

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

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	Filed with authorized/valid electronic signature.	09/28/2017	BARBARA JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor 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 17350
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 11241 6a(2) 11444 6b 2812 6c 3106 6d 17362 6e 160 6f 17522 6g 6h 357
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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>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 or 5500-SF <u>PREMIER HEALTH</u>	D Employer Identification Number (EIN) <u>31-1446699</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>608492023</u>
b Actuarial value	2b <u>638573301</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>2818</u> <u>164707978</u> <u>164707978</u>
b For terminated vested participants.....	<u>3291</u> <u>90549830</u> <u>90549830</u>
c For active participants.....	<u>11241</u> <u>244885468</u> <u>251135269</u>
d Total.....	<u>17350</u> <u>500143276</u> <u>506393077</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.10</u> %
6 Target normal cost.....	6 <u>28659114</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/19/2017</u>
	Signature of actuary	Date
<u>JASON M. BRAVO</u>	Type or print name of actuary	<u>17-05569</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>5005 ROCKSIDE ROAD</u> <u>INDEPENDENCE, OH 44131</u>	Address of the firm	<u>216-573-9700</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3057907
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3057907
10	Interest on line 9 using prior year's actual return of <u>-3.21</u> %	0	-98159
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		168375951
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>6.34</u> %		10675035
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		179050986
d	Portion of (c) to be added to prefunding balance		100561362
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	103521110

Part III Funding Percentages			
14	Funding target attainment percentage	14	105.65%
15	Adjusted funding target attainment percentage	15	126.10%
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	100.00%
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
09/06/2017	36000000	0			
Totals ►			18(b)	36000000	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 32595863
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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	62			
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	28659114			
b	Excess assets, if applicable, but not greater than line 31a	31b	28659114			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	0	0			
b	Waiver amortization installment		0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33				
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	0			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	32595863			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	32595863			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0			
40	Unpaid minimum required contributions for all years	40	0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years				
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011				
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

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

A Name of plan 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 PIMCO

33-0629048

(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 VANGUARD
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23-2376849

(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

FIR TREE, L.L.C.

20-2556936

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

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

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

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

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	901040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	411670	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STANDISH MELLON ASSET MANAGEMENT

25-1890416

(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	367929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET BANK & 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	168574	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PAVILLION ADVISORY GROUP

227 W MONROE ST
CHICAGO, IL 60606

(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?
16 50	NONE	105582	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	90656	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	11931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

(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	11500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

113 W HUBBARD ST
CHICAGO, IL 60654

(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	9900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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; text-align: center; padding: 10px; font-weight: bold; font-size: 1.2em;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE 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	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: <u>S&P 500 FLAGSHIP FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75969589</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EATON VANCE EME CL I</u>		
b Name of sponsor of entity listed in (a): <u>EATON VANCE TRUST COMPANY</u>		
c EIN-PN <u>32-0225130-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24913204</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CTF GLOBAL SELECT CAP</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON MANAGEMENT</u>		
c EIN-PN <u>20-5853753-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36166669</u>
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)**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) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	217000000	36000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	7738924	2977861
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	21041358	76575937
(2) U.S. Government securities	1c(2)	4109784	5584900
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	112782327	117488796
(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)	93610241	137049462
(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)	64039637	128663601
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	97309489	132443351

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	617631760	636783908

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	438333	581522
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	438333	581522

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	617193427	636202386
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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)	36000000	
(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)		36000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	278388	
(B) U.S. Government securities	2b(1)(B)	74651	
(C) Corporate debt instruments	2b(1)(C)	5962802	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	69953	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6385794
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	385718	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2489122	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2874840
(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)	5954717	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		5954717

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7465172
(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)		8409301
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		67089824

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44900218	
(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)		44900218
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)	1299183	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	779599	
(4) Other	2i(4)	1101865	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3180647
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48080865

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19008959
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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3995008. (See instructions.)

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>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
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u> <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>830</u>

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

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: <u>54.0</u> % Investment-Grade Debt: <u>30.0</u> % High-Yield Debt: _____% Real Estate: _____% 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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Premier Health Partners Employees Retirement Plan

**Financial Statements and Supplemental Schedules
December 31, 2016 and 2015
(with Independent Auditors' Report)**

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 have audited the accompanying financial statements of the Premier Health Partners Employees Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 audits. We conducted our audits 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, 2016 and 2015 and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2016 and schedule of reportable transactions for the year ended December 31, 2016 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States 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
August 29, 2017

Premier Health Partners Employees Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments at fair value:		
Money market fund	\$ 76,575,937	\$ 21,041,358
Mutual funds	128,663,601	64,039,637
Common collective trust funds	137,049,462	93,610,241
U.S. government and agency securities	5,584,900	4,109,784
Corporate bond obligations	117,488,796	112,782,327
Limited partnerships	<u>132,443,351</u>	<u>97,309,489</u>
Total investments at fair value	597,806,047	392,892,836
Contributions receivable	36,000,000	217,000,000
Due from broker for securities sold	1,335,382	6,148,738
Accrued interest and dividends	<u>1,642,479</u>	<u>1,590,186</u>
Total assets	636,783,908	617,631,760
Liabilities		
Accrued liabilities	<u>581,522</u>	<u>438,333</u>
Net assets available for benefits	\$ <u>636,202,386</u>	\$ <u>617,193,427</u>

Premier Health Partners Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Additions to net assets		
Contributions - Employer	\$ <u>36,000,000</u>	\$ <u>217,000,000</u>
Investment income (loss):		
Interest and dividends	9,260,634	9,816,617
Net appreciation (depreciation) in fair value of investments	<u>21,829,190</u>	<u>(24,145,167)</u>
Total investment income (loss)	<u>31,089,824</u>	<u>(14,328,550)</u>
Total additions	<u>67,089,824</u>	<u>202,671,450</u>
Deductions from net assets		
Benefits paid to participants	44,900,218	45,750,331
Administrative expenses	<u>3,180,647</u>	<u>7,040,197</u>
Total deductions	<u>48,080,865</u>	<u>52,790,528</u>
Net increase	19,008,959	149,880,922
Net assets available for benefits		
Beginning of year	<u>617,193,427</u>	<u>467,312,505</u>
End of year	\$ <u>636,202,386</u>	\$ <u>617,193,427</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements
December 31, 2016 and 2015

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 2016 and 2015.

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 and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

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

Benefit Payments - Benefits are recorded when paid.

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

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:

- Retired or terminated employees or their beneficiaries
- Beneficiaries of employees who have died
- Present employees or their beneficiaries

Premier Health Partners

Employees Retirement Plan

Notes to Financial Statements

December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

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, 2016 are summarized as follows:

Actuarial cost method	– Standard unit credit
Assumed rate of return	– 4.62 percent
Mortality basis	– RP-2014 blue collar generational with Social security improvement scale SS2014INT (healthy); RP-2014 disabled table generational with Social Security improvement 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 certain reported amounts and disclosures. 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.

Accounting Changes - Recently issued accounting pronouncements—The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960): (Part 1) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date – Practical Expedient." ASU 2015-12 simplifies disclosures and reporting by employee benefit plans. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with earlier adoption permitted. The Plan elected to adopt Parts I, II, and III of ASU 2015-12 in 2016 applied retrospectively to all periods presented. This change has no impact on net assets available for benefits.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

Additionally, the FASB issued ASU 2015-07, "Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent)." ASU 2015-07 simplifies disclosures and reporting on investments valued at net asset value as a practical expedient. ASU 2015-07 is effective for fiscal years beginning after December 15, 2016, with earlier adoption permitted. The Plan has elected to early adopt ASU 2015-07, applied retrospectively to all periods presented. This change has no impact on net assets available for benefits.

Reclassifications – Certain amounts in the 2015 statements have been reclassified to conform to the 2016 presentation.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including August 29, 2017, which is the date the financial statements were available to be issued.

Note 3 - 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, 2016, the most recent actuarial valuations, are as follows:

	<u>2016</u>
Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants currently receiving benefit payments	\$ 187,576,357
Other vested participants	<u>423,202,699</u>
 Total vested benefits	 610,779,056
 Nonvested benefits	 <u>4,621,322</u>
 Total actuarial present value of accumulated plan benefits	 \$ <u>615,400,378</u>
 Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	 \$ <u>623,271,202</u>
Increase (decrease) during the year attributable to:	
Interest accumulation	25,707,208
Benefits paid	(45,750,332)
Change of assumptions	21,473,350
Benefits accumulated	<u>(9,301,050)</u>
 Net decrease	 <u>(7,870,824)</u>
 Actuarial Present Value of Accumulated Plan Benefits - End of year	 \$ <u>615,400,378</u>

Note 3 – Benefits (Continued)

Significant assumption changes in 2016 were as follows: a change in the discount rate from 4.28 percent to 4.62 percent and a change in the mortality assumption for lump sum payments from the 2015 plan year mortality table to the 2016 plan year mortality table.

