

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1958</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1958</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>PARKVIEW HEALTH SYSTEM, INC.</u> <u>10501 CORPORATE DRIVE</u> <u>FORT WAYNE, IN 46845</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>35-1972384</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>260-373-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>35-1972384</u>	2c Plan Sponsor's telephone number <u>260-373-4000</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>35-1972384</u>					
2c Plan Sponsor's telephone number <u>260-373-4000</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.	10/12/2018	DENA JACQUAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5718
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2353
a(2) Total number of active participants at the end of the plan year	6a(2) 2173
b Retired or separated participants receiving benefits	6b 1831
c Other retired or separated participants entitled to future benefits	6c 889
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4893
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 148
f Total. Add lines 6d and 6e	6f 5041
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 1
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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE CO
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GA-00147	5041	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 3383289**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 2808400**c** Additions: (1) Contributions deposited during the year **7c(1)** 32331306
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 315083
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 13714
▶(6) Total additions **7c(6)** 32660103**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 35468503**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 16152173
(2) Administration charge made by carrier **7e(2)** 54811
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 15878230
▶(5) Total deductions **7e(5)** 32085214**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 3383289

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	394954917	
b Actuarial value	2b	394954917	
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	1808	163333927	163333927
b For terminated vested participants	1557	45218105	45218105
c For active participants	2353	143863063	144995527
d Total	5718	352415095	353547559
4 If the plan is in at-risk status, check the box and complete lines (a) and (b):			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.94 %	
6 Target normal cost	6	9211943	

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		
Signature of actuary	10/01/2018	Date
TIMOTHY J. MAXSON	17-06697	Most recent enrollment number
Type or print name of actuary	260-426-7800	Telephone number (including area code)
BUCK GLOBAL, LLC		
Firm name		
110 W. BERRY ST., SUITE 1300 FORT WAYNE, IN 46802-2317		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	28607480	11381006
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	28607480	11381006
10 Interest on line 9 using prior year's actual return of 7.64 %	2185611	869509
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2899797
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 6.13 %		177758
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		3077555
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	1636248	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	29156843	12250515

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00%
15 Adjusted funding target attainment percentage	15	111.71%
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	108.76%
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
09/05/2018	13700000				
Totals ►			18(b)	13700000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	12436616

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age.....				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	9211943	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	9211943	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	9211943	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	12436616	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3224673	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	

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

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

LINCOLN NATIONAL LIFE INSURANCE CO

35-0472300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	NONE	240552	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	154279	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

HIGHLAND ASSOCIATES, INC.

2545 HIGHLAND AVE SOUTH, STE 200
BIRMINGHAM, AL 35205

(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	NONE	57827	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

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

WALTER SCOTT & PARTNERS

1 CHARLOTTE SQUARE
EDINBURGH EH2 4DR GB

(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	NONE	286179	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

JP MORGAN CORE BOND

P.O. BOX 27169 GENERAL POST OFFICE
NEW YORK, NY 10087

(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	NONE	43248	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

DISCIPLINED GROWTH INVESTORS

150 SOUTH FIFTH STREET, SUITE 2550
MINNEAPOLIS, MN 55402

(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	NONE	159322	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

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

EPOCH INVESTMENT PARTNERS

640 FIFTH AVENUE
NEW YORK, NY 10019

(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	NONE	139548	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

STERLING CAPITAL MANAGEMENT

4350 CONGRESS STREET, STE 1000
CHARLOTTE, NC 28209

(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	NONE	113876	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

PNC CAPITAL ADVISORS

P.O. BOX 91249
CLEVELAND, OH 44101-3249

(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		46934	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

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

WELLINGTON TRUST

280 CONGRESS STREET
BOSTON, MA 02210

(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	NONE	96735	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

UBS TRUMBULL

10 STATE HOUSE SQUARE #15
HARTFORD, CT 06103

(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	NONE	145937	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

J.P. MORGAN INVESTMENT MGMNT, INC.

P.O. BOX 27169 GENERAL POST OFFICE
NEW YORK, NY 10087

(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	NONE	30918	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

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

FIRST REPUBLIC BANK

111 PINE STREET
SAN FRANCISCO, CA 94111

(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	NONE	43408	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION 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>PARKVIEW HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>35-1972384</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>12900000</u>	<u>13700000</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>379766282</u>	<u>404860368</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>2808400</u>	<u>3383289</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	395474682	421943657

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	395474682	421943657
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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)	13700000	
(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)		13700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9720534	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9720534
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		36438151
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		59858685

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	30242564	
(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)		30242564
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)	57827	
(2) Contract administrator fees	2i(2)	394831	
(3) Investment advisory and management fees	2i(3)	1106104	
(4) Other	2i(4)	1588384	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3147146
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		33389710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26468975
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: **BKD, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4081124. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.		D Employer Identification Number (EIN) 35-1972384
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
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): 35-0472300		
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		3 600
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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	0

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

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

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

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

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

Stock: 89.7% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: 9.5% Other: 0.8%

- 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):

Independent Auditor's Report

Plan Administrator and Finance Committee
Parkview Health System, Inc. Employees' Pension Plan
Fort Wayne, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Parkview Health Systems, Inc. Employees' Pension Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by Lincoln Financial Group Trust Company, LLC and Wells Fargo Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the custodians as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

BKD, LLP

Fort Wayne, Indiana
October 3, 2018

Federal Employer Identification Number: 44-0160260

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service¹																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		7		22	62,260	0		0		0		0		0		0	
35 - 39	0		1		7		52	54,872	25	54,639	0		0		0		0		0	
40 - 44	0		4		10		25	62,494	43	59,834	11		0		0		0		0	
45 - 49	0		1		6		21	55,674	31	57,789	24	61,542	11		0		0		0	
50 - 54	0		0		5		23	47,856	34	64,610	41	64,589	34	64,802	23	75,496	0		0	
55 - 59	1		2		4		18		47	56,596	50	69,074	43	67,245	98	69,915	10		0	
60 - 64	0		0		1		23	59,270	35	86,725	48	70,640	26	57,813	31	72,063	42	70,412	1	
65 - 69	0		0		2		1		5		4		2		1		3		0	
70 & up	0		0		0		1		0		0		0		0		0		0	

Attained Age	Years of Credited Service ²																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		1		2		1		0		0		0		0		0		0	
35 - 39	8		105	829	10		2		1		0		0		0		0		0	
40 - 44	6		98	1,122	95	2,480	7		1		0		0		0		0		0	
45 - 49	5		84	1,322	118	2,960	51	5,309	8		0		0		0		0		0	
50 - 54	6		59	1,121	100	2,869	53	6,205	32	9,040	5		0		0		0		0	
55 - 59	4		63	1,541	46	3,180	40	5,542	33	8,331	15		3		0		0		0	
60 - 64	5		39	1,570	44	3,007	13		14		17		1		0		0		0	
65 - 69	0		5		6		3		1		1		0		0		0		0	
70 & up	0		0		2		0		0		0		0		0		0		0	

¹ 960 employees who are currently accruing benefits.

² 1,213 employees who are not currently accruing benefits.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2017 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.57%	4.16%
Second Segment Rate	3.77%	5.72%
Third Segment Rate	4.73%	6.48%
Effective Rate	4.12%	5.94%

For 2016 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.41%	4.43%
Second Segment Rate	3.96%	5.91%
Third Segment Rate	4.97%	6.65%
Effective Rate	4.32%	6.13%

* Used for maximum tax-deduction and ERISA 4010 reporting purposes.

** Used for minimum funding and benefit restriction purposes. See Appendix D under Segment Rate.

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

The demographic assumptions are based on the plan's anticipated experience. Actual experience is reviewed each year and compared to the assumptions. Changes are made, as appropriate, based on this review.

Salary increases

Current Year:	3.00%
Prior Year:	3.00%

The salary increase assumption is based on prior and anticipated compensation practices of the plan sponsor.

Social Security

Current and Future Years:	2.50%
Prior Year:	2.50%

This assumption reflects the actuary's analysis of approximate historical CPI increases to the Social Security Wage Base over the last 10 years.

Expenses

Expected plan related expenses of \$2,007,384 based on last year's expenses adjusted for expected increases in the PBGC premium for 2017 were added to the Target Normal Cost. To determine the 2017 expense assumption, we reviewed the administrative expenses paid from the trust over the past few years. The trustee and administration costs have not changed significantly. Except for the increase in the PBGC premium, we estimate no material increase to administration expenses for 2017.

Frequency of optional payment forms

Optional Forms	Assumption
Single Life Annuity	35%
5 year Certain and Life Annuity	10%
10 year Certain and Life Annuity	15%
50% Joint and Survivor Annuity	10%
66.7% Joint and Survivor Annuity	5%
100% Joint and Survivor Annuity	25%

Marital percentage

75% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Mortality table

The mortality table is applied on a static basis. Separate annuitant and non-annuitant tables were used.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

Table T-8 of the Actuary's Pension Handbook. Sample rates as follows:

Age	Rate of Withdrawal
20	11.9%
30	11.2%
40	9.4%
50	4.8%
60	0.2%

Retirement rates

Current Rates are bases on age and service as follows:

Rates of Retirement		
Age	Less than 20 years of Service	20 or More Years of Service
55	2%	2%
56	2%	2%
57	2%	2%
58	2%	2%
59	5%	5%
60	5%	5%
61	5%	5%
62	10%	50%
63	5%	15%
64	5%	15%
65	100%	100%

Vested terminated participants are assumed to commence benefits at age 65 if employed less than 20 years at termination, or age 62, if employed 20 years or more at termination.

Disability rates

Included in withdrawal rates.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2016 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.
- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with HAFTA.
- The above changes in assumptions increased the plan's Funding Target by approximately \$14.0M.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ 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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	
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>2017</u>		
2	Assets:		
	a Market value.....	2a	394,954,917
	b Actuarial value	2b	394,954,917
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,808	163,333,927
	b For terminated vested participants	1,557	45,218,105
	c For active participants	2,353	143,863,063
	d Total	5,718	352,415,095
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.94%
6	Target normal cost	6	9,211,943

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	 Signature of actuary	<u>10/1/2018</u> Date
TIMOTHY J. MAXSON Type or print name of actuary		1706697 Most recent enrollment number
Buck Global, LLC Firm name		260-426-7800 Telephone number (including area code)
110 W. BERRY ST., SUITE 1300 FORT WAYNE IN 46802-2317 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) 2017

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)	28,607,480	11,381,006
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)	28,607,480	11,381,006
10 Interest on line 9 using prior year's actual return of <u>7.64%</u>	2,185,611	869,509
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2,899,797
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>6.13%</u>		177,758
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		3,077,555
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	1,636,248	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	29,156,843	12,250,515

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00%
15 Adjusted funding target attainment percentage	15	111.71%
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	108.76%
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
09/05/2018	13,700,000	0			
Totals ▶			18(b)	13,700,000	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	12,436,616

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	9,211,943										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	9,211,943										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	9,211,943										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	12,436,616										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	3,224,673										
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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service ¹																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		7		22	62,260	0		0		0		0		0		0	
35 - 39	0		1		7		52	54,872	25	54,639	0		0		0		0		0	
40 - 44	0		4		10		25	62,494	43	59,834	11		0		0		0		0	
45 - 49	0		1		6		21	55,674	31	57,789	24	61,542	11		0		0		0	
50 - 54	0		0		5		23	47,856	34	64,610	41	64,589	34	64,802	23	75,496	0		0	
55 - 59	1		2		4		18		47	56,596	50	69,074	43	67,245	98	69,915	10		0	
60 - 64	0		0		1		23	59,270	35	86,725	48	70,640	26	57,813	31	72,063	42	70,412	1	
65 - 69	0		0		2		1		5		4		2		1		3		0	
70 & up	0		0		0		1		0		0		0		0		0		0	

Attained Age	Years of Credited Service ²																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		1		2		1		0		0		0		0		0		0	
35 - 39	8		105	829	10		2		1		0		0		0		0		0	
40 - 44	6		98	1,122	95	2,480	7		1		0		0		0		0		0	
45 - 49	5		84	1,322	118	2,960	51	5,309	8		0		0		0		0		0	
50 - 54	6		59	1,121	100	2,869	53	6,205	32	9,040	5		0		0		0		0	
55 - 59	4		63	1,541	46	3,180	40	5,542	33	8,331	15		3		0		0		0	
60 - 64	5		39	1,570	44	3,007	13		14		17		1		0		0		0	
65 - 69	0		5		6		3		1		1		0		0		0		0	
70 & up	0		0		2		0		0		0		0		0		0		0	

¹ 960 employees who are currently accruing benefits.

² 1,213 employees who are not currently accruing benefits.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	981.1327	0.0102	10.0185	551.0194
56	1,073.9588	0.0198	21.2386	1,189.3606
57	1,152.2015	0.0198	22.8518	1,302.5508
58	1,210.4038	0.0198	23.9968	1,391.8158
59	1,272.0395	0.0198	25.2492	1,489.7045
60	1,346.9496	0.0497	66.9141	4,014.8457
61	1,374.6091	0.0496	68.2451	4,162.9501
62	1,382.4175	0.4754	657.1994	40,746.3604
63	781.8090	0.1417	110.7822	6,979.2762
64	710.6944	0.1418	100.7491	6,447.9435
65	639.6769	0.9969	637.6988	41,450.4227
66	8.9683	0.8896	7.9779	526.5405
67	4.9852	1.0000	4.9852	334.0087
68	3.0000	1.0000	3.0000	204.0000
69	4.0000	1.0000	4.0000	276.0000
70	0.0000	1.0000	0.0000	0.0000
71	2.0000	1.0000	2.0000	142.0000
72	2.0000	0.5000	1.0000	72.0000
73	2.9915	0.3343	1.0000	73.0000
74	3.9696	0.5038	2.0000	148.0000
75	2.9416	0.6714	1.9750	148.1242
76	1.9490	0.5131	1.0000	76.0000
77	0.9271	0.0000	0.0000	0.0000
78	2.9005	1.0000	<u>2.9005</u>	<u>226.2359</u>
Total			1,776.7821	111,952.1591
Weighted Average Retirement Age = 111952.1591 / 1776.7821				63.01
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

All employees hired prior to January 1, 2005 are eligible to participate in the Pension Plan upon meeting Eligibility Requirements. No employees hired subsequent to January 1, 2005 will be eligible for the Plan.

