Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1951

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)
PREMIER HEALTH

110 N. MAIN STREET
SUITE 1220
DAYTON, OH 45402

2b Employer Identification Number (EIN)
31-1446699

2c Plan Sponsor's telephone number
937-499-5437

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2019	BARBARA JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BARBARA JOHNSON, EVP CHIEF OPERATING OFFICER

110 N. MAIN STREET
SUITE 1220
DAYTON, OH 45402

3b Administrator's EIN: 31-1446699

3c Administrator's telephone number: 937-499-5437

4 If the name and/or EIN of the plan sponsor 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**	18034
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)**	11325
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10913
b Retired or separated participants receiving benefits	**6b**	1743
c Other retired or separated participants entitled to future benefits	**6c**	3112
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	15768
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	91
f Total. Add lines **6d** and **6e**.	**6f**	15859
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**	468
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

A Name of plan
PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PREMIER HEALTH

D Employer Identification Number (EIN)
31-1446699

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	702495945
b Actuarial value	**2b**	668476578

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	3162	217128847	217128847
b For terminated vested participants	3547	84384227	84384227
c For active participants	11325	267640439	273160733
d Total	18034	569153513	574673807

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**	5.71 %
6 Target normal cost	**6**	24795333

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 — Date: 09/26/2019

JASON M. BRAVO — Type or print name of actuary

17-05569 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

216-573-9700 — Telephone number (including area code)

5005 ROCKSIDE ROAD
INDEPENDENCE, OH 44131

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	110508785
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11975940
9	Amount remaining (line 7 minus line 8)	0	98532845
10	Interest on line 9 using prior year's actual return of 15.05 %	0	14829193
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.91%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	113362038

Part III Funding Percentages

14	Funding target attainment percentage	14	96.59%
15	Adjusted funding target attainment percentage	15	116.32%
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	101.42%
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
09/10/2019	9000000	0			
			Totals ► 18(b)	9000000	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	8193632

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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions)

Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	24795333
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19559267	3193047
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**	27988380

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	27988380	27988380

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	8193632

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	8193632
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	8193632
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER HEALTH

D Employer Identification Number (EIN)
31-1446699

Part I Service Provider Information (see instructions)

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).. . . . . [X] Yes [ ] No

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

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

PIMCO

33-0629048

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

DODGE & COX

94-1441976

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

VANGUARD

23-2376849

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

EATON VANCE

74-6066759

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

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

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1312614	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEGAL & GENERAL

71 SOUTH WACKER DRIVE
SUITE 800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	573663	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	356869	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

STATE STREET BANK & TRUST

31-1040228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 51 52 64	TRUSTEE	230389	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PAVILLION ADVISORY GROUP

227 W MONROE ST
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	212167	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS CAPITAL MANAGEMENT

525 MARKET STREET
10TH FLOOR
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	145520	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	67000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FROST BROWN TODD LLC

61-0722001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16307	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PREMIER HEALTH

D Employer Identification Number (EIN)
31-1446699

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-004	C	61740940

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF GLOBAL SELECT CAP

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5853753-001	C	36816903

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER HEALTH

D Employer Identification Number (EIN)
31-1446699

Part I Asset and Liability Statement

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	2543792	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9100000	9000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2779223	11976913
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19418249	20978387
(2) U.S. Government securities	1c(2)	175790240	155897167
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	128616707	120206244
(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)	129950619	98557843
(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)	98968990	78120235
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	135687322	112905434

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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**	702855142	607642223
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	707234	1089594
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	707234	1089594
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	702147908	606552629

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)**	9000000	
	(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)**		9000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	519387	
	(B) U.S. Government securities	**2b(1)(B)**	3191472	
	(C) Corporate debt instruments	**2b(1)(C)**	5839550	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**	518601	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		10069010
	(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)**	3842681	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		3842681
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-35220748	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-35220748

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-4790249
(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)		-14391435
c Other income	2c		14103
d Total income. Add all **income** amounts in column (b) and enter total	2d		-31476638
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31085025	
(2) To insurance carriers for the provision of benefits	2e(2)	28240000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		59325025
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)	1859727	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1076053	
(4) Other	2i(4)	1857836	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4793616
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		64118641
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-95595279
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) [X] 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 [X] No

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

(1) Name: CLARK, SCHAEFER, HACKETT & CO. **(2)** EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 4158482. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER HEALTH

D Employer Identification Number (EIN)
31-1446699

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3581074 31-6162942

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** 1353

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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: 42.7 % Investment-Grade Debt: 55.1 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 2.2 %

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):

Premier Health Partners Employees Retirement Plan

Financial Statements and Supplemental Schedules
December 31, 2018 and 2017
(with Independent Auditors' Report)

CLARK SCHAEFER HACKETT
CPAs & ADVISORS

Premier Health Partners
Employees Retirement Plan

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CLARK SCHAEFER HACKETT
CPAs & ADVISORS

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements
We have audited the accompanying financial statements of the Premier Health Partners Employees Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

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

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

Opinion
In our opinion, the financial statements referred to above, present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2018 and 2017 and changes therein for the years then ended, and its financial status as of December 31, 2017 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2018 and schedule of reportable transactions for the year ended December 31, 2018 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
September 12, 2019

Premier Health Partners
Employees Retirement Plan

Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments at fair value:		
Cash	$ -	$ 2,543,792
Money market fund	20,978,387	19,418,249
Mutual funds	78,120,235	98,968,990
Common collective trust funds	98,557,843	129,950,619
U.S. government and agency securities	144,468,175	162,700,178
Foreign government securities	4,127,223	4,380,249
Municipal bonds	7,301,769	8,709,813
Corporate bond obligations	120,206,244	128,616,707
Limited partnerships	112,905,434	135,687,322
Total investments at fair value	586,665,310	690,975,919
Contributions receivable	9,000,000	9,100,000
Due from broker for securities	9,197,344	482,056
Accrued interest and dividends	2,779,569	2,297,167
Total assets	607,642,223	702,855,142
Liabilities		
Accrued liabilities	1,089,594	707,234
Net assets available for benefits	**$ 606,552,629**	**$ 702,147,908**

See Notes to Financial Statements.

Premier Health Partners
Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2018 and 2017

	2018	2017
Additions to net assets		
Contributions - Employer	$ 9,000,000	$ 9,100,000
Investment income:		
Interest and dividends	14,275,312	11,314,822
Net appreciation in fair value of investments	-	77,626,879
Total investment income	14,275,312	88,941,701
Total additions	23,275,312	98,041,701
Deductions from net assets		
Net depreciation in fair value of investments	54,751,950	-
Benefits paid to participants	31,085,025	28,147,956
Purchase of annuity contracts (Note 1)	28,240,000	-
Administrative expenses	4,793,616	3,948,223
Total deductions	118,870,591	32,096,179
Net change	(95,595,279)	65,945,522
Net assets available for benefits		
Beginning of year	702,147,908	636,202,386
End of year	**$ 606,552,629**	**$ 702,147,908**

See Notes to Financial Statements.

Note 1 - Plan Description

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

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

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

Funding - Contributions are made by the Corporation in actuarially determined amounts. The Corporation's policy is to make contributions necessary to satisfy Employee Retirement Income Security Act of 1974 (ERISA) funding standards. All minimum funding requirements were met during 2018 and 2017.

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

During 2018, the Plan purchased a group annuity contract on behalf of the Corporation to pay for certain benefit payments of the Plan. As reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2018, the Plan transferred $28,240,000 of pension obligation to the Corporation to be paid under the group annuity contract. This transfer is not reflected in the actuarial present value of accumulated plan benefits as of January 1, 2018 at Note 3.

The Plan was amended in 2018 to require automatic lump sum payment of benefits as soon as administratively practicable after the benefit becomes payable, in cases where the actuarial value of the participant's entire accrued benefit under the Plan is $5,000 or less. This resulted in $2,259,572 in total benefit payments of $5,000 or less in December 2018.

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

Note 2 - Summary of Significant Accounting Policies

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

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

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

Benefit Payments - Benefits are recorded when paid.

Note 2 - Summary of Significant Accounting Policies (Continued)

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

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

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

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

The Plan was restated effective January 1, 2018 to freeze all legacy pension formulas. At that time, legacy pension participants began earning benefits under the cash balance formula, as provided in the restated plan document.

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

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2018 are summarized as follows:

Actuarial cost method	– Standard unit credit
Assumed rate of return	– 3.73 percent
Mortality basis	– 2006 base rates from RP-2014 blue collar table, projected generationally from 2006 using Scale MP-2018 (healthy); 2006 base rates from RP-2014 disabled table, projected generationally from 2006 using Scale MP-2018 (disabled)

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

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

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 12, 2019, which is the date the financial statements were available to be issued.

Note 3 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of January 1, 2018, the most recent actuarial valuations, are as follows:

Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants currently receiving benefit payments	$ 253,400,034
Other vested participants	476,848,031
Total vested benefits	730,248,065
Nonvested benefits	2,323,630
Total actuarial present value of accumulated plan benefits	$ 732,571,695
Actuarial Present Value of Accumulated Plan Benefits - January 1, 2017	$ 643,796,039
Increase (decrease) during the year attributable to:	
Interest accumulation	27,084,418
Benefits paid	(28,147,956)
Change of assumptions	47,897,147
Benefits accumulated	41,942,047
Net increase	88,775,656
Actuarial Present Value of Accumulated Plan Benefits - January 1, 2018	$ 732,571,695

Note 3 - Benefits (Continued)

Significant assumption changes in 2018 were as follows: a change in the discount rate from 4.30 percent to 3.73 percent and a change in the mortality assumption from the Scale MP-2017 plan year mortality table to the Scape MP-2018 plan year mortality table.

As indicated in Note 1, the actuarial present value of accumulated plan benefits as of January 1, 2018 does not reflect the annuity purchase during 2018 for $28,240,000 or the 2018 plan amendment.

Note 4 - Plan Termination

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

Note 5 - Tax Status

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

Note 6 - Fair Value Measurements

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

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

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and other inputs such as interest rates and yield curves that are observable for the asset.

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

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

Note 6 - Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2018 and 2017.

Cash and money market fund: Valued based on quoted market prices.

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

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

U.S. government and agency securities, foreign government securities, municipal bonds, and corporate bond obligations: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

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

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

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers during 2018 or 2017.

Note 6 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2018 and 2017.

December 31, 2018	Level 1	Level 2	Level 3	Assets at NAV	Total
Assets in fair value hierarchy:					
Money market fund	$ 20,978,387	$ -	$ -	$ -	$ 20,978,387
Mutual funds	78,120,235	-	-	-	78,120,235
U.S. government and agency securities	-	144,468,175	-	-	144,468,175
Foreign government securities	-	4,127,223	-	-	4,127,223
Municipal bonds	-	7,301,769	-	-	7,301,769
Corporate bond obligations	-	120,206,244	-	-	120,206,244
Investments at NAV:					
Common collective trust funds	-	-	-	98,557,843	98,557,843
Limited partnerships	-	-	-	112,905,434	112,905,434
Investments at fair value	$ 99,098,622	$ 276,103,411	$ -	$ 211,463,277	$ 586,665,310

December 31, 2017	Level 1	Level 2	Level 3	Assets at NAV	Total
Assets in fair value hierarchy:					
Cash	$ 2,543,792	$ -	$ -	$ -	$ 2,543,792
Money market fund	19,418,249	-	-	-	19,418,249
Mutual funds	98,968,990	-	-	-	98,968,990
U.S. government and agency securities	-	162,700,178	-	-	162,700,178
Foreign government securities	-	4,380,249	-	-	4,380,249
Municipal bonds	-	8,709,813	-	-	8,709,813
Corporate bond obligations	-	128,616,707	-	-	128,616,707
Investments at NAV:					
Common collective trust funds	-	-	-	129,950,619	129,950,619
Limited partnerships	-	-	-	135,687,322	135,687,322
Investments at fair value	$ 120,931,031	$ 304,406,947	$ -	$ 265,637,941	$ 690,975,919

Note 6 - Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2018 and 2017.

