1983: Age 55 with five or more years of service.

Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of vesting service.

Annual Benefit

Choice One Participants

The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age.

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Disability Retirement
Eligibility

Participants prior to January 1, 1999: Permanent and total disability.

New participants after December 31, 1998: Five years of service.

Members with at least one hour of service on or after January 1, 2008: Three years of vesting service.

The disability retirement benefit has been eliminated prospectively effective January 1, 2013.

Annual Benefit

Choice One Participants

A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

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Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.

All employees who were participants prior to January 1, 1976, are considered fully vested.

Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Preretirement Spouse's Survivor Annuity
Eligibility

All vested participants who have not yet begun receiving benefit payments.

Annual Benefit

An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.

Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the accrued pension account.

Supplemental Early Retirement Benefit
Eligibility

Choice One participants who are age 60 with 10 or more years of vesting service.

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Benefit	A benefit, payable until Social Security normal retirement age, equal to \$10 times years of credited service (up to 20 years).														
Normal Form of Retirement Benefits	Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.														
Optional Form of Retirement Benefits	100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.														
Source of Contributions	100% employer-paid since January 1, 1976.														
Definitions															
Actuarial Equivalence	Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15% male, and a 7% interest rate.														
Annual Cash Balance Credits	For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows: <table> <tr> <th>Years of Benefit Service</th><th>Annual Cash Balance Credit</th></tr> <tr> <td>0–5</td><td>2.0% of Compensation</td></tr> <tr> <td>6–10</td><td>2.5% of Compensation</td></tr> <tr> <td>11–15</td><td>3.0% of Compensation</td></tr> <tr> <td>16–20</td><td>4.0% of Compensation</td></tr> <tr> <td>21–25</td><td>5.0% of Compensation</td></tr> <tr> <td>26+</td><td>6.0% of Compensation</td></tr> </table> <p>Credits are to be made at the earlier of the last day of the plan year or severance from service.</p>	Years of Benefit Service	Annual Cash Balance Credit	0–5	2.0% of Compensation	6–10	2.5% of Compensation	11–15	3.0% of Compensation	16–20	4.0% of Compensation	21–25	5.0% of Compensation	26+	6.0% of Compensation
Years of Benefit Service	Annual Cash Balance Credit														
0–5	2.0% of Compensation														
6–10	2.5% of Compensation														
11–15	3.0% of Compensation														
16–20	4.0% of Compensation														
21–25	5.0% of Compensation														
26+	6.0% of Compensation														
Accrued Pension Account Interest	The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited.														
Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.														
Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.														

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Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	<p>Monthly average of a participant's compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.</p>
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ Without regard to the age increase factor; and▪ As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.
Credited Service	<p>Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.</p> <p>After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.</p>

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Benefit Service	<p>Service used to determine the amount of the cash balance credits.</p> <p>Pre-2008 benefit service is equal to the years and partial years of credited service the member had as of December 31, 2007.</p> <p>Post-2007 benefit service is granted for each plan year in which a member completes 1,000 hours of service. Service is not granted during periods of disability.</p>
Accumulation of Employee Contributions	<p>Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.</p>
Member	<p>Any current or former participant who is receiving or is entitled to receive benefits under this plan.</p>
Plan Year	<p>January 1 to December 31.</p>

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Atrium Medical Center

Effective Date and Plan Year

Original plan: January 1, 1998 (for restated plan).

Restated plan: January 1, 2008.

Plan year: January 1, through December 31.

Status of the Plan

The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

Covered Employees

A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.

Participation

All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.

Employee Contributions

None.

Vesting Service

An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).

Credited Service

An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.

Pensionable Earnings

Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).

Accrued Benefit

Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially

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equivalent value of the December 31, 1997, accrued benefit under the prior plan.

Normal Retirement

Eligibility

The first day of the month coincident with or immediately following the member's sixty-fifth birthday.

Old Plan Benefit

Initial account balance: The account balance of any participant of the prior plan will be credited with an amount equal to the actuarial equivalent of the participant's prior plan benefit based on the accrued benefit determined under the terms of the plan in effect on December 31, 1997.

Service credits: The service credit is equal to 3% of compensation for plan years in which a participant earns 832 hours of service (1,000 hours after January 1, 2006 or if the employee participates in the new plan benefit).

Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the one year U.S. Treasury bill yield during third calendar quarter of the previous year.

New Plan Benefit

On January 1, 2008 all active participants were given the option to stay with the Old Plan formula or switch to the New Plan formula. For those that elected to switch, the Old Plan benefit would receive no additional service credits. Their future accruals under the New Plan are detailed below. All new participants on or after January 1, 2008 will be placed in the New Plan.

Service credits: The service credit is equal to the percentage of compensation detailed in the table below for plan years in which a participant earns 1,000 hours of service.