Eligibility Requirements

Attainment of age 21 and one year of service following date of hire are required. A year of service for eligibility is based upon the completion of 1,000 hours.

Compensation

Regular wages or salary, as reported on Form W-2, including bonuses, commissions, overtime and all other forms of special pay, as well as before-tax contributions to any plans referenced by IRC Section 125, 403(b), 401(k) and 457(b). Before-tax contributions to an IRC Section 457(f) plan and payments made to Highly Compensated Employees for various fringe benefit plans are excluded from compensation.

Average Final Compensation

Based upon Compensation of the 60 consecutive months within the 120 months preceding Normal Retirement which produces the highest average.

Vesting Service

An employee is credited with one year of Vesting Service for each plan year in which he works at least 1,000 hours. All years of service while an employee of Parkview, or an entity acquired by Parkview, are included in the calculation of Vesting Service.

Any former employee rehired by Parkview who has accrued a benefit under the plan prior to termination is eligible to earn a year of Vesting Service toward eligibility requirements for vested and early retirement pensions.

Vesting Service is used in the determination for eligibility for vested and early retirement pensions.

Benefit Service

A participant is credited with one year of Benefit Service for each plan year in which he works at least 1,000 hours as a participant in the plan. Only years of service while an employee of Parkview are included in the calculation of Benefit Service, except where noted for former employees of Huntington Memorial Hospital.

Participants, who made an irrevocable waiver to no longer participate in the plan, will not accrue Benefit Service subsequent to January 1, 2005. In addition, any participant who is rehired subsequent to January 1, 2005, will not accrue Benefit Service under the plan.

Benefit Service is used in the calculation of all pension benefits under the plan.

Normal Retirement Date

First day of the month coincident with or next following the later the attainment of age 65 or the fifth anniversary of the date of participation. Former employees of Huntington Memorial Hospital are eligible for Normal Retirement upon attainment of age 65.

Early Retirement Date

Age 55 and 10 years of Vesting Service. Former employees of Huntington Memorial Hospital are eligible for Early Retirement at age 55 and 5 years of Vesting Service.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

1. Actively employed, with at least 5 years of Vesting Service, or
2. Terminated with a vested deferred pension but before benefit commencement, and
3. Married at time of death.

Eligibility for Disability Pension

Former employees of Huntington Memorial Hospital who retire due to disability after attainment of age 45 and completion of 10 years of Vesting Service.

Accrued Benefit

For those employees who did not irrevocably waive participation in the plan:

Using Average Final Compensation and Social Security covered Compensation as of date of termination:

42.5% of Average Final Compensation reduced by 12.5% of Final Average Compensation not in excess of the Social Security Covered Compensation, reduced for Benefit Service less than 25 at Normal Retirement. The Accrued Benefit is no less than 1.1% of Average Final Compensation multiplied by Benefit Service not to exceed 40 years.

Former employees of Huntington Memorial Hospital will receive the greater of:

1. The Accrued Benefit under the Huntington plan as of December 31, 1997, plus a benefit accrued (as noted above) for Benefit Service earned as a Parkview employee after that date, or
2. A benefit accrued (as noted above) for all years of Benefit Service as a Huntington and Parkview employee.

For those employees who irrevocably waived participation in the Plan:

An Accrued Benefit as calculated above using only Benefit Service and compensation earned through December 31, 2004.

Normal Monthly Retirement Pension

Monthly Accrued Benefit as of Normal Retirement Date. The normal form of payment is the 5 year certain and life annuity. 100% of active participants are assumed to elect the normal form of payment. The other possible form of payment for single participants is a Life only annuity. Other possible forms of payment married participants are: Life only and 100%, 75%, and 50% Joint and Survivor Annuities.

Early Monthly Retirement Pension

Monthly Accrued Benefit as of Early Retirement Date, reduced by 1/180 for each month of the first 60 months plus 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

For a participant who has attained age 62 and has been employed for 20 years, his Accrued Benefit will not be reduced for early retirement.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Postponed Monthly Retirement Pension

The greater of:

1. Monthly Accrued Benefit as of actual retirement date, crediting service and earnings through postponed retirement date, or
2. The actuarial equivalent of the Normal Monthly Retirement Pension.

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

Monthly Accrued Benefit as of date of termination. Pensions that commence prior to age 65 are payable as an Early Monthly Retirement Pension.

Surviving Spouse Monthly Pension

For all married vested participants not yet receiving a pension: 50% of the monthly Accrued Benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

Postretirement Death Benefit

Based upon the form of annuity chosen by the retiree at date of retirement.

Retirement Pension Disability

For former employees of Huntington Memorial Hospital eligible for disability: Accrued Benefit as calculated above payable immediately.

Summary of Changes from the January 1, 2016 Valuation

None

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2017 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.57%	4.16%
Second Segment Rate	3.77%	5.72%
Third Segment Rate	4.73%	6.48%
Effective Rate	4.12%	5.94%

For 2016 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.41%	4.43%
Second Segment Rate	3.96%	5.91%
Third Segment Rate	4.97%	6.65%
Effective Rate	4.32%	6.13%

* Used for maximum tax-deduction and ERISA 4010 reporting purposes.

** Used for minimum funding and benefit restriction purposes. See Appendix D under Segment Rate.

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

The demographic assumptions are based on the plan's anticipated experience. Actual experience is reviewed each year and compared to the assumptions. Changes are made, as appropriate, based on this review.

Salary increases

Current Year:	3.00%
Prior Year:	3.00%

The salary increase assumption is based on prior and anticipated compensation practices of the plan sponsor.

Social Security

Current and Future Years:	2.50%
Prior Year:	2.50%

This assumption reflects the actuary's analysis of approximate historical CPI increases to the Social Security Wage Base over the last 10 years.

Expenses

Expected plan related expenses of \$2,007,384 based on last year's expenses adjusted for expected increases in the PBGC premium for 2017 were added to the Target Normal Cost. To determine the 2017 expense assumption, we reviewed the administrative expenses paid from the trust over the past few years. The trustee and administration costs have not changed significantly. Except for the increase in the PBGC premium, we estimate no material increase to administration expenses for 2017.

Frequency of optional payment forms

Optional Forms	Assumption
Single Life Annuity	35%
5 year Certain and Life Annuity	10%
10 year Certain and Life Annuity	15%
50% Joint and Survivor Annuity	10%
66.7% Joint and Survivor Annuity	5%
100% Joint and Survivor Annuity	25%

Marital percentage

75% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Mortality table

The mortality table is applied on a static basis. Separate annuitant and non-annuitant tables were used.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

Table T-8 of the Actuary's Pension Handbook. Sample rates as follows:

Age	Rate of Withdrawal
20	11.9%
30	11.2%
40	9.4%
50	4.8%
60	0.2%

Retirement rates

Current Rates are bases on age and service as follows:

Rates of Retirement		
Age	Less than 20 years of Service	20 or More Years of Service
55	2%	2%
56	2%	2%
57	2%	2%
58	2%	2%
59	5%	5%
60	5%	5%
61	5%	5%
62	10%	50%
63	5%	15%
64	5%	15%
65	100%	100%

Vested terminated participants are assumed to commence benefits at age 65 if employed less than 20 years at termination, or age 62, if employed 20 years or more at termination.

Disability rates

Included in withdrawal rates.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2016 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.
- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with HAFTA.
- The above changes in assumptions increased the plan's Funding Target by approximately \$14.0M.

Authorization for BKD, LLP to Electronically Sign Form 5500

Please note the following terms and conditions if you choose to authorize **BKD, LLP** to electronically sign Form 5500 on your behalf:

1. The plan administrator and/or plan sponsor must provide **BKD, LLP** with a signed copy of pages one and two of Form 5500, with the manual signature of the plan administrator and/or plan sponsor on page one.
2. In addition to any other required schedules and attachments, the electronic filing includes a copy of pages one and two of Form 5500 bearing the manual signature of the plan administrator and/or plan sponsor under penalties of perjury.
3. An image of the plan administrator's and/or plan sponsor's manual signature will be included with the rest of the Form 5500. The complete Form 5500, including an image of the signature, will be posted on the Internet for public disclosure by the DOL.
4. **BKD, LLP** will communicate to the plan administrator and/or plan sponsor any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return.

Please mark one selection:

- ☒ I authorize **BKD, LLP** to electronically sign Form 5500 on behalf of the plan named below.
- ☐ I do not authorize **BKD, LLP** to electronically sign Form 5500 on behalf of the plan named below.

PARKVIEW HEALTH SYSTEMS EMPLOYEE PENSION PLAN



Signature of Plan Administrator

10.12.18

Date



Name of Plan Administrator

Please return the signed authorization form to **BKD, LLP**.

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 2017 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is: ☐ the first return/report ☐ the final return/report	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program	☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information											
1a Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1958</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 35-1972384</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 260-373-4000</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 622000</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 07/01/1958		2b Employer Identification Number (EIN) 35-1972384		2c Plan Sponsor's telephone number 260-373-4000		2d Business code (see instructions) 622000	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 07/01/1958											
2b Employer Identification Number (EIN) 35-1972384											
2c Plan Sponsor's telephone number 260-373-4000											
2d Business code (see instructions) 622000											
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) PARKVIEW HEALTH SYSTEM, INC. 10501 CORPORATE DRIVE FORT WAYNE IN 46845											

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

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

SIGN HERE		10.12.18	Dena Jacquay
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10.12.18	Dena Jacquay
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5718
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2353
a(2) Total number of active participants at the end of the plan year	6a(2) 2173
b Retired or separated participants receiving benefits	6b 1831
c Other retired or separated participants entitled to future benefits	6c 889
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 4893
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 148
f Total. Add lines 6d and 6e.	6f 5041
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0.
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h 1
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

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)	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	(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) ☒ **1** **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 _____

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2017

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Value	Net Gain (Loss)
JPM Core Bond Trust	\$ -	\$ 72,349,815	\$ -	\$ 73,840,239	\$ 72,349,815	\$ (1,490,424)
JPM Core Bond Trust	1,368,778	-	-	1,368,778	1,368,778	-
US Core Fixed Income Fund	79,584,040	-	-	79,584,040	79,584,040	-
US Core Fixed Income Fund	-	6,000,000	-	6,012,296	6,000,000	(12,296)
Blackrock Short-Term Investment Fund	284,066,468	-	-	284,066,468	284,066,468	-
Blackrock Short-Term Investment Fund	-	285,732,265	-	285,732,265	285,732,265	-
Lincoln National Life	32,345,021	-	-	32,345,021	32,345,021	-
Lincoln National Life	-	32,085,215	-	32,085,215	32,085,215	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ 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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	
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>2017</u>		
2 Assets:					
a Market value.....				2a	394,954,917
b Actuarial value.....				2b	394,954,917
3 Funding target/participant count breakdown					
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target		
a For retired participants and beneficiaries receiving payment	1,808	163,333,927	163,333,927		
b For terminated vested participants	1,557	45,218,105	45,218,105		
c For active participants	2,353	143,863,063	144,995,527		
d Total	5,718	352,415,095	353,547,559		
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐					
a Funding target disregarding prescribed at-risk assumptions				4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor				4b	
5 Effective interest rate				5	5.94%
6 Target normal cost				6	9,211,943

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	 Signature of actuary	<u>10/1/2018</u> Date 1706697
TIMOTHY J. MAXSON Type or print name of actuary Buck Global, LLC Firm name 110 W. BERRY ST., SUITE 1300 FORT WAYNE IN 46802-2317 Address of the firm		Most recent enrollment number 260-426-7800 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) 2017

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)	28,607,480	11,381,006
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)	28,607,480	11,381,006
10 Interest on line 9 using prior year's actual return of <u>7.64%</u>	2,185,611	869,509
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2,899,797
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>6.13%</u>		177,758
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		3,077,555
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	1,636,248	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	29,156,843	12,250,515

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00%
15 Adjusted funding target attainment percentage	15	111.71%
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	108.76%
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
09/05/2018	13,700,000	0			
Totals ▶			18(b)	13,700,000	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	12,436,616

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	9,211,943										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	9,211,943										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	9,211,943										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	12,436,616										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	3,224,673										
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

Parkview Health System, Inc.
Employees' Pension Plan

EIN 35-1972384 PN 001

Independent Auditor's Report and Financial Statements
December 31, 2017 and 2016



Parkview Health System, Inc. Employees' Pension Plan

December 31, 2017 and 2016

Contents

Independent Auditor's Report.....	1
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Financial Statements

Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4j – Schedule of Reportable Transactions	27

Independent Auditor's Report

Plan Administrator and Finance Committee
Parkview Health System, Inc. Employees' Pension Plan
Fort Wayne, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Parkview Health Systems, Inc. Employees' Pension Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by Lincoln Financial Group Trust Company, LLC and Wells Fargo Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the custodians as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

BKD, LLP

Fort Wayne, Indiana
October 3, 2018

Federal Employer Identification Number: 44-0160260

Parkview Health System, Inc. Employees' Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	2017	2016
Assets		
Investments		
At fair value	\$ 404,860,368	\$ 379,766,282
At contract value	3,383,289	2,808,400
Total investments	<u>408,243,657</u>	<u>382,574,682</u>
Receivables		
Employer's contribution	<u>13,700,000</u>	<u>12,900,000</u>
	<u>13,700,000</u>	<u>12,900,000</u>
Net Assets Available for Benefits	<u>\$ 421,943,657</u>	<u>\$ 395,474,682</u>

Parkview Health System, Inc. Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	2017	2016
Investment Income		
Net appreciation in fair value of investments	\$ 36,438,151	\$ 18,771,022
Interest and dividend income	9,720,534	10,186,104
Net investment income	<u>46,158,685</u>	<u>28,957,126</u>
Contributions		
Employer	13,700,000	12,900,000
Total additions	<u>59,858,685</u>	<u>41,857,126</u>
Deductions		
Benefits paid to participants	30,242,564	14,492,595
Administrative expenses	3,147,146	3,085,501
Total deductions	<u>33,389,710</u>	<u>17,578,096</u>
Net Increase	26,468,975	24,279,030
Net Assets Available for Benefits, Beginning of Year	<u>395,474,682</u>	<u>371,195,652</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 421,943,657</u></u>	<u><u>\$ 395,474,682</u></u>

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 1: Description of the Plan

The following description of Parkview Health System, Inc. Employees' Pension Plan (Plan) provides only general information. Participants should refer to the Plan Document and *Summary Plan Description* for more complete information.