December 31, 2018	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)
Common collective trust funds	$ 98,557,843	n/a	Daily
Limited partnerships	112,905,434	n/a	Daily, Monthly, Bi-Monthly, Quarterly

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)
Common collective trust funds	$ 129,950,619	n/a	Daily, Monthly
Limited partnerships	135,687,322	n/a	Daily, Monthly, Bi-Monthly, Quarterly, Bi-annually, Biennially

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	20,978,387	20,978,387	20,978,387
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		2,880,908	34,154,188	31,776,419
	VANGUARD DEVELOPED MARKETS IND	Mutual Fund		824,702	9,788,790	9,871,679
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		370,204	16,391,690	23,404,301
	WELLS FARGO INTERNATIONAL EQUITY	Mutual Fund		141,182	15,000,000	13,067,836
					75,334,668	78,120,235
*	S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		100,198	43,124,455	61,740,940
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,904,651	26,303,705	36,816,903
					69,428,160	98,557,843
	RFCSP STRIP PRINCIPAL	US Government & Agency Security	4/15/2030	765,000	519,284	534,697
	STRIP PRINC	US Government & Agency Security	2/15/2045	7,000,000	3,245,620	3,156,020
	STRIP PRINC	US Government & Agency Security	5/15/2045	7,000,000	3,221,960	3,136,840
	STRIP PRINC	US Government & Agency Security	2/15/2046	9,995,000	4,560,219	4,362,018
	STRIPS	US Government & Agency Security	11/15/2031	12,950,000	9,115,960	8,943,529
	STRIPS	US Government & Agency Security	2/15/2032	20,100,000	13,943,395	13,769,304
	US TREASURY N/B	US Government & Agency Security	5/15/2047	12,040,000	12,738,201	11,988,228
	US TREASURY N/B	US Government & Agency Security	11/15/2047	2,815,000	2,762,070	2,663,581
	US TREASURY N/B	US Government & Agency Security	8/15/2048	69,970,000	65,346,711	69,639,042
	US TREASURY N/B	US Government & Agency Security	11/15/2028	17,070,000	16,899,300	17,706,199
	US TREASURY N/B	US Government & Agency Security	11/30/2023	600,000	604,877	610,452
	US TREASURY N/B	US Government & Agency Security	2/15/2038	5,000,000	6,057,247	6,124,800
	US TREASURY N/B	US Government & Agency Security	2/15/2029	1,500,000	1,966,647	1,833,465
					140,981,491	144,468,175
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,507,475
	AID JORDAN	Foreign Government Security	6/30/2025	240,000	243,818	238,735
	REPUBLIC OF CHILE	Foreign Government Security	6/21/2047	175,000	174,722	163,188
	REPUBLIC OF COLOMBIA	Foreign Government Security	2/26/2044	425,000	445,060	438,175
	REPUBLIC OF COLOMBIA	Foreign Government Security	3/15/2029	105,000	104,330	103,793
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	435,000	403,615	426,952
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	605,000	566,682	568,700
	UNITED MEXICAN STATES	Foreign Government Security	1/23/2046	380,000	345,044	336,490
	UNITED MEXICAN STATES	Foreign Government Security	1/15/2047	370,000	325,957	317,090
	UNITED MEXICAN STATES	Foreign Government Security	2/10/2048	30,000	28,200	26,625
					4,118,213	4,127,223
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	598,831
	CALIFORNIA ST	Municipal Bond	4/1/2039	775,000	1,152,479	1,110,226
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	681,365
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	43,686
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	265,000	386,132	383,156
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	647,356
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	350,000	471,422	450,419
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	605,810
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	300,000	426,153	412,818
	NEW JERSEY ST TURNPIKE AUTH	Municipal Bond	1/1/2040	460,000	671,591	648,140
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	700,000	712,174	712,187
	TEXAS ST TRANSPRTN COMMISSION	Municipal Bond	4/1/2030	300,000	350,598	340,773
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	667,002
					7,455,244	7,301,769
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	12/1/2045	320,000	445,971	469,824
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	2/15/2041	320,000	370,294	397,386
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2036	225,000	249,172	234,886
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2026	96,000	98,887	94,809
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	630,000	676,118	661,324
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	265,000	262,938	247,245
	ABBVIE INC	Corporate Bond Obligation	11/14/2028	235,000	233,100	228,138
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	610,000	600,161	564,317
	ABBVIE INC	Corporate Bond Obligation	5/14/2045	145,000	159,558	131,864

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	135,000	144,855	118,090
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	195,000	193,937	173,973
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	80,000	79,080	72,113
	AETNA INC	Corporate Bond Obligation	11/15/2042	25,000	23,340	21,642
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000	476,175	508,516
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	1/15/2026	165,000	171,092	164,975
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	280,000	277,007	225,837
	ALTRIA GROUP INC	Corporate Bond Obligation	9/16/2046	205,000	196,797	156,153
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2047	385,000	382,155	376,184
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	425,000	423,942	410,448
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	550,000	549,489	581,559
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	340,000	402,203	400,289
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	545,000	542,316	486,374
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2028	125,000	124,534	120,420
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	165,000	164,031	150,995
	AMGEN INC	Corporate Bond Obligation	5/1/2045	125,000	129,697	116,899
	AMGEN INC	Corporate Bond Obligation	6/15/2051	510,000	529,651	480,517
	ANADARKO FINANCE CO	Corporate Bond Obligation	5/1/2031	635,000	797,242	750,919
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	9/15/2036	325,000	379,615	351,000
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	7/15/2044	50,000	46,832	42,370
	ANDEAVOR LOGIS LP/CORP	Corporate Bond Obligation	12/1/2047	130,000	128,907	117,036
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,250,000	1,166,473	1,159,237
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	885,000	845,761	820,749
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2048	880,000	859,321	788,709
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2038	410,000	404,937	365,802
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000	99,292	96,390
	ANTHEM INC	Corporate Bond Obligation	3/1/2048	265,000	259,981	252,765
	ANTHEM INC	Corporate Bond Obligation	12/1/2047	500,000	503,278	465,020
	APACHE CORP	Corporate Bond Obligation	9/1/2040	30,000	30,092	27,172
	APACHE CORP	Corporate Bond Obligation	2/1/2042	45,000	47,933	41,580
	APACHE CORP	Corporate Bond Obligation	4/15/2043	105,000	105,939	90,065
	APACHE CORP	Corporate Bond Obligation	1/15/2044	90,000	84,249	72,463
	APPLE INC	Corporate Bond Obligation	5/4/2043	845,000	848,489	800,198
	APPLE INC	Corporate Bond Obligation	2/23/2046	685,000	723,473	725,100
	APPLE INC	Corporate Bond Obligation	8/4/2046	150,000	147,190	139,497
	APPLE INC	Corporate Bond Obligation	9/12/2047	35,000	34,651	32,148
	ASTRAZENECA PLC	Corporate Bond Obligation	8/17/2048	105,000	103,891	99,665
	ASTRAZENECA PLC	Corporate Bond Obligation	1/17/2029	105,000	104,570	103,359
	AT+T INC	Corporate Bond Obligation	9/1/2040	205,000	205,097	199,151
	AT+T INC	Corporate Bond Obligation	6/15/2044	597,000	590,844	535,097
	AT+T INC	Corporate Bond Obligation	11/15/2046	1,859,000	1,830,284	1,727,532
	AT+T INC	Corporate Bond Obligation	5/15/2035	711,000	710,122	638,336
	AT+T INC	Corporate Bond Obligation	3/1/2041	210,000	223,451	227,413
	AT+T INC	Corporate Bond Obligation	3/9/2048	165,000	152,477	141,192
	AT+T INC	Corporate Bond Obligation	3/1/2047	620,000	604,292	605,554
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/5/2029	150,000	148,454	145,806
	BANK OF AMERICA CORP	Corporate Bond Obligation	12/20/2028	355,000	346,818	331,623
	BANK OF AMERICA CORP	Corporate Bond Obligation	7/23/2029	155,000	155,178	154,273
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/21/2027	1,225,000	1,152,823	1,133,921
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	405,000	494,675	467,342
	BANK ONE CORP	Corporate Bond Obligation	4/29/2027	150,000	184,854	183,849
	BARRICK PD AU FIN PTY LT	Corporate Bond Obligation	10/15/2039	115,000	127,862	122,646
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,185,000	1,216,452	969,887
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	510,000	492,318	405,985
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2047	180,000	179,518	169,301
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2027	195,000	184,068	184,439
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	224,561
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	170,000	169,946	168,125
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2042	240,000	243,826	244,788
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2043	185,000	186,160	187,890
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	650,000	646,705	644,501
	BHP BILLITON FIN USA LTD	Corporate Bond Obligation	9/30/2043	120,000	135,835	131,099
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	503,592
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	175,000	224,186	213,176
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	286,912

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	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	90,000	95,617	97,034
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	6/15/2048	120,000	119,694	115,646
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	12/15/2048	145,000	143,915	141,210
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	235,000	234,446	227,837
	CAMPBELL SOUP CO	Corporate Bond Obligation	3/15/2048	180,000	173,206	154,366
	CANADIAN PACIFIC RR CO	Corporate Bond Obligation	9/15/2115	920,000	1,089,540	1,069,997
	CAPITAL ONE FINANCIAL CO	Corporate Bond Obligation	1/31/2028	215,000	214,574	198,694
	CARDINAL HEALTH INC	Corporate Bond Obligation	9/15/2045	75,000	76,300	67,638
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	550,000	597,421	557,772
*	CATHOLIC HEALTH INITIATI	Corporate Bond Obligation	11/1/2042	335,000	320,662	303,028
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	340,000	338,798	318,383
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	710,000	809,443	728,780
	CHUBB INA HOLDINGS INC	Corporate Bond Obligation	11/3/2045	120,000	123,960	123,540
	CIGNA CORP	Corporate Bond Obligation	10/15/2028	95,000	94,874	95,530
	CIGNA CORP	Corporate Bond Obligation	8/15/2038	390,000	389,372	383,027
	CIGNA CORP	Corporate Bond Obligation	12/15/2048	385,000	382,022	376,684
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	445,000	538,254	517,927
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	27,000	31,276	26,908
	CITIGROUP INC	Corporate Bond Obligation	11/20/2026	105,000	105,535	100,970
	CITIGROUP INC	Corporate Bond Obligation	9/29/2027	215,000	217,574	207,221
	CITIGROUP INC	Corporate Bond Obligation	3/9/2026	265,000	271,996	261,539
	CITIGROUP INC	Corporate Bond Obligation	5/18/2046	95,000	96,386	87,824
	CITIGROUP INC	Corporate Bond Obligation	10/21/2026	165,000	156,194	152,326
	CITIGROUP INC	Corporate Bond Obligation	1/10/2028	115,000	118,166	110,965
	CITIGROUP INC	Corporate Bond Obligation	7/24/2028	235,000	237,283	222,000
	CITIGROUP INC	Corporate Bond Obligation	10/27/2028	635,000	635,091	592,195
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	355,000	353,630	317,111
	CODELCO INC	Corporate Bond Obligation	7/17/2042	220,000	203,520	203,353
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	215,000	252,874	230,542
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	511,488
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	57,852
	COMCAST CORP	Corporate Bond Obligation	3/1/2038	315,000	311,751	291,599
	COMCAST CORP	Corporate Bond Obligation	10/15/2048	1,310,000	1,297,786	1,324,253
	COMCAST CORP	Corporate Bond Obligation	10/15/2058	246,000	246,271	250,096
	COMCAST CORP	Corporate Bond Obligation	10/15/2038	300,000	298,383	302,934
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	490,000	489,482	437,986
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	276,126
	CONCHO RESOURCES INC	Corporate Bond Obligation	8/15/2048	100,000	99,740	95,683
	CONCHO RESOURCES INC	Corporate Bond Obligation	8/15/2028	50,000	48,724	48,910
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	224,358
	CONOCOPHILLIPS CANADA	Corporate Bond Obligation	10/15/2036	120,000	145,022	143,081
	CONOCOPHILLIPS HLDG CO	Corporate Bond Obligation	4/15/2029	300,000	382,305	370,953
	CONSOLIDATED EDISON CO O	Corporate Bond Obligation	12/1/2039	325,000	400,371	367,578
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	290,000	281,591	244,432
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2028	80,000	79,776	79,671
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	70,000	69,714	70,243
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	110,000	109,515	100,399
	CONTINENTAL RESOURCES	Corporate Bond Obligation	6/1/2044	170,000	164,561	150,462
	CONTINENTAL RESOURCES	Corporate Bond Obligation	1/15/2028	190,000	187,289	178,744
	CRED SUIS GP FUN LTD	Corporate Bond Obligation	5/15/2045	60,000	67,219	59,215
	CREDIT SUISSE GROUP AG	Corporate Bond Obligation	1/9/2028	205,000	204,855	197,766
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	1,270,000	1,269,545	1,235,215
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	530,000	519,474	507,878
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2028	260,000	256,344	254,179
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	200,000	214,536	194,682
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	231,007	277,617	267,032
	DELL INT LLC / EMC CORP	Corporate Bond Obligation	7/15/2046	280,000	332,731	303,181
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	240,000	344,814	313,027
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	5/15/2042	20,000	18,196	17,297
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	135,000	125,882	118,922
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2043	340,000	325,122	332,319
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2037	165,000	164,835	153,049
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2047	230,000	230,080	211,379
	DOWDUPONT INC	Corporate Bond Obligation	11/15/2048	780,000	787,372	810,373
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	182,728