Years of Service	Contribution Percentage
1–5	2.0%
6–10	2.5%
11–15	3.0%
16–20	4.0%
21–25	5.0%
26+	6.0%

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Interest credit: As of the last day of each plan year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the 10 year U.S. Treasury bill yield during August of the previous year (at least 4.01%).

Early Retirement
Eligibility

First day of the month following age 55 and three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the early retirement date.

Late Retirement
Eligibility

The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.

Benefit

The account balance as defined for normal retirement, with accruals through the late retirement date.

Deferred Vested
Eligibility

Completion of three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.

Disability
Eligibility

Based on determination of total and permanent disability with three years of vesting service.

Benefit

Account balance as defined for normal retirement, with accruals through the date of disability. Interest credits are credited to the account balance up until the balance is distributed.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Preretirement Death
Eligibility

If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.

Benefit

A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.

Form of Benefits

Automatic Form for Unmarried Participants Single life annuity.

Automatic Form for Married Participants Actuarially reduced joint and 50% survivor annuity.

Option Forms

Life only;
Life and 5 years certain;
Life and 10 years certain;
Life and 15 years certain;
Joint and 50% survivor;
Joint and 75% survivor;
Joint and 100% survivor;
Level income;
Lump sum.

Optional Form Conversion Factors

Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year.

Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DB Plan)

Effective Date	January 1, 1987, last amended and restated effective January 1, 2008, last amended effective January 1, 2009.
Plan Year	The 12-month period beginning each January 1.
Participation	Any employee who has completed one year of vesting service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. Effective March 1, 2001, no new participants are permitted in this plan. Each participant age 40 or older as of January 1, 2001, who affirmatively elected to continue participation under this plan continues to accrue benefits under this plan. Each other participant had their accrued benefit under this plan frozen as of March 1, 2001, with such benefit based on average monthly compensation and benefit service as of March 1, 2001. If any former employee or former participant is re-employed by the company on or after March 1, 2001, such re-employed employee may not participate in this plan upon re-employment.
Compensation	Total compensation for the calendar year as limited by IRC section 415(c)(3) including modifications by IRC sections 403(b), 401(k), 132(f)(4), 125, 402(h), and 457(b).
Annualized Compensation	Compensation for purposes of calculating the average monthly compensation shall be annualized on a 2,080 hour basis. Hours for this purpose include hours actually worked, but not on-call hours or any other hours during which the employee is not actually working, such as hours credited for a leave of absence.
Average Monthly Compensation	1/60th of annualized compensation for the highest five consecutive years of employment out of the last 10 years of employment. Such 10 year period shall end with the last plan year preceding the plan year in which the employee terminates employment.
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked. All hours of service are included for this purpose.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefit Service

For each plan year, benefit service is credited based on hours of service according to the following table:

Hours in Plan Year	Credit
Less Than 1,000	0.0
1,000–1,199	0.6
1,200–1,399	0.7
1,400–1,599	0.8
1,600–1,799	0.9
1,800 or More	1.0

For each plan year for which hours of service is less than 1,000, and only a partial plan year is worked, benefit service is credited based on hours of service according to the following table:

Hours in Partial Plan Year	Credit
Less Than 200	0.0
200–399	0.1
400–599	0.2
600–799	0.3
800–999	0.4

Hours for this purpose include up to 500 hours each of hours credited because of excused on census or approved leave of absence.

Accrued Benefit

A monthly life annuity starting at age 65 equal to 1.0% of average monthly compensation multiplied by the number of years of benefit service.

Normal Retirement Benefit
Eligibility

Age 65.

Monthly Benefit

The accrued benefit.

Early Retirement Benefit
Eligibility

Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.

Monthly Benefit

The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Late Retirement Benefit

Eligibility

Any age after normal retirement age.

Monthly Benefit

The accrued benefit.

Disability Retirement Benefit

Eligibility

Completion of five years of vesting service and permanent and total disability at any age.

Monthly Benefit

The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.

Termination Benefit

Eligibility

Upon termination of employment prior to retirement after completion of at least five years of vesting service.

Monthly Benefit

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility

100% vested and married for at least one year.

Monthly Benefit

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.

Optional Forms of Payments

Life annuity;
Joint and survivor with 50%, 66⅔%, 75% or 100% continuation;
5-year or 10-year certain and continuous.

The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

Benefits Available as Lump Sums

This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available.

The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DC Participants)

Participation

Employees of Upper Valley Medical Center receiving self-directed DC benefits became eligible to participate in the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that Annual Cash Balance Credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0–4	3.0% of Compensation
5–9	4.0% of Compensation
10+	5.0% of Compensation

Interest Credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the Plan Year as of which the interest is being earned (at least 3.79%)

Schedule SB Attachment (Form 5500)—2015 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Good Samaritan Hospital

Participation

Employees of Good Samaritan Hospital became eligible to participate in the plan effective January 1, 2013.