General

The Plan is a noncontributory defined benefit plan that covers substantially all employees of Parkview Health System, Inc. and subsidiaries (Corporation) and provides for retirement, death, disability and termination benefits. Participants' benefits vest after five years of credited service. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Wells Fargo Bank, N.A. is the trustee of the Plan.

Effective January 1, 2005, the Plan was frozen to new participants. The Plan continues to accrue and pay benefits to existing participants.

Contributions

The Corporation has agreed to voluntarily contribute such additional amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Corporation's present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost and the initial past-service costs plus interest on them over a period of 30 years. The Plan has met the minimum funding requirements established by the federal government.

Pension Benefits

Pension benefits are paid to participants in either monthly installments or in a lump sum based on defined thresholds upon normal retirement which is defined as 65 years of age. The amounts paid are dependent upon the participant's years of vesting service and salary. The Plan also provides for early retirement (starting at age 55), late retirement, death and disability benefits and joint and survivor benefits and payment options, all of which may affect the amount of participants' benefits.

Vesting

Upon completion of five years of vesting service but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. Eligible employees are fully vested upon completion of five years of vesting service.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- c. Other vested benefits insured by the Pension Benefit Guarantee Corporation (PBGC) up to the applicable limitations discussed below.
- d. Vested benefits not insured by the PBGC.
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Corporation and the level of benefits guaranteed by the PBGC.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. Common stocks and U.S. Government securities are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings. Mutual funds are valued at the net asset value (NAV) quoted market value of shares held by the Plan at year-end.

Commingled (collective trust) funds are valued at NAV based on information reported by the investment advisor using the audited financial statement of the collective trust at year-end.

The Plan's Finance Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians and insurance companies. See Note 7 for a discussion of fair value measurements.

The guaranteed interest contract is valued at contract value, as estimated by Lincoln National Life Insurance Company (Lincoln). Contract value represents contributions made under the contract, plus interest at contract rate, less funds used to pay retirement benefits.

Real estate investment fund and real estate investment trust fund are valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by each investee fund rather than actual market transactions and other observable market data.

Purchases and sale 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Corporation or the Plan, at the Corporation's discretion.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 6) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Benefits under the Plan are based on employees' five highest consecutive years of compensation in the last 10 years of vested service. Benefits payable under all circumstances — retirement, death, disability and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

Plan Tax Status

The Plan obtained its latest determination letter on June 22, 2015, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax.

Note 3: Certification by Plan Custodians

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodians have certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2017 and 2016
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016
- Investment information included in the accompanying schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2017

The Plan's independent auditors did not perform procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 4: Investment Contract With Insurance Company

In 1958, the Plan entered into a fully benefit-responsive investment contract with Lincoln National Life Insurance Company (Insurer). The Insurer maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan. The rate was 3 percent for 2017 and 2016.

The guaranteed investment contract is fully benefit-responsive; therefore, contract value is the relevant measurement. Contract value, as reported to the Plan by the Insurer, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Documents (including complete or partial Plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The investment contract is a traditional investment contract.

Note 5: Accumulated Plan Benefits

An actuary from Buck Consultants determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of January 1, 2017 and 2016, was as follows:

	January 1, 2017	January 1, 2016
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 152,955,248	\$ 138,750,212
Other participants	171,712,208	174,239,956
	<u>324,667,456</u>	<u>312,990,168</u>
Nonvested benefits	970,975	844,931
	<u>970,975</u>	<u>844,931</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 325,638,431</u></u>	<u><u>\$ 313,835,099</u></u>

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Changes in the actuarial present value of accumulated plan benefits were as follows:

	January 1, 2017	January 1, 2016
Actuarial present value of accumulated plan benefits, beginning of year	\$ 313,835,099	\$ 284,839,616
Increase during the year attributable to		
Benefits accumulated	8,239,473	7,447,018
Increase for interest due to the decrease in the discounted period	21,469,795	20,883,516
Assumption changes	(3,413,341)	13,692,042
Benefits paid	(14,492,595)	(13,027,093)
Net increase	<u>11,803,332</u>	<u>28,995,483</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 325,638,431</u>	<u>\$ 313,835,099</u>

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 7.00 percent for 2017 and 2016
- Mortality basis: RP-2014 Mortality Tables with Projections specified by IRS Proposed Reg. Section 1.430(h)(3)-1 with separate annuitant and nonannuitant static mortality tables
- Employee turnover: Sarason T-8 Table
- Retirement: At normal retirement age (65) or attained age if later
- Asset valuation: Market

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.

Note 7: Party-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Plan investments are held by Lincoln National Life Insurance Company (Lincoln) and Wells Fargo Bank, N.A. (Wells Fargo). Lincoln and Wells Fargo are the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan receives management services from an investment advisor. The Plan paid \$1,558,762 and \$1,670,729 of administrative and management fees to the custodians, the investment fund managers and the investment advisor during 2017 and 2016, respectively. The Corporation provides certain administrative services at no cost to the Plan.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 8: Fair Value of Plan Assets

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2017 and 2016:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2017				
Mutual funds	\$ 163,176,993	\$ 163,176,993	\$ -	\$ -
Money market funds	4,013,271	4,013,271	-	-
Common stocks	93,157,641	93,157,641	-	-
Fixed income	94,093,631	-	94,093,631	-
Commingled funds (A)	11,682,879	-	-	-
Real estate funds (A)	38,735,953	-	-	-
	<u>\$ 404,860,368</u>	<u>\$ 260,347,905</u>	<u>\$ 94,093,631</u>	<u>\$ -</u>

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2016	Fair Value			
Mutual funds	\$ 152,166,741	\$ 152,166,741	\$ -	\$ -
Money market funds	5,861,665	5,861,665	-	-
Common stocks	96,153,929	89,589,271	6,564,658	-
Fixed income	78,000,091	-	78,000,091	-
Commingled funds (A)	10,880,408	-	-	-
Real estate funds (A)	36,703,448	-	-	-
	<u>\$ 379,766,282</u>	<u>\$ 247,617,677</u>	<u>\$ 84,564,749</u>	<u>\$ -</u>

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2017. The Plan had no liabilities measured at fair value on a recurring basis. Additionally, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. There are no Level 3 securities.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	December 31, 2017			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Commingled fund (A)	\$ 11,682,879	\$ —	N/A	None
Real estate investment trust fund (B)	20,863,649	—	N/A	None
Real estate investment fund (C)	17,872,304	—	N/A	None

	December 31, 2016			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Commingled fund (A)	\$ 10,880,408	\$ —	N/A	None
Real estate investment trust fund (B)	19,602,407	—	N/A	None
Real estate investment fund (C)	17,101,041	—	N/A	None

- (A) This category includes investments in a fund that seeks to provide returns consistent with US CPI +5% over the long-term by investing in areas that offer strong relative performance in rising inflation environments.
- (B) This category includes investments in a fund that is institutional debt focused. The structure is to invest in participating mortgage loans which are secured primarily by high quality, well leased properties, all of which are located in the United States of America.
- (C) This category includes investments in a real estate fund that emphasizes the active management of stable, well located properties among the primary real estate sectors consisting of apartments, industrial, office and retail in major metropolitan markets throughout the United States of America.

Note 9: Plan Amendment

During the year, the Plan was amended to allow for lump sum distributions if participants met certain requirements. This amendment was available for a period of time during the year ended December 31, 2017.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 10: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Note 11: Subsequent Events

Subsequent events have been evaluated through October 3, 2018, which is the date the financial statements were available to be issued.

Supplemental Schedules

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
American Funds Capital World Grow	781,883 Shares	\$ 34,270,324	\$ 39,954,232
Dodge & Cox Global Stock Fund	2,987,681 Shares	32,507,365	41,409,256
PIMCO All Asset Fd Institutional	780,414 Shares	8,569,077	8,631,380
US Core Fixed Income Fund	6,133,290 Shares	73,571,713	73,182,125
* Money Market Funds			
Blackrock Short-Term Investment Fund	3,379,409 Shares	3,379,409	3,379,409
Commercial Paper	327,077 Shares	327,077	327,077
Net Cash	306,785 Shares	306,785	306,785
Common Stocks			
Abbott Labs	6,463 Shares	281,477	625,037
Adobe Sys Inc	9,000 Shares	294,176	1,577,160
Aia Group Ltd Usd 1.0	149,800 Shares	671,554	1,260,137
Akamai Technologies	9,550 Shares	418,801	621,132
Align Technology Inc	4,800 Shares	166,193	1,066,512
Alimentation Couche-Tard inc	8,700 Shares	422,487	455,432
Allergan Plc	2,778 Shares	708,729	454,425
Alphabet Inc Cl A	310 Shares	109,901	326,554
Alphabet Inc Cl C	1,092 Shares	545,339	1,142,669
Altaba Inc	5,175 Shares	131,882	361,474
American International Group, Inc	5,824 Shares	283,375	346,994
Ameriprise Finl Inc	3,006 Shares	266,327	509,427
Ametek Inc Com	4,415 Shares	207,859	319,955
Amphenol Corp Cl A	12,000 Shares	585,245	1,053,600
Anadarko Petroleum Corp	4,376 Shares	339,094	234,729
Apple Inc	8,482 Shares	835,579	1,435,409
Applied Materials Inc	12,549 Shares	232,560	641,505
Autodesk Inc	9,100 Shares	317,435	953,953
Automatic Data Processing Inc	5,600 Shares	290,104	656,264
Bank of America Corp	27,999 Shares	653,531	826,530
Bank of the Ozarks Inc	7,379 Shares	348,597	357,513
Blackrock Inc	560 Shares	115,800	287,678
Boeing Co	1,829 Shares	156,393	539,390
Centene Corp Del	4,452 Shares	426,422	449,118
Cerner Corp Com	13,400 Shares	805,094	903,026
Cheesecake Factory Inc	3,750 Shares	150,192	180,675
China Mobile Ltd	75,000 Shares	792,862	760,333
Chubb Limited	1,537 Shares	179,217	228,986
Cisco Systems Inc	25,100 Shares	480,293	961,330
Citizens Financial Group Inc	10,987 Shares	284,877	461,234
Cnooc Ltd Hkd 0.02	583,000 Shares	917,023	836,767
Coca Cola Co	5,275 Shares	213,389	242,017

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Cognex Corp	5,100 Shares	\$ 89,258	\$ 311,916
Cognizant Tech Solutions Crp Com	12,200 Shares	756,371	866,444
Coherent Inc	826 Shares	178,813	233,114
Colgate Palmolive Co	9,500 Shares	506,430	716,775
Comcast Corp Class A	11,592 Shares	346,858	464,260
Compass Group 10.625p	39,407 Shares	690,640	852,931
Core Laboratories N V Com	1,950 Shares	195,700	213,623
CSL Ltd NPV	7,800 Shares	354,145	862,037
Cypress Semiconductor Corp	17,071 Shares	207,879	260,162
Danaher Corp	3,778 Shares	289,575	350,674
Denso Corpnv	14,700 Shares	555,310	882,522
Discover Financial Services	5,521 Shares	382,088	424,675
Dolby Laboratories Inc	4,275 Shares	138,394	265,050
Dollar General Corp	4,799 Shares	354,804	446,355
Du Pont E I De Nemours & Co	7,055 Shares	313,920	503,169
Ecolab Inc	2,067 Shares	156,552	277,350
Edwards Lifesciences Corp	18,175 Shares	1,274,555	2,048,504
Eog Resources, Inc	9,700 Shares	570,282	1,046,727
Essilor Intl Eur .35 Rfd	6,149 Shares	593,398	848,757
Ethan Allen Interiors Inc Com	11,425 Shares	286,100	326,755
Experian PLC USD	18,900 Shares	354,974	418,278
F5 Networks	3,141 Shares	307,975	412,162
Factset Resh Sys Inc Com	3,675 Shares	381,333	708,393
Fanuc Co Jpy Ords	4,600 Shares	739,017	1,104,980
First Data Corporation	16,521 Shares	236,711	276,066
Fortune Brands	3,588 Shares	224,735	245,563
Garmin Ltd	8,700 Shares	357,833	518,259
Gentex Corp	25,050 Shares	268,387	524,798
Gentherm Inc.	6,200 Shares	233,590	196,850
Gilead Sciences Inc	6,600 Shares	684,364	472,824
Graco Inc	8,175 Shares	141,556	369,674
Hennes + Mauritz Sek 0.25	14,500 Shares	520,658	299,829
Hexcel Corp New Com	6,998 Shares	299,641	432,826
Home Depot Inc	3,021 Shares	310,290	572,570
Hong Kg & China Gas Co Ltd Hkd.25	370,856 Shares	548,373	726,787
IHS Inc	4,863 Shares	159,895	219,564
Industria De Diseno Textil Eur	25,800 Shares	675,213	899,831
Ingersoll-rand Plc	5,081 Shares	229,696	453,174
Intuit Com	7,575 Shares	506,376	1,195,184
Intuitive Surgical Inc	5,460 Shares	785,033	1,992,572
Jacobs Engr Group Inc	6,692 Shares	346,641	441,404
Jetblue Awys Corp	28,325 Shares	243,143	632,781
Johnson & Johnson	7,000 Shares	474,362	978,040
Johnson Controls International PLC	13,119 Shares	563,606	499,965