Premier Health Partners
Employees Retirement Plan

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	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	670,000	667,315	617,459
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	100,000	132,539	127,650
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	8/15/2038	525,000	691,887	662,240
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	7/15/2043	130,000	129,411	140,711
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	5/15/2042	100,000	99,504	97,006
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	1/22/2044	195,000	206,168	175,360
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2035	195,000	200,169	183,698
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2045	55,000	56,284	49,754
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	230,000	251,728	221,145
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	2/1/2043	20,000	18,199	17,332
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	10/1/2043	140,000	148,196	133,111
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	6/15/2048	40,000	42,203	38,952
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	3/15/2045	210,000	204,258	181,671
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	3/15/2035	330,000	329,373	295,413
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	12/15/2045	150,000	157,042	146,700
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	4/15/2047	225,000	220,942	198,311
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	402,396
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2025	255,000	258,675	252,312
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	280,000	279,601	248,186
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2049	325,000	319,961	315,721
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	20,000	20,687	19,372
	EQUINOR ASA	Corporate Bond Obligation	12/1/2028	150,000	192,610	185,671
	EXELON CORP	Corporate Bond Obligation	4/1/2032	485,000	638,842	601,706
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	131,427
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	7/15/2046	365,000	343,437	349,915
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	3/1/2027	140,000	130,963	129,872
	FEDEX CORP	Corporate Bond Obligation	10/17/2048	150,000	146,746	144,955
	FIRSTENERGY CORP	Corporate Bond Obligation	7/15/2047	130,000	129,180	129,793
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	305,000	389,573	374,879
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,960	312,871
	FORD MOTOR COMPANY	Corporate Bond Obligation	7/16/2031	775,000	983,133	799,040
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	1,586,000	1,629,499	1,328,386
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	313,650
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	65,000	72,417	60,927
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	675,000	771,264	657,112
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2042	250,000	254,623	230,295
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	60,000	59,565	57,703
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	320,000	332,330	323,085
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	310,000	322,456	307,548
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	100,000	96,000	91,162
	GLAXOSMITHKLINE CAP INC	Corporate Bond Obligation	5/15/2028	180,000	179,986	182,920
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	190,000	215,994	214,563
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/1/2041	450,000	577,469	513,252
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	300,000	317,873	285,699
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/1/2029	150,000	145,681	144,358
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	120,000	116,509	109,993
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	135,000	134,122	126,244
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	11/16/2026	400,000	394,645	369,460
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	6/5/2028	135,000	128,063	125,465
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	260,000	256,053	228,803
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	565,000	609,016	554,740
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2035	320,000	344,093	314,198
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	190,000	235,183	224,094
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	115,825
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	205,000	204,485	204,303
	HOME DEPOT INC	Corporate Bond Obligation	6/15/2047	125,000	128,977	117,930
	HSBC BANK USA NA	Corporate Bond Obligation	8/15/2035	465,000	553,006	508,110
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	235,000	320,771	294,937
	HUMANA INC	Corporate Bond Obligation	12/1/2042	40,000	43,048	39,546
	HUMANA INC	Corporate Bond Obligation	10/1/2044	110,000	115,828	112,991
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	260,000	261,873	255,546
	INTEL CORP	Corporate Bond Obligation	12/8/2047	443,000	442,323	410,183
	INTERCONTINENTALEXCHANGE	Corporate Bond Obligation	9/21/2048	245,000	243,256	240,104
	INTERNATIONAL PAPER CO	Corporate Bond Obligation	5/15/2046	185,000	196,476	173,685
	JOHNSON CONTROLS INTL PL	Corporate Bond Obligation	7/2/2064	150,000	154,914	139,414

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	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	320,000	401,870	389,139
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/1/2026	110,000	107,270	104,756
	JPMORGAN CHASE + CO	Corporate Bond Obligation	6/15/2026	95,000	91,753	89,468
	JPMORGAN CHASE + CO	Corporate Bond Obligation	12/1/2027	195,000	187,395	181,461
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/1/2028	450,000	454,303	436,824
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	75,000	78,483	69,756
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	295,000	298,174	264,013
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	345,000	319,789	313,326
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	115,000	115,002	101,793
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	180,000	180,000	157,873
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	130,000	139,042	128,397
	KENTUCKY UTILITIES CO	Corporate Bond Obligation	11/1/2040	18,000	20,929	20,204
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2048	280,000	280,000	266,266
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2038	125,000	125,000	121,627
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	240,000	292,350	267,684
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	60,000	57,429	52,221
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	680,000	852,803	813,967
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	6/1/2045	215,000	228,137	212,930
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2046	580,000	538,400	477,821
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	390,000	407,279	366,007
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	3/15/2035	35,000	41,981	40,780
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/1/2042	350,000	378,183	415,068
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	285,000	304,525	303,117
	LOWE S COS INC	Corporate Bond Obligation	9/15/2045	205,000	212,015	184,084
	MARATHON OIL CORP	Corporate Bond Obligation	3/15/2032	105,000	124,802	115,040
	MARATHON OIL CORP	Corporate Bond Obligation	10/1/2037	90,000	109,732	100,872
	MARATHON OIL CORP	Corporate Bond Obligation	6/1/2045	185,000	191,636	170,947
	MARATHON OIL CORP	Corporate Bond Obligation	7/15/2027	60,000	60,415	57,012
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	7/1/2111	390,000	491,069	498,724
	MCDONALD S CORP	Corporate Bond Obligation	7/15/2040	335,000	352,581	343,147
	MCDONALD S CORP	Corporate Bond Obligation	5/26/2045	380,000	385,609	369,637
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	740,000	845,923	775,846
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2035	365,000	381,826	373,702
	MERCK + CO INC	Corporate Bond Obligation	9/15/2042	155,000	145,516	146,410
	MERCK + CO INC	Corporate Bond Obligation	2/10/2045	150,000	142,111	144,064
	METLIFE INC	Corporate Bond Obligation	6/15/2034	335,000	423,028	406,124
	METLIFE INC	Corporate Bond Obligation	3/1/2045	215,000	211,260	200,408
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	675,000	670,529	662,877
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	787,388
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	195,000	192,568	183,663
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	670,000	670,790	641,847
	MICROSOFT CORP	Corporate Bond Obligation	2/6/2037	855,000	863,322	877,367
	MOLSON COORS BREWING CO	Corporate Bond Obligation	7/15/2026	280,000	263,511	249,365
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	465,000	546,780	541,748
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	770,994
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	4,677
	MORGAN STANLEY	Corporate Bond Obligation	7/23/2025	425,000	433,049	419,284
	MORGAN STANLEY	Corporate Bond Obligation	7/27/2026	120,000	113,531	110,956
	MORGAN STANLEY	Corporate Bond Obligation	1/20/2027	15,000	14,809	14,256
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	270,000	270,000	246,040
	MPLX LP	Corporate Bond Obligation	4/15/2038	325,000	320,178	283,839
	MPLX LP	Corporate Bond Obligation	2/15/2049	315,000	306,411	306,404
	MPLX LP	Corporate Bond Obligation	3/1/2047	155,000	154,539	142,677
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	401,716
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	145,000	143,450	140,637
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	190,000	187,448	186,337
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	265,668
	NEWMONT MINING CORP	Corporate Bond Obligation	4/1/2035	400,000	432,008	430,520
	NEWMONT MINING CORP	Corporate Bond Obligation	10/1/2039	205,000	241,040	224,481
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	345,000	344,717	320,950
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2043	65,000	68,834	57,696
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2044	330,000	336,446	284,252
	NOBLE ENERGY INC	Corporate Bond Obligation	8/15/2047	250,000	255,612	216,300
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	8/15/2052	597,000	607,931	533,175
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	12/31/2049	365,000	364,292	358,149

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	170,000	169,606	166,522
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	285,000	262,901	256,851
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	540,000	586,111	545,902
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	390,000	389,063	354,709
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	100,000	100,000	95,038
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	665,000	711,843	710,393
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	115,000	129,285	126,870
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	390,000	421,668	404,290
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	445,000	441,894	448,017
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	65,000	90,370	86,334
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	615,000	727,957	698,868
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	290,000	312,571	302,371
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	370,000	353,032	351,219
	ORACLE CORP	Corporate Bond Obligation	7/8/2039	450,000	577,099	540,144
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	425,000	432,225	402,139
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	35,000	34,566	32,658
	ORACLE CORP	Corporate Bond Obligation	11/15/2047	330,000	328,452	307,461
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	210,000	209,210	196,384
	ORANGE SA	Corporate Bond Obligation	1/13/2042	125,000	141,192	130,966
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2034	505,000	607,206	467,913
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	2/15/2044	100,000	94,131	82,106
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	12/1/2047	45,000	44,804	33,799
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/15/2046	40,000	37,036	31,078
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	62,361
	PACIFICORP	Corporate Bond Obligation	1/15/2039	255,000	308,207	306,148
	PEPSICO INC	Corporate Bond Obligation	8/13/2042	345,000	322,458	321,857
	PETROLEOS MEXICANOS	Corporate Bond Obligation	2/12/2048	270,000	231,487	216,000
	PETROLEOS MEXICANOS	Corporate Bond Obligation	1/23/2045	360,000	319,259	289,800
	PETROLEOS MEXICANOS	Corporate Bond Obligation	9/21/2047	595,000	556,086	492,000
	PFIZER INC	Corporate Bond Obligation	12/15/2036	275,000	278,586	272,247
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	440,000	408,505	378,514
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	260,000	252,712	229,442
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	325,000	346,937	322,224
	PHILLIPS 66	Corporate Bond Obligation	5/1/2042	80,000	79,978	87,337
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	209,412
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	327,774
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	200,000	204,112	197,728
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	336,951
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	422,000	406,880	377,260
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	103,843
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	330,000	327,475	316,160
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	525,000	519,540	463,129
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	135,000	164,358	131,572
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	360,000	426,757	334,451
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	140,000	138,923	145,585
	ROHM + HAAS CO	Corporate Bond Obligation	7/15/2029	685,000	935,717	856,784
	ROYAL BK SCOTLND GRP PLC	Corporate Bond Obligation	1/27/2030	100,000	98,714	96,427
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	275,000	275,274	267,130
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	200,000	199,784	188,780
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	75,000	73,990	64,375
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	185,000	182,998	158,166
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	335,000	442,517	423,229
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	45,000	40,674	40,792
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	400,000	402,037	396,984
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	345,000	340,027	333,153
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	110,000	105,910	101,818
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	2/1/2040	75,000	102,125	95,509
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	240,000	238,082	247,661
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	10/1/2044	20,000	19,882	19,196
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	6/1/2065	120,000	131,847	123,376
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	20,000	24,778	22,313
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	196,960
	SOUTHERN COPPER CORP	Corporate Bond Obligation	4/23/2045	110,000	114,997	112,383
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	285,000	285,419	271,015
	SPECTRA ENERGY PARTNERS	Corporate Bond Obligation	3/15/2045	145,000	139,064	131,113