Note 4 - 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 5 - 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 6 - 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. Following are the three levels of the fair value hierarchy:

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, quoted prices for identical or similar assets in markets that are not active, and other inputs such as interest rates and yield curves that are observable for the asset.

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.

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.

Note 6 - Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market fund: Valued based on quoted market prices.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trust funds: Valued at the net asset value (NAV) of units of the collective trust, which is based on the value of its underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The investment objectives of the common collective trust funds include: to attain high investment returns, to preserve capital, or to attain certain performance levels based on different tolerance levels or indices.

U.S. government and agency securities: 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.

Corporate bond obligations: 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.

Limited partnerships: Valued at the net asset value (NAV) of units of the limited partnership, which is based on the value of its underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The investment objectives of the limited partnership funds include: to attain high investment returns, to achieve a long-term rate of return to outperform specified indices or to attain certain performance levels based on different tolerance levels.

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.

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. There were no transfers during 2016 or 2015.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 6 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2016 and 2015.

<u>December 31, 2016</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Money market fund	\$ 76,575,937	\$ -	\$ -	\$ -	\$ 76,575,937
Mutual funds	128,663,601	-	-	-	128,663,601
U.S. government and agency securities	-	5,584,900	-	-	5,584,900
Corporate bond obligations	-	117,488,796	-	-	117,488,796
Investments at NAV:					
Common collective trust funds	-	-	-	137,049,462	137,049,462
Limited partnerships	-	-	-	132,443,351	132,443,351
Investments at fair value	\$ <u>205,239,538</u>	\$ <u>123,073,696</u>	\$ <u>-</u>	\$ <u>269,492,813</u>	\$ <u>597,806,047</u>

<u>December 31, 2015</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Money market fund	\$ 21,041,358	\$ -	\$ -	\$ -	\$ 21,041,358
Mutual funds	64,039,637	-	-	-	64,039,637
U.S. government and agency securities	-	4,109,784	-	-	4,109,784
Corporate bond obligations	-	112,782,327	-	-	112,782,327
Investments at NAV:					
Common collective trust funds	-	-	-	93,610,241	93,610,241
Limited partnerships	-	-	-	97,309,489	97,309,489
Investments at fair value	\$ <u>85,080,995</u>	\$ <u>116,892,111</u>	\$ <u>-</u>	\$ <u>190,919,730</u>	\$ <u>392,892,836</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 6 - Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2016 and 2015.

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds \$	137,049,462	n/a	Daily, Monthly
Limited partnerships	132,443,351	n/a	Daily, Monthly, Bi-Monthly, Quarterly, Bi-annually
<u>December 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds \$	93,610,241	n/a	Daily, Monthly
Limited partnerships	97,309,489	n/a	Daily, Monthly, Bi-Monthly, Quarterly, Bi-annually

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 December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d)		(e)	
					Cost		Current Value	
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	76,575,937	\$	76,575,937	\$	76,575,937
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		3,925,603		46,538,445		46,753,930
	PIMCO ALL ASSET FUND	Mutual Fund		690,298		7,905,937		7,696,822
	VANGUARD DEVELOPED MARKETS IND	Mutual Fund		3,448,974		40,624,584		40,525,442
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		545,368		23,753,315		33,687,407
						118,822,281		128,663,601
	EATON VANCE EME CL I	Common Collective Trust Fund		2,515,444		26,493,053		24,913,204
	S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		143,687		6184,917		75,969,589
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		2,155,344		28,033,467		36,166,669
						116,368,437		137,049,462
	BAY AREA CA TOLL AUTH TOLL BRI	US Government & Agency Security	4/1/2049	725,000		982,034		986,863
	CALIFORNIA ST	US Government & Agency Security	4/1/2034	500,000		709,925		706,750
	MASSACHUSETTS ST	US Government & Agency Security	12/1/2039	500,000		611,120		618,520
	TEXAS ST TRANSPRTN COMMISSION	US Government & Agency Security	4/1/2030	300,000		350,598		351,834
	US TREASURY N/B	US Government & Agency Security	8/15/2046	3,205,000		2,678,638		2,694,828
	US TREASURY N/B	US Government & Agency Security	11/15/2026	235,000		224,083		226,105
						5,556,398		5,584,900
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	2/15/2041	475,000		549,655		561,816
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	9/15/2044	640,000		639,494		639,731
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	12/1/2045	320,000		445,971		443,757
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	11/15/2046	160,000		160,982		160,477
	ABBVIE INC	Corporate Bond Obligation	5/14/2045	320,000		352,128		313,962
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	195,000		193,937		185,817
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	225,000		223,488		215,444
	ACTAVIS FUNDING SCS	Corporate Bond Obligation	3/15/2035	150,000		149,355		148,468
	ACTAVIS FUNDING SCS	Corporate Bond Obligation	6/15/2044	285,000		281,848		282,577
	AETNA INC	Corporate Bond Obligation	5/15/2042	125,000		122,042		126,777
	AETNA INC	Corporate Bond Obligation	6/15/2046	335,000		334,665		336,390
	AETNA INC	Corporate Bond Obligation	6/15/2036	190,000		189,212		190,503
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000		476,175		510,308
	ALABAMA POWER CO	Corporate Bond Obligation	6/1/2041	175,000		199,686		197,965
	ALABAMA POWER CO	Corporate Bond Obligation	1/15/2042	125,000		124,485		124,372
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	395,000		390,778		388,727
	ALTRIA GROUP INC	Corporate Bond Obligation	1/31/2044	125,000		124,468		144,390
	AMGEN INC	Corporate Bond Obligation	5/1/2045	650,000		674,423		623,058
	AMGEN INC	Corporate Bond Obligation	6/15/2051	900,000		915,760		864,999
	ANADARKO FINANCE CO	Corporate Bond Obligation	5/1/2031	655,000		822,353		833,586
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	9/15/2036	75,000		84,658		89,263
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2040	365,000		418,035		418,031
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2046	115,000		138,897		141,836
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2026	185,000		184,427		207,063
	ANHEUSER BUSCH INBEV FIN	Corporate Bond Obligation	2/1/2046	1,430,000		1,473,500		1,545,644
	ANHEUSER BUSCH INBEV FIN	Corporate Bond Obligation	2/1/2036	485,000		480,955		510,157
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2039	330,000		519,248		496,284
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2040	610,000		834,834		760,707
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000		99,292		100,477
	ANTHEM INC	Corporate Bond Obligation	8/15/2044	245,000		244,488		248,011
	APACHE CORP	Corporate Bond Obligation	4/15/2043	285,000		296,317		293,559
	APPALACHIAN POWER CO	Corporate Bond Obligation	4/1/2038	405,000		561,637		534,090
	APPLE INC	Corporate Bond Obligation	5/4/2043	805,000		809,708		769,773
	APPLE INC	Corporate Bond Obligation	2/23/2046	920,000		965,542		993,462
	ASCENSION HEALTH	Corporate Bond Obligation	11/15/2046	110,000		110,000		105,030
	AT+T INC	Corporate Bond Obligation	5/15/2035	750,000		749,074		724,628
	AT+T INC	Corporate Bond Obligation	1/15/2038	750,000		909,690		852,405
	AT+T INC	Corporate Bond Obligation	9/1/2040	540,000		540,257		554,580
	AT+T INC	Corporate Bond Obligation	8/15/2041	625,000		735,794		650,719
	AT+T INC	Corporate Bond Obligation	2/15/2047	275,000		274,357		294,937
	AT+T INC	Corporate Bond Obligation	3/1/2041	210,000		223,451		241,840
	AT+T INC	Corporate Bond Obligation	6/15/2044	495,000		498,688		467,730
	ATMOS ENERGY CORP	Corporate Bond Obligation	6/15/2041	355,000		406,022		409,422