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Keyence Co Jpy Ords	2,200 Shares	\$ 285,712	\$ 1,232,703
Kone Corp	7,800 Shares	417,701	419,419
L Brands Inc	11,400 Shares	575,170	686,508
L'oreal Sa Eur 0.2	3,900 Shares	492,610	866,141
Landstar Sys Inc Com	5,475 Shares	274,129	569,948
Live Nation Entertainment Inc	4,053 Shares	120,125	172,536
Lvmh Moet Hennessy Loui Eur 0.3 Rfd	3,196 Shares	565,593	941,783
Manhattan Associates, Inc	5,400 Shares	229,627	267,516
Martin Marietta Matls Inc	16,700 Shares	300,296	369,137
Marvell Technology Group	23,038 Shares	460,197	494,626
Mastercard Inc	8,000 Shares	348,133	1,210,880
Medidata Solutions Inc	1,968 Shares	112,584	124,712
Metife Inc	9,466 Shares	447,902	478,601
Microchip Technology Inc Com	5,500 Shares	190,329	483,340
Microsoft Corp	29,392 Shares	945,329	2,514,192
Middleby Corp	7,950 Shares	715,625	1,072,853
Molson Coors Brewing	5,726 Shares	509,227	469,933
Morgan Stanley	11,542 Shares	493,722	605,609
Myriad Genetics Inc Com	7,850 Shares	287,439	269,608
Nestle Sa Chf 0.1	8,400 Shares	525,865	722,340
Nike Inc Cl B	13,800 Shares	342,763	863,190
Nordstrom Inc	8,400 Shares	353,863	397,992
Novartis Ag Chf 0.5	10,050 Shares	870,682	849,790
Novo Nordisk A/s Dkk 0.2	20,550 Shares	710,085	1,108,634
Occidental Pete Corp	7,105 Shares	538,214	523,354
Open Text Corporation	27,400 Shares	444,629	977,358
Oracle Corporation	20,200 Shares	657,225	955,056
Paychex Inc	3,600 Shares	129,944	245,088
Pfizer Inc	9,904 Shares	352,663	358,723
Plantronics Inc Com	9,200 Shares	356,539	463,496
Plexus Corp Com	14,725 Shares	469,132	894,102
Power Intergrations Inc Com	5,825 Shares	263,166	428,429
PPL Corporation	5,560 Shares	191,205	172,082
Praxair Inc Com	5,700 Shares	621,164	881,676
Procter & Gamble	5,037 Shares	437,769	462,800
Proto Labs Inc	4,675 Shares	207,128	481,525
PTC Inc	5,640 Shares	317,938	342,743
Ralph Lauren Corporation	2,350 Shares	348,765	243,672
Realpage Inc	8,850 Shares	154,038	392,055
Reckitt Benckiser Place Gbp	8,000 Shares	455,918	748,779
Reliance Stl & Alum Co Com	1,512 Shares	125,745	129,714

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Roche Hldgs Ag Genussscheine	3,700 Shares	\$ 772,725	\$ 935,916
Royal Caribbean Cruise	6,200 Shares	289,734	739,536
Sabre Corp	9,819 Shares	235,973	201,290
Schlumberger Ltd	14,100 Shares	976,312	950,199
Seagate Technology	12,650 Shares	414,412	529,277
Sgs Sa Chf 1.0	220 Shares	461,116	573,649
Shin-etsu Chemical Co Ltd Npv	8,200 Shares	449,817	833,467
Signature Bk New York	1,866 Shares	236,527	256,128
Sleep Number Corp	14,975 Shares	421,150	562,911
Southwestern Energy Co Com	39,750 Shares	377,051	221,806
Starbucks Corp Com	21,497 Shares	1,145,918	1,234,574
Stryker Corp	9,100 Shares	491,646	1,409,045
Super Micro Computer Inc	10,450 Shares	306,393	218,667
Synaptics Inc	3,275 Shares	224,538	130,805
Taiwan Semiconductor Manufacture	38,800 Shares	564,114	1,538,420
TCF Financial	10,525 Shares	126,010	215,763
Time Warner Inc	2,794 Shares	243,929	255,567
TJX Companies Inc	29,667 Shares	1,473,716	2,268,339
Tripadvisor Inc	2,750 Shares	186,242	94,765
Ubiquiti Networks Inc	9,350 Shares	338,160	664,037
Ultra Petroleum Corp	59,899 Shares	754,860	542,684
Under Armor	13,500 Shares	236,156	194,804
Unitedhealth Group Inc	3,477 Shares	242,666	766,538
Universal Display	3,932 Shares	208,724	678,859
Urban Outfitters Incorporated	5,300 Shares	181,394	185,818
Vertex Imaging Corp	2,760 Shares	53,361	110,869
Varian Med Sys Inc	4,600 Shares	262,643	511,290
Vectren Corp	2,502 Shares	84,029	162,680
Viasat Inc	5,600 Shares	312,789	419,160
Visa Inc-Class A Shrs	5,667 Shares	257,323	646,151
Walt Disney Co	8,600 Shares	825,674	924,586
Whirlpool Corp	1,321 Shares	223,126	222,773
Willis Tower Watson Pub LTDCO	1,284 Shares	163,710	193,486
U.S. Government and Agency Obligations			
Fed Home LN Bk	305,000 Shares	305,000	299,077
Fed Home LN MTG Corp	8,318 Shares	8,664	8,315
Fed Home LN MTG Corp	12,489 Shares	12,659	12,458
Fed Home LN MTG Corp	18,722 Shares	19,772	18,833
Fed Home LN MTG Corp	4,857 Shares	4,899	4,844
Fed Home LN MTG Corp	12,523 Shares	12,840	12,543

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp	583,250 Shares	\$ 601,295	\$ 595,569
Fed Home LN MTG Corp Pool #C91874	349,469 Shares	380,396	369,997
Fed Home LN MTG Corp Pool #C91875	492,621 Shares	520,638	511,798
Fed Home LN MTG Corp Pool #C919906	456,186 Shares	471,602	473,106
Fed Home LN MTG Corp Pool #G18558	630,339 Shares	665,894	652,590
Fed Home LN MTG Corp Pool #G60651	689,184 Shares	728,327	722,327
Fed Natl MTG Assn	11,994 Shares	12,094	11,935
Fed Natl MTG Assn	11,991 Shares	12,306	12,009
Fed Natl MTG Assn Pool #A18401	375,115 Shares	421,535	405,889
Fed Natl MTG Assn Pool #AL6895	1,038,091 Shares	1,076,236	1,070,085
Fed Natl MTG Assn Pool #AL6895	969,966 Shares	1,020,283	1,001,461
Fed Natl MTG Assn Pool #AS4170	433,100 Shares	463,350	453,283
Fed Natl MTG Assn Pool #AS7568	370,310 Shares	407,399	394,292
Fend Natl MTG Assn Pool #MA2028	209,255 Shares	228,611	223,026
Fed Natl MTG Assn Pool #MA2158	787,689 Shares	860,769	839,283
Fed Natl MTG Assn Pool #MA2211	860,835 Shares	930,239	908,714
Fed Natl MTG Assn Pool #MA2260	324,000 Shares	341,213	336,180
Fed Natl MTG Assn Pool #2279	545,450 Shares	585,336	570,792
FHLMC Multifamily Structured	595,000 Shares	612,846	590,799
FHLMC Multifamily Structured	500,000 Shares	514,976	515,251
FHLMC Multifamily Structured	245,000 Shares	252,342	252,379
FHLMC Multifamily Structured	280,000 Shares	288,383	287,120
FRESB Multifamily mortgage Pass-through	182,954 Shares	183,793	179,163
Govt Natl MTG Assn	5,141 Shares	5,289	5,156
Govt Natl MTG Assn Pool #711067	264,863 Shares	298,715	286,645
Small Business Administration	366,482 Shares	366,482	369,684
U.S. Treasury Bond	1,011,100 Shares	1,133,623	1,154,828
U.S. Treasury Bond	700,600 Shares	737,343	752,683
U.S. Treasury Bond	1,528,400 Shares	1,430,033	1,457,054
U.S. Treasury Note	690,000 Shares	690,169	688,599
U.S. Treasury Note	750,000 Shares	751,742	749,535
U.S. Treasury Note	525,000 Shares	527,705	524,344
U.S. Treasury Note	880,000 Shares	879,409	875,978
U.S. Treasury Note	885,000 Shares	878,196	877,708
U.S. Treasury Note	720,000 Shares	720,624	717,725
U.S. Treasury Note	735,000 Shares	736,013	732,303
U.S. Treasury Note	1,312,800 Shares	1,313,184	1,313,916
U.S. Treasury Note	400,000 Shares	398,443	398,000
U.S. Treasury Note	972,300 Shares	972,420	972,903
U.S. Treasury Note	215,000 Shares	214,177	214,211
U.S. Treasury Note	1,026,300 Shares	1,021,832	1,013,594
U.S. Treasury Note	714,400 Shares	716,427	706,670
U.S. Treasury Note	47,000 Shares	44,367	43,728

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
21st Century Fox America	75,000 Shares	\$ 81,893	\$ 78,940
Abbott Laboratories	80,000 Shares	80,151	80,087
Abbvie Inc	120,000 Shares	120,172	119,941
Aercap Ireland Cap Ltd/A	170,000 Shares	172,217	176,404
Aetna Inc	80,000 Shares	80,554	79,874
Albemarle Corp	170,000 Shares	200,088	200,597
Alexadria Real Estate E	242,000 Shares	238,951	243,019
Allegion U.S. Holding	235,000 Shares	234,860	232,239
Ally Financial Inc	213,000 Shares	211,990	213,639
Amerada Hess Corp	82,000 Shares	101,804	102,231
American Equity Investment	319,000 Shares	325,330	330,548
American Express	35,000 Shares	38,511	35,375
American Express Credit	115,000 Shares	115,850	114,924
American Express Credit	224,000 Shares	224,047	224,432
American Express Credit	50,000 Shares	50,037	49,799
American Express Credit Accoun	180,000 Shares	179,971	179,069
American Honda Finance	80,000 Shares	79,967	79,667
American Honda Finance	290,000 Shares	290,036	290,624
American Tower Corp	116,000 Shares	125,901	122,994
Americredit Automobile Receiva	335,000 Shares	334,940	333,060
Amphenol Corp	80,000 Shares	79,780	79,605
Andavor Logis LP/Corp	121,000 Shares	120,598	126,198
Anglo American Capital	213,000 Shares	221,291	220,170
Anheuser-Busch Inbev Fin	173,000 Shares	186,295	200,505
Apple Inc	80,000 Shares	79,939	79,739
Aspen Insurance Hldg Ltd	261,000 Shares	273,141	277,563
Assoc Banc Corp	292,000 Shares	296,056	292,993
Assurant Inc	80,000 Shares	80,663	80,091
AT&T Inc	150,000 Shares	161,052	155,660
AT&T Inc	386,000 Shares	385,675	390,864
AT&T Inc	288,000 Shares	271,085	281,678
Athene Global Funding	210,000 Shares	210,664	210,105
Avis Budget Rental Car Funding	515,000 Shares	514,918	518,826
Bank Of America Corp	426,000 Shares	482,999	432,509
Bank Of America Corp	190,000 Shares	191,613	191,577
Bank Of America Corp	200,000 Shares	202,126	200,684
Bank Of America Corp	165,000 Shares	203,036	218,486
Bank Of America Corp	176,000 Shares	188,478	176,598
Bank of America Credit Card Tr	200,000 Shares	199,991	199,784
Bank of America Credit Card Tr	100,000 Shares	100,148	100,279
Bank of Montreal	160,000 Shares	159,793	158,717
Bank Of Nova Scotia	165,000 Shares	163,493	163,708
Bank Of Nova Scotia	221,000 Shares	220,689	221,144

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Barclays PLC	213,000 Shares	220,328	220,449
Blackstone Holding Fina	131,000 Shares	135,971	140,615
BMW Vehicle Owner Trust	125,000 Shares	124,063	124,038
BNP Paribas	155,000 Shares	158,110	155,437
Boston Properties LP	157,000 Shares	177,848	169,802
Boston Scientific Corp	204,000 Shares	200,021	207,156
Bp Capital Markets Plc	45,000 Shares	45,000	44,745
Brighthouse Financial	193,000 Shares	191,563	196,885
Brixmor Operating Part	110,000 Shares	109,900	110,945
Broadcom CRP/ Cayman	205,000 Shares	212,657	201,730
Burlingtn North Santa Fe	149,000 Shares	165,430	176,836
California Institue of	178,000 Shares	178,153	172,847
Capital Auto Reveivable Asset	750,000 Shares	752,367	750,758
Capital One Financial Co	160,000 Shares	160,985	160,373
Capital One Multi-asset Execut	220,000 Shares	219,304	219,261
Capital One Multi-asset Execut	810,000 Shares	813,006	813,839
Cardinal Health Inc	110,000 Shares	110,734	109,934
Carmax Auto Owner Trust	498,640 Shares	498,627	497,593
Caterpillar Finl Service	125,000 Shares	124,880	124,731
CBRE Services Inc	317,000 Shares	337,174	348,675
CCO Safari Li LLC	390,000 Shares	388,050	384,150
CD 2016-CD2	416,000 Shares	428,469	429,445
CD 2016-CD3	495,000 Shares	509,833	516,671
Celgene Corp	181,000 Shares	189,603	205,361
CFCRE Commercial Mortgage Trust	255,000 Shares	262,648	266,225
Chase Issuance Trust	215,000 Shares	214,110	212,936
Chase Issuance Trust	495,000 Shares	494,917	486,476
Chase Issuance Trust	720,000 Shares	745,791	730,570
Cheniere Corpus Christi Holdings LLC	191,000 Shares	193,680	197,570
Cintas Coporation No. 2	155,000 Shares	154,930	161,282
Cisco Systems Inc	150,000 Shares	150,000	149,922
Citibank Credit Card Issuance	205,000 Shares	205,160	204,543
Citibank Credit Card Issuance	480,000 Shares	483,731	485,501
Citibank Credit Card Issuance Trust	600,000 Shares	605,414	605,628
Citigroup Commercial Mortgage Trust	579,000 Shares	596,337	604,789
Citigroup Commercial Mortgage	479,000 Shares	493,557	483,153
Citigroup Inc	250,000 Shares	257,550	251,360
Citigroup Inc	205,000 Shares	207,034	205,724
Citigroup Inc	318,000 Shares	318,082	322,891
Citigroup Inc	151,000 Shares	153,807	159,385
Citizens Bank NA/RI	266,000 Shares	265,965	267,184
CMS Energy Corp	213,000 Shares	233,447	239,435
CNH Equipment Trust	100,000 Shares	99,991	99,849
Comcast Corp	256,000 Shares	266,679	273,533