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that Annual Cash Balance Credits are based on the following table:

Years of Benefit Service	Annual Cash Balance Credit
0–5	5.0% of Compensation
6–10	6.0% of Compensation
11–15	7.5% of Compensation
16+	10.0% of Compensation

Interest Credit: The interest percentage earned on the cash balance account. The annual interest rate shall be the rate of interest on 5-year Treasury securities for the month of November preceding the Plan Year as of which the interest is being earned (at least 3.79%)

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2014 plan year 417(e)(3) mortality table to the 2015 plan year 417(e)(3) mortality table.
- An increase in the annual pay limit under IRC section 401(a)(17) from \$260,000 in 2014 to \$265,000 in 2015.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
*	STATE STREET SHORT TERM INV FUND	Money Market Fund		21,043,358 \$	21,041,358 \$	21,041,358
	FNMA POOL 649060	US Government Security	6/1/2017	96	100	96
	US TREASURY N/B	US Government Security	8/15/2044	1,300,000	1,340,402	1,328,587
	US TREASURY N/B	US Government Security	2/15/2025	2,845,000	2,793,929	2,781,101
					4,134,431	4,109,784
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	2/15/2041	475,000	549,655	533,772
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	9/15/2044	640,000	639,494	615,590
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	12/1/2045	320,000	445,971	417,050
	ACE CAPITAL TRUST II	Corporate Bond Obligation	4/1/2030	195,000	269,844	281,775
	ACE INA HOLDINGS	Corporate Bond Obligation	11/3/2045	235,000	234,413	238,791
	ACTAVIS FUNDING SCS	Corporate Bond Obligation	3/15/2035	150,000	149,355	145,779
	ACTAVIS FUNDING SCS	Corporate Bond Obligation	6/15/2044	285,000	281,848	281,985
	AETNA INC	Corporate Bond Obligation	5/15/2042	225,000	219,675	221,031
	AGL CAPITAL CORP	Corporate Bond Obligation	3/15/2041	165,000	199,690	180,919
	AGRIUM INC	Corporate Bond Obligation	3/15/2035	155,000	153,621	131,851
	AGRIUM INC	Corporate Bond Obligation	1/15/2041	245,000	302,350	261,119
	AGRIUM INC	Corporate Bond Obligation	6/1/2043	235,000	233,209	210,224
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000	476,175	513,416
	ALABAMA POWER CO	Corporate Bond Obligation	6/1/2041	175,000	199,686	189,737
	ALABAMA POWER CO	Corporate Bond Obligation	1/15/2042	125,000	124,485	118,866
	ALLY FINANCIAL INC	Corporate Bond Obligation	11/1/2031	350,000	451,963	404,250
	ALTRIA GROUP INC	Corporate Bond Obligation	2/6/2039	73,000	111,667	119,709
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	395,000	390,778	362,428
	ALTRIA GROUP INC	Corporate Bond Obligation	1/31/2044	390,000	388,339	419,500
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2035	395,000	393,693	348,402
	AMGEN INC	Corporate Bond Obligation	11/15/2041	690,000	742,585	700,509
	AMGEN INC	Corporate Bond Obligation	6/15/2042	380,000	416,941	411,190
	AMGEN INC	Corporate Bond Obligation	5/1/2045	155,000	154,079	143,611
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	9/15/2036	235,000	280,512	226,507
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2040	740,000	852,913	680,837
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2039	330,000	519,248	475,678
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2040	310,000	428,136	370,397
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000	99,292	94,432
	ANTHEM INC	Corporate Bond Obligation	1/15/2043	255,000	253,524	242,648
	ANTHEM INC	Corporate Bond Obligation	8/15/2044	245,000	244,488	233,507
	APPALACHIAN POWER CO	Corporate Bond Obligation	4/1/2038	405,000	561,637	504,837
	APPLE INC	Corporate Bond Obligation	5/4/2043	805,000	809,708	741,655
	AT+T INC	Corporate Bond Obligation	5/15/2035	1,070,000	1,068,679	989,600
	AT+T INC	Corporate Bond Obligation	1/15/2038	750,000	909,690	820,740
	AT+T INC	Corporate Bond Obligation	9/1/2040	540,000	540,257	533,369
	AT+T INC	Corporate Bond Obligation	8/15/2041	625,000	735,794	628,044
	ATMOS ENERGY CORP	Corporate Bond Obligation	6/15/2041	355,000	406,022	406,802
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/22/2025	470,000	467,166	460,097
	BANK OF AMERICA CORP	Corporate Bond Obligation	6/1/2028	150,000	165,267	179,818
	BANK OF AMERICA CORP	Corporate Bond Obligation	5/14/2038	425,000	463,807	576,631
	BANK OF AMERICA CORP	Corporate Bond Obligation	2/7/2042	700,000	835,134	816,956
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/21/2044	170,000	174,529	177,427
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/1/2044	70,000	69,934	72,481
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/21/2045	180,000	179,771	173,009
	BANK ONE CORP	Corporate Bond Obligation	4/29/2027	150,000	184,854	193,815
	BARCLAYS BANK PLC	Corporate Bond Obligation	5/15/2024	285,000	284,906	290,492
	BARCLAYS PLC	Corporate Bond Obligation	8/17/2045	350,000	349,160	352,552
	BARRICK NA FINANCE LLC	Corporate Bond Obligation	5/1/2043	175,000	183,306	126,572
	BECTON DICKINSON AND CO	Corporate Bond Obligation	12/15/2044	180,000	180,000	181,604
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	219,343
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	9/15/2037	885,000	1,151,106	1,077,072
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2040	340,000	409,349	396,804
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2042	180,000	177,694	178,222
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2043	225,000	223,162	220,651