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	BANK OF AMERICA CORP	Corporate Bond Obligation	6/1/2028	150,000	165,267	178,924
	BANK OF AMERICA CORP	Corporate Bond Obligation	2/7/2042	700,000	835,134	846,055
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/21/2044	695,000	738,736	761,088
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/1/2044	70,000	69,934	75,955
	BANK ONE CORP	Corporate Bond Obligation	4/29/2027	150,000	184,854	195,949
	BARRICK NA FINANCE LLC	Corporate Bond Obligation	5/1/2043	175,000	183,306	183,950
	BECTON DICKINSON AND CO	Corporate Bond Obligation	12/15/2044	180,000	180,000	186,471
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	235,204
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	9/15/2037	885,000	1,151,106	1,151,987
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2040	340,000	409,349	418,305
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2042	180,000	177,694	189,495
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2043	225,000	223,162	232,454
	BERKSHIRE HATHAWAY INC	Corporate Bond Obligation	2/11/2043	110,000	108,555	116,964
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	522,736
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	299,000
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/15/2041	899,000	980,279	1,006,269
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/15/2043	480,000	475,606	503,040
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	175,000	185,922	196,108
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	235,000	234,232	238,316
	CANADIAN PACIFIC RR CO	Corporate Bond Obligation	9/15/2115	910,000	1,077,713	1,089,534
*	CATHOLIC HEALTH INITIATI	Corporate Bond Obligation	11/1/2042	335,000	320,662	297,564
	CELGENE CORP	Corporate Bond Obligation	8/15/2045	225,000	224,305	233,939
	CENTERPOINT ENERGY RESOU	Corporate Bond Obligation	1/15/2041	280,000	311,209	316,803
	CHUBB INA HOLDINGS INC	Corporate Bond Obligation	11/3/2045	235,000	234,413	248,230
	CIGNA CORP	Corporate Bond Obligation	2/15/2042	310,000	343,415	345,346
	CISCO SYSTEMS INC	Corporate Bond Obligation	1/15/2040	415,000	520,465	505,553
	CITIGROUP INC	Corporate Bond Obligation	8/25/2036	235,000	245,376	272,682
	CITIGROUP INC	Corporate Bond Obligation	1/30/2042	975,000	1,155,619	1,155,151
	CLEVELAND CLINIC FOUND	Corporate Bond Obligation	1/1/2114	350,000	348,317	332,003
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	535,945
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	61,288
	COMCAST CORP	Corporate Bond Obligation	3/1/2040	1,505,000	1,922,455	1,958,893
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	282,144
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	223,577
	CONOCOPHILLIPS	Corporate Bond Obligation	2/1/2039	480,000	638,242	607,637
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	3/15/2046	335,000	428,996	414,549
	CONSOLIDATED EDISON CO O	Corporate Bond Obligation	12/1/2039	325,000	400,371	382,675
	COOPERATIEVERABOBANK UA	Corporate Bond Obligation	8/4/2045	355,000	353,406	385,700
	CSX CORP	Corporate Bond Obligation	5/30/2042	200,000	209,252	208,182
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	895,000	960,051	997,433
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	250,840	301,444	305,440
	DAIMLER FINANCEN A LLC	Corporate Bond Obligation	1/18/2031	413,000	609,796	622,040
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	305,000	438,202	448,387
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	65,000	63,196	66,950
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	45,000	42,546	44,205
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	4/15/2032	360,000	406,148	455,839
	DEVON FINANCING CORP LLC	Corporate Bond Obligation	9/30/2031	215,000	292,695	272,801
	DIAMOND 1FIN/DIAMOND 2	Corporate Bond Obligation	6/15/2026	565,000	564,729	612,065
	DIAMOND 1FIN/DIAMOND 2	Corporate Bond Obligation	6/15/2023	270,000	269,884	286,400
	DIAMOND 1FIN/DIAMOND 2	Corporate Bond Obligation	7/15/2046	145,000	156,235	178,537
	DIAMOND 1FIN/DIAMOND 2	Corporate Bond Obligation	7/15/2036	270,000	269,803	321,187
	DOMINION RESOURCES INC	Corporate Bond Obligation	8/1/2041	430,000	474,039	451,414
	DOW CHEMICAL CO/THE	Corporate Bond Obligation	11/1/2029	565,000	750,416	742,410
	DOW CHEMICAL CO/THE	Corporate Bond Obligation	11/15/2041	395,000	436,299	426,766
	DTE ELECTRIC CO	Corporate Bond Obligation	3/15/2045	380,000	379,111	363,322
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	189,202
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	2/15/2040	425,000	518,139	504,118
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	555,000	550,371	528,321
	DUKE ENERGY CORP	Corporate Bond Obligation	9/1/2046	420,000	419,765	378,088
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	7/15/2043	130,000	129,411	144,049
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	5/15/2042	100,000	99,504	99,430
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	3/15/2043	290,000	287,869	289,965
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2045	140,000	141,099	141,649
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	3/15/2035	330,000	329,373	308,395
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	6/1/2041	200,000	202,664	205,352

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	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	12/15/2045	255,000	266,972	271,305
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2041	350,000	402,791	395,115
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2043	315,000	313,331	298,563
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	418,984
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2027	180,000	179,568	184,390
	ERAC USA FINANCE LLC	Corporate Bond Obligation	10/15/2037	370,000	459,656	468,812
	ERAC USA FINANCE LLC	Corporate Bond Obligation	2/15/2045	155,000	153,214	147,805
	EXELON GENERATION CO LLC	Corporate Bond Obligation	10/1/2039	915,000	1,083,744	921,286
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	124,990
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	7/15/2046	725,000	680,479	694,137
	FEDEX CORP	Corporate Bond Obligation	4/1/2046	290,000	288,727	292,236
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,961	322,746
	FORD MOTOR COMPANY	Corporate Bond Obligation	7/16/2031	930,000	1,179,553	1,167,197
	FORD MOTOR COMPANY	Corporate Bond Obligation	12/8/2046	385,000	385,000	390,001
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,071,000	2,127,801	2,170,222
	GENERAL ELECTRIC CO	Corporate Bond Obligation	3/15/2032	392,000	479,881	521,803
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	422,982
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	420,000	414,788	409,550
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	285,000	293,477	315,062
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2042	460,000	468,506	465,492
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2043	350,000	347,722	353,251
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	690,000	717,724	713,922
	GLAXOSMITHKLINE CAP INC	Corporate Bond Obligation	3/18/2043	455,000	448,958	469,888
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/15/2033	190,000	195,714	229,640
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	825,000	937,867	1,018,751
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/1/2041	450,000	577,469	557,807
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	165,000	163,928	173,524
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	11/16/2026	225,000	224,417	219,823
	GRUPO TELEvisa SAB	Corporate Bond Obligation	5/13/2045	405,000	390,963	343,679
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	320,000	346,946	345,104
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	122,555
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	630,000	628,419	661,412
	HOME DEPOT INC	Corporate Bond Obligation	9/15/2056	315,000	309,006	275,735
	HSBC HOLDINGS PLC	Corporate Bond Obligation	5/2/2036	285,000	353,165	351,468
	HSBC HOLDINGS PLC	Corporate Bond Obligation	6/1/2038	600,000	670,248	759,822
	INTEL CORP	Corporate Bond Obligation	12/15/2032	50,000	49,558	51,548
	INTEL CORP	Corporate Bond Obligation	10/1/2041	200,000	198,516	220,166
	INTEL CORP	Corporate Bond Obligation	12/15/2042	375,000	374,051	378,570
	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	985,000	1,237,007	1,276,343
	JPMORGAN CHASE + CO	Corporate Bond Obligation	8/16/2043	195,000	193,522	223,768
	KINDER MORGAN ENER PART	Corporate Bond Obligation	3/1/2041	390,000	452,706	423,060
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	815,000	1,022,110	998,742
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	12/1/2034	40,000	39,887	40,594
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	6/1/2045	170,000	179,124	178,801
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	290,000	289,374	287,074
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	1/26/2039	365,000	455,028	458,568
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	2/9/2040	590,000	744,518	718,880
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	55,000	54,477	57,700
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	8/1/2039	70,000	75,861	89,179
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/1/2042	350,000	378,183	414,971
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	650,000	694,531	715,325
	LYB INTL FINANCE BV	Corporate Bond Obligation	7/15/2043	430,000	422,984	462,310
	LYB INTL FINANCE BV	Corporate Bond Obligation	3/15/2044	75,000	74,123	77,669
	MASS MUTUAL LIFE INS CO	Corporate Bond Obligation	6/1/2039	455,000	673,693	683,028
	MCKESSON CORP	Corporate Bond Obligation	3/1/2041	100,000	129,701	115,701
	MCKESSON CORP	Corporate Bond Obligation	3/15/2044	125,000	125,000	127,157
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	805,000	921,137	870,543
	METLIFE INC	Corporate Bond Obligation	2/6/2041	100,000	121,922	121,475
	METLIFE INC	Corporate Bond Obligation	12/15/2066	360,000	373,231	388,800
	METLIFE INC	Corporate Bond Obligation	8/1/2069	70,000	99,057	107,450
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	794,129
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	1,075,000	1,067,880	1,016,714
	MICROSOFT CORP	Corporate Bond Obligation	11/3/2045	135,000	150,957	143,832
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	295,000	293,858	280,356