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Comm Mortgage Trust	719,000 Shares	\$ 786,631	\$ 763,628
Comm Mortgage Trust	129,000 Shares	135,880	136,768
Comm Mortgage Trust	700,000 Shares	744,105	738,143
Comm Mortgage Trust	500,000 Shares	514,964	515,845
Commercial Mortgage Pass-throu	132,000 Shares	141,936	136,623
Commscope Tech LLC	196,000 Shares	197,715	196,000
Cott Corp	208,000 Shares	208,589	213,720
Crown Castle Intl Corp	181,000 Shares	184,162	190,030
Dbubs Mortgage Trust	172,000 Shares	192,741	181,414
Dbubs Mortgage Trust	148,000 Shares	163,257	158,868
DDR Corp	172,000 Shares	182,460	181,346
Diamond 1 Fin/Diamond 2	162,000 Shares	176,769	178,624
Diamond Energy Inc	185,000 Shares	185,516	185,694
Discover Card Execution Note T	175,000 Shares	174,979	174,447
Discover Card Execution Note T	1,100,000 Shares	1,116,801	1,100,528
Discover Card Execution Note T	715,000 Shares	714,656	712,705
Discovery Communications	198,000 Shares	193,339	196,630
Dollar Tree Inc	177,000 Shares	186,551	185,408
Duke Realty LP	78,000 Shares	77,327	77,307
Duke University	215,000 Shares	215,000	209,414
E.I. Du Pont De Demours	145,000 Shares	145,082	145,911
Enable Midstream Partners LP	278,000 Shares	270,430	279,685
Energy Transfer Partners	182,000 Shares	182,000	176,777
Enlink Midstream Partner	181,000 Shares	180,443	178,776
Entergris Inc	34,000 Shares	34,638	34,510
Enterprise Products Oper	160,000 Shares	186,975	197,480
Erac Usa Finance Company	346,000 Shares	334,419	338,872
Expedia Inc	200,000 Shares	199,309	193,265
Fifth Third Auto Trust	70,000 Shares	69,994	69,848
Ford Credit Auto Owner Trust	178,030 Shares	177,780	177,447
Ford Credit Auto Owner Trust	160,000 Shares	159,956	158,998
Ford Credit Auto Owner Trust/F	750,000 Shares	764,678	751,103
Ford Credit Auto Owner Trust/F	715,000 Shares	714,921	708,515
Ford Motor Company	155,000 Shares	208,392	202,618
General Electric Co	176,000 Shares	168,375	181,386
General Motors Finl Co	213,000 Shares	217,409	215,079
Gilead Sciences Inc	80,000 Shares	79,972	79,668
Glencore Funding LLC	182,000 Shares	186,711	188,279
Goldman Sachs Group Inc	170,000 Shares	171,562	170,320
Goldman Sachs Group Inc	485,000 Shares	490,966	492,474
Goldman Sachs Group Inc	176,000 Shares	222,649	237,178
GS Mortgage Securities Corp Li	605,216 Shares	689,024	644,029

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
GS Mortgage Securities Corporation	354,000 Shares	\$ 378,017	\$ 369,056
GS Mortgage Securities Trust	183,000 Shares	188,490	188,009
GS Mtg Secs Tr	183,000 Shares	198,555	193,931
H&E Equipment Services	188,000 Shares	197,635	196,460
Health Care Reit Inc	42,000 Shares	45,647	44,629
Healthcare Realty Trust	144,000 Shares	142,780	142,468
Healthcare Trust Of Amer	234,000 Shares	233,695	239,242
Hollyfrontier Coerp	179,000 Shares	180,243	199,163
Homedepot Inc	142,000 Shares	183,382	192,156
Honda Auto Receivables Owner T	149,479 Shares	149,830	148,947
Honda Auto Receivables Owner T	170,000 Shares	168,898	168,290
Horace Mann Educators Co	179,000 Shares	179,447	186,522
Host Hotels & Resorts	202,000 Shares	203,357	205,622
Hsbc Finance Corp	160,000 Shares	159,315	159,989
Hudson Pacific Poperties	75,000 Shares	74,861	74,617
Huntington Auto Trust	240,000 Shares	239,969	239,017
Huntington National Bank	303,000 Shares	302,229	303,115
Hyundai Auto Receivables Trust	160,348 Shares	161,138	160,020
Hyundai Capital America	241,000 Shares	241,026	240,766
IBM Credit Corp	160,000 Shares	159,085	158,920
IHS Markit LTD	195,000 Shares	186,994	194,756
Indiana Michigan Power	187,000 Shares	188,131	213,283
Intl Paper Co	192,000 Shares	192,112	200,632
Iron Moutain Inc	195,000 Shares	195,525	194,025
Istar Financial Inc	11,000 Shares	11,000	11,165
Istar Financial Inc	188,000 Shares	189,398	189,175
Jefferties Group	80,000 Shares	80,197	85,051
John Deere Capital Corp	85,000 Shares	84,945	84,811
John Deere Owner Trust	59,539 Shares	59,539	59,461
John Deere Owner Trust	147,795 Shares	147,391	147,383
Jons Lang LaSale Inc	22,000 Shares	23,234	23,178
JPMorgan Chase Commercial Mor	719,000 Shares	771,465	752,937
JPMorgan Chase Commercial Mor	151,000 Shares	155,530	157,236
JPMorgan Chase & Co	200,000 Shares	201,660	199,866
JPMorgan Chase & Co	269,000 Shares	269,078	270,512
JPMorgan Chase & Co	259,000 Shares	259,496	270,168
JPMorgan Chase & Co	290,000 Shares	306,517	313,884
JPMorgan Chase & Co	176,000 Shares	187,367	178,200
Keysight Technologies	182,000 Shares	182,440	191,555
Kimco Realty Corp	140,000 Shares	139,432	142,773
KKR Group Finance Co Iii	181,000 Shares	185,296	200,639
Kraft Heinz Foods Co	65,000 Shares	65,114	64,998
Lehigh University	395,000 Shares	395,000	380,346

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Liberty Mutual Group	170,000 Shares	\$ 210,268	\$ 216,410
Lloyds Banking Group	208,000 Shares	208,000	206,217
Magellan Health Services	241,000 Shares	240,540	242,569
Manulife Financial Corp	190,000 Shares	189,848	191,433
Masco	159,000 Shares	159,006	167,825
Mass Mutual Life Ins Co	35,000 Shares	54,942	58,001
McDonalds Corp Med Term Note	140,000 Shares	140,867	140,143
Meiji Yasuda Life Insurance	250,000 Shares	271,375	267,500
Mercedes-Benz Auto Receivables Tr	200,000 Shares	198,895	198,642
Meritor Inc	153,000 Shares	161,606	161,033
Metlife Inc	171,000 Shares	205,099	181,691
Microsoft Corp	172,000 Shares	173,348	212,888
Mitsubishi UFJ Fin Group	190,000 Shares	190,216	191,207
Morgan Stanley	160,000 Shares	161,850	160,723
Morgan Stanley	385,000 Shares	384,582	383,587
Morgan Stanley	138,000 Shares	143,874	151,273
Morgan Stanley BAML Trust	520,000 Shares	535,587	543,962
Morgan Stanley Capital I	17,354 Shares	18,626	17,344
Morgan Stanley Capital I	230,000 Shares	236,892	229,094
MUFG Americas Hlds Corp	160,000 Shares	160,074	159,968
National Rural Util Coop	190,000 Shares	192,850	198,941
National City Corp DTD	168,000 Shares	189,054	178,120
NBC Universal Enterprise	368,000 Shares	368,061	369,156
New York University	720,000 Shares	709,315	704,837
Nextera Energy Capital	30,000 Shares	30,075	29,913
Nextera Energy Capital	85,000 Shares	85,460	84,954
Nissan Auto Receivables Owner	10,086 Shares	10,093	10,083
Nissan Auto Receivables Owner	187,474 Shares	187,104	186,876
Nissan Auto Receivables Owner	140,000 Shares	139,995	139,593
Nordea Bank AB	269,000 Shares	269,090	270,157
Nova Chemicals Corp	171,000 Shares	172,117	170,573
NVR Inc	170,000 Shares	175,743	177,466
Olympus Merger Sub Inc	179,000 Shares	176,302	176,763
Oneok Inc	244,000 Shares	291,112	290,377
Penske Truck Leasing/PTL	232,000 Shares	231,294	229,072
Pepsico Inc	193,000 Shares	190,987	187,235
Physicians Realty LP	252,000 Shares	251,697	256,402
Platform Specialty Prod	70,000 Shares	70,123	69,475
Post Holding Inc	195,000 Shares	196,156	196,034
Premier Health Partners	271,000 Shares	271,000	259,396
Progress Energy Inc	155,000 Shares	158,288	157,001
Prudential Financial Inc	80,000 Shares	80,617	80,134
Prudential Financial Inc	181,000 Shares	212,494	185,932
Qualcom Inc	60,000 Shares	59,972	59,773

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Qualcom Inc	114,000 Shares	\$ 114,054	\$ 114,049
Rabobank Nederland Utrec	250,000 Shares	262,695	260,650
RBS Global & Rextord Cor	185,000 Shares	187,219	186,850
Realty Income Group	20,000 Shares	20,077	19,998
Regency Energy Part/ Fina	265,000 Shares	283,786	282,482
Reliance Stand Life II	185,000 Shares	184,867	185,152
Renaissancere Finance	148,000 Shares	146,960	145,626
Reynolds American Inc	207,000 Shares	215,248	258,495
Royal Bank Of Canada	200,000 Shares	201,478	199,890
Royal Bk Scotland Group Plc	181,000 Shares	189,136	182,835
Ryder System Inc	120,000 Shares	120,976	120,331
Sabine Pass Liquefaction	167,000 Shares	183,263	184,203
Sammons Financial Group	246,000 Shares	246,387	252,285
Santander Drive Auto Receivabl	63,287 Shares	63,280	63,302
Santander Drive Auto Receivabl	408,381 Shares	408,359	408,528
Santander UK PLC	160,000 Shares	161,013	160,491
Service Corp Intl	194,000 Shares	196,590	196,836
Shell International Fin	96,000 Shares	104,858	109,189
Sherwin-Williams Co	138,000 Shares	137,662	150,881
Southern Corp	15,000 Shares	14,982	14,970
Southern Cooper Corp	191,000 Shares	208,760	230,697
Southern Power Co	145,000 Shares	143,936	143,808
Spirit Realty LP	268,000 Shares	266,276	266,861
Sprint Spectrum/ Spec I	282,188 Shares	284,452	283,951
Sumitono Nitsui Finl Group	222,000 Shares	225,012	224,102
Symetra Finl Corp	195,000 Shares	201,014	197,985
Synchrony Credit Card Master N	115,000 Shares	115,058	114,926
Tesoro Corp	169,000 Shares	176,183	174,493
Teva Pharmaceut Fin BV	120,000 Shares	119,201	119,201
Tiaa Asset Mgmt Fin LLC	290,000 Shares	275,821	272,581
Toronto-dominion Bank	268,000 Shares	268,553	269,924
Toronto-dominion Bank	160,000 Shares	159,381	159,086
Toronto-dominion Bank	274,000 Shares	271,818	273,293
Toyota Auto Receivables Owner	37,881 Shares	37,878	37,823
Toyota Auto Receivables Owner	157,175 Shares	157,869	156,973
Toyota Auto Receivables Owner	170,000 Shares	169,992	169,737
Transatlantic Holdings	144,000 Shares	197,431	198,855
Tyson Foods Inc	80,000 Shares	80,000	80,133
United Rentals North Am	190,000 Shares	196,650	196,435
U.S. Bancorp	183,000 Shares	191,679	185,469
USAA Auto owner Trust	19,988 Shares	20,033	19,979
Validus Holdings Ltd	103,000 Shares	142,839	152,277
Vereit Operating Partner	90,000 Shares	89,580	88,971
Verizon Communications	279,000 Shares	323,501	292,612
Vulcan Materials Co	193,000 Shares	193,614	197,055

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Waste Management Inc	171,000 Shares	\$ 167,198	\$ 183,630
Wells Fargo & Company	192,000 Shares	191,677	192,286
Wells Fargo & Company	160,000 Shares	160,861	159,974
Wells Fargo Commercial Mortgage	257,000 Shares	264,702	270,480
Wells Fargo Commercial Mortgage	483,000 Shares	497,470	500,185
Westlake Chemical Corp	237,000 Shares	246,095	266,229
Westlake Chemical Corp	121,000 Shares	119,884	125,662
Westpac Bank Corp	200,000 Shares	200,202	199,110
Westpac Bank Corp	174,000 Shares	174,358	179,274
WF-RBS Commercial Mortgage Trust	86,137 Shares	94,334	91,264
WF-RBS Commercial Mortgage Trust	225,000 Shares	240,091	236,152
WPP Finance 2010	182,000 Shares	191,589	187,517
Xilinx Inc	70,000 Shares	70,164	69,777
Xlit LTD	120,000 Shares	121,127	119,969
Xlit LTD	165,000 Shares	165,836	168,762
State and Municipal Bonds			
California St	720,000 Shares	718,510	714,823
California St	470,000 Shares	474,301	468,515
CMWLTH Fing Auth Pa	85,000 Shares	85,000	88,588
Energy N W WA Elec Revenue	530,000 Shares	526,465	529,046
Houston TX Utility Sys Revenue	500,000 Shares	528,315	522,615
Illinois St Sales Tax Revenue	230,000 Shares	227,813	220,632
New Jersey St Econ Dev Auth Re	105,000 Shares	110,426	109,773
New York NY	720,000 Shares	718,078	719,302
New York St Dorm Auth St Perso	720,000 Shares	731,369	724,990
Seattle WA	605,000 Shares	605,000	601,521
Univ of California CA Revenues	520,000 Shares	529,901	558,126
Wisconsin St Gen Fund Annual A	650,000 Shares	654,368	645,028
Commingled Funds			
Wellington CTF DIH	925,743 Shares	12,957,550	11,682,879
Real Estate Investment fund			
UBS (US) Trumbull Property Income	1,457 Shares	14,859,295	17,872,304
Real Estate Investment Trust fund			
RREEF America REIT II, INC LLC	175,399 Shares	15,832,517	20,863,649
		<u>\$ 351,479,756</u>	<u>\$ 404,860,368</u>
Investment Contract With Insurance Company			
Lincoln National Life		3,383,289	3,383,289
		<u>\$ 354,863,045</u>	<u>\$ 408,243,657</u>