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	255,000	326,331	296,649
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	5/15/2045	685,000	690,660	606,321
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	10/1/2047	450,000	427,169	407,794
	TARGET CORP	Corporate Bond Obligation	7/1/2042	350,000	342,601	330,067
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	430,000	458,262	445,876
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	5/15/2047	600,000	597,235	574,278
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	3/8/2047	435,000	435,000	398,199
	TENNESSEE GAS PIPELINE	Corporate Bond Obligation	10/15/2028	325,000	387,523	367,975
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	205,000	203,190	182,456
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	165,000	189,078	169,330
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	170,000	210,443	184,290
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	405,000	534,723	411,533
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	180,000	197,754	171,911
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	435,000	439,941	415,812
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	230,000	230,853	221,685
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2048	245,000	242,935	236,489
	TRANSCONT GAS PIPE LINE	Corporate Bond Obligation	8/15/2041	500,000	537,250	512,945
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	205,000	204,131	211,775
	UBS GROUP FUNDING SWITZE	Corporate Bond Obligation	3/23/2028	285,000	285,935	281,021
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	11/15/2032	415,000	537,649	507,180
	UNION ELECTRIC CO	Corporate Bond Obligation	9/15/2042	465,000	462,652	450,506
	UNION PACIFIC CORP	Corporate Bond Obligation	9/10/2038	210,000	209,683	205,945
	UNION PACIFIC CORP	Corporate Bond Obligation	9/10/2048	320,000	319,677	315,536
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	370,000	371,487	313,819
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	685,000	696,761	647,147
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	11/16/2048	235,000	230,502	226,937
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	11/16/2028	260,000	259,906	257,582
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	335,000	334,538	299,601
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/4/2047	170,000	152,436	149,823
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	287,243
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	25,000	24,533	23,832
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2028	55,000	54,905	55,599
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	815,000	813,148	814,544
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	12/15/2048	120,000	119,508	123,520
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	240,000	260,969	254,398
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	235,000	232,829	215,065
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	702,924
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/21/2054	413,000	415,247	399,074
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	474,000	472,767	444,256
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/15/2055	863,000	832,079	792,493
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/16/2037	565,000	560,650	588,544
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	910,000	907,434	898,252
	VIACOM INC	Corporate Bond Obligation	4/30/2036	100,000	107,454	107,316
	VIACOM INC	Corporate Bond Obligation	9/1/2043	690,000	737,351	676,766
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	135,334
	VISA INC	Corporate Bond Obligation	12/14/2045	575,000	592,557	594,251
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2048	205,000	204,660	192,462
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	110,000	107,914	103,071
	VOLKSWAGEN GROUP AMERICA	Corporate Bond Obligation	11/13/2028	445,000	440,016	430,982
	VULCAN MATERIALS CO	Corporate Bond Obligation	3/1/2048	350,000	349,605	303,874
	WALMART INC	Corporate Bond Obligation	6/29/2048	355,000	350,381	353,232
	WALMART INC	Corporate Bond Obligation	6/28/2038	290,000	286,993	287,315
	WEA FINANCE LLC/WESTFIEL	Corporate Bond Obligation	9/17/2044	380,000	372,805	379,590
	WELLS FARGO + COMPANY	Corporate Bond Obligation	5/1/2045	10,000	9,450	9,176
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/14/2046	415,000	403,565	380,684
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	670,000	701,286	645,109
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	282,317
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,430	1,113,048
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2031	220,000	263,914	262,616
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	4/15/2040	85,000	95,564	90,421
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	11/15/2043	45,000	49,375	45,206
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	6/24/2044	80,000	85,624	80,402
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2045	120,000	117,186	108,800
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	3/1/2048	265,000	260,775	240,461
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	9/15/2045	410,000	425,446	378,807
					127,139,118	120,206,244

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	11,086,324
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	12,115,939
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	15,170,800
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	38,722,505
	RIMROCK HIGH INC PLUS CAYMAN	Limited Partnership		37,339	10,000,000	10,951,312
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	12,083,727
	SF GLOBAL EMERGING MARKETS EQU	Limited Partnership		973,128	12,400,000	12,774,827
					104,957,520	112,905,434
				Total	$ 550,392,801	$ 586,665,310

Premier Health Partners
Employees Retirement Plan

Schedule of Reportable Transactions
Form 5500, Schedule H, Line 4j
EIN 31-1446699, Plan No. 001
Year Ended December 31, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of the net plan assets:						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	204,385,728 units purchased in a series of 300 transactions	$ 204,385,728	-	204,385,728	204,385,728	-
	195,072,320 units sold in a series of 239 transactions	-	195,072,320	195,072,320	195,072,320	-
U.S Treasury	US TREASURY N/B, maturity date of February 15, 2028					
	21,165,000 units purchased in 37 transactions	20,990,792	-	20,990,792	20,990,792	-
	21,165,000 units sold in a series of 18 transactions	-	20,746,971	20,990,792	20,746,971	(243,821)
U.S Treasury	US TREASURY N/B, maturity date of May 15, 2028					
	19,355,000 units purchased in 67 transactions	19,173,515	-	19,173,515	19,173,515	-
	19,355,000 units sold in a series of 15 transactions	-	19,302,277	19,173,515	19,302,277	128,762
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2028					
	19,595,000 units purchased in 22 transactions	19,587,631	-	19,587,631	19,587,631	-
	19,595,000 units sold in a series of 21 transactions	-	19,012,219	19,587,631	19,012,219	(575,412)
U.S Treasury	US TREASURY N/B, maturity date of November 15, 2047					
	32,465,000 units purchased in 152 transactions	30,078,939	-	30,078,939	30,078,939	-
	81,650,000 units sold in a series of 71 transactions	-	75,136,959	79,626,369	75,136,959	(4,489,410)
U.S Treasury	US TREASURY N/B, maturity date of February 15, 2048					
	79,215,000 units purchased in 96 transactions	76,846,283	-	76,846,283	76,846,283	-
	79,215,000 units sold in a series of 75 transactions	-	78,554,937	76,846,283	78,554,937	1,708,654
U.S Treasury	US TREASURY N/B, maturity date of May 15, 2048					
	74,580,000 units purchased in 104 transactions	75,696,328	-	75,696,328	75,696,328	-
	74,580,000 units sold in a series of 68 transactions	-	71,445,976	75,696,328	71,445,976	(4,250,352)
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2048					
	71,575,000 units purchased in 58 transactions	66,838,867	-	66,838,867	66,838,867	-
	1,605,000 units sold in a series of 30 transactions	-	1,510,453	1,489,924	1,510,453	20,529

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (i), (ii) or (iv) transactions from January 1, 2018 to December 31, 2018.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	70 $26,241	368 $37,249 $1,089	2 $4,145							
25-29	54 $25,997	951 $45,384 $1,903	230 $49,668 $5,644	1						
30-34	58 $51,855	650 $51,545 $7	522 $55,916 $170	149 $57,822 $3,682	8					
35-39	42 $48,959 $288	485 $60,063 $2,540	379 $62,786 $8,012	278 $63,067 $12,215	126 $61,283 $14,009	7				
40-44	26 $48,313	377 $62,846 $2,772	290 $74,866 $9,574	200 $73,159 $12,041	191 $67,667 $16,963	77 $68,581 $17,021	2			
45-49	32 $39,997	371 $62,540 $2,817	306 $70,929 $9,073	204 $70,410 $11,805	236 $68,048 $13,729	154 $78,299 $8,510	75 $68,083 $747	4		
50-54	22 $34,556	260 $64,649 $2,861	261 $62,392 $8,399	208 $70,186 $11,425	239 $71,777 $15,313	126 $81,581 $13,306	141 $81,336 $16,383	72 $75,864 $18,714	5	
55-59	31 $28,682	232 $57,132 $2,532	243 $72,030 $9,214	187 $58,178 $10,456	278 $63,544 $11,657	172 $78,722 $11,077	131 $83,829 $21,734	120 $83,399 $20,616	101 $79,084 $18,974	20 $58,528 $22,491
60-64	15	154 $63,674 $2,981	182 $68,052 $9,250	145 $60,647 $10,095	188 $63,903 $11,273	137 $75,883 $10,057	95 $66,004 $12,429	90 $76,102 $13,038	106 $74,917 $25,371	75 $67,837 $22,334
65-69	9	42 $41,080 $2,299	59 $90,889 $11,938	38 $47,574 $7,875	41 $64,381 $13,135	21 $70,616 $9,604	10	13	15	27 $90,393 $24,090
70+	11	26 $23,516 $341,251	22 $110,765 $954,526	11	7	7	3	1		1

N-11,325

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	4.01% (PHP) 3.79% (UVMC; Good Sam) 2.80% (Atrium pre-2003) 1.23% (Atrium post-2002)
Cash Balance Annuity Conversion Rate	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	Active Cash Balance Participants: 90% immediate lump sum. 10% life annuity at age 62. Term Vested Cash Balance Participants: 100% deferred lump sum at age 55. Final Average Pay Participants: 100% life annuity at age 62.

For ERISA Requirements

Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums other than cash balance accounts.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums other than cash balance accounts.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3–4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2017 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $220,000 and the IRC section 401(a)(17) compensation limit of $275,000.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	6.75%, limited to 6.65%
2016 Plan Year	6.75%, limited to 6.48%
2017 Plan Year	6.75%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	$4,500,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest $100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Table 1

Retirement Rates

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

Table 2—Page 1 of 2

Withdrawal Rates

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

Table 2—Page 2 of 2

Withdrawal Rates

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

Table 3

Disability Rates—Atrium Disability Rates

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

Table 4

Disability Rates—MedAmerica Disability Rates

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

Premier Health Partners
Employees Retirement Plan

Schedule of Reportable Transactions
Form 5500, Schedule H, Line 4j
EIN 31-1446699, Plan No. 001
Year Ended December 31, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of the net plan assets:						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	204,385,728 units purchased in a series of 300 transactions	$ 204,385,728	-	204,385,728	204,385,728	-
	195,072,320 units sold in a series of 239 transactions	-	195,072,320	195,072,320	195,072,320	-
U.S Treasury	US TREASURY N/B, maturity date of February 15, 2028					
	21,165,000 units purchased in 37 transactions	20,990,792	-	20,990,792	20,990,792	-
	21,165,000 units sold in a series of 18 transactions	-	20,746,971	20,990,792	20,746,971	(243,821)
U.S Treasury	US TREASURY N/B, maturity date of May 15, 2028					
	19,355,000 units purchased in 67 transactions	19,173,515	-	19,173,515	19,173,515	-
	19,355,000 units sold in a series of 15 transactions	-	19,302,277	19,173,515	19,302,277	128,762
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2028					
	19,595,000 units purchased in 22 transactions	19,587,631	-	19,587,631	19,587,631	-
	19,595,000 units sold in a series of 21 transactions	-	19,012,219	19,587,631	19,012,219	(575,412)
U.S Treasury	US TREASURY N/B, maturity date of November 15, 2047					
	32,465,000 units purchased in 152 transactions	30,078,939	-	30,078,939	30,078,939	-
	81,650,000 units sold in a series of 71 transactions	-	75,136,959	79,626,369	75,136,959	(4,489,410)
U.S Treasury	US TREASURY N/B, maturity date of February 15, 2048					
	79,215,000 units purchased in 96 transactions	76,846,283	-	76,846,283	76,846,283	-
	79,215,000 units sold in a series of 75 transactions	-	78,554,937	76,846,283	78,554,937	1,708,654
U.S Treasury	US TREASURY N/B, maturity date of May 15, 2048					
	74,580,000 units purchased in 104 transactions	75,696,328	-	75,696,328	75,696,328	-
	74,580,000 units sold in a series of 68 transactions	-	71,445,976	75,696,328	71,445,976	(4,250,352)
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2048					
	71,575,000 units purchased in 58 transactions	66,838,867	-	66,838,867	66,838,867	-
	1,605,000 units sold in a series of 30 transactions	-	1,510,453	1,489,924	1,510,453	20,529