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	BERKSHIRE HATHAWAY INC	Corporate Bond Obligation	2/11/2043	110,000	108,555	110,762
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	507,004
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	274,258
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/15/2041	899,000	980,279	916,441
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/15/2043	480,000	475,606	456,394
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	175,000	185,922	179,580
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	235,000	234,232	212,988
	BURLINGTON RESOURCES FIN	Corporate Bond Obligation	12/1/2031	160,000	219,310	190,565
	CATHOLIC HEALTH INITIATI	Corporate Bond Obligation	11/1/2042	335,000	320,662	313,329
	CELGENE CORP	Corporate Bond Obligation	8/15/2045	225,000	224,305	225,875
	CENOVUS ENERGY INC	Corporate Bond Obligation	11/15/2039	330,000	443,876	313,794
	CENOVUS ENERGY INC	Corporate Bond Obligation	9/15/2043	105,000	104,582	82,193
	CF INDUSTRIES INC	Corporate Bond Obligation	6/1/2043	240,000	239,587	204,065
	CIGNA CORP	Corporate Bond Obligation	2/15/2042	310,000	343,415	339,869
	CISCO SYSTEMS INC	Corporate Bond Obligation	1/15/2040	415,000	520,465	486,687
	CITIGROUP INC	Corporate Bond Obligation	8/25/2036	651,000	679,744	740,135
	CITIGROUP INC	Corporate Bond Obligation	7/15/2039	905,000	1,282,324	1,298,023
	CITIGROUP INC	Corporate Bond Obligation	7/30/2045	415,000	414,398	421,142
	CLEVELAND CLINIC FOUND	Corporate Bond Obligation	1/1/2114	350,000	348,317	339,381
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	430,000	420,256	377,488
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	506,054
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	59,435
	COMCAST CORP	Corporate Bond Obligation	3/1/2040	1,505,000	1,922,455	1,867,886
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	269,835
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	185,793
	CONOCOPHILLIPS	Corporate Bond Obligation	2/1/2039	560,000	756,785	590,134
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	11/15/2044	145,000	137,865	120,498
	CONSOLIDATED EDISON CO O	Corporate Bond Obligation	12/1/2039	325,000	400,371	369,154
	CONTINENTAL RESOURCES	Corporate Bond Obligation	6/1/2044	370,000	307,993	223,103
	COOPERATIEVE RABOBANK UA	Corporate Bond Obligation	8/4/2045	355,000	353,406	372,001
	CORNING INC	Corporate Bond Obligation	3/15/2042	100,000	99,853	93,869
	COVIDIEN INTL FINANCE SA	Corporate Bond Obligation	10/15/2037	165,000	220,384	206,844
	COX COMMUNICATIONS INC	Corporate Bond Obligation	3/1/2039	220,000	302,524	242,431
	CRED SUIS GP FUN LTD	Corporate Bond Obligation	5/15/2045	485,000	483,414	478,254
	CSX CORP	Corporate Bond Obligation	5/30/2042	200,000	209,252	199,280
	CSX CORP	Corporate Bond Obligation	5/1/2050	310,000	307,204	262,204
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	545,000	550,564	574,119
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	259,697.39	312,089	306,165
	DAIMLER FINANCE NA LLC	Corporate Bond Obligation	1/18/2031	460,000	671,683	667,230
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	305,000	438,202	422,864
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	400,000	470,063	302,332
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	5/15/2042	55,000	54,513	39,047
	DEVON FINANCING CORP LLC	Corporate Bond Obligation	9/30/2031	215,000	292,695	220,517
	DIRECTV HOLDINGS/FING	Corporate Bond Obligation	3/1/2041	210,000	246,778	225,397
	DOMINION RESOURCES INC	Corporate Bond Obligation	8/1/2041	430,000	474,039	420,781
	DOW CHEMICAL CO/THE	Corporate Bond Obligation	11/1/2029	565,000	750,416	697,803
	DOW CHEMICAL CO/THE	Corporate Bond Obligation	11/15/2041	395,000	436,299	385,030
	DTE ELECTRIC CO	Corporate Bond Obligation	3/15/2045	380,000	379,111	349,155
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	186,223
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	2/15/2040	425,000	518,139	487,649
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	555,000	550,371	514,013
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	7/15/2043	130,000	129,411	140,470
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	5/15/2042	100,000	99,504	96,952
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	3/15/2043	290,000	287,869	281,468
	ECOLAB INC	Corporate Bond Obligation	12/8/2041	345,000	377,478	375,363
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	3/15/2035	330,000	329,373	239,946
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	6/1/2041	200,000	202,664	156,060
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	2/1/2042	180,000	207,803	146,394
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2041	350,000	402,791	321,489
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2043	315,000	313,331	240,310
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	335,996