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	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	435,000	437,189	409,539
	MIDAMERICAN ENERGY CO	Corporate Bond Obligation	5/1/2046	400,000	399,448	411,972
	MORGAN STANLEY	Corporate Bond Obligation	9/8/2026	450,000	447,586	461,138
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	809,657
	MYLAN NV	Corporate Bond Obligation	6/15/2046	60,000	54,673	55,337
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	431,232
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	269,335
	NEW YORK LIFE INSURANCE	Corporate Bond Obligation	11/15/2039	410,000	533,724	539,277
	NEWMONT MINING CORP	Corporate Bond Obligation	4/1/2035	400,000	432,008	427,988
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	430,000	429,002	445,691
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	5/23/2111	125,000	148,774	146,227
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	4/15/2046	315,000	312,556	320,557
	ORACLE CORP	Corporate Bond Obligation	7/8/2039	450,000	577,100	566,276
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	410,000	418,885	397,356
	ORACLE CORP	Corporate Bond Obligation	7/15/2036	170,000	169,975	165,906
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	455,000	454,918	435,208
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2034	620,000	750,906	775,911
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	6/15/2043	485,000	484,607	511,583
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/15/2045	285,000	281,725	291,484
	PACIFIC LIFE INSURANCE C	Corporate Bond Obligation	6/15/2039	335,000	486,821	494,835
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	64,767
	PACIFICORP	Corporate Bond Obligation	1/15/2039	175,000	205,830	222,672
	PETRO CANADA	Corporate Bond Obligation	5/15/2038	660,000	844,622	855,868
	PETROLEOS MEXICANOS	Corporate Bond Obligation	3/13/2027	360,000	356,738	371,340
	PFIZER INC	Corporate Bond Obligation	12/15/2036	315,000	319,108	322,733
	PFIZER INC	Corporate Bond Obligation	12/15/2046	600,000	601,710	610,356
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	5/16/2038	260,000	335,020	333,382
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	340,000	330,470	329,015
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/10/2044	210,000	224,232	207,356
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	223,798
	PHILLIPS 66	Corporate Bond Obligation	5/1/2042	200,000	199,944	236,812
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	340,712
	PPL CAPITAL FUNDING INC	Corporate Bond Obligation	6/1/2043	295,000	293,962	296,605
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2041	100,000	117,233	115,831
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	345,653
	PROCTER + GAMBLE CO/THE	Corporate Bond Obligation	3/5/2037	125,000	136,005	161,691
	PROGRESS ENERGY INC	Corporate Bond Obligation	12/1/2039	570,000	721,036	684,935
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	11/16/2041	350,000	392,027	411,257
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	3/15/2044	170,000	170,000	167,989
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	525,000	519,540	484,985
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	110,369
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	510,000	506,078	545,547
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	195,000	193,374	199,107
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	160,000	216,501	206,333
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	3/25/2040	525,000	649,276	610,517
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2045	150,000	158,939	151,947
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	535,000	525,359	511,599
	SHIRE ACQ INV IRELAND DA	Corporate Bond Obligation	9/23/2026	1,000,000	927,520	934,340
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	2/1/2040	100,000	136,167	133,444
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	220,000	216,663	233,550
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	10/1/2044	245,000	243,552	241,749
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	2/1/2041	225,000	272,061	260,613
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	2/1/2042	200,000	200,568	202,742
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	6/1/2065	605,000	664,728	663,340
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	213,168
	SOUTHERN CO GAS CAPITAL	Corporate Bond Obligation	10/1/2046	195,000	194,655	180,437
	SOUTHERN CO GAS CAPITAL	Corporate Bond Obligation	3/15/2041	165,000	199,690	192,194
	SOUTHERN COPPER CORP	Corporate Bond Obligation	4/23/2045	275,000	274,416	269,976
	SOUTHWESTERN ELEC POWER	Corporate Bond Obligation	4/1/2045	715,000	708,622	665,987
	SOUTHWESTERN PUBLIC SERV	Corporate Bond Obligation	10/1/2036	347,000	389,285	415,994
	SPECTRA ENERGY PARTNERS	Corporate Bond Obligation	9/25/2043	715,000	824,962	809,216
	SPIRIT REALTY LP	Corporate Bond Obligation	9/15/2026	320,000	318,010	301,552
	STATOIL ASA	Corporate Bond Obligation	11/23/2041	380,000	382,129	379,270
	STRYKER CORP	Corporate Bond Obligation	3/15/2046	320,000	316,461	326,298

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 December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	7/15/2026	825,000	826,729	798,551
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	355,000	375,601	384,025
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	12/16/2039	210,000	270,638	272,521
	TEVA PHARMACEUTICALS NE	Corporate Bond Obligation	10/1/2026	185,000	185,520	170,557
	TEVA PHARMACEUTICALS NE	Corporate Bond Obligation	10/1/2046	295,000	281,936	252,774
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	405,000	534,723	470,845
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	270,000	296,631	287,941
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/1/2041	345,000	338,836	350,730
	TIME WARNER INC	Corporate Bond Obligation	10/15/2041	1,095,000	1,194,820	1,157,908
	TIME WARNER INC	Corporate Bond Obligation	7/15/2045	615,000	614,563	615,670
	TRANS CANADA PIPELINES	Corporate Bond Obligation	3/1/2034	615,000	621,986	648,511
	TRANS CANADA PIPELINES	Corporate Bond Obligation	1/15/2039	200,000	298,614	286,330
	TRANS CANADA PIPELINES	Corporate Bond Obligation	6/1/2040	220,000	275,548	273,467
	TRAVELERS COS INC	Corporate Bond Obligation	5/15/2046	235,000	233,364	221,746
	TRAVELERS COS INC	Corporate Bond Obligation	8/1/2043	290,000	289,252	313,557
	TRINITY ACQUISITION PLC	Corporate Bond Obligation	8/15/2043	270,000	268,934	288,635
	UNION PACIFIC CORP	Corporate Bond Obligation	2/1/2035	250,000	249,243	236,435
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	410,000	411,648	382,723
	UNION PACIFIC CORP	Corporate Bond Obligation	3/1/2046	135,000	133,221	135,386
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	505,000	519,529	540,552
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	400,000	399,448	403,996
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	290,441
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	1/15/2047	150,000	148,880	151,725
	VENTAS REALTY LP	Corporate Bond Obligation	9/30/2043	265,000	264,014	297,685
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	715,901
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	1,279,000	1,279,000	1,226,446
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/21/2054	688,000	689,318	684,395
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/15/2055	813,000	791,179	763,496
	VIACOM INC	Corporate Bond Obligation	9/1/2043	515,000	572,380	504,700
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	141,678
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	2/15/2044	230,000	250,196	241,470
	VISA INC	Corporate Bond Obligation	12/14/2035	180,000	179,757	188,456
	VISA INC	Corporate Bond Obligation	12/14/2045	920,000	948,092	971,069
	WAL MART STORES INC	Corporate Bond Obligation	8/15/2037	270,000	325,222	365,907
	WAL MART STORES INC	Corporate Bond Obligation	4/15/2041	1,475,000	1,869,537	1,834,310
	WALGREENS BOOTS ALLIANCE	Corporate Bond Obligation	11/18/2044	205,000	193,924	210,701
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	12/1/2041	100,000	98,829	102,557
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	7/30/2046	50,000	48,106	42,523
	WELLS FARGO + COMPANY	Corporate Bond Obligation	7/22/2027	300,000	298,860	308,571
	WELLS FARGO + COMPANY	Corporate Bond Obligation	11/2/2043	360,000	408,722	397,314
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	294,477
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,431	1,144,845
					117,415,510	117,488,796
	ASHOKA OFFSHORE FD LP	Limited Partnership		40,000	4,000,000	3,918,615
	BLACKSTONE RESOURCES SELECT	Limited Partnership		11,181	10,056,819	7,538,818
	CANYON VALUE REALIZATION FUND	Limited Partnership		10,000,000	10,000,000	10,057,000
	CHATHAM HIGH YIELD OFFSHORE FU	Limited Partnership		100,000	10,000,000	10,214,993
	CRITERION HORIZONS OFFSHORE	Limited Partnership		2,860	5,897,908	6,062,572
	DISCOVERY GLOBAL OPPTY FD LTD	Limited Partnership		29,661	2,966,056	3,226,370
	FIR TREE INTL VALUE FUND	Limited Partnership		7,750,000	8,378,665	7,703,872
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	35,279,678
	MWEUREKA CLASS B2 USD	Limited Partnership		59,222	10,155,687	10,295,369
	PALESTRA CAPITAL OFFSHORE FUND	Limited Partnership		3,321	4,000,000	4,471,536
	PENTWATER EVENT FUND LTD	Limited Partnership		1,731	3,340,910	3,445,853
	PERSHING SQUARE INTL LTD	Limited Partnership		2,756	9,982,254	7,739,558
	PINE RIVER CLASS A SERIES 1	Limited Partnership		816	3,122,011	3,066,140
	RIMROCK HIGH INC PLUS CAYMAN	Limited Partnership		10,000,000	10,000,000	10,056,000
	SENATOR GLOBAL OPP OFF SER 1	Limited Partnership		857	1,906,215	1,960,256
	TREMBLANT PARTNERS LTD	Limited Partnership		50,505	6,837,501	7,406,721
					134,798,261	132,443,351
					Total \$ 569,536,824	\$ 597,806,047

* 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, 2016

(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 Short Term Inv Fund					
	190,389,303 units purchased in 1 transaction	\$ 190,389,303	\$ -	\$ 190,389,303	\$ 190,389,303	\$ -
	55,997,213 units sold in 1 transaction	-	55,997,213	55,997,213	55,997,213	-
	32,000,000 units sold in 1 transaction	-	32,000,000	32,000,000	32,000,000	-
S & P	S & P 500 Flagship Fund					
	71,701 units purchased in a single transaction	36,000,000	-	36,000,000	36,000,000	-
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	304,599,000 units purchased in a series of 191 transactions	304,599,000	-	304,599,000	304,599,000	-
	249,064,422 units sold in a series of 143 transactions	-	249,064,422	249,064,422	249,064,422	-
Vanguard	Vanguard Developed Markets IND					
	3,483,266 units purchased in 6 transactions	40,820,849	-	40,820,849	40,820,849	-

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, 2016 to December 31, 2016.

Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2016 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, 2016

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	13 \$31,802 \$837	350 \$31,802 \$837	1							
25-29	28 \$17,123	872 \$43,435 \$2,000	272 \$46,651 \$4,959	6						
30-34	36 \$32,436	590 \$48,834 \$2,289	500 \$52,283 \$5,938	177 \$52,824 \$7,649	8					
35-39	19	434 \$55,767 \$2,582	367 \$63,524 \$6,919	249 \$57,990 \$8,214	128 \$59,206 \$11,627	5				
40-44	26 \$12,652	395 \$61,869 \$2,861	319 \$65,005 \$7,083	214 \$69,486 \$8,706	218 \$64,976 \$11,032	73 \$62,548 \$11,707	8			
45-49	21 \$16,410	335 \$60,029 \$2,933	285 \$63,571 \$6,594	229 \$60,700 \$7,652	216 \$69,949 \$9,967	134 \$74,583 \$8,611	85 \$73,085 \$11,203	3		
50-54	23 \$17,291	309 \$56,520 \$2,746	238 \$62,559 \$7,254	273 \$60,903 \$6,822	239 \$64,834 \$9,176	161 \$75,667 \$9,126	151 \$78,117 \$12,523	71 \$68,312 \$15,214	11	
55-59	20 \$13,108	254 \$64,490 \$3,073	223 \$60,014 \$7,156	198 \$54,672 \$6,556	278 \$62,930 \$7,068	165 \$77,051 \$7,373	134 \$75,156 \$13,163	125 \$77,505 \$10,762	132 \$66,535 \$15,029	17
60-64	11	182 \$71,307 \$3,615	162 \$60,491 \$6,728	159 \$52,934 \$6,272	180 \$62,112 \$6,993	115 \$76,091 \$9,277	112 \$67,447 \$7,733	76 \$75,623 \$19,412	120 \$74,099 \$23,279	68 \$75,306 \$14,900
65-69	17	65 \$58,874 \$3,049	44 \$60,119 \$8,429	36 \$44,481 \$4,795	58 \$59,326 \$6,740	25 \$56,239 \$7,437	26 \$72,868 \$12,204	11	24 \$87,533 \$31,751	32 \$58,799 \$10,918
70+	13	24 \$108,169 \$7,101	10	13	9	4	6		1	

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Schedule SB Attachment (Form 5500)—2016 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 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
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	Active Cash Balance Participants: 90% immediate lump sum. 10% life annuity at age 62. Term Vested Cash Balance Participants: 100% immediate lump sum. Final Average Pay Participants: 100% life annuity at age 62.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Optional Payment Form	Same as funding interest rates above for lump sums other than cash balance accounts.
Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form	Current 417(e) table for lump sums other than cash balance accounts.
Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §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	2015 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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2014 Plan Year

7.25%, limited to 6.99%

2015 Plan Year

7.25%, limited to 6.81%

Trust Expenses Included in Target Normal Cost

\$3,900,000

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2016

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)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	25.00%
65	30.00%
66	30.00%
67	30.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 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)—2016 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)—2016 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)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
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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%			

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, 2016

(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 Short Term Inv Fund					
	190,389,303 units purchased in 1 transaction	\$ 190,389,303	\$ -	\$ 190,389,303	\$ 190,389,303	\$ -
	55,997,213 units sold in 1 transaction	-	55,997,213	55,997,213	55,997,213	-
	32,000,000 units sold in 1 transaction	-	32,000,000	32,000,000	32,000,000	-
S & P	S & P 500 Flagship Fund					
	71,701 units purchased in a single transaction	36,000,000	-	36,000,000	36,000,000	-
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	304,599,000 units purchased in a series of 191 transactions	304,599,000	-	304,599,000	304,599,000	-
	249,064,422 units sold in a series of 143 transactions	-	249,064,422	249,064,422	249,064,422	-
Vanguard	Vanguard Developed Markets IND					
	3,483,266 units purchased in 6 transactions	40,820,849	-	40,820,849	40,820,849	-

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, 2016 to December 31, 2016.

Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan 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 Partners		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 <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....		2a	608,492,023
b Actuarial value.....		2b	638,573,301
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.....	2,818	164,707,978	164,707,978
b For terminated vested participants.....	3,291	90,549,830	90,549,830
c For active participants.....	11,241	244,885,468	251,135,269
d Total.....	17,350	500,143,276	506,393,077
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	6.10%	
6 Target normal cost.....	6	28,659,114	

Statement by Enrolled ActuaryTo 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**

Jason M. Bravo



Signature of actuary

09/19/2017

Date

1705569

Jason M. Bravo

Type or print name of actuary

Aon Consulting, Inc.

Firm name

Most recent enrollment number

216-573-9700

Telephone number (including area code)

5005 Rockside Road

Independence OH 44131

Address of the firm

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	3,057,907
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9 Amount remaining (line 7 minus line 8).....	0	3,057,907
10 Interest on line 9 using prior year's actual return of <u>-3.21%</u>	0	-98,159
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		168,375,951
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>6.34%</u>		10,675,035
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		179,050,986
d Portion of (c) to be added to prefunding balance.....		100,561,362
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	103,521,110

Part III Funding Percentages

14 Funding target attainment percentage.....	14	105.65%
15 Adjusted funding target attainment percentage.....	15	126.10%
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	100.00%
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
09/06/2017	36,000,000	0			
Totals ▶			18(b)	36,000,000	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	32,595,863

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: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
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	28,659,114	
b Excess assets, if applicable, but not greater than line 31a	31b	28,659,114	
32 Amortization installments:	Outstanding Balance Installment		
a Net shortfall amortization installment	0	0	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	32,595,863	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	32,595,863	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.10%	Interest Adjusted Contribution
September 6, 2017	\$ 36,000,000	614	\$ 32,595,863
Total Contribution	\$ 36,000,000		\$ 32,595,863

Schedule SB Attachment (Form 5500)—2016 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	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	10.00%	0.7164	4.26
60.5	10.00%	0.6448	3.90
61.5	10.00%	0.5803	3.57
62.5	15.00%	0.5223	4.90
63.5	15.00%	0.4439	4.23
64.5	25.00%	0.3773	6.08
65.5	30.00%	0.2830	5.56
66.5	30.00%	0.1981	3.95
67.5	30.00%	0.1387	2.81
68.5	25.00%	0.0971	1.66
69.5	25.00%	0.0728	1.26
70	100.00%	0.0546	3.82
Weighted Average			62.13

Schedule SB Attachment (Form 5500)—2016 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 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
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	Active Cash Balance Participants: 90% immediate lump sum. 10% life annuity at age 62. Term Vested Cash Balance Participants: 100% immediate lump sum. Final Average Pay Participants: 100% life annuity at age 62.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Optional Payment Form	Same as funding interest rates above for lump sums other than cash balance accounts.
Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form	Current 417(e) table for lump sums other than cash balance accounts.
Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §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	2015 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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2014 Plan Year

7.25%, limited to 6.99%

2015 Plan Year

7.25%, limited to 6.81%

Trust Expenses Included in Target Normal Cost

\$3,900,000

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2016

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)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	25.00%
65	30.00%
66	30.00%
67	30.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 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)—2016 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)—2016 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)—2016 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%			

Schedule SB Attachment (Form 5500)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Med America

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.

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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.

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
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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	<p>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:</p> <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.														

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Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.
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.

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

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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 or excused on census hours.
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

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	months that early retirement date precedes normal retirement.
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 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 change:

- A change in the mortality basis for lump sum payments from the 2015 plan year 417(e)(3) mortality table to the 2016 plan year 417(e)(3) mortality table.

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 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in retirement rates to better reflect plan experience
- A change in option payment form election percentages to better reflect plan experience.