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (i), (ii) or (iv) transactions from January 1, 2018 to December 31, 2018.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2018 This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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	B Three-digit plan number (PN) ▶	
Premier Health Partners Employees Retirement Plan		001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
Premier Health Partners	31-1446699	

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	2a	702,495,945
b Actuarial value	2b	668,476,578

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	3,162	217,128,847	217,128,847
b For terminated vested participants	3,547	84,384,227	84,384,227
c For active participants	11,325	267,640,439	273,160,733
d Total	18,034	569,153,513	574,673,807

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	5.71%
6 Target normal cost	6	24,795,333

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	Jason M. Bravo JB	09/26/2019
	Signature of actuary	Date
Jason M. Bravo		1705569
Type or print name of actuary		Most recent enrollment number
Aon Consulting, Inc.		216-573-9700
Firm name		Telephone number (including area code)

5005 Rockside Road

Independence OH 44131

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	110,508,785
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11,975,940
9	Amount remaining (line 7 minus line 8)	0	98,532,845
10	Interest on line 9 using prior year's actual return of 15.05%	0	14,829,193
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.91%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	113,362,038

Part III Funding Percentages

14	Funding target attainment percentage	14	96.59%
15	Adjusted funding target attainment percentage	15	116.32%
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	101.42%
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
09/10/2019	9,000,000	0			
		Totals ► 18(b)	9,000,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8,193,632

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.92 %	5.52 %	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	24,795,333
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19,559,267	3,193,047
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	27,988,380

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	27,988,380	27,988,380

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	8,193,632

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	8,193,632
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	8,193,632
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	10.00%	0.7164	4.26
60.5	10.00%	0.6448	3.90
61.5	10.00%	0.5803	3.57
62.5	15.00%	0.5223	4.90
63.5	15.00%	0.4439	4.23
64.5	25.00%	0.3773	6.08
65.5	30.00%	0.2830	5.56
66.5	30.00%	0.1981	3.95
67.5	30.00%	0.1387	2.81
68.5	25.00%	0.0971	1.66
69.5	25.00%	0.0728	1.26
70	100.00%	0.0546	3.82
		Weighted Average	62.13

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	4.01% (PHP) 3.79% (UVMC; Good Sam) 2.80% (Atrium pre-2003) 1.23% (Atrium post-2002)
Cash Balance Annuity Conversion Rate	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	Active Cash Balance Participants: 90% immediate lump sum. 10% life annuity at age 62. Term Vested Cash Balance Participants: 100% deferred lump sum at age 55. Final Average Pay Participants: 100% life annuity at age 62.

For ERISA Requirements

Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums other than cash balance accounts.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums other than cash balance accounts.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3–4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2017 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $220,000 and the IRC section 401(a)(17) compensation limit of $275,000.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	6.75%, limited to 6.65%
2016 Plan Year	6.75%, limited to 6.48%
2017 Plan Year	6.75%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	$4,500,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest $100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Table 1

Retirement Rates

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

Table 2—Page 1 of 2

Withdrawal Rates

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

Table 2—Page 2 of 2

Withdrawal Rates

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

Table 3

Disability Rates—Atrium Disability Rates

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

Table 4

Disability Rates—MedAmerica Disability Rates

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

Schedule SB, Part V—Summary of Plan Provisions

Med America

History of Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Effective January 1, 2018, all legacy pension participants will begin earning benefits under the PHP cash balance formula. Participants with the MedAmerica final average pay formula, the Upper Valley Medical Center final average pay formula, and the Good Sam enhanced formula will receive an additional 2% pay credit for a period of three years.

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

Effective Date	Original plan: January 1, 1951. Amended and completely restated on January 1, 2008.
Employees Covered	All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.
Participation Requirements	All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.
Normal Retirement Eligibility	Age 65 and five years of service. Members with at least one hour of service on or after January 1, 2008: Age 65.
Annual Benefit	**Choice One Participants** The sum of (a) and (b) below multiplied by credited service after January 1, 1971: (a) 0.90% x final average pay up to a breakpoint. (b) 1.65% x final average pay in excess of the breakpoint. A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security normal retirement age. Benefits for Choice One Participants will be frozen on December 31, 2017, with future benefits earned under the Choice Two formula. Choice One Participants will receive an additional 2% pay credit for a period of three years beginning in 2018. OR **Choice Two Participants** Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the

	accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Minimum Benefit	The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.
Early Retirement	
Eligibility	Participants prior to January 1, 1984: Age 50 (Not applicable for Choice Two participants). New participants after December 31, 1983: Age 55 with five or more years of service. Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of vesting service.
Annual Benefit	**Choice One Participants** The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age. OR **Choice Two Participants** Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Disability Retirement	
Eligibility	Participants prior to January 1, 1999: Permanent and total disability. New participants after December 31, 1998: Five years of service. Members with at least one hour of service on or after January 1, 2008: Three years of vesting service. The disability retirement benefit has been eliminated prospectively effective January 1, 2013.
Annual Benefit	**Choice One Participants** A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay

	continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year. OR **Choice Two Participants** Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Vested Deferred Retirement	
Eligibility	Three years of vesting service.
Annual Benefit	The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age. All employees who were participants prior to January 1, 1976, are considered fully vested. Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.
Preretirement Spouse's Survivor Annuity	
Eligibility	All vested participants who have not yet begun receiving benefit payments.
Annual Benefit	An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect. Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the accrued pension account.

Supplemental Early Retirement Benefit	
Eligibility	Choice One participants who are age 60 with 10 or more years of vesting service.
Benefit	A benefit, payable until Social Security normal retirement age, equal to $10 times years of credited service (up to 20 years).
Normal Form of Retirement Benefits	Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.
Optional Form of Retirement Benefits	100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.
Source of Contributions	100% employer-paid since January 1, 1976.
Definitions	
Actuarial Equivalence	Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15% male, and a 7% interest rate.
Annual Cash Balance Credits	For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows:

Years of Benefit Service	Annual Cash Balance Credit
0–5	2.0% of compensation
6–10	2.5% of compensation
11–15	3.0% of compensation
16–20	4.0% of compensation
21–25	5.0% of compensation
26+	6.0% of compensation

Credits are to be made at the earlier of the last day of the plan year or severance from service.

Accrued Pension Account Interest	The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited.

Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.
Choice One Participant	Participant who is covered under the "final average pay" (FAP) benefit formula.
Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	Monthly average of a participant's compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment. For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied: ▪ Without regard to the age increase factor; and ▪ As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.
Credited Service	Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.

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

Atrium Medical Center

Effective Date and Plan Year	Original plan: January 1, 1998 (for restated plan). Restated plan: January 1, 2008. Plan year: January 1, through December 31.
Status of the Plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Definitions	
Covered Employees	A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.
Participation	All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.
Employee Contributions	None.
Vesting Service	An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).
Credited Service	An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.
Pensionable Earnings	Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).
Accrued Benefit	Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially

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

Normal Retirement Eligibility

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

Old Plan Benefit

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

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

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

Benefits for participants with the Old Plan Benefit will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

New Plan Benefit

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

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

Years of Service	Contribution Percentage
1–5	2.0%
6–10	2.5%
11–15	3.0%

16–20	4.0%
21–25	5.0%
26+	6.0%

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

Benefits for participants with the New Plan Benefit will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Early Retirement

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

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

Late Retirement

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

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

Deferred Vested

Eligibility: Completion of three years of vesting service.

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

Disability

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

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

Preretirement Death

Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.

Form of Benefits

Automatic Form for Unmarried Participants	Single life annuity.
Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year. Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

Upper Valley Medical Center (Prior DB Plan)

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

Benefit Service

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

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

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

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

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

Accrued Benefit

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

Benefits will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula. Participants will receive an additional 2% pay credit for a period of three years beginning in 2018

Normal Retirement Benefit

Eligibility — Age 65.

Monthly Benefit — The accrued benefit.

Early Retirement Benefit

Eligibility	Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.
Monthly Benefit	The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.
Late Retirement Benefit	
Eligibility	Any age after normal retirement age.
Monthly Benefit	The accrued benefit.
Disability Retirement Benefit	
Eligibility	Completion of five years of vesting service and permanent and total disability at any age.
Monthly Benefit	The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.
Termination Benefit	
Eligibility	Upon termination of employment prior to retirement after completion of at least five years of vesting service.
Monthly Benefit	The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Death Benefit	
Eligibility	100% vested and married for at least one year.
Monthly Benefit	A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.
Optional Forms of Payments	Life annuity; Joint and survivor with 50%, 66⅔%, 75% or 100% continuation; 5 year or 10 year certain and continuous. The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

Benefits Available as Lump Sums	This plan pays small benefit amounts (less than $1,000) automatically, and participants can elect a lump sum if the lump sum value is between $1,000 and $5,000. Lump sums over $5,000 are not available. The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

Upper Valley Medical Center (Prior DC Participants)

Participation

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

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

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

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

Benefits will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Good Samaritan Hospital

Participation

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

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

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

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- For current retirees with a joint & survivor form of payment, an adjustment has been added based on the beneficiary's probability of death before the retiree's death.
- For Atrium cash balance benefits, the interest crediting rate for benefits earned prior to 2003 was updated from 3.25% to 2.80%, and the interest crediting rate for benefits earned after 2002 was updated from 3.25% to 1.23%.

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	70 $26,241	368 $37,249 $1,089	2 $4,145							
25-29	54 $25,997	951 $45,384 $1,903	230 $49,668 $5,644	1						
30-34	58 $51,855	650 $51,545 $7	522 $55,916 $170	149 $57,822 $3,682	8					
35-39	42 $48,959 $288	485 $60,063 $2,540	379 $62,786 $8,012	278 $63,067 $12,215	126 $61,283 $14,009	7				
40-44	26 $48,313	377 $62,846 $2,772	290 $74,866 $9,574	200 $73,159 $12,041	191 $67,667 $16,963	77 $68,581 $17,021	2			
45-49	32 $39,997	371 $62,540 $2,817	306 $70,929 $9,073	204 $70,410 $11,805	236 $68,048 $13,729	154 $78,299 $8,510	75 $68,083 $747	4		
50-54	22 $34,556	260 $64,649 $2,861	261 $62,392 $8,399	208 $70,186 $11,425	239 $71,777 $15,313	126 $81,581 $13,306	141 $81,336 $16,383	72 $75,864 $18,714	5	
55-59	31 $28,682	232 $57,132 $2,532	243 $72,030 $9,214	187 $58,178 $10,456	278 $63,544 $11,657	172 $78,722 $11,077	131 $83,829 $21,734	120 $83,399 $20,616	101 $79,084 $18,974	20 $58,528 $22,491
60-64	15	154 $63,674 $2,981	182 $68,052 $9,250	145 $60,647 $10,095	188 $63,903 $11,273	137 $75,883 $10,057	95 $66,004 $12,429	90 $76,102 $13,038	106 $74,917 $25,371	75 $67,837 $22,334
65-69	9	42 $41,080 $2,299	59 $90,889 $11,938	38 $47,574 $7,875	41 $64,381 $13,135	21 $70,616 $9,604	10	13	15	27 $90,393 $24,090
70+	11	26 $23,516 $341,251	22 $110,765 $954,526	11	7	7	3	1		1

N-11,325

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 19,559,267	January 1, 2018	7	$ 3,193,047

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	10.00%	0.7164	4.26
60.5	10.00%	0.6448	3.90
61.5	10.00%	0.5803	3.57
62.5	15.00%	0.5223	4.90
63.5	15.00%	0.4439	4.23
64.5	25.00%	0.3773	6.08
65.5	30.00%	0.2830	5.56
66.5	30.00%	0.1981	3.95
67.5	30.00%	0.1387	2.81
68.5	25.00%	0.0971	1.66
69.5	25.00%	0.0728	1.26
70	100.00%	0.0546	3.82
		Weighted Average	62.13

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Med America

History of Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Effective January 1, 2018, all legacy pension participants will begin earning benefits under the PHP cash balance formula. Participants with the MedAmerica final average pay formula, the Upper Valley Medical Center final average pay formula, and the Good Sam enhanced formula will receive an additional 2% pay credit for a period of three years.