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	EPR PROPERTIES	Corporate Bond Obligation	7/15/2023	170,000	175,459	173,123
	ERAC USA FINANCE LLC	Corporate Bond Obligation	10/15/2037	370,000	459,656	450,915
	ERAC USA FINANCE LLC	Corporate Bond Obligation	2/15/2045	155,000	153,214	144,136
	EXELON GENERATION CO LLC	Corporate Bond Obligation	10/1/2039	915,000	1,083,744	925,605
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	125,708
	FEDEX CORP	Corporate Bond Obligation	1/15/2034	220,000	219,692	226,010
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	4/1/2039	70,000	69,949	87,378
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	6/1/2041	200,000	199,820	227,946
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,961	311,702
	FORD MOTOR COMPANY	Corporate Bond Obligation	7/16/2031	930,000	1,179,553	1,147,629
	FREEMPORT MCMORAN INC	Corporate Bond Obligation	11/14/2024	415,000	329,763	237,587
	FRONTIER COMMUNICATIONS	Corporate Bond Obligation	9/15/2025	245,000	245,870	242,550
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,071,000	2,127,801	2,113,414
	GENERAL ELECTRIC CO	Corporate Bond Obligation	3/15/2032	392,000	479,881	512,191
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	408,921
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	420,000	414,788	391,952
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	535,000	550,912	565,249
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2042	460,000	468,506	424,861
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2043	350,000	347,722	321,300
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	355,000	353,534	359,271
	GLAXOSMITHKLINE CAP INC	Corporate Bond Obligation	3/18/2043	455,000	448,958	459,277
	GLENCORE FUNDING LLC	Corporate Bond Obligation	4/29/2024	350,000	348,495	253,470
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/15/2033	190,000	195,714	222,574
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	1,270,000	1,443,747	1,484,554
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/1/2041	155,000	191,963	184,884
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	165,000	163,928	160,279
	GRUPO TELEVISIA SAB	Corporate Bond Obligation	5/13/2045	405,000	390,963	348,219
	HALLIBURTON CO	Corporate Bond Obligation	8/1/2043	450,000	449,073	422,455
	HESS CORP	Corporate Bond Obligation	2/15/2041	505,000	551,776	425,675
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	118,859
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	630,000	628,419	644,043
	HP ENTERPRISE CO	Corporate Bond Obligation	10/15/2045	735,000	715,369	697,765
	HP INC	Corporate Bond Obligation	9/15/2041	105,000	115,309	91,679
	HSBC HOLDINGS PLC	Corporate Bond Obligation	3/14/2024	500,000	496,700	501,815
	HSBC HOLDINGS PLC	Corporate Bond Obligation	5/2/2036	530,000	656,763	632,544
	HSBC HOLDINGS PLC	Corporate Bond Obligation	9/15/2037	175,000	190,225	209,951
	HSBC HOLDINGS PLC	Corporate Bond Obligation	6/1/2038	600,000	670,248	746,850
	INGERSOLL RAND GL HLD CO	Corporate Bond Obligation	6/15/2043	290,000	288,811	316,045
	INTEL CORP	Corporate Bond Obligation	12/15/2032	50,000	49,558	49,764
	INTEL CORP	Corporate Bond Obligation	10/1/2041	200,000	198,516	208,496
	INTEL CORP	Corporate Bond Obligation	12/15/2042	375,000	374,051	361,493
	INTERNATIONAL PAPER CO	Corporate Bond Obligation	6/15/2044	435,000	432,734	395,728
	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	985,000	1,237,007	1,255,442
	JPMORGAN CHASE + CO	Corporate Bond Obligation	8/16/2043	195,000	193,522	212,199
	KINDER MORGAN ENER PART	Corporate Bond Obligation	3/1/2041	390,000	452,706	325,498
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	175,000	174,221	123,139
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	815,000	1,022,110	773,362
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	12/1/2034	40,000	39,887	31,522
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	6/1/2045	115,000	114,612	89,772
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	450,000	449,028	333,724
	KRAFT FOODS GROUP INC	Corporate Bond Obligation	1/26/2039	365,000	455,028	432,598
	KRAFT FOODS GROUP INC	Corporate Bond Obligation	2/9/2040	590,000	744,518	687,787
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	55,000	54,477	56,349
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	8/1/2039	70,000	75,861	85,230
	KROGER CO/THE	Corporate Bond Obligation	7/15/2040	145,000	157,091	153,400
	KROGER CO/THE	Corporate Bond Obligation	4/15/2042	390,000	420,506	398,970
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/1/2042	350,000	378,183	397,870
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	8/1/2044	240,000	239,808	222,247
	LINCOLN NATIONAL CORP	Corporate Bond Obligation	6/15/2040	50,000	59,752	62,714
	LLOYDS BANKING GROUP PLC	Corporate Bond Obligation	11/4/2024	425,000	422,599	431,430
	LLOYDS BANKING GROUP PLC	Corporate Bond Obligation	12/1/2045	200,000	199,732	202,954