* Party-in-interest

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2017

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Value	Net Gain (Loss)
JPM Core Bond Trust	\$ -	\$ 72,349,815	\$ -	\$ 73,840,239	\$ 72,349,815	\$ (1,490,424)
JPM Core Bond Trust	1,368,778	-	-	1,368,778	1,368,778	-
US Core Fixed Income Fund	79,584,040	-	-	79,584,040	79,584,040	-
US Core Fixed Income Fund	-	6,000,000	-	6,012,296	6,000,000	(12,296)
Blackrock Short-Term Investment Fund	284,066,468	-	-	284,066,468	284,066,468	-
Blackrock Short-Term Investment Fund	-	285,732,265	-	285,732,265	285,732,265	-
Lincoln National Life	32,345,021	-	-	32,345,021	32,345,021	-
Lincoln National Life	-	32,085,215	-	32,085,215	32,085,215	-

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	981.1327	0.0102	10.0185	551.0194
56	1,073.9588	0.0198	21.2386	1,189.3606
57	1,152.2015	0.0198	22.8518	1,302.5508
58	1,210.4038	0.0198	23.9968	1,391.8158
59	1,272.0395	0.0198	25.2492	1,489.7045
60	1,346.9496	0.0497	66.9141	4,014.8457
61	1,374.6091	0.0496	68.2451	4,162.9501
62	1,382.4175	0.4754	657.1994	40,746.3604
63	781.8090	0.1417	110.7822	6,979.2762
64	710.6944	0.1418	100.7491	6,447.9435
65	639.6769	0.9969	637.6988	41,450.4227
66	8.9683	0.8896	7.9779	526.5405
67	4.9852	1.0000	4.9852	334.0087
68	3.0000	1.0000	3.0000	204.0000
69	4.0000	1.0000	4.0000	276.0000
70	0.0000	1.0000	0.0000	0.0000
71	2.0000	1.0000	2.0000	142.0000
72	2.0000	0.5000	1.0000	72.0000
73	2.9915	0.3343	1.0000	73.0000
74	3.9696	0.5038	2.0000	148.0000
75	2.9416	0.6714	1.9750	148.1242
76	1.9490	0.5131	1.0000	76.0000
77	0.9271	0.0000	0.0000	0.0000
78	2.9005	1.0000	<u>2.9005</u>	<u>226.2359</u>
Total			1,776.7821	111,952.1591
Weighted Average Retirement Age = 111952.1591 / 1776.7821				63.01
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

All employees hired prior to January 1, 2005 are eligible to participate in the Pension Plan upon meeting Eligibility Requirements. No employees hired subsequent to January 1, 2005 will be eligible for the Plan.

Eligibility Requirements

Attainment of age 21 and one year of service following date of hire are required. A year of service for eligibility is based upon the completion of 1,000 hours.

Compensation

Regular wages or salary, as reported on Form W-2, including bonuses, commissions, overtime and all other forms of special pay, as well as before-tax contributions to any plans referenced by IRC Section 125, 403(b), 401(k) and 457(b). Before-tax contributions to an IRC Section 457(f) plan and payments made to Highly Compensated Employees for various fringe benefit plans are excluded from compensation.

Average Final Compensation

Based upon Compensation of the 60 consecutive months within the 120 months preceding Normal Retirement which produces the highest average.

Vesting Service

An employee is credited with one year of Vesting Service for each plan year in which he works at least 1,000 hours. All years of service while an employee of Parkview, or an entity acquired by Parkview, are included in the calculation of Vesting Service.

Any former employee rehired by Parkview who has accrued a benefit under the plan prior to termination is eligible to earn a year of Vesting Service toward eligibility requirements for vested and early retirement pensions.

Vesting Service is used in the determination for eligibility for vested and early retirement pensions.

Benefit Service

A participant is credited with one year of Benefit Service for each plan year in which he works at least 1,000 hours as a participant in the plan. Only years of service while an employee of Parkview are included in the calculation of Benefit Service, except where noted for former employees of Huntington Memorial Hospital.

Participants, who made an irrevocable waiver to no longer participate in the plan, will not accrue Benefit Service subsequent to January 1, 2005. In addition, any participant who is rehired subsequent to January 1, 2005, will not accrue Benefit Service under the plan.

Benefit Service is used in the calculation of all pension benefits under the plan.

Normal Retirement Date

First day of the month coincident with or next following the later the attainment of age 65 or the fifth anniversary of the date of participation. Former employees of Huntington Memorial Hospital are eligible for Normal Retirement upon attainment of age 65.

Early Retirement Date

Age 55 and 10 years of Vesting Service. Former employees of Huntington Memorial Hospital are eligible for Early Retirement at age 55 and 5 years of Vesting Service.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

1. Actively employed, with at least 5 years of Vesting Service, or
2. Terminated with a vested deferred pension but before benefit commencement, and
3. Married at time of death.

Eligibility for Disability Pension

Former employees of Huntington Memorial Hospital who retire due to disability after attainment of age 45 and completion of 10 years of Vesting Service.

Accrued Benefit

For those employees who did not irrevocably waive participation in the plan:

Using Average Final Compensation and Social Security covered Compensation as of date of termination:

42.5% of Average Final Compensation reduced by 12.5% of Final Average Compensation not in excess of the Social Security Covered Compensation, reduced for Benefit Service less than 25 at Normal Retirement. The Accrued Benefit is no less than 1.1% of Average Final Compensation multiplied by Benefit Service not to exceed 40 years.

Former employees of Huntington Memorial Hospital will receive the greater of:

1. The Accrued Benefit under the Huntington plan as of December 31, 1997, plus a benefit accrued (as noted above) for Benefit Service earned as a Parkview employee after that date, or
2. A benefit accrued (as noted above) for all years of Benefit Service as a Huntington and Parkview employee.

For those employees who irrevocably waived participation in the Plan:

An Accrued Benefit as calculated above using only Benefit Service and compensation earned through December 31, 2004.

Normal Monthly Retirement Pension

Monthly Accrued Benefit as of Normal Retirement Date. The normal form of payment is the 5 year certain and life annuity. 100% of active participants are assumed to elect the normal form of payment. The other possible form of payment for single participants is a Life only annuity. Other possible forms of payment married participants are: Life only and 100%, 75%, and 50% Joint and Survivor Annuities.

Early Monthly Retirement Pension

Monthly Accrued Benefit as of Early Retirement Date, reduced by 1/180 for each month of the first 60 months plus 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

For a participant who has attained age 62 and has been employed for 20 years, his Accrued Benefit will not be reduced for early retirement.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Postponed Monthly Retirement Pension

The greater of:

1. Monthly Accrued Benefit as of actual retirement date, crediting service and earnings through postponed retirement date, or
2. The actuarial equivalent of the Normal Monthly Retirement Pension.

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

Monthly Accrued Benefit as of date of termination. Pensions that commence prior to age 65 are payable as an Early Monthly Retirement Pension.

Surviving Spouse Monthly Pension

For all married vested participants not yet receiving a pension: 50% of the monthly Accrued Benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

Postretirement Death Benefit

Based upon the form of annuity chosen by the retiree at date of retirement.

Retirement Pension Disability

For former employees of Huntington Memorial Hospital eligible for disability: Accrued Benefit as calculated above payable immediately.

Summary of Changes from the January 1, 2016 Valuation

None

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
American Funds Capital World Grow	781,883 Shares	\$ 34,270,324	\$ 39,954,232
Dodge & Cox Global Stock Fund	2,987,681 Shares	32,507,365	41,409,256
PIMCO All Asset Fd Institutional	780,414 Shares	8,569,077	8,631,380
US Core Fixed Income Fund	6,133,290 Shares	73,571,713	73,182,125
* Money Market Funds			
Blackrock Short-Term Investment Fund	3,379,409 Shares	3,379,409	3,379,409
Commercial Paper	327,077 Shares	327,077	327,077
Net Cash	306,785 Shares	306,785	306,785
Common Stocks			
Abbott Labs	6,463 Shares	281,477	625,037
Adobe Sys Inc	9,000 Shares	294,176	1,577,160
Aia Group Ltd Usd 1.0	149,800 Shares	671,554	1,260,137
Akamai Technologies	9,550 Shares	418,801	621,132
Align Technology Inc	4,800 Shares	166,193	1,066,512
Alimentation Couche-Tard inc	8,700 Shares	422,487	455,432
Allergan Plc	2,778 Shares	708,729	454,425
Alphabet Inc Cl A	310 Shares	109,901	326,554
Alphabet Inc Cl C	1,092 Shares	545,339	1,142,669
Altaba Inc	5,175 Shares	131,882	361,474
American International Group, Inc	5,824 Shares	283,375	346,994
Ameriprise Finl Inc	3,006 Shares	266,327	509,427
Ametek Inc Com	4,415 Shares	207,859	319,955
Amphenol Corp Cl A	12,000 Shares	585,245	1,053,600
Anadarko Petroleum Corp	4,376 Shares	339,094	234,729
Apple Inc	8,482 Shares	835,579	1,435,409
Applied Materials Inc	12,549 Shares	232,560	641,505
Autodesk Inc	9,100 Shares	317,435	953,953
Automatic Data Processing Inc	5,600 Shares	290,104	656,264
Bank of America Corp	27,999 Shares	653,531	826,530
Bank of the Ozarks Inc	7,379 Shares	348,597	357,513
Blackrock Inc	560 Shares	115,800	287,678
Boeing Co	1,829 Shares	156,393	539,390
Centene Corp Del	4,452 Shares	426,422	449,118
Cerner Corp Com	13,400 Shares	805,094	903,026
Cheesecake Factory Inc	3,750 Shares	150,192	180,675
China Mobile Ltd	75,000 Shares	792,862	760,333
Chubb Limited	1,537 Shares	179,217	228,986
Cisco Systems Inc	25,100 Shares	480,293	961,330
Citizens Financial Group Inc	10,987 Shares	284,877	461,234
Cnooc Ltd Hkd 0.02	583,000 Shares	917,023	836,767
Coca Cola Co	5,275 Shares	213,389	242,017

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Cognex Corp	5,100 Shares	\$ 89,258	\$ 311,916
Cognizant Tech Solutions Crp Com	12,200 Shares	756,371	866,444
Coherent Inc	826 Shares	178,813	233,114
Colgate Palmolive Co	9,500 Shares	506,430	716,775
Comcast Corp Class A	11,592 Shares	346,858	464,260
Compass Group 10.625p	39,407 Shares	690,640	852,931
Core Laboratories N V Com	1,950 Shares	195,700	213,623
CSL Ltd NPV	7,800 Shares	354,145	862,037
Cypress Semiconductor Corp	17,071 Shares	207,879	260,162
Danaher Corp	3,778 Shares	289,575	350,674
Denso Corpnv	14,700 Shares	555,310	882,522
Discover Financial Services	5,521 Shares	382,088	424,675
Dolby Laboratories Inc	4,275 Shares	138,394	265,050
Dollar General Corp	4,799 Shares	354,804	446,355
Du Pont E I De Nemours & Co	7,055 Shares	313,920	503,169
Ecolab Inc	2,067 Shares	156,552	277,350
Edwards Lifesciences Corp	18,175 Shares	1,274,555	2,048,504
Eog Resources, Inc	9,700 Shares	570,282	1,046,727
Essilor Intl Eur .35 Rfd	6,149 Shares	593,398	848,757
Ethan Allen Interiors Inc Com	11,425 Shares	286,100	326,755
Experian PLC USD	18,900 Shares	354,974	418,278
F5 Networks	3,141 Shares	307,975	412,162
Factset Resh Sys Inc Com	3,675 Shares	381,333	708,393
Fanuc Co Jpy Ords	4,600 Shares	739,017	1,104,980
First Data Corporation	16,521 Shares	236,711	276,066
Fortune Brands	3,588 Shares	224,735	245,563
Garmin Ltd	8,700 Shares	357,833	518,259
Gentex Corp	25,050 Shares	268,387	524,798
Gentherm Inc.	6,200 Shares	233,590	196,850
Gilead Sciences Inc	6,600 Shares	684,364	472,824
Graco Inc	8,175 Shares	141,556	369,674
Hennes + Mauritz Sek 0.25	14,500 Shares	520,658	299,829
Hexcel Corp New Com	6,998 Shares	299,641	432,826
Home Depot Inc	3,021 Shares	310,290	572,570
Hong Kg & China Gas Co Ltd Hkd.25	370,856 Shares	548,373	726,787
IHS Inc	4,863 Shares	159,895	219,564
Industria De Diseno Textil Eur	25,800 Shares	675,213	899,831
Ingersoll-rand Plc	5,081 Shares	229,696	453,174
Intuit Com	7,575 Shares	506,376	1,195,184
Intuitive Surgical Inc	5,460 Shares	785,033	1,992,572
Jacobs Engr Group Inc	6,692 Shares	346,641	441,404
Jetblue Awys Corp	28,325 Shares	243,143	632,781
Johnson & Johnson	7,000 Shares	474,362	978,040
Johnson Controls International PLC	13,119 Shares	563,606	499,965