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

Effective Date	Original plan: January 1, 1951. Amended and completely restated on January 1, 2008.
Employees Covered	All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.
Participation Requirements	All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.
Normal Retirement	
Eligibility	Age 65 and five years of service. Members with at least one hour of service on or after January 1, 2008: Age 65.
Annual Benefit	**Choice One Participants** The sum of (a) and (b) below multiplied by credited service after January 1, 1971: (a) 0.90% x final average pay up to a breakpoint. (b) 1.65% x final average pay in excess of the breakpoint. A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security normal retirement age. Benefits for Choice One Participants will be frozen on December 31, 2017, with future benefits earned under the Choice Two formula. Choice One Participants will receive an additional 2% pay credit for a period of three years beginning in 2018. OR **Choice Two Participants** Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the

	accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Minimum Benefit	The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.
Early Retirement	
Eligibility	Participants prior to January 1, 1984: Age 50 (Not applicable for Choice Two participants). New participants after December 31, 1983: Age 55 with five or more years of service. Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of vesting service.
Annual Benefit	**Choice One Participants** The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age. OR **Choice Two Participants** Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Disability Retirement	
Eligibility	Participants prior to January 1, 1999: Permanent and total disability. New participants after December 31, 1998: Five years of service. Members with at least one hour of service on or after January 1, 2008: Three years of vesting service. The disability retirement benefit has been eliminated prospectively effective January 1, 2013.
Annual Benefit	**Choice One Participants** A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay

	continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year. OR **Choice Two Participants** Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.
Vested Deferred Retirement	
Eligibility	Three years of vesting service.
Annual Benefit	The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age. All employees who were participants prior to January 1, 1976, are considered fully vested. Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.
Preretirement Spouse's Survivor Annuity	
Eligibility	All vested participants who have not yet begun receiving benefit payments.
Annual Benefit	An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect. Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the accrued pension account.

Supplemental Early Retirement Benefit	
Eligibility	Choice One participants who are age 60 with 10 or more years of vesting service.
Benefit	A benefit, payable until Social Security normal retirement age, equal to $10 times years of credited service (up to 20 years).
Normal Form of Retirement Benefits	Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.
Optional Form of Retirement Benefits	100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.
Source of Contributions	100% employer-paid since January 1, 1976.
Definitions	
Actuarial Equivalence	Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15% male, and a 7% interest rate.
Annual Cash Balance Credits	For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows:

Years of Benefit Service	Annual Cash Balance Credit
0–5	2.0% of compensation
6–10	2.5% of compensation
11–15	3.0% of compensation
16–20	4.0% of compensation
21–25	5.0% of compensation
26+	6.0% of compensation

Credits are to be made at the earlier of the last day of the plan year or severance from service.

Accrued Pension Account Interest	The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited.

Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.
Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.
Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	Monthly average of a participant’s compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment. For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied: ▪ Without regard to the age increase factor; and ▪ As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year’s credit can be earned in the year of hire or termination.
Credited Service	Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.

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

Atrium Medical Center

Effective Date and Plan Year	Original plan: January 1, 1998 (for restated plan). Restated plan: January 1, 2008. Plan year: January 1, through December 31.
Status of the Plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Definitions	
Covered Employees	A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.
Participation	All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.
Employee Contributions	None.
Vesting Service	An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).
Credited Service	An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.
Pensionable Earnings	Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).
Accrued Benefit	Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially

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

Normal Retirement Eligibility

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

Old Plan Benefit

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

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

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

Benefits for participants with the Old Plan Benefit will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

New Plan Benefit

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

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

Years of Service	Contribution Percentage
1–5	2.0%
6–10	2.5%
11–15	3.0%

16–20	4.0%
21–25	5.0%
26+	6.0%

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

Benefits for participants with the New Plan Benefit will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Early Retirement

Eligibility	First day of the month following age 55 and three years of vesting service.
Benefit	Account balance as defined for normal retirement, with accruals through the early retirement date.

Late Retirement

Eligibility	The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.
Benefit	The account balance as defined for normal retirement, with accruals through the late retirement date.

Deferred Vested

Eligibility	Completion of three years of vesting service.
Benefit	Account balance as defined for normal retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.

Disability

Eligibility	Based on determination of total and permanent disability with three years of vesting service.
Benefit	Account balance as defined for normal retirement, with accruals through the date of disability. Interest credits are credited to the account balance up until the balance is distributed.

Preretirement Death

Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.

Form of Benefits

Automatic Form for Unmarried Participants	Single life annuity.
Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year. Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

Upper Valley Medical Center (Prior DB Plan)

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

Benefit Service

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

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

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

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

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

Accrued Benefit

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

Benefits will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula. Participants will receive an additional 2% pay credit for a period of three years beginning in 2018

Normal Retirement Benefit

Eligibility — Age 65.

Monthly Benefit — The accrued benefit.

Early Retirement Benefit

Eligibility	Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.
Monthly Benefit	The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.
Late Retirement Benefit	
Eligibility	Any age after normal retirement age.
Monthly Benefit	The accrued benefit.
Disability Retirement Benefit	
Eligibility	Completion of five years of vesting service and permanent and total disability at any age.
Monthly Benefit	The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.
Termination Benefit	
Eligibility	Upon termination of employment prior to retirement after completion of at least five years of vesting service.
Monthly Benefit	The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Death Benefit	
Eligibility	100% vested and married for at least one year.
Monthly Benefit	A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.
Optional Forms of Payments	Life annuity; Joint and survivor with 50%, 66⅔%, 75% or 100% continuation; 5 year or 10 year certain and continuous. The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

Benefits Available as Lump Sums	This plan pays small benefit amounts (less than $1,000) automatically, and participants can elect a lump sum if the lump sum value is between $1,000 and $5,000. Lump sums over $5,000 are not available. The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

Upper Valley Medical Center (Prior DC Participants)

Participation

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

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

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

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

Benefits will be frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Good Samaritan Hospital

Participation

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

Benefit

Participants receive benefits similar to the cash balance formula for MedAmerica, except that annual cash balance credits are based on the following table:

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

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

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

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	20,978,387	20,978,387	20,978,387
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		2,880,908	34,154,188	31,776,419
	VANGUARD DEVELOPED MARKETS IND	Mutual Fund		824,702	9,788,790	9,871,679
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		370,204	16,391,690	23,404,301
	WELLS FARGO INTERNATIONAL EQUITY	Mutual Fund		141,182	15,000,000	13,067,836
					75,334,668	78,120,235
*	S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		100,198	43,124,455	61,740,940
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,904,651	26,303,705	36,816,903
					69,428,160	98,557,843
	RFCSP STRIP PRINCIPAL	US Government & Agency Security	4/15/2030	765,000	519,284	534,697
	STRIP PRINC	US Government & Agency Security	2/15/2045	7,000,000	3,245,620	3,156,020
	STRIP PRINC	US Government & Agency Security	5/15/2045	7,000,000	3,221,960	3,136,840
	STRIP PRINC	US Government & Agency Security	2/15/2046	9,995,000	4,560,219	4,362,018
	STRIPS	US Government & Agency Security	11/15/2031	12,950,000	9,115,960	8,943,529
	STRIPS	US Government & Agency Security	2/15/2032	20,100,000	13,943,395	13,769,304
	US TREASURY N/B	US Government & Agency Security	5/15/2047	12,040,000	12,738,201	11,988,228
	US TREASURY N/B	US Government & Agency Security	11/15/2047	2,815,000	2,762,070	2,663,581
	US TREASURY N/B	US Government & Agency Security	8/15/2048	69,970,000	65,346,711	69,639,042
	US TREASURY N/B	US Government & Agency Security	11/15/2028	17,070,000	16,899,300	17,706,199
	US TREASURY N/B	US Government & Agency Security	11/30/2023	600,000	604,877	610,452
	US TREASURY N/B	US Government & Agency Security	2/15/2038	5,000,000	6,057,247	6,124,800
	US TREASURY N/B	US Government & Agency Security	2/15/2029	1,500,000	1,966,647	1,833,465
					140,981,491	144,468,175
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,507,475
	AID JORDAN	Foreign Government Security	6/30/2025	240,000	243,818	238,735
	REPUBLIC OF CHILE	Foreign Government Security	6/21/2047	175,000	174,722	163,188
	REPUBLIC OF COLOMBIA	Foreign Government Security	2/26/2044	425,000	445,060	438,175
	REPUBLIC OF COLOMBIA	Foreign Government Security	3/15/2029	105,000	104,330	103,793
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	435,000	403,615	426,952
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	605,000	566,682	568,700
	UNITED MEXICAN STATES	Foreign Government Security	1/23/2046	380,000	345,044	336,490
	UNITED MEXICAN STATES	Foreign Government Security	1/15/2047	370,000	325,957	317,090
	UNITED MEXICAN STATES	Foreign Government Security	2/10/2048	30,000	28,200	26,625
					4,118,213	4,127,223
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	598,831
	CALIFORNIA ST	Municipal Bond	4/1/2039	775,000	1,152,479	1,110,226
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	681,365
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	43,686
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	265,000	386,132	383,156
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	647,356
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	350,000	471,422	450,419
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	605,810
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	300,000	426,153	412,818
	NEW JERSEY ST TURNPIKE AUTH	Municipal Bond	1/1/2040	460,000	671,591	648,140
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	700,000	712,174	712,187
	TEXAS ST TRANSPRTN COMMISSION	Municipal Bond	4/1/2030	300,000	350,598	340,773
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	667,002
					7,455,244	7,301,769
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	12/1/2045	320,000	445,971	469,824
	21ST CENTURY FOX AMERICA	Corporate Bond Obligation	2/15/2041	320,000	370,294	397,386
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2036	225,000	249,172	234,886
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2026	96,000	98,887	94,809
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	630,000	676,118	661,324
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	265,000	262,938	247,245
	ABBVIE INC	Corporate Bond Obligation	11/14/2028	235,000	233,100	228,138
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	610,000	600,161	564,317
	ABBVIE INC	Corporate Bond Obligation	5/14/2045	145,000	159,558	131,864