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

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

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	13 \$31,802 \$837	350	1							
25-29	28 \$17,123	872 \$43,435 \$2,000	272 \$46,651 \$4,959	6						
30-34	36 \$32,436	590 \$48,834 \$2,289	500 \$52,283 \$5,938	177 \$52,824 \$7,649	8					
35-39	19	434 \$55,767 \$2,582	367 \$63,524 \$6,919	249 \$57,990 \$8,214	128 \$59,206 \$11,627	5				
40-44	26 \$12,652	395 \$61,869 \$2,861	319 \$65,005 \$7,083	214 \$69,486 \$8,706	218 \$64,976 \$11,032	73 \$62,548 \$11,707	8			
45-49	21 \$16,410	335 \$60,029 \$2,933	285 \$63,571 \$6,594	229 \$60,700 \$7,652	216 \$69,949 \$9,967	134 \$74,583 \$8,611	85 \$73,085 \$11,203	3		
50-54	23 \$17,291	309 \$56,520 \$2,746	238 \$62,559 \$7,254	273 \$60,903 \$6,822	239 \$64,834 \$9,176	161 \$75,667 \$9,126	151 \$78,117 \$12,523	71 \$68,312 \$15,214	11	
55-59	20 \$13,108	254 \$64,490 \$3,073	223 \$60,014 \$7,156	198 \$54,672 \$6,556	278 \$62,930 \$7,068	165 \$77,051 \$7,373	134 \$75,156 \$13,163	125 \$77,505 \$10,762	132 \$66,535 \$15,029	17
60-64	11	182 \$71,307 \$3,615	162 \$60,491 \$6,728	159 \$52,934 \$6,272	180 \$62,112 \$6,993	115 \$76,091 \$9,277	112 \$67,447 \$7,733	76 \$75,623 \$19,412	120 \$74,099 \$23,279	68 \$75,306 \$14,900
65-69	17	65 \$58,874 \$3,049	44 \$60,119 \$8,429	36 \$44,481 \$4,795	58 \$59,326 \$6,740	25 \$56,239 \$7,437	26 \$72,868 \$12,204	11	24 \$87,533 \$31,751	32 \$58,799 \$10,918
70+	13	24 \$108,169 \$7,101	10	13	9	4	6		1	

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.10%	Interest Adjusted Contribution
September 6, 2017	\$ 36,000,000	614	\$ 32,595,863
Total Contribution	\$ 36,000,000		\$ 32,595,863

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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	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	10.00%	0.7164	4.26
60.5	10.00%	0.6448	3.90
61.5	10.00%	0.5803	3.57
62.5	15.00%	0.5223	4.90
63.5	15.00%	0.4439	4.23
64.5	25.00%	0.3773	6.08
65.5	30.00%	0.2830	5.56
66.5	30.00%	0.1981	3.95
67.5	30.00%	0.1387	2.81
68.5	25.00%	0.0971	1.66
69.5	25.00%	0.0728	1.26
70	100.00%	0.0546	3.82
Weighted Average			62.13

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Schedule SB, Part V—Summary of Plan Provisions

Med America

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.

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.														

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Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.
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.

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

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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 participant 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 or excused on census hours.
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

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months that early retirement date precedes normal retirement.

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 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 change:

- A change in the mortality basis for lump sum payments from the 2015 plan year 417(e)(3) mortality table to the 2016 plan year 417(e)(3) mortality table.

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 December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d)		(e)	
					Cost		Current Value	
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	76,575,937	\$	76,575,937	\$	76,575,937
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		3,925,603		46,538,445		46,753,930
	PIMCO ALL ASSET FUND	Mutual Fund		690,298		7,905,937		7,696,822
	VANGUARD DEVELOPED MARKETS IND	Mutual Fund		3,448,974		40,624,584		40,525,442
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		545,368		23,753,315		33,687,407
						118,822,281		128,663,601
	EATON VANCE EME CL I	Common Collective Trust Fund		2,515,444		26,493,053		24,913,204
	S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		143,687		6184,917		75,969,589
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		2,155,344		28,033,467		36,166,669
						116,368,437		137,049,462
	BAY AREA CA TOLL AUTH TOLL BRI	US Government & Agency Security	4/1/2049	725,000		982,034		986,863
	CALIFORNIA ST	US Government & Agency Security	4/1/2034	500,000		709,925		706,750
	MASSACHUSETTS ST	US Government & Agency Security	12/1/2039	500,000		611,120		618,520
	TEXAS ST TRANSPRTN COMMISSION	US Government & Agency Security	4/1/2030	300,000		350,598		351,834
	US TREASURY N/B	US Government & Agency Security	8/15/2046	3,205,000		2,678,638		2,694,828
	US TREASURY N/B	US Government & Agency Security	11/15/2026	235,000		224,083		226,105
						5,556,398		5,584,900
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	2/15/2041	475,000		549,655		561,816
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	9/15/2044	640,000		639,494		639,731
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	12/1/2045	320,000		445,971		443,757
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	11/15/2046	160,000		160,982		160,477
	ABBVIE INC	Corporate Bond Obligation	5/14/2045	320,000		352,128		313,962
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	195,000		193,937		185,817
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	225,000		223,488		215,444
	ACTAVIS FUNDING SCS	Corporate Bond Obligation	3/15/2035	150,000		149,355		148,468
	ACTAVIS FUNDING SCS	Corporate Bond Obligation	6/15/2044	285,000		281,848		282,577
	AETNA INC	Corporate Bond Obligation	5/15/2042	125,000		122,042		126,777
	AETNA INC	Corporate Bond Obligation	6/15/2046	335,000		334,665		336,390
	AETNA INC	Corporate Bond Obligation	6/15/2036	190,000		189,212		190,503
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000		476,175		510,308
	ALABAMA POWER CO	Corporate Bond Obligation	6/1/2041	175,000		199,686		197,965
	ALABAMA POWER CO	Corporate Bond Obligation	1/15/2042	125,000		124,485		124,372
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	395,000		390,778		388,727
	ALTRIA GROUP INC	Corporate Bond Obligation	1/31/2044	125,000		124,468		144,390
	AMGEN INC	Corporate Bond Obligation	5/1/2045	650,000		674,423		623,058
	AMGEN INC	Corporate Bond Obligation	6/15/2051	900,000		915,760		864,999
	ANADARKO FINANCE CO	Corporate Bond Obligation	5/1/2031	655,000		822,353		833,586
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	9/15/2036	75,000		84,658		89,263
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2040	365,000		418,035		418,031
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2046	115,000		138,897		141,836
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	3/15/2026	185,000		184,427		207,063
	ANHEUSER BUSCH INBEV FIN	Corporate Bond Obligation	2/1/2046	1,430,000		1,473,500		1,545,644
	ANHEUSER BUSCH INBEV FIN	Corporate Bond Obligation	2/1/2036	485,000		480,955		510,157
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2039	330,000		519,248		496,284
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2040	610,000		834,834		760,707
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000		99,292		100,477
	ANTHEM INC	Corporate Bond Obligation	8/15/2044	245,000		244,488		248,011
	APACHE CORP	Corporate Bond Obligation	4/15/2043	285,000		296,317		293,559
	APPALACHIAN POWER CO	Corporate Bond Obligation	4/1/2038	405,000		561,637		534,090
	APPLE INC	Corporate Bond Obligation	5/4/2043	805,000		809,708		769,773
	APPLE INC	Corporate Bond Obligation	2/23/2046	920,000		965,542		993,462
	ASCENSION HEALTH	Corporate Bond Obligation	11/15/2046	110,000		110,000		105,030
	AT+T INC	Corporate Bond Obligation	5/15/2035	750,000		749,074		724,628
	AT+T INC	Corporate Bond Obligation	1/15/2038	750,000		909,690		852,405
	AT+T INC	Corporate Bond Obligation	9/1/2040	540,000		540,257		554,580
	AT+T INC	Corporate Bond Obligation	8/15/2041	625,000		735,794		650,719
	AT+T INC	Corporate Bond Obligation	2/15/2047	275,000		274,357		294,937
	AT+T INC	Corporate Bond Obligation	3/1/2041	210,000		223,451		241,840
	AT+T INC	Corporate Bond Obligation	6/15/2044	495,000		498,688		467,730
	ATMOS ENERGY CORP	Corporate Bond Obligation	6/15/2041	355,000		406,022		409,422