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Keyence Co Jpy Ords	2,200 Shares	\$ 285,712	\$ 1,232,703
Kone Corp	7,800 Shares	417,701	419,419
L Brands Inc	11,400 Shares	575,170	686,508
L'oreal Sa Eur 0.2	3,900 Shares	492,610	866,141
Landstar Sys Inc Com	5,475 Shares	274,129	569,948
Live Nation Entertainment Inc	4,053 Shares	120,125	172,536
Lvmh Moet Hennessy Loui Eur 0.3 Rfd	3,196 Shares	565,593	941,783
Manhattan Associates, Inc	5,400 Shares	229,627	267,516
Martin Marietta Matls Inc	16,700 Shares	300,296	369,137
Marvell Technology Group	23,038 Shares	460,197	494,626
Mastercard Inc	8,000 Shares	348,133	1,210,880
Medidata Solutions Inc	1,968 Shares	112,584	124,712
Metife Inc	9,466 Shares	447,902	478,601
Microchip Technology Inc Com	5,500 Shares	190,329	483,340
Microsoft Corp	29,392 Shares	945,329	2,514,192
Middleby Corp	7,950 Shares	715,625	1,072,853
Molson Coors Brewing	5,726 Shares	509,227	469,933
Morgan Stanley	11,542 Shares	493,722	605,609
Myriad Genetics Inc Com	7,850 Shares	287,439	269,608
Nestle Sa Chf 0.1	8,400 Shares	525,865	722,340
Nike Inc Cl B	13,800 Shares	342,763	863,190
Nordstrom Inc	8,400 Shares	353,863	397,992
Novartis Ag Chf 0.5	10,050 Shares	870,682	849,790
Novo Nordisk A/s Dkk 0.2	20,550 Shares	710,085	1,108,634
Occidental Pete Corp	7,105 Shares	538,214	523,354
Open Text Corporation	27,400 Shares	444,629	977,358
Oracle Corporation	20,200 Shares	657,225	955,056
Paychex Inc	3,600 Shares	129,944	245,088
Pfizer Inc	9,904 Shares	352,663	358,723
Plantronics Inc Com	9,200 Shares	356,539	463,496
Plexus Corp Com	14,725 Shares	469,132	894,102
Power Intergrations Inc Com	5,825 Shares	263,166	428,429
PPL Corporation	5,560 Shares	191,205	172,082
Praxair Inc Com	5,700 Shares	621,164	881,676
Procter & Gamble	5,037 Shares	437,769	462,800
Proto Labs Inc	4,675 Shares	207,128	481,525
PTC Inc	5,640 Shares	317,938	342,743
Ralph Lauren Corporation	2,350 Shares	348,765	243,672
Realpage Inc	8,850 Shares	154,038	392,055
Reckitt Benckiser Place Gbp	8,000 Shares	455,918	748,779
Reliance Stl & Alum Co Com	1,512 Shares	125,745	129,714

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Roche Hldgs Ag Genussscheine	3,700 Shares	\$ 772,725	\$ 935,916
Royal Caribbean Cruise	6,200 Shares	289,734	739,536
Sabre Corp	9,819 Shares	235,973	201,290
Schlumberger Ltd	14,100 Shares	976,312	950,199
Seagate Technology	12,650 Shares	414,412	529,277
Sgs Sa Chf 1.0	220 Shares	461,116	573,649
Shin-etsu Chemical Co Ltd Npv	8,200 Shares	449,817	833,467
Signature Bk New York	1,866 Shares	236,527	256,128
Sleep Number Corp	14,975 Shares	421,150	562,911
Southwestern Energy Co Com	39,750 Shares	377,051	221,806
Starbucks Corp Com	21,497 Shares	1,145,918	1,234,574
Stryker Corp	9,100 Shares	491,646	1,409,045
Super Micro Computer Inc	10,450 Shares	306,393	218,667
Synaptics Inc	3,275 Shares	224,538	130,805
Taiwan Semiconductor Manufacture	38,800 Shares	564,114	1,538,420
TCF Financial	10,525 Shares	126,010	215,763
Time Warner Inc	2,794 Shares	243,929	255,567
TJX Companies Inc	29,667 Shares	1,473,716	2,268,339
Tripadvisor Inc	2,750 Shares	186,242	94,765
Ubiquiti Networks Inc	9,350 Shares	338,160	664,037
Ultra Petroleum Corp	59,899 Shares	754,860	542,684
Under Armor	13,500 Shares	236,156	194,804
Unitedhealth Group Inc	3,477 Shares	242,666	766,538
Universal Display	3,932 Shares	208,724	678,859
Urban Outfitters Incorporated	5,300 Shares	181,394	185,818
Vertex Imaging Corp	2,760 Shares	53,361	110,869
Varian Med Sys Inc	4,600 Shares	262,643	511,290
Vectren Corp	2,502 Shares	84,029	162,680
Viasat Inc	5,600 Shares	312,789	419,160
Visa Inc-Class A Shrs	5,667 Shares	257,323	646,151
Walt Disney Co	8,600 Shares	825,674	924,586
Whirlpool Corp	1,321 Shares	223,126	222,773
Willis Tower Watson Pub LTDCO	1,284 Shares	163,710	193,486
U.S. Government and Agency Obligations			
Fed Home LN Bk	305,000 Shares	305,000	299,077
Fed Home LN MTG Corp	8,318 Shares	8,664	8,315
Fed Home LN MTG Corp	12,489 Shares	12,659	12,458
Fed Home LN MTG Corp	18,722 Shares	19,772	18,833
Fed Home LN MTG Corp	4,857 Shares	4,899	4,844
Fed Home LN MTG Corp	12,523 Shares	12,840	12,543

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp	583,250 Shares	\$ 601,295	\$ 595,569
Fed Home LN MTG Corp Pool #C91874	349,469 Shares	380,396	369,997
Fed Home LN MTG Corp Pool #C91875	492,621 Shares	520,638	511,798
Fed Home LN MTG Corp Pool #C919906	456,186 Shares	471,602	473,106
Fed Home LN MTG Corp Pool #G18558	630,339 Shares	665,894	652,590
Fed Home LN MTG Corp Pool #G60651	689,184 Shares	728,327	722,327
Fed Natl MTG Assn	11,994 Shares	12,094	11,935
Fed Natl MTG Assn	11,991 Shares	12,306	12,009
Fed Natl MTG Assn Pool #A18401	375,115 Shares	421,535	405,889
Fed Natl MTG Assn Pool #AL6895	1,038,091 Shares	1,076,236	1,070,085
Fed Natl MTG Assn Pool #AL6895	969,966 Shares	1,020,283	1,001,461
Fed Natl MTG Assn Pool #AS4170	433,100 Shares	463,350	453,283
Fed Natl MTG Assn Pool #AS7568	370,310 Shares	407,399	394,292
Fend Natl MTG Assn Pool #MA2028	209,255 Shares	228,611	223,026
Fed Natl MTG Assn Pool #MA2158	787,689 Shares	860,769	839,283
Fed Natl MTG Assn Pool #MA2211	860,835 Shares	930,239	908,714
Fed Natl MTG Assn Pool #MA2260	324,000 Shares	341,213	336,180
Fed Natl MTG Assn Pool #2279	545,450 Shares	585,336	570,792
FHLMC Multifamily Structured	595,000 Shares	612,846	590,799
FHLMC Multifamily Structured	500,000 Shares	514,976	515,251
FHLMC Multifamily Structured	245,000 Shares	252,342	252,379
FHLMC Multifamily Structured	280,000 Shares	288,383	287,120
FRESB Multifamily mortgage Pass-through	182,954 Shares	183,793	179,163
Govt Natl MTG Assn	5,141 Shares	5,289	5,156
Govt Natl MTG Assn Pool #711067	264,863 Shares	298,715	286,645
Small Business Administration	366,482 Shares	366,482	369,684
U.S. Treasury Bond	1,011,100 Shares	1,133,623	1,154,828
U.S. Treasury Bond	700,600 Shares	737,343	752,683
U.S. Treasury Bond	1,528,400 Shares	1,430,033	1,457,054
U.S. Treasury Note	690,000 Shares	690,169	688,599
U.S. Treasury Note	750,000 Shares	751,742	749,535
U.S. Treasury Note	525,000 Shares	527,705	524,344
U.S. Treasury Note	880,000 Shares	879,409	875,978
U.S. Treasury Note	885,000 Shares	878,196	877,708
U.S. Treasury Note	720,000 Shares	720,624	717,725
U.S. Treasury Note	735,000 Shares	736,013	732,303
U.S. Treasury Note	1,312,800 Shares	1,313,184	1,313,916
U.S. Treasury Note	400,000 Shares	398,443	398,000
U.S. Treasury Note	972,300 Shares	972,420	972,903
U.S. Treasury Note	215,000 Shares	214,177	214,211
U.S. Treasury Note	1,026,300 Shares	1,021,832	1,013,594
U.S. Treasury Note	714,400 Shares	716,427	706,670
U.S. Treasury Note	47,000 Shares	44,367	43,728

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
21st Century Fox America	75,000 Shares	\$ 81,893	\$ 78,940
Abbott Laboratories	80,000 Shares	80,151	80,087
Abbvie Inc	120,000 Shares	120,172	119,941
Aercap Ireland Cap Ltd/A	170,000 Shares	172,217	176,404
Aetna Inc	80,000 Shares	80,554	79,874
Albemarle Corp	170,000 Shares	200,088	200,597
Alexadria Real Estate E	242,000 Shares	238,951	243,019
Allegion U.S. Holding	235,000 Shares	234,860	232,239
Ally Financial Inc	213,000 Shares	211,990	213,639
Amerada Hess Corp	82,000 Shares	101,804	102,231
American Equity Investment	319,000 Shares	325,330	330,548
American Express	35,000 Shares	38,511	35,375
American Express Credit	115,000 Shares	115,850	114,924
American Express Credit	224,000 Shares	224,047	224,432
American Express Credit	50,000 Shares	50,037	49,799
American Express Credit Accoun	180,000 Shares	179,971	179,069
American Honda Finance	80,000 Shares	79,967	79,667
American Honda Finance	290,000 Shares	290,036	290,624
American Tower Corp	116,000 Shares	125,901	122,994
Americredit Automobile Receiva	335,000 Shares	334,940	333,060
Amphenol Corp	80,000 Shares	79,780	79,605
Andavor Logis LP/Corp	121,000 Shares	120,598	126,198
Anglo American Capital	213,000 Shares	221,291	220,170
Anheuser-Busch Inbev Fin	173,000 Shares	186,295	200,505
Apple Inc	80,000 Shares	79,939	79,739
Aspen Insurance Hldg Ltd	261,000 Shares	273,141	277,563
Assoc Banc Corp	292,000 Shares	296,056	292,993
Assurant Inc	80,000 Shares	80,663	80,091
AT&T Inc	150,000 Shares	161,052	155,660
AT&T Inc	386,000 Shares	385,675	390,864
AT&T Inc	288,000 Shares	271,085	281,678
Athene Global Funding	210,000 Shares	210,664	210,105
Avis Budget Rental Car Funding	515,000 Shares	514,918	518,826
Bank Of America Corp	426,000 Shares	482,999	432,509
Bank Of America Corp	190,000 Shares	191,613	191,577
Bank Of America Corp	200,000 Shares	202,126	200,684
Bank Of America Corp	165,000 Shares	203,036	218,486
Bank Of America Corp	176,000 Shares	188,478	176,598
Bank of America Credit Card Tr	200,000 Shares	199,991	199,784
Bank of America Credit Card Tr	100,000 Shares	100,148	100,279
Bank of Montreal	160,000 Shares	159,793	158,717
Bank Of Nova Scotia	165,000 Shares	163,493	163,708
Bank Of Nova Scotia	221,000 Shares	220,689	221,144

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Barclays PLC	213,000 Shares	220,328	220,449
Blackstone Holding Fina	131,000 Shares	135,971	140,615
BMW Vehicle Owner Trust	125,000 Shares	124,063	124,038
BNP Paribas	155,000 Shares	158,110	155,437
Boston Properties LP	157,000 Shares	177,848	169,802
Boston Scientific Corp	204,000 Shares	200,021	207,156
Bp Capital Markets Plc	45,000 Shares	45,000	44,745
Brighthouse Financial	193,000 Shares	191,563	196,885
Brixmor Operating Part	110,000 Shares	109,900	110,945
Broadcom CRP/ Cayman	205,000 Shares	212,657	201,730
Burlingtn North Santa Fe	149,000 Shares	165,430	176,836
California Institue of	178,000 Shares	178,153	172,847
Capital Auto Reveivable Asset	750,000 Shares	752,367	750,758
Capital One Financial Co	160,000 Shares	160,985	160,373
Capital One Multi-asset Execut	220,000 Shares	219,304	219,261
Capital One Multi-asset Execut	810,000 Shares	813,006	813,839
Cardinal Health Inc	110,000 Shares	110,734	109,934
Carmax Auto Owner Trust	498,640 Shares	498,627	497,593
Caterpillar Finl Service	125,000 Shares	124,880	124,731
CBRE Services Inc	317,000 Shares	337,174	348,675
CCO Safari Li LLC	390,000 Shares	388,050	384,150
CD 2016-CD2	416,000 Shares	428,469	429,445
CD 2016-CD3	495,000 Shares	509,833	516,671
Celgene Corp	181,000 Shares	189,603	205,361
CFCRE Commercial Mortgage Trust	255,000 Shares	262,648	266,225
Chase Issuance Trust	215,000 Shares	214,110	212,936
Chase Issuance Trust	495,000 Shares	494,917	486,476
Chase Issuance Trust	720,000 Shares	745,791	730,570
Cheniere Corpus Christi Holdings LLC	191,000 Shares	193,680	197,570
Cintas Coporation No. 2	155,000 Shares	154,930	161,282
Cisco Systems Inc	150,000 Shares	150,000	149,922
Citibank Credit Card Issuance	205,000 Shares	205,160	204,543
Citibank Credit Card Issuance	480,000 Shares	483,731	485,501
Citibank Credit Card Issuance Trust	600,000 Shares	605,414	605,628
Citigroup Commercial Mortgage Trust	579,000 Shares	596,337	604,789
Citigroup Commercial Mortgage	479,000 Shares	493,557	483,153
Citigroup Inc	250,000 Shares	257,550	251,360
Citigroup Inc	205,000 Shares	207,034	205,724
Citigroup Inc	318,000 Shares	318,082	322,891
Citigroup Inc	151,000 Shares	153,807	159,385
Citizens Bank NA/RI	266,000 Shares	265,965	267,184
CMS Energy Corp	213,000 Shares	233,447	239,435
CNH Equipment Trust	100,000 Shares	99,991	99,849
Comcast Corp	256,000 Shares	266,679	273,533