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	135,000	144,855	118,090
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	195,000	193,937	173,973
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	80,000	79,080	72,113
	AETNA INC	Corporate Bond Obligation	11/15/2042	25,000	23,340	21,642
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000	476,175	508,516
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	1/15/2026	165,000	171,092	164,975
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	280,000	277,007	225,837
	ALTRIA GROUP INC	Corporate Bond Obligation	9/16/2046	205,000	196,797	156,153
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2047	385,000	382,155	376,184
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	425,000	423,942	410,448
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	550,000	549,489	581,559
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	340,000	402,203	400,289
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	545,000	542,316	486,374
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2028	125,000	124,534	120,420
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	165,000	164,031	150,995
	AMGEN INC	Corporate Bond Obligation	5/1/2045	125,000	129,697	116,899
	AMGEN INC	Corporate Bond Obligation	6/15/2051	510,000	529,651	480,517
	ANADARKO FINANCE CO	Corporate Bond Obligation	5/1/2031	635,000	797,242	750,919
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	9/15/2036	325,000	379,615	351,000
	ANADARKO PETROLEUM CORP	Corporate Bond Obligation	7/15/2044	50,000	46,832	42,370
	ANDEAVOR LOGIS LP/CORP	Corporate Bond Obligation	12/1/2047	130,000	128,907	117,036
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,250,000	1,166,473	1,159,237
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	885,000	845,761	820,749
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2048	880,000	859,321	788,709
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2038	410,000	404,937	365,802
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000	99,292	96,390
	ANTHEM INC	Corporate Bond Obligation	3/1/2048	265,000	259,981	252,765
	ANTHEM INC	Corporate Bond Obligation	12/1/2047	500,000	503,278	465,020
	APACHE CORP	Corporate Bond Obligation	9/1/2040	30,000	30,092	27,172
	APACHE CORP	Corporate Bond Obligation	2/1/2042	45,000	47,933	41,580
	APACHE CORP	Corporate Bond Obligation	4/15/2043	105,000	105,939	90,065
	APACHE CORP	Corporate Bond Obligation	1/15/2044	90,000	84,249	72,463
	APPLE INC	Corporate Bond Obligation	5/4/2043	845,000	848,489	800,198
	APPLE INC	Corporate Bond Obligation	2/23/2046	685,000	723,473	725,100
	APPLE INC	Corporate Bond Obligation	8/4/2046	150,000	147,190	139,497
	APPLE INC	Corporate Bond Obligation	9/12/2047	35,000	34,651	32,148
	ASTRAZENECA PLC	Corporate Bond Obligation	8/17/2048	105,000	103,891	99,665
	ASTRAZENECA PLC	Corporate Bond Obligation	1/17/2029	105,000	104,570	103,359
	AT+T INC	Corporate Bond Obligation	9/1/2040	205,000	205,097	199,151
	AT+T INC	Corporate Bond Obligation	6/15/2044	597,000	590,844	535,097
	AT+T INC	Corporate Bond Obligation	11/15/2046	1,859,000	1,830,284	1,727,532
	AT+T INC	Corporate Bond Obligation	5/15/2035	711,000	710,122	638,336
	AT+T INC	Corporate Bond Obligation	3/1/2041	210,000	223,451	227,413
	AT+T INC	Corporate Bond Obligation	3/9/2048	165,000	152,477	141,192
	AT+T INC	Corporate Bond Obligation	3/1/2047	620,000	604,292	605,554
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/5/2029	150,000	148,454	145,806
	BANK OF AMERICA CORP	Corporate Bond Obligation	12/20/2028	355,000	346,818	331,623
	BANK OF AMERICA CORP	Corporate Bond Obligation	7/23/2029	155,000	155,178	154,273
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/21/2027	1,225,000	1,152,823	1,133,921
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	405,000	494,675	467,342
	BANK ONE CORP	Corporate Bond Obligation	4/29/2027	150,000	184,854	183,849
	BARRICK PD AU FIN PTY LT	Corporate Bond Obligation	10/15/2039	115,000	127,862	122,646
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,185,000	1,216,452	969,887
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	510,000	492,318	405,985
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2047	180,000	179,518	169,301
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2027	195,000	184,068	184,439
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	224,561
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	170,000	169,946	168,125
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2042	240,000	243,826	244,788
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	5/15/2043	185,000	186,160	187,890
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	650,000	646,705	644,501
	BHP BILLITON FIN USA LTD	Corporate Bond Obligation	9/30/2043	120,000	135,835	131,099
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	503,592
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	175,000	224,186	213,176
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	286,912

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	90,000	95,617	97,034
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	6/15/2048	120,000	119,694	115,646
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	12/15/2048	145,000	143,915	141,210
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	235,000	234,446	227,837
	CAMPBELL SOUP CO	Corporate Bond Obligation	3/15/2048	180,000	173,206	154,366
	CANADIAN PACIFIC RR CO	Corporate Bond Obligation	9/15/2115	920,000	1,089,540	1,069,997
	CAPITAL ONE FINANCIAL CO	Corporate Bond Obligation	1/31/2028	215,000	214,574	198,694
	CARDINAL HEALTH INC	Corporate Bond Obligation	9/15/2045	75,000	76,300	67,638
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	550,000	597,421	557,772
*	CATHOLIC HEALTH INITIATI	Corporate Bond Obligation	11/1/2042	335,000	320,662	303,028
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	340,000	338,798	318,383
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	710,000	809,443	728,780
	CHUBB INA HOLDINGS INC	Corporate Bond Obligation	11/3/2045	120,000	123,960	123,540
	CIGNA CORP	Corporate Bond Obligation	10/15/2028	95,000	94,874	95,530
	CIGNA CORP	Corporate Bond Obligation	8/15/2038	390,000	389,372	383,027
	CIGNA CORP	Corporate Bond Obligation	12/15/2048	385,000	382,022	376,684
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	445,000	538,254	517,927
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	27,000	31,276	26,908
	CITIGROUP INC	Corporate Bond Obligation	11/20/2026	105,000	105,535	100,970
	CITIGROUP INC	Corporate Bond Obligation	9/29/2027	215,000	217,574	207,221
	CITIGROUP INC	Corporate Bond Obligation	3/9/2026	265,000	271,996	261,539
	CITIGROUP INC	Corporate Bond Obligation	5/18/2046	95,000	96,386	87,824
	CITIGROUP INC	Corporate Bond Obligation	10/21/2026	165,000	156,194	152,326
	CITIGROUP INC	Corporate Bond Obligation	1/10/2028	115,000	118,166	110,965
	CITIGROUP INC	Corporate Bond Obligation	7/24/2028	235,000	237,283	222,000
	CITIGROUP INC	Corporate Bond Obligation	10/27/2028	635,000	635,091	592,195
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	355,000	353,630	317,111
	CODELCO INC	Corporate Bond Obligation	7/17/2042	220,000	203,520	203,353
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	215,000	252,874	230,542
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	511,488
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	57,852
	COMCAST CORP	Corporate Bond Obligation	3/1/2038	315,000	311,751	291,599
	COMCAST CORP	Corporate Bond Obligation	10/15/2048	1,310,000	1,297,786	1,324,253
	COMCAST CORP	Corporate Bond Obligation	10/15/2058	246,000	246,271	250,096
	COMCAST CORP	Corporate Bond Obligation	10/15/2038	300,000	298,383	302,934
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	490,000	489,482	437,986
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	276,126
	CONCHO RESOURCES INC	Corporate Bond Obligation	8/15/2048	100,000	99,740	95,683
	CONCHO RESOURCES INC	Corporate Bond Obligation	8/15/2028	50,000	48,724	48,910
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	224,358
	CONOCOPHILLIPS CANADA	Corporate Bond Obligation	10/15/2036	120,000	145,022	143,081
	CONOCOPHILLIPS HLDG CO	Corporate Bond Obligation	4/15/2029	300,000	382,305	370,953
	CONSOLIDATED EDISON CO O	Corporate Bond Obligation	12/1/2039	325,000	400,371	367,578
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	290,000	281,591	244,432
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2028	80,000	79,776	79,671
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	70,000	69,714	70,243
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	110,000	109,515	100,399
	CONTINENTAL RESOURCES	Corporate Bond Obligation	6/1/2044	170,000	164,561	150,462
	CONTINENTAL RESOURCES	Corporate Bond Obligation	1/15/2028	190,000	187,289	178,744
	CRED SUIS GP FUN LTD	Corporate Bond Obligation	5/15/2045	60,000	67,219	59,215
	CREDIT SUISSE GROUP AG	Corporate Bond Obligation	1/9/2028	205,000	204,855	197,766
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	1,270,000	1,269,545	1,235,215
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	530,000	519,474	507,878
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2028	260,000	256,344	254,179
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	200,000	214,536	194,682
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	231,007	277,617	267,032
	DELL INT LLC / EMC CORP	Corporate Bond Obligation	7/15/2046	280,000	332,731	303,181
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	240,000	344,814	313,027
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	5/15/2042	20,000	18,196	17,297
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	135,000	125,882	118,922
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2043	340,000	325,122	332,319
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2037	165,000	164,835	153,049
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2047	230,000	230,080	211,379
	DOWDUPONT INC	Corporate Bond Obligation	11/15/2048	780,000	787,372	810,373
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	182,728

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	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	670,000	667,315	617,459
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	100,000	132,539	127,650
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	8/15/2038	525,000	691,887	662,240
	DUKE ENERGY INDIANA INC	Corporate Bond Obligation	7/15/2043	130,000	129,411	140,711
	DUKE ENERGY PROGRESS INC	Corporate Bond Obligation	5/15/2042	100,000	99,504	97,006
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	1/22/2044	195,000	206,168	175,360
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2035	195,000	200,169	183,698
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2045	55,000	56,284	49,754
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	230,000	251,728	221,145
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	2/1/2043	20,000	18,199	17,332
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	10/1/2043	140,000	148,196	133,111
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	6/15/2048	40,000	42,203	38,952
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	3/15/2045	210,000	204,258	181,671
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	3/15/2035	330,000	329,373	295,413
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	12/15/2045	150,000	157,042	146,700
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	4/15/2047	225,000	220,942	198,311
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	402,396
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2025	255,000	258,675	252,312
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	280,000	279,601	248,186
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2049	325,000	319,961	315,721
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	20,000	20,687	19,372
	EQUINOR ASA	Corporate Bond Obligation	12/1/2028	150,000	192,610	185,671
	EXELON CORP	Corporate Bond Obligation	4/1/2032	485,000	638,842	601,706
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	131,427
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	7/15/2046	365,000	343,437	349,915
	EXPRESS SCRIPTS HOLDING	Corporate Bond Obligation	3/1/2027	140,000	130,963	129,872
	FEDEX CORP	Corporate Bond Obligation	10/17/2048	150,000	146,746	144,955
	FIRSTENERGY CORP	Corporate Bond Obligation	7/15/2047	130,000	129,180	129,793
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	305,000	389,573	374,879
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,960	312,871
	FORD MOTOR COMPANY	Corporate Bond Obligation	7/16/2031	775,000	983,133	799,040
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	1,586,000	1,629,499	1,328,386
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	313,650
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	65,000	72,417	60,927
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	675,000	771,264	657,112
	GEORGIA POWER COMPANY	Corporate Bond Obligation	3/15/2042	250,000	254,623	230,295
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	60,000	59,565	57,703
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	320,000	332,330	323,085
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	310,000	322,456	307,548
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	100,000	96,000	91,162
	GLAXOSMITHKLINE CAP INC	Corporate Bond Obligation	5/15/2028	180,000	179,986	182,920
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	190,000	215,994	214,563
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/1/2041	450,000	577,469	513,252
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	300,000	317,873	285,699
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/1/2029	150,000	145,681	144,358
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	120,000	116,509	109,993
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	135,000	134,122	126,244
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	11/16/2026	400,000	394,645	369,460
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	6/5/2028	135,000	128,063	125,465
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	260,000	256,053	228,803
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	565,000	609,016	554,740
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2035	320,000	344,093	314,198
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	190,000	235,183	224,094
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	115,825
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	205,000	204,485	204,303
	HOME DEPOT INC	Corporate Bond Obligation	6/15/2047	125,000	128,977	117,930
	HSBC BANK USA NA	Corporate Bond Obligation	8/15/2035	465,000	553,006	508,110
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	235,000	320,771	294,937
	HUMANA INC	Corporate Bond Obligation	12/1/2042	40,000	43,048	39,546
	HUMANA INC	Corporate Bond Obligation	10/1/2044	110,000	115,828	112,991
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	260,000	261,873	255,546
	INTEL CORP	Corporate Bond Obligation	12/8/2047	443,000	442,323	410,183
	INTERCONTINENTALEXCHANGE	Corporate Bond Obligation	9/21/2048	245,000	243,256	240,104
	INTERNATIONAL PAPER CO	Corporate Bond Obligation	5/15/2046	185,000	196,476	173,685
	JOHNSON CONTROLS INTL PL	Corporate Bond Obligation	7/2/2064	150,000	154,914	139,414