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	BANK OF AMERICA CORP	Corporate Bond Obligation	6/1/2028	150,000	165,267	178,924
	BANK OF AMERICA CORP	Corporate Bond Obligation	2/7/2042	700,000	835,134	846,055
	BANK OF AMERICA CORP	Corporate Bond Obligation	1/21/2044	695,000	738,736	761,088
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/1/2044	70,000	69,934	75,955
	BANK ONE CORP	Corporate Bond Obligation	4/29/2027	150,000	184,854	195,949
	BARRICK NA FINANCE LLC	Corporate Bond Obligation	5/1/2043	175,000	183,306	183,950
	BECTON DICKINSON AND CO	Corporate Bond Obligation	12/15/2044	180,000	180,000	186,471
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	235,204
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	9/15/2037	885,000	1,151,106	1,151,987
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2040	340,000	409,349	418,305
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2042	180,000	177,694	189,495
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2043	225,000	223,162	232,454
	BERKSHIRE HATHAWAY INC	Corporate Bond Obligation	2/11/2043	110,000	108,555	116,964
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	522,736
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	299,000
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/15/2041	899,000	980,279	1,006,269
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/15/2043	480,000	475,606	503,040
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	175,000	185,922	196,108
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	235,000	234,232	238,316
	CANADIAN PACIFIC RR CO	Corporate Bond Obligation	9/15/2115	910,000	1,077,713	1,089,534
*	CATHOLIC HEALTH INITIATI	Corporate Bond Obligation	11/1/2042	335,000	320,662	297,564
	CELGENE CORP	Corporate Bond Obligation	8/15/2045	225,000	224,305	233,939
	CENTERPOINT ENERGY RESOU	Corporate Bond Obligation	1/15/2041	280,000	311,209	316,803
	CHUBB INA HOLDINGS INC	Corporate Bond Obligation	11/3/2045	235,000	234,413	248,230
	CIGNA CORP	Corporate Bond Obligation	2/15/2042	310,000	343,415	345,346
	CISCO SYSTEMS INC	Corporate Bond Obligation	1/15/2040	415,000	520,465	505,553
	CITIGROUP INC	Corporate Bond Obligation	8/25/2036	235,000	245,376	272,682
	CITIGROUP INC	Corporate Bond Obligation	1/30/2042	975,000	1,155,619	1,155,151
	CLEVELAND CLINIC FOUND	Corporate Bond Obligation	1/1/2114	350,000	348,317	332,003
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	535,945
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	61,288
	COMCAST CORP	Corporate Bond Obligation	3/1/2040	1,505,000	1,922,455	1,958,893
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	282,144
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	223,577
	CONOCOPHILLIPS	Corporate Bond Obligation	2/1/2039	480,000	638,242	607,637
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	3/15/2046	335,000	428,996	414,549
	CONSOLIDATED EDISON CO O	Corporate Bond Obligation	12/1/2039	325,000	400,371	382,675
	COOPERATIEVERABOBANK UA	Corporate Bond Obligation	8/4/2045	355,000	353,406	385,700
	CSX CORP	Corporate Bond Obligation	5/30/2042	200,000	209,252	208,182
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	895,000	960,051	997,433
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	250,840	301,444	305,440
	DAIMLER FINANCEN A LLC	Corporate Bond Obligation	1/18/2031	413,000	609,796	622,040
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	305,000	438,202	448,387
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	65,000	63,196	66,950
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	45,000	42,546	44,205
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	4/15/2032	360,000	406,148	455,839
	DEVON FINANCING CORP LLC	Corporate Bond Obligation	9/30/2031	215,000	292,695	272,801
	DIAMOND 1FIN/DIAMOND 2	Corporate Bond Obligation	6/15/2026	565,000	564,729	612,065
	DIAMOND 1FIN/DIAMOND 2	Corporate Bond Obligation	6/15/2023	270,000	269,884	286,400
	DIAMOND 1FIN/DIAMOND 2	Corporate Bond Obligation	7/15/2046	145,000	156,235	178,537
	DIAMOND 1FIN/DIAMOND 2	Corporate Bond Obligation	7/15/2036	270,000	269,803	321,187
	DOMINION RESOURCES INC	Corporate Bond Obligation	8/1/2041	430,000	474,039	451,414
	DOW CHEMICAL CO/THE	Corporate Bond Obligation	11/1/2029	565,000	750,416	742,410
	DOW CHEMICAL CO/THE	Corporate Bond Obligation	11/15/2041	395,000	436,299	426,766
	DTE ELECTRIC CO	Corporate Bond Obligation	3/15/2045	380,000	379,111	363,322
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	189,202
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	2/15/2040	425,000	518,139	504,118
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	555,000	550,371	528,321
	DUKE ENERGY CORP	Corporate Bond Obligation	9/1/2046	420,000	419,765	378,088
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	7/15/2043	130,000	129,411	144,049
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	5/15/2042	100,000	99,504	99,430
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	3/15/2043	290,000	287,869	289,965
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2045	140,000	141,099	141,649
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	3/15/2035	330,000	329,373	308,395
	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	6/1/2041	200,000	202,664	205,352

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	ENERGY TRANSFER PARTNERS	Corporate Bond Obligation	12/15/2045	255,000	266,972	271,305
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2041	350,000	402,791	395,115
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2043	315,000	313,331	298,563
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	418,984
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2027	180,000	179,568	184,390
	ERAC USA FINANCE LLC	Corporate Bond Obligation	10/15/2037	370,000	459,656	468,812
	ERAC USA FINANCE LLC	Corporate Bond Obligation	2/15/2045	155,000	153,214	147,805
	EXELON GENERATION CO LLC	Corporate Bond Obligation	10/1/2039	915,000	1,083,744	921,286
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	124,990
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	7/15/2046	725,000	680,479	694,137
	FEDEX CORP	Corporate Bond Obligation	4/1/2046	290,000	288,727	292,236
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,961	322,746
	FORD MOTOR COMPANY	Corporate Bond Obligation	7/16/2031	930,000	1,179,553	1,167,197
	FORD MOTOR COMPANY	Corporate Bond Obligation	12/8/2046	385,000	385,000	390,001
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,071,000	2,127,801	2,170,222
	GENERAL ELECTRIC CO	Corporate Bond Obligation	3/15/2032	392,000	479,881	521,803
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	422,982
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	420,000	414,788	409,550
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	285,000	293,477	315,062
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2042	460,000	468,506	465,492
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2043	350,000	347,722	353,251
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	690,000	717,724	713,922
	GLAXOSMITHKLINE CAP INC	Corporate Bond Obligation	3/18/2043	455,000	448,958	469,888
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/15/2033	190,000	195,714	229,640
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	825,000	937,867	1,018,751
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/1/2041	450,000	577,469	557,807
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	165,000	163,928	173,524
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	11/16/2026	225,000	224,417	219,823
	GRUPO TELEvisa SAB	Corporate Bond Obligation	5/13/2045	405,000	390,963	343,679
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	320,000	346,946	345,104
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	122,555
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	630,000	628,419	661,412
	HOME DEPOT INC	Corporate Bond Obligation	9/15/2056	315,000	309,006	275,735
	HSBC HOLDINGS PLC	Corporate Bond Obligation	5/2/2036	285,000	353,165	351,468
	HSBC HOLDINGS PLC	Corporate Bond Obligation	6/1/2038	600,000	670,248	759,822
	INTEL CORP	Corporate Bond Obligation	12/15/2032	50,000	49,558	51,548
	INTEL CORP	Corporate Bond Obligation	10/1/2041	200,000	198,516	220,166
	INTEL CORP	Corporate Bond Obligation	12/15/2042	375,000	374,051	378,570
	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	985,000	1,237,007	1,276,343
	JPMORGAN CHASE + CO	Corporate Bond Obligation	8/16/2043	195,000	193,522	223,768
	KINDER MORGAN ENER PART	Corporate Bond Obligation	3/1/2041	390,000	452,706	423,060
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	815,000	1,022,110	998,742
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	12/1/2034	40,000	39,887	40,594
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	6/1/2045	170,000	179,124	178,801
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	290,000	289,374	287,074
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	1/26/2039	365,000	455,028	458,568
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	2/9/2040	590,000	744,518	718,880
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	55,000	54,477	57,700
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	8/1/2039	70,000	75,861	89,179
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/1/2042	350,000	378,183	414,971
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	650,000	694,531	715,325
	LYB INTL FINANCE BV	Corporate Bond Obligation	7/15/2043	430,000	422,984	462,310
	LYB INTL FINANCE BV	Corporate Bond Obligation	3/15/2044	75,000	74,123	77,669
	MASS MUTUAL LIFE INS CO	Corporate Bond Obligation	6/1/2039	455,000	673,693	683,028
	MCKESSON CORP	Corporate Bond Obligation	3/1/2041	100,000	129,701	115,701
	MCKESSON CORP	Corporate Bond Obligation	3/15/2044	125,000	125,000	127,157
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	805,000	921,137	870,543
	METLIFE INC	Corporate Bond Obligation	2/6/2041	100,000	121,922	121,475
	METLIFE INC	Corporate Bond Obligation	12/15/2066	360,000	373,231	388,800
	METLIFE INC	Corporate Bond Obligation	8/1/2069	70,000	99,057	107,450
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	794,129
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	1,075,000	1,067,880	1,016,714
	MICROSOFT CORP	Corporate Bond Obligation	11/3/2045	135,000	150,957	143,832
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	295,000	293,858	280,356