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Comm Mortgage Trust	719,000 Shares	\$ 786,631	\$ 763,628
Comm Mortgage Trust	129,000 Shares	135,880	136,768
Comm Mortgage Trust	700,000 Shares	744,105	738,143
Comm Mortgage Trust	500,000 Shares	514,964	515,845
Commercial Mortgage Pass-throu	132,000 Shares	141,936	136,623
Commscope Tech LLC	196,000 Shares	197,715	196,000
Cott Corp	208,000 Shares	208,589	213,720
Crown Castle Intl Corp	181,000 Shares	184,162	190,030
Dbubs Mortgage Trust	172,000 Shares	192,741	181,414
Dbubs Mortgage Trust	148,000 Shares	163,257	158,868
DDR Corp	172,000 Shares	182,460	181,346
Diamond 1 Fin/Diamond 2	162,000 Shares	176,769	178,624
Diamond Energy Inc	185,000 Shares	185,516	185,694
Discover Card Execution Note T	175,000 Shares	174,979	174,447
Discover Card Execution Note T	1,100,000 Shares	1,116,801	1,100,528
Discover Card Execution Note T	715,000 Shares	714,656	712,705
Discovery Communications	198,000 Shares	193,339	196,630
Dollar Tree Inc	177,000 Shares	186,551	185,408
Duke Realty LP	78,000 Shares	77,327	77,307
Duke University	215,000 Shares	215,000	209,414
E.I. Du Pont De Demours	145,000 Shares	145,082	145,911
Enable Midstream Partners LP	278,000 Shares	270,430	279,685
Energy Transfer Partners	182,000 Shares	182,000	176,777
Enlink Midstream Partner	181,000 Shares	180,443	178,776
Entergris Inc	34,000 Shares	34,638	34,510
Enterprise Products Oper	160,000 Shares	186,975	197,480
Erac Usa Finance Company	346,000 Shares	334,419	338,872
Expedia Inc	200,000 Shares	199,309	193,265
Fifth Third Auto Trust	70,000 Shares	69,994	69,848
Ford Credit Auto Owner Trust	178,030 Shares	177,780	177,447
Ford Credit Auto Owner Trust	160,000 Shares	159,956	158,998
Ford Credit Auto Owner Trust/F	750,000 Shares	764,678	751,103
Ford Credit Auto Owner Trust/F	715,000 Shares	714,921	708,515
Ford Motor Company	155,000 Shares	208,392	202,618
General Electric Co	176,000 Shares	168,375	181,386
General Motors Finl Co	213,000 Shares	217,409	215,079
Gilead Sciences Inc	80,000 Shares	79,972	79,668
Glencore Funding LLC	182,000 Shares	186,711	188,279
Goldman Sachs Group Inc	170,000 Shares	171,562	170,320
Goldman Sachs Group Inc	485,000 Shares	490,966	492,474
Goldman Sachs Group Inc	176,000 Shares	222,649	237,178
GS Mortgage Securities Corp Li	605,216 Shares	689,024	644,029

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
GS Mortgage Securities Corporation	354,000 Shares	\$ 378,017	\$ 369,056
GS Mortgage Securities Trust	183,000 Shares	188,490	188,009
GS Mtg Secs Tr	183,000 Shares	198,555	193,931
H&E Equipment Services	188,000 Shares	197,635	196,460
Health Care Reit Inc	42,000 Shares	45,647	44,629
Healthcare Realty Trust	144,000 Shares	142,780	142,468
Healthcare Trust Of Amer	234,000 Shares	233,695	239,242
Hollyfrontier Coerp	179,000 Shares	180,243	199,163
Homedepot Inc	142,000 Shares	183,382	192,156
Honda Auto Receivables Owner T	149,479 Shares	149,830	148,947
Honda Auto Receivables Owner T	170,000 Shares	168,898	168,290
Horace Mann Educators Co	179,000 Shares	179,447	186,522
Host Hotels & Resorts	202,000 Shares	203,357	205,622
Hsbc Finance Corp	160,000 Shares	159,315	159,989
Hudson Pacific Poperties	75,000 Shares	74,861	74,617
Huntington Auto Trust	240,000 Shares	239,969	239,017
Huntington National Bank	303,000 Shares	302,229	303,115
Hyundai Auto Receivables Trust	160,348 Shares	161,138	160,020
Hyundai Capital America	241,000 Shares	241,026	240,766
IBM Credit Corp	160,000 Shares	159,085	158,920
IHS Markit LTD	195,000 Shares	186,994	194,756
Indiana Michigan Power	187,000 Shares	188,131	213,283
Intl Paper Co	192,000 Shares	192,112	200,632
Iron Moutain Inc	195,000 Shares	195,525	194,025
Istar Financial Inc	11,000 Shares	11,000	11,165
Istar Financial Inc	188,000 Shares	189,398	189,175
Jefferties Group	80,000 Shares	80,197	85,051
John Deere Capital Corp	85,000 Shares	84,945	84,811
John Deere Owner Trust	59,539 Shares	59,539	59,461
John Deere Owner Trust	147,795 Shares	147,391	147,383
Jons Lang LaSale Inc	22,000 Shares	23,234	23,178
JPMorgan Chase Commercial Mor	719,000 Shares	771,465	752,937
JPMorgan Chase Commercial Mor	151,000 Shares	155,530	157,236
JPMorgan Chase & Co	200,000 Shares	201,660	199,866
JPMorgan Chase & Co	269,000 Shares	269,078	270,512
JPMorgan Chase & Co	259,000 Shares	259,496	270,168
JPMorgan Chase & Co	290,000 Shares	306,517	313,884
JPMorgan Chase & Co	176,000 Shares	187,367	178,200
Keysight Technologies	182,000 Shares	182,440	191,555
Kimco Realty Corp	140,000 Shares	139,432	142,773
KKR Group Finance Co Iii	181,000 Shares	185,296	200,639
Kraft Heinz Foods Co	65,000 Shares	65,114	64,998
Lehigh University	395,000 Shares	395,000	380,346

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Liberty Mutual Group	170,000 Shares	\$ 210,268	\$ 216,410
Lloyds Banking Group	208,000 Shares	208,000	206,217
Magellan Health Services	241,000 Shares	240,540	242,569
Manulife Financial Corp	190,000 Shares	189,848	191,433
Masco	159,000 Shares	159,006	167,825
Mass Mutual Life Ins Co	35,000 Shares	54,942	58,001
McDonalds Corp Med Term Note	140,000 Shares	140,867	140,143
Meiji Yasuda Life Insurance	250,000 Shares	271,375	267,500
Mercedes-Benz Auto Receivables Tr	200,000 Shares	198,895	198,642
Meritor Inc	153,000 Shares	161,606	161,033
Metlife Inc	171,000 Shares	205,099	181,691
Microsoft Corp	172,000 Shares	173,348	212,888
Mitsubishi UFJ Fin Group	190,000 Shares	190,216	191,207
Morgan Stanley	160,000 Shares	161,850	160,723
Morgan Stanley	385,000 Shares	384,582	383,587
Morgan Stanley	138,000 Shares	143,874	151,273
Morgan Stanley BAML Trust	520,000 Shares	535,587	543,962
Morgan Stanley Capital I	17,354 Shares	18,626	17,344
Morgan Stanley Capital I	230,000 Shares	236,892	229,094
MUFG Americas Hlds Corp	160,000 Shares	160,074	159,968
National Rural Util Coop	190,000 Shares	192,850	198,941
National City Corp DTD	168,000 Shares	189,054	178,120
NBC Universal Enterprise	368,000 Shares	368,061	369,156
New York University	720,000 Shares	709,315	704,837
Nextera Energy Capital	30,000 Shares	30,075	29,913
Nextera Energy Capital	85,000 Shares	85,460	84,954
Nissan Auto Receivables Owner	10,086 Shares	10,093	10,083
Nissan Auto Receivables Owner	187,474 Shares	187,104	186,876
Nissan Auto Receivables Owner	140,000 Shares	139,995	139,593
Nordea Bank AB	269,000 Shares	269,090	270,157
Nova Chemicals Corp	171,000 Shares	172,117	170,573
NVR Inc	170,000 Shares	175,743	177,466
Olympus Merger Sub Inc	179,000 Shares	176,302	176,763
Oneok Inc	244,000 Shares	291,112	290,377
Penske Truck Leasing/PTL	232,000 Shares	231,294	229,072
Pepsico Inc	193,000 Shares	190,987	187,235
Physicians Realty LP	252,000 Shares	251,697	256,402
Platform Specialty Prod	70,000 Shares	70,123	69,475
Post Holding Inc	195,000 Shares	196,156	196,034
Premier Health Partners	271,000 Shares	271,000	259,396
Progress Energy Inc	155,000 Shares	158,288	157,001
Prudential Financial Inc	80,000 Shares	80,617	80,134
Prudential Financial Inc	181,000 Shares	212,494	185,932
Qualcom Inc	60,000 Shares	59,972	59,773

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Qualcom Inc	114,000 Shares	\$ 114,054	\$ 114,049
Rabobank Nederland Utrec	250,000 Shares	262,695	260,650
RBS Global & Rextord Cor	185,000 Shares	187,219	186,850
Realty Income Group	20,000 Shares	20,077	19,998
Regency Energy Part/ Fina	265,000 Shares	283,786	282,482
Reliance Stand Life II	185,000 Shares	184,867	185,152
Renaissancere Finance	148,000 Shares	146,960	145,626
Reynolds American Inc	207,000 Shares	215,248	258,495
Royal Bank Of Canada	200,000 Shares	201,478	199,890
Royal Bk Scotland Group Plc	181,000 Shares	189,136	182,835
Ryder System Inc	120,000 Shares	120,976	120,331
Sabine Pass Liquefaction	167,000 Shares	183,263	184,203
Sammons Financial Group	246,000 Shares	246,387	252,285
Santander Drive Auto Receivabl	63,287 Shares	63,280	63,302
Santander Drive Auto Receivabl	408,381 Shares	408,359	408,528
Santander UK PLC	160,000 Shares	161,013	160,491
Service Corp Intl	194,000 Shares	196,590	196,836
Shell International Fin	96,000 Shares	104,858	109,189
Sherwin-Williams Co	138,000 Shares	137,662	150,881
Southern Corp	15,000 Shares	14,982	14,970
Southern Cooper Corp	191,000 Shares	208,760	230,697
Southern Power Co	145,000 Shares	143,936	143,808
Spirit Realty LP	268,000 Shares	266,276	266,861
Sprint Spectrum/ Spec I	282,188 Shares	284,452	283,951
Sumitono Nitsui Finl Group	222,000 Shares	225,012	224,102
Symetra Finl Corp	195,000 Shares	201,014	197,985
Synchrony Credit Card Master N	115,000 Shares	115,058	114,926
Tesoro Corp	169,000 Shares	176,183	174,493
Teva Pharmaceut Fin BV	120,000 Shares	119,201	119,201
Tiaa Asset Mgmt Fin LLC	290,000 Shares	275,821	272,581
Toronto-dominion Bank	268,000 Shares	268,553	269,924
Toronto-dominion Bank	160,000 Shares	159,381	159,086
Toronto-dominion Bank	274,000 Shares	271,818	273,293
Toyota Auto Receivables Owner	37,881 Shares	37,878	37,823
Toyota Auto Receivables Owner	157,175 Shares	157,869	156,973
Toyota Auto Receivables Owner	170,000 Shares	169,992	169,737
Transatlantic Holdings	144,000 Shares	197,431	198,855
Tyson Foods Inc	80,000 Shares	80,000	80,133
United Rentals North Am	190,000 Shares	196,650	196,435
U.S. Bancorp	183,000 Shares	191,679	185,469
USAA Auto owner Trust	19,988 Shares	20,033	19,979
Validus Holdings Ltd	103,000 Shares	142,839	152,277
Vereit Operating Partner	90,000 Shares	89,580	88,971
Verizon Communications	279,000 Shares	323,501	292,612
Vulcan Materials Co	193,000 Shares	193,614	197,055

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Waste Management Inc	171,000 Shares	\$ 167,198	\$ 183,630
Wells Fargo & Company	192,000 Shares	191,677	192,286
Wells Fargo & Company	160,000 Shares	160,861	159,974
Wells Fargo Commercial Mortgage	257,000 Shares	264,702	270,480
Wells Fargo Commercial Mortgage	483,000 Shares	497,470	500,185
Westlake Chemical Corp	237,000 Shares	246,095	266,229
Westlake Chemical Corp	121,000 Shares	119,884	125,662
Westpac Bank Corp	200,000 Shares	200,202	199,110
Westpac Bank Corp	174,000 Shares	174,358	179,274
WF-RBS Commercial Mortgage Trust	86,137 Shares	94,334	91,264
WF-RBS Commercial Mortgage Trust	225,000 Shares	240,091	236,152
WPP Finance 2010	182,000 Shares	191,589	187,517
Xilinx Inc	70,000 Shares	70,164	69,777
Xlit LTD	120,000 Shares	121,127	119,969
Xlit LTD	165,000 Shares	165,836	168,762
State and Municipal Bonds			
California St	720,000 Shares	718,510	714,823
California St	470,000 Shares	474,301	468,515
CMWLTH Fing Auth Pa	85,000 Shares	85,000	88,588
Energy N W WA Elec Revenue	530,000 Shares	526,465	529,046
Houston TX Utility Sys Revenue	500,000 Shares	528,315	522,615
Illinois St Sales Tax Revenue	230,000 Shares	227,813	220,632
New Jersey St Econ Dev Auth Re	105,000 Shares	110,426	109,773
New York NY	720,000 Shares	718,078	719,302
New York St Dorm Auth St Perso	720,000 Shares	731,369	724,990
Seattle WA	605,000 Shares	605,000	601,521
Univ of California CA Revenues	520,000 Shares	529,901	558,126
Wisconsin St Gen Fund Annual A	650,000 Shares	654,368	645,028
Commingled Funds			
Wellington CTF DIH	925,743 Shares	12,957,550	11,682,879
Real Estate Investment fund			
UBS (US) Trumbull Property Income	1,457 Shares	14,859,295	17,872,304
Real Estate Investment Trust fund			
RREEF America REIT II, INC LLC	175,399 Shares	15,832,517	20,863,649
		<u>\$ 351,479,756</u>	<u>\$ 404,860,368</u>
Investment Contract With Insurance Company			
Lincoln National Life		3,383,289	3,383,289
		<u>\$ 354,863,045</u>	<u>\$ 408,243,657</u>

* Party-in-interest