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 Year Ended December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	650,000	694,531	669,260
	LYB INTL FINANCE BV	Corporate Bond Obligation	7/15/2043	430,000	422,984	412,839
	LYB INTL FINANCE BV	Corporate Bond Obligation	3/15/2044	75,000	74,123	68,489
	MACYS RETAIL HLDGS INC	Corporate Bond Obligation	1/15/2042	250,000	257,578	214,900
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	3/1/2041	90,000	97,538	90,050
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	9/15/2044	195,000	192,781	159,393
	MASS MUTUAL LIFE INS CO	Corporate Bond Obligation	6/1/2039	455,000	673,693	660,705
	MCKESSON CORP	Corporate Bond Obligation	3/1/2041	100,000	129,701	115,123
	MCKESSON CORP	Corporate Bond Obligation	3/15/2044	125,000	125,000	124,937
	METLIFE INC	Corporate Bond Obligation	6/15/2035	150,000	158,096	173,367
	METLIFE INC	Corporate Bond Obligation	2/6/2041	100,000	121,922	117,450
	METLIFE INC	Corporate Bond Obligation	12/15/2066	50,000	49,438	54,625
	METLIFE INC	Corporate Bond Obligation	8/1/2069	70,000	99,057	109,637
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	762,506
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	675,000	651,561	606,332
	MIDAMERICAN ENERGY CO	Corporate Bond Obligation	5/1/2046	400,000	399,448	395,676
	MISSISSIPPI POWER CO	Corporate Bond Obligation	3/15/2042	55,000	54,695	42,044
	MONSANTO CO	Corporate Bond Obligation	7/15/2034	105,000	104,323	90,297
	MORGAN STANLEY	Corporate Bond Obligation	9/8/2026	450,000	447,586	451,472
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	779,027
	MOSAIC CO	Corporate Bond Obligation	11/15/2033	270,000	268,990	272,884
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	418,572
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	260,040
	NEW YORK LIFE INSURANCE	Corporate Bond Obligation	11/15/2039	560,000	728,989	718,441
	NISOURCE FINANCE CORP	Corporate Bond Obligation	12/15/2040	480,000	564,028	568,109
	NISOURCE FINANCE CORP	Corporate Bond Obligation	2/15/2043	80,000	79,891	84,992
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	10/1/2041	65,000	69,979	63,140
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	660,000	658,469	621,898
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	5/23/2111	125,000	148,774	130,800
	OMEGA HLTHCARE INVESTORS	Corporate Bond Obligation	1/15/2026	305,000	304,137	311,323
	ORACLE CORP	Corporate Bond Obligation	7/8/2039	450,000	577,100	544,140
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2034	620,000	750,906	730,509
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	6/15/2043	485,000	484,607	492,809
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/15/2045	285,000	281,725	281,150
	PACIFIC LIFE INSURANCE C	Corporate Bond Obligation	6/15/2039	335,000	486,821	486,641
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	61,848
	PACIFICORP	Corporate Bond Obligation	1/15/2039	175,000	205,830	212,343
	PERNOD RICARD SA	Corporate Bond Obligation	1/15/2042	250,000	262,328	251,850
	PETRO CANADA	Corporate Bond Obligation	5/15/2038	695,000	889,412	759,899
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	5/16/2038	260,000	335,020	327,938
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	340,000	330,470	321,388
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	201,513
	PHILLIPS 66	Corporate Bond Obligation	5/1/2042	200,000	199,944	200,472
	PLAINS ALL AMER PIPELINE	Corporate Bond Obligation	1/15/2037	75,000	89,345	66,253
	PLAINS ALL AMER PIPELINE	Corporate Bond Obligation	6/1/2042	418,000	431,786	303,276
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	334,097
	PPL CAPITAL FUNDING INC	Corporate Bond Obligation	6/1/2043	295,000	293,962	293,664
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2041	100,000	117,233	113,296
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	334,422
	PROCTER + GAMBLE CO/THE	Corporate Bond Obligation	3/5/2037	125,000	136,005	151,907
	PROGRESS ENERGY INC	Corporate Bond Obligation	12/1/2039	570,000	721,036	659,638
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	11/16/2041	350,000	392,027	397,044
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	9/15/2042	55,000	55,000	57,173
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	3/15/2044	170,000	170,000	164,135
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	5/15/2045	265,000	265,000	264,669
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	107,668
	REALTY INCOME CORP	Corporate Bond Obligation	10/15/2026	345,000	343,272	346,107
	REPUBLIC SERVICES INC	Corporate Bond Obligation	5/15/2041	405,000	466,746	453,021
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	5/1/2040	115,000	147,164	141,064
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/4/2041	130,000	150,216	146,189
	RIO TINTO FIN USA LTD	Corporate Bond Obligation	11/2/2040	325,000	356,973	298,230