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	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	435,000	437,189	409,539
	MIDAMERICAN ENERGY CO	Corporate Bond Obligation	5/1/2046	400,000	399,448	411,972
	MORGAN STANLEY	Corporate Bond Obligation	9/8/2026	450,000	447,586	461,138
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	809,657
	MYLAN NV	Corporate Bond Obligation	6/15/2046	60,000	54,673	55,337
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	431,232
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	269,335
	NEW YORK LIFE INSURANCE	Corporate Bond Obligation	11/15/2039	410,000	533,724	539,277
	NEWMONT MINING CORP	Corporate Bond Obligation	4/1/2035	400,000	432,008	427,988
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	430,000	429,002	445,691
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	5/23/2111	125,000	148,774	146,227
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	4/15/2046	315,000	312,556	320,557
	ORACLE CORP	Corporate Bond Obligation	7/8/2039	450,000	577,100	566,276
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	410,000	418,885	397,356
	ORACLE CORP	Corporate Bond Obligation	7/15/2036	170,000	169,975	165,906
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	455,000	454,918	435,208
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2034	620,000	750,906	775,911
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	6/15/2043	485,000	484,607	511,583
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/15/2045	285,000	281,725	291,484
	PACIFIC LIFE INSURANCE C	Corporate Bond Obligation	6/15/2039	335,000	486,821	494,835
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	64,767
	PACIFICORP	Corporate Bond Obligation	1/15/2039	175,000	205,830	222,672
	PETRO CANADA	Corporate Bond Obligation	5/15/2038	660,000	844,622	855,868
	PETROLEOS MEXICANOS	Corporate Bond Obligation	3/13/2027	360,000	356,738	371,340
	PFIZER INC	Corporate Bond Obligation	12/15/2036	315,000	319,108	322,733
	PFIZER INC	Corporate Bond Obligation	12/15/2046	600,000	601,710	610,356
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	5/16/2038	260,000	335,020	333,382
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	340,000	330,470	329,015
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/10/2044	210,000	224,232	207,356
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	223,798
	PHILLIPS 66	Corporate Bond Obligation	5/1/2042	200,000	199,944	236,812
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	340,712
	PPL CAPITAL FUNDING INC	Corporate Bond Obligation	6/1/2043	295,000	293,962	296,605
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2041	100,000	117,233	115,831
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	345,653
	PROCTER + GAMBLE CO/THE	Corporate Bond Obligation	3/5/2037	125,000	136,005	161,691
	PROGRESS ENERGY INC	Corporate Bond Obligation	12/1/2039	570,000	721,036	684,935
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	11/16/2041	350,000	392,027	411,257
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	3/15/2044	170,000	170,000	167,989
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	525,000	519,540	484,985
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	110,369
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	510,000	506,078	545,547
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	195,000	193,374	199,107
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	160,000	216,501	206,333
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	3/25/2040	525,000	649,276	610,517
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2045	150,000	158,939	151,947
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	535,000	525,359	511,599
	SHIRE ACQ INV IRELAND DA	Corporate Bond Obligation	9/23/2026	1,000,000	927,520	934,340
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	2/1/2040	100,000	136,167	133,444
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	220,000	216,663	233,550
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	10/1/2044	245,000	243,552	241,749
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	2/1/2041	225,000	272,061	260,613
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	2/1/2042	200,000	200,568	202,742
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	6/1/2065	605,000	664,728	663,340
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	213,168
	SOUTHERN CO GAS CAPITAL	Corporate Bond Obligation	10/1/2046	195,000	194,655	180,437
	SOUTHERN CO GAS CAPITAL	Corporate Bond Obligation	3/15/2041	165,000	199,690	192,194
	SOUTHERN COPPER CORP	Corporate Bond Obligation	4/23/2045	275,000	274,416	269,976
	SOUTHWESTERN ELEC POWER	Corporate Bond Obligation	4/1/2045	715,000	708,622	665,987
	SOUTHWESTERN PUBLIC SERV	Corporate Bond Obligation	10/1/2036	347,000	389,285	415,994
	SPECTRA ENERGY PARTNERS	Corporate Bond Obligation	9/25/2043	715,000	824,962	809,216
	SPIRIT REALTY LP	Corporate Bond Obligation	9/15/2026	320,000	318,010	301,552
	STATOIL ASA	Corporate Bond Obligation	11/23/2041	380,000	382,129	379,270
	STRYKER CORP	Corporate Bond Obligation	3/15/2046	320,000	316,461	326,298

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 December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	7/15/2026	825,000	826,729	798,551
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	355,000	375,601	384,025
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	12/16/2039	210,000	270,638	272,521
	TEVA PHARMACEUTICALS NE	Corporate Bond Obligation	10/1/2026	185,000	185,520	170,557
	TEVA PHARMACEUTICALS NE	Corporate Bond Obligation	10/1/2046	295,000	281,936	252,774
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	405,000	534,723	470,845
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	270,000	296,631	287,941
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/1/2041	345,000	338,836	350,730
	TIME WARNER INC	Corporate Bond Obligation	10/15/2041	1,095,000	1,194,820	1,157,908
	TIME WARNER INC	Corporate Bond Obligation	7/15/2045	615,000	614,563	615,670
	TRANS CANADA PIPELINES	Corporate Bond Obligation	3/1/2034	615,000	621,986	648,511
	TRANS CANADA PIPELINES	Corporate Bond Obligation	1/15/2039	200,000	298,614	286,330
	TRANS CANADA PIPELINES	Corporate Bond Obligation	6/1/2040	220,000	275,548	273,467
	TRAVELERS COS INC	Corporate Bond Obligation	5/15/2046	235,000	233,364	221,746
	TRAVELERS COS INC	Corporate Bond Obligation	8/1/2043	290,000	289,252	313,557
	TRINITY ACQUISITION PLC	Corporate Bond Obligation	8/15/2043	270,000	268,934	288,635
	UNION PACIFIC CORP	Corporate Bond Obligation	2/1/2035	250,000	249,243	236,435
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	410,000	411,648	382,723
	UNION PACIFIC CORP	Corporate Bond Obligation	3/1/2046	135,000	133,221	135,386
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	505,000	519,529	540,552
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	400,000	399,448	403,996
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	290,441
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	1/15/2047	150,000	148,880	151,725
	VENTAS REALTY LP	Corporate Bond Obligation	9/30/2043	265,000	264,014	297,685
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	715,901
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	1,279,000	1,279,000	1,226,446
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/21/2054	688,000	689,318	684,395
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/15/2055	813,000	791,179	763,496
	VIACOM INC	Corporate Bond Obligation	9/1/2043	515,000	572,380	504,700
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	141,678
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	2/15/2044	230,000	250,196	241,470
	VISA INC	Corporate Bond Obligation	12/14/2035	180,000	179,757	188,456
	VISA INC	Corporate Bond Obligation	12/14/2045	920,000	948,092	971,069
	WAL MART STORES INC	Corporate Bond Obligation	8/15/2037	270,000	325,222	365,907
	WAL MART STORES INC	Corporate Bond Obligation	4/15/2041	1,475,000	1,869,537	1,834,310
	WALGREENS BOOTS ALLIANCE	Corporate Bond Obligation	11/18/2044	205,000	193,924	210,701
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	12/1/2041	100,000	98,829	102,557
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	7/30/2046	50,000	48,106	42,523
	WELLS FARGO + COMPANY	Corporate Bond Obligation	7/22/2027	300,000	298,860	308,571
	WELLS FARGO + COMPANY	Corporate Bond Obligation	11/2/2043	360,000	408,722	397,314
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	294,477
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,431	1,144,845
					117,415,510	117,488,796
	ASHOKA OFFSHORE FD LP	Limited Partnership		40,000	4,000,000	3,918,615
	BLACKSTONE RESOURCES SELECT	Limited Partnership		11,181	10,056,819	7,538,818
	CANYON VALUE REALIZATION FUND	Limited Partnership		10,000,000	10,000,000	10,057,000
	CHATHAM HIGH YIELD OFFSHORE FU	Limited Partnership		100,000	10,000,000	10,214,993
	CRITERION HORIZONS OFFSHORE	Limited Partnership		2,860	5,897,908	6,062,572
	DISCOVERY GLOBAL OPPTY FD LTD	Limited Partnership		29,661	2,966,056	3,226,370
	FIR TREE INTL VALUE FUND	Limited Partnership		7,750,000	8,378,665	7,703,872
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	35,279,678
	MWEUREKA CLASS B2 USD	Limited Partnership		59,222	10,155,687	10,295,369
	PALESTRA CAPITAL OFFSHORE FUND	Limited Partnership		3,321	4,000,000	4,471,536
	PENTWATER EVENT FUND LTD	Limited Partnership		1,731	3,340,910	3,445,853
	PERSHING SQUARE INTL LTD	Limited Partnership		2,756	9,982,254	7,739,558
	PINE RIVER CLASS A SERIES 1	Limited Partnership		816	3,122,011	3,066,140
	RIMROCK HIGH INC PLUS CAYMAN	Limited Partnership		10,000,000	10,000,000	10,056,000
	SENATOR GLOBAL OPP OFF SER 1	Limited Partnership		857	1,906,215	1,960,256
	TREMBLANT PARTNERS LTD	Limited Partnership		50,505	6,837,501	7,406,721
					134,798,261	132,443,351
					Total \$ 569,536,824	\$ 597,806,047

* A party in interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2016 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in retirement rates to better reflect plan experience
- A change in option payment form election percentages to better reflect plan experience.

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.