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	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	320,000	401,870	389,139
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/1/2026	110,000	107,270	104,756
	JPMORGAN CHASE + CO	Corporate Bond Obligation	6/15/2026	95,000	91,753	89,468
	JPMORGAN CHASE + CO	Corporate Bond Obligation	12/1/2027	195,000	187,395	181,461
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/1/2028	450,000	454,303	436,824
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	75,000	78,483	69,756
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	295,000	298,174	264,013
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	345,000	319,789	313,326
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	115,000	115,002	101,793
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	180,000	180,000	157,873
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	130,000	139,042	128,397
	KENTUCKY UTILITIES CO	Corporate Bond Obligation	11/1/2040	18,000	20,929	20,204
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2048	280,000	280,000	266,266
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2038	125,000	125,000	121,627
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	240,000	292,350	267,684
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	60,000	57,429	52,221
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	680,000	852,803	813,967
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	6/1/2045	215,000	228,137	212,930
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2046	580,000	538,400	477,821
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	390,000	407,279	366,007
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	3/15/2035	35,000	41,981	40,780
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/1/2042	350,000	378,183	415,068
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	285,000	304,525	303,117
	LOWE S COS INC	Corporate Bond Obligation	9/15/2045	205,000	212,015	184,084
	MARATHON OIL CORP	Corporate Bond Obligation	3/15/2032	105,000	124,802	115,040
	MARATHON OIL CORP	Corporate Bond Obligation	10/1/2037	90,000	109,732	100,872
	MARATHON OIL CORP	Corporate Bond Obligation	6/1/2045	185,000	191,636	170,947
	MARATHON OIL CORP	Corporate Bond Obligation	7/15/2027	60,000	60,415	57,012
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	7/1/2111	390,000	491,069	498,724
	MCDONALD S CORP	Corporate Bond Obligation	7/15/2040	335,000	352,581	343,147
	MCDONALD S CORP	Corporate Bond Obligation	5/26/2045	380,000	385,609	369,637
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	740,000	845,923	775,846
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2035	365,000	381,826	373,702
	MERCK + CO INC	Corporate Bond Obligation	9/15/2042	155,000	145,516	146,410
	MERCK + CO INC	Corporate Bond Obligation	2/10/2045	150,000	142,111	144,064
	METLIFE INC	Corporate Bond Obligation	6/15/2034	335,000	423,028	406,124
	METLIFE INC	Corporate Bond Obligation	3/1/2045	215,000	211,260	200,408
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	675,000	670,529	662,877
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	787,388
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	195,000	192,568	183,663
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	670,000	670,790	641,847
	MICROSOFT CORP	Corporate Bond Obligation	2/6/2037	855,000	863,322	877,367
	MOLSON COORS BREWING CO	Corporate Bond Obligation	7/15/2026	280,000	263,511	249,365
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	465,000	546,780	541,748
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	770,994
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	4,677
	MORGAN STANLEY	Corporate Bond Obligation	7/23/2025	425,000	433,049	419,284
	MORGAN STANLEY	Corporate Bond Obligation	7/27/2026	120,000	113,531	110,956
	MORGAN STANLEY	Corporate Bond Obligation	1/20/2027	15,000	14,809	14,256
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	270,000	270,000	246,040
	MPLX LP	Corporate Bond Obligation	4/15/2038	325,000	320,178	283,839
	MPLX LP	Corporate Bond Obligation	2/15/2049	315,000	306,411	306,404
	MPLX LP	Corporate Bond Obligation	3/1/2047	155,000	154,539	142,677
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	401,716
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	145,000	143,450	140,637
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	190,000	187,448	186,337
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	265,668
	NEWMONT MINING CORP	Corporate Bond Obligation	4/1/2035	400,000	432,008	430,520
	NEWMONT MINING CORP	Corporate Bond Obligation	10/1/2039	205,000	241,040	224,481
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	345,000	344,717	320,950
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2043	65,000	68,834	57,696
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2044	330,000	336,446	284,252
	NOBLE ENERGY INC	Corporate Bond Obligation	8/15/2047	250,000	255,612	216,300
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	8/15/2052	597,000	607,931	533,175
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	12/31/2049	365,000	364,292	358,149

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	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	170,000	169,606	166,522
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	285,000	262,901	256,851
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	540,000	586,111	545,902
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	390,000	389,063	354,709
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	100,000	100,000	95,038
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	665,000	711,843	710,393
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	115,000	129,285	126,870
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	390,000	421,668	404,290
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	445,000	441,894	448,017
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	65,000	90,370	86,334
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	615,000	727,957	698,868
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	290,000	312,571	302,371
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	370,000	353,032	351,219
	ORACLE CORP	Corporate Bond Obligation	7/8/2039	450,000	577,099	540,144
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	425,000	432,225	402,139
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	35,000	34,566	32,658
	ORACLE CORP	Corporate Bond Obligation	11/15/2047	330,000	328,452	307,461
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	210,000	209,210	196,384
	ORANGE SA	Corporate Bond Obligation	1/13/2042	125,000	141,192	130,966
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/1/2034	505,000	607,206	467,913
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	2/15/2044	100,000	94,131	82,106
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	12/1/2047	45,000	44,804	33,799
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	3/15/2046	40,000	37,036	31,078
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	62,361
	PACIFICORP	Corporate Bond Obligation	1/15/2039	255,000	308,207	306,148
	PEPSICO INC	Corporate Bond Obligation	8/13/2042	345,000	322,458	321,857
	PETROLEOS MEXICANOS	Corporate Bond Obligation	2/12/2048	270,000	231,487	216,000
	PETROLEOS MEXICANOS	Corporate Bond Obligation	1/23/2045	360,000	319,259	289,800
	PETROLEOS MEXICANOS	Corporate Bond Obligation	9/21/2047	595,000	556,086	492,000
	PFIZER INC	Corporate Bond Obligation	12/15/2036	275,000	278,586	272,247
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	440,000	408,505	378,514
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	260,000	252,712	229,442
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	325,000	346,937	322,224
	PHILLIPS 66	Corporate Bond Obligation	5/1/2042	80,000	79,978	87,337
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	209,412
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	327,774
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	200,000	204,112	197,728
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	336,951
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	422,000	406,880	377,260
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	103,843
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	330,000	327,475	316,160
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	525,000	519,540	463,129
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	135,000	164,358	131,572
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	360,000	426,757	334,451
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	140,000	138,923	145,585
	ROHM + HAAS CO	Corporate Bond Obligation	7/15/2029	685,000	935,717	856,784
	ROYAL BK SCOTLND GRP PLC	Corporate Bond Obligation	1/27/2030	100,000	98,714	96,427
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	275,000	275,274	267,130
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	200,000	199,784	188,780
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	75,000	73,990	64,375
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	185,000	182,998	158,166
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	335,000	442,517	423,229
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	45,000	40,674	40,792
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	400,000	402,037	396,984
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	345,000	340,027	333,153
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	110,000	105,910	101,818
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	2/1/2040	75,000	102,125	95,509
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	240,000	238,082	247,661
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	10/1/2044	20,000	19,882	19,196
	SOUTH CAROLINA ELEC+GAS	Corporate Bond Obligation	6/1/2065	120,000	131,847	123,376
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	20,000	24,778	22,313
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	196,960
	SOUTHERN COPPER CORP	Corporate Bond Obligation	4/23/2045	110,000	114,997	112,383
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	285,000	285,419	271,015
	SPECTRA ENERGY PARTNERS	Corporate Bond Obligation	3/15/2045	145,000	139,064	131,113

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	255,000	326,331	296,649
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	5/15/2045	685,000	690,660	606,321
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	10/1/2047	450,000	427,169	407,794
	TARGET CORP	Corporate Bond Obligation	7/1/2042	350,000	342,601	330,067
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	430,000	458,262	445,876
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	5/15/2047	600,000	597,235	574,278
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	3/8/2047	435,000	435,000	398,199
	TENNESSEE GAS PIPELINE	Corporate Bond Obligation	10/15/2028	325,000	387,523	367,975
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	205,000	203,190	182,456
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	165,000	189,078	169,330
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	170,000	210,443	184,290
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	405,000	534,723	411,533
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	180,000	197,754	171,911
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	435,000	439,941	415,812
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	230,000	230,853	221,685
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2048	245,000	242,935	236,489
	TRANSCONT GAS PIPE LINE	Corporate Bond Obligation	8/15/2041	500,000	537,250	512,945
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	205,000	204,131	211,775
	UBS GROUP FUNDING SWITZE	Corporate Bond Obligation	3/23/2028	285,000	285,935	281,021
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	11/15/2032	415,000	537,649	507,180
	UNION ELECTRIC CO	Corporate Bond Obligation	9/15/2042	465,000	462,652	450,506
	UNION PACIFIC CORP	Corporate Bond Obligation	9/10/2038	210,000	209,683	205,945
	UNION PACIFIC CORP	Corporate Bond Obligation	9/10/2048	320,000	319,677	315,536
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	370,000	371,487	313,819
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	685,000	696,761	647,147
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	11/16/2048	235,000	230,502	226,937
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	11/16/2028	260,000	259,906	257,582
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	335,000	334,538	299,601
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/4/2047	170,000	152,436	149,823
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	287,243
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	25,000	24,533	23,832
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2028	55,000	54,905	55,599
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	815,000	813,148	814,544
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	12/15/2048	120,000	119,508	123,520
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	240,000	260,969	254,398
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	235,000	232,829	215,065
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	702,924
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/21/2054	413,000	415,247	399,074
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	474,000	472,767	444,256
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/15/2055	863,000	832,079	792,493
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/16/2037	565,000	560,650	588,544
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	910,000	907,434	898,252
	VIACOM INC	Corporate Bond Obligation	4/30/2036	100,000	107,454	107,316
	VIACOM INC	Corporate Bond Obligation	9/1/2043	690,000	737,351	676,766
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	135,334
	VISA INC	Corporate Bond Obligation	12/14/2045	575,000	592,557	594,251
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2048	205,000	204,660	192,462
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	110,000	107,914	103,071
	VOLKSWAGEN GROUP AMERICA	Corporate Bond Obligation	11/13/2028	445,000	440,016	430,982
	VULCAN MATERIALS CO	Corporate Bond Obligation	3/1/2048	350,000	349,605	303,874
	WALMART INC	Corporate Bond Obligation	6/29/2048	355,000	350,381	353,232
	WALMART INC	Corporate Bond Obligation	6/28/2038	290,000	286,993	287,315
	WEA FINANCE LLC/WESTFIEL	Corporate Bond Obligation	9/17/2044	380,000	372,805	379,590
	WELLS FARGO + COMPANY	Corporate Bond Obligation	5/1/2045	10,000	9,450	9,176
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/14/2046	415,000	403,565	380,684
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	670,000	701,286	645,109
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	282,317
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,430	1,113,048
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2031	220,000	263,914	262,616
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	4/15/2040	85,000	95,564	90,421
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	11/15/2043	45,000	49,375	45,206
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	6/24/2044	80,000	85,624	80,402
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2045	120,000	117,186	108,800
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	3/1/2048	265,000	260,775	240,461
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	9/15/2045	410,000	425,446	378,807
					127,139,118	120,206,244

Premier Health Partners
Employees Retirement Plan

Schedule of Assets (Held at End of Year)
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December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	11,086,324
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	12,115,939
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	15,170,800
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	38,722,505
	RIMROCK HIGH INC PLUS CAYMAN	Limited Partnership		37,339	10,000,000	10,951,312
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	12,083,727
	SF GLOBAL EMERGING MARKETS EQU	Limited Partnership		973,128	12,400,000	12,774,827
					104,957,520	112,905,434
				Total	$ 550,392,801	$ 586,665,310

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 19,559,267	January 1, 2018	7	$ 3,193,047

Schedule SB Attachment (Form 5500)—2018 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- For current retirees with a joint & survivor form of payment, an adjustment has been added based on the beneficiary's probability of death before the retiree's death.
- For Atrium cash balance benefits, the interest crediting rate for benefits earned prior to 2003 was updated from 3.25% to 2.80%, and the interest crediting rate for benefits earned after 2002 was updated from 3.25% to 1.23%.

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