Premier Health Partners Employees Retirement Plan

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	510,000	506,078	513,448
	SAN DIEGO G + E	Corporate Bond Obligation	4/1/2042	200,000	198,962	202,210
	SANTANDER UK GROUP HLDGS	Corporate Bond Obligation	9/15/2025	245,000	244,324	241,768
	SEMPRA ENERGY	Corporate Bond Obligation	10/15/2039	475,000	592,979	532,608
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	195,000	193,374	186,133
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	160,000	216,501	189,152
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	3/25/2040	525,000	649,276	567,320
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	2/1/2040	100,000	136,167	131,912
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	220,000	216,663	234,940
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	10/1/2044	245,000	243,552	243,939
	SKY GROUP FINANCE PLC	Corporate Bond Obligation	10/15/2035	150,000	172,749	179,452
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	2/1/2041	225,000	272,061	247,804
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	2/1/2042	200,000	200,568	191,810
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	6/1/2065	140,000	147,221	145,919
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	208,600
	SOUTHWESTERN ELEC POWER	Corporate Bond Obligation	4/1/2045	715,000	708,622	626,075
	SOUTHWESTERN PUBLIC SERV	Corporate Bond Obligation	10/1/2036	347,000	389,285	403,918
	SPECTRA ENERGY PARTNERS	Corporate Bond Obligation	9/25/2043	715,000	824,962	682,739
	STATOIL ASA	Corporate Bond Obligation	11/23/2041	380,000	382,129	358,028
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	325,000	324,698	328,279
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	6/20/2036	570,000	652,086	684,997
	TIME WARNER CABLE INC	Corporate Bond Obligation	6/15/2039	405,000	534,723	406,458
	TIME WARNER CABLE INC	Corporate Bond Obligation	11/15/2040	270,000	296,631	255,871
	TIME WARNER INC	Corporate Bond Obligation	4/15/2031	70,000	93,160	86,614
	TIME WARNER INC	Corporate Bond Obligation	10/15/2041	1,095,000	1,194,820	1,120,218
	TIME WARNER INC	Corporate Bond Obligation	7/15/2045	615,000	614,563	585,634
	TRANS CANADA PIPELINES	Corporate Bond Obligation	3/1/2034	615,000	621,986	581,464
	TRANS CANADA PIPELINES	Corporate Bond Obligation	3/15/2036	195,000	206,547	200,577
	TRANSCOCEAN INC	Corporate Bond Obligation	12/15/2041	270,000	290,333	153,900
	TRAVELERS COS INC	Corporate Bond Obligation	8/1/2043	290,000	289,252	304,744
	TRINITY ACQUISITION PLC	Corporate Bond Obligation	8/15/2043	270,000	268,934	288,538
	UNION PACIFIC CORP	Corporate Bond Obligation	2/1/2035	250,000	249,243	225,790
	UNION PACIFIC CORP	Corporate Bond Obligation	9/15/2041	160,000	174,176	171,018
	UNION PACIFIC CORP	Corporate Bond Obligation	6/15/2044	250,000	287,510	271,310
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	400,000	407,321	402,816
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	400,000	399,448	382,188
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	279,114
	VALE OVERSEAS LIMITED	Corporate Bond Obligation	11/10/2039	245,000	285,427	170,253
	VALERO ENERGY CORP	Corporate Bond Obligation	3/15/2039	145,000	217,494	192,907
	VENTAS REALTY LP	Corporate Bond Obligation	9/30/2043	320,000	318,810	351,514
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2033	57,000	67,397	64,939
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2035	235,000	257,013	251,316
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	668,631
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2043	84,000	83,902	99,726
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	1,584,000	1,584,000	1,416,571
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/21/2054	688,000	689,318	629,926
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/15/2055	813,000	791,179	705,847
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	140,714
	VISA INC	Corporate Bond Obligation	12/14/2025	425,000	423,445	425,527
	VISA INC	Corporate Bond Obligation	12/14/2035	180,000	179,757	181,724
	VISA INC	Corporate Bond Obligation	12/14/2045	720,000	718,798	730,483
	WAL MART STORES INC	Corporate Bond Obligation	8/15/2037	270,000	325,222	348,745
	WAL MART STORES INC	Corporate Bond Obligation	4/15/2041	2,425,000	3,060,296	2,884,683
	WALGREENS BOOTS ALLIANCE	Corporate Bond Obligation	11/18/2044	445,000	420,957	402,543
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	12/1/2041	100,000	98,829	100,097
	WEA FINANCE LLC/WESTFIEL	Corporate Bond Obligation	9/17/2044	375,000	388,125	367,421
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/3/2026	945,000	944,027	953,874
	WELLS FARGO + COMPANY	Corporate Bond Obligation	7/22/2027	300,000	298,860	306,459
	WELLS FARGO + COMPANY	Corporate Bond Obligation	11/2/2043	210,000	209,378	224,753
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	298,675
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,431	1,161,603

Premier Health Partners Employees Retirement Plan

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	WELLTOWER INC	Corporate Bond Obligation	3/15/2023	50,000	49,816	49,099
	WELLTOWER INC	Corporate Bond Obligation	3/15/2043	95,000	94,122	95,233
	WILLIAMS PARTNERS LP	Corporate Bond Obligation	4/15/2040	180,000	212,305	138,123
	ZIMMER BIOMET HOLDINGS	Corporate Bond Obligation	8/15/2035	650,000	645,723	605,969
	ZIMMER BIOMET HOLDINGS	Corporate Bond Obligation	8/15/2045	295,000	305,011	271,288
					119,300,648	112,782,327
*	EATON VANCE EME CL I	Common Collective Trust Fund		1,535,051	16,493,053	13,462,708
	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		71,986	25,841,917	33,972,852
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		2,745,225	35,621,012	46,174,681
					77,955,982	93,610,241
	DEUTSCHE X TRACKERS MSCI EAFE	Mutual Fund		322,198	9,616,641	8,750,897
	DFA INTERNATIONAL SMALL COMPAN	Mutual Fund		657,840	10,657,616	11,321,430
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		1,890,042	22,944,014	19,769,843
	PIMCO ALL ASSET FUND	Mutual Fund		665,790	8,410,313	6,791,053
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		328,113	11,370,776	17,406,414
					62,999,360	64,039,637
	BLACKSTONE RESOURCES SELECT OFFSHORE FUND LTD	Limited Partnership		11,181	10,056,819	6,678,738
	CRITERION HORIZONS OFFSHORE, LTD	Limited Partnership		3,781	7,798,391	9,035,758
	DISCOVERY GLOBAL MACRO FUND CLASS A SER 1	Limited Partnership		3,142	3,127,680	2,980,247
	FIR TREE INTL VALUE FUND LP	Limited Partnership		7,750,000	8,378,665	7,635,432
	INDEPENDENT FRANCHISE PARTNERS GLOBAL EQUITY LP	Limited Partnership		23,300,000	23,300,000	23,154,235
	PALESTRA CAPITAL OFFSHORE FUND LTD	Limited Partnership		4,000	4,000,000	4,115,870
	PENTWATER EVENT FUND LTD	Limited Partnership		3,462	6,682,283	6,312,881
	PERSHING SQUARE INTERNATIONAL LTD	Limited Partnership		2,756	9,982,254	8,610,237
	PINE RIVER FUND LTD	Limited Partnership		1,632	6,244,022	6,074,247
	SENATOR GLOBAL OPP OFF SER 1	Limited Partnership		3,109	6,914,862	6,903,845
	TREMBLANT PARTNERS LTD	Limited Partnership		50,505	6,837,501	7,651,906
	MW EUREKA CLASS B2 USD	Limited Partnership		47,527	8,156,093	8,156,093
					101,478,570.00	97,309,489
Total					\$ 386,910,349	\$ 392,892,836

* A party in interest as defined by ERISA