

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PARKVIEW HEALTH SYSTEM, INC.</u> <u>10501 CORPORATE DRIVE</u> <u>FORT WAYNE, IN 46845</u>	1c Effective date of plan <u>07/01/1958</u>	2b Employer Identification Number (EIN) <u>35-1972384</u>	2c Plan Sponsor's telephone number <u>260-373-4000</u>
		2d Business code (see instructions) <u>622000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	DENA JACQUAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5041
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2173 6a(2) 2040 6b 1902 6c 782 6d 4724 6e 162 6f 4886 6g 6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE CO
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GA-00147	4886	01/01/2018	12/31/2018

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 1809109**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3383289**c** Additions: (1) Contributions deposited during the year **7c(1)** 31790047
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 309826
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 154033
▶(6) Total additions **7c(6)** 32253906**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 35637195**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 17576378(2) Administration charge made by carrier **7e(2)** 48003(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 16203705
▶ LUMP SUM BENEFITS(5) Total deductions **7e(5)** 33828086**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1809109

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2018			
2	Assets:			
a	Market value.....	2a	421419007	
b	Actuarial value	2b	421419007	
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	1952	184675711	184675711
b	For terminated vested participants	916	34738656	34738656
c	For active participants	2173	142682577	143540675
d	Total	5041	362096944	362955042
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	5.72 %	
6	Target normal cost	6	9500374	

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

<div>SIGN HERE</div>		
Signature of actuary		10/07/2019
TIMOTHY J. MAXSON		Date
Type or print name of actuary		17-06697
BUCK GLOBAL, LLC		Most recent enrollment number
Firm name		260-426-7800
110 W. BERRY ST., SUITE 1300 FORT WAYNE, IN 46802-2317		Telephone number (including area code)
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)	29156843	12250515
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	29156843	12250515
10 Interest on line 9 using prior year's actual return of <u>12.02</u> %	3504653	1472512
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3224673
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.94</u> %		191546
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		3416219
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	32661496	13723027

Part III Funding Percentages

14 Funding target attainment percentage	14	103.32%
15 Adjusted funding target attainment percentage	15	116.10%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.24%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/05/2019	8700000	0			
Totals ▶			18(b)	8700000	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7925281

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
22	Weighted average retirement age			22
				63
23	Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate
			☐ Substitute	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	9500374
b	Excess assets, if applicable, but not greater than line 31a	31b	9500374
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment		
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement		Total balance
36	Additional cash requirement (line 34 minus line 35)	36	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7925281
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	7925281
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

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

41	If an election was made to use PRA 2010 funding relief for this plan:			
a	Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010
		☐ 2011		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

LINCOLN NATIONAL LIFE INSURANCE CO

35-0472300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	NONE	246597	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	119791	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

HIGHLAND ASSOCIATES, INC.

2545 HIGHLAND AVE SOUTH, STE 200
BIRMINGHAM, AL 35205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	45588	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

WALTER SCOTT & PARTNERS

1 CHARLOTTE SQUARE
EDINBURGH, EDINBURGH EH2 4DR GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	345294	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

DISCIPLINED GROWTH INVESTORS

150 SOUTH FIFTH STREET, SUITE 2550
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	178430	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EPOCH INVESTMENT PARTNERS

640 FIFTH AVENUE
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	139548	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

STERLING CAPITAL MANAGEMENT

4350 CONGRESS STREET, STE 1000
CHARLOTTE, NC 28209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	212130	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PNC CAPITAL ADVISORS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	39301	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLINGTON TRUST

280 CONGRESS STREET
BOSTON, MA 02210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	105059	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

UBS TRUMBULL

10 STATE HOUSE SQUARE #15
HARTFORD, CT 06103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	155136	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PRIN INVESTMENTS REAL ESTATE GROUP

8787 E PINNACLE PEAK ROAD, STE 130
SCOTTSDALE, AZ 85255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	129701	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	13700000	8700000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	404860368	375004235
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3383289	1809109
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	421943657	385513344

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	421943657	385513344
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8700000	
(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)		8700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	10435394	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10435394
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-20365858
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-1230464

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31631626	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		31631626
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)	45588	
(2) Contract administrator fees.....	2i(2)	366388	
(3) Investment advisory and management fees.....	2i(3)	1304598	
(4) Other	2i(4)	1851649	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3568223
j Total expenses. Add all expense amounts in column (b) and enter total	2j		35199849

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-36430313
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **BKD, LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		2000000
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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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 4155516. (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.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>118</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

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

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

Schedule R (Form 5500) 2018
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Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 88.5 % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: 11.0 % Other: 0.5 %
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Parkview Health Systems, Inc. Employees' Pension Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by The Lincoln National Life Insurance Company and Wells Fargo Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodians as of and for the years ended December 31, 2018 and 2017, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

BKD, LLP

Fort Wayne, Indiana
October 10, 2019

Federal Employer Identification Number: 44-0160260

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2018 – Age by Benefit Service

Attained Age	Years of Credited Service ¹																				
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up		
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25	0		0		0		0		0		0		0		0		0		0		
25 - 29	0		0		0		0		0		0		0		0		0		0		
30 - 34	0		0		7		22	64,127	0		0		0		0		0		0		
35 - 39	0		1		7		52	56,518	25	56,278	0		0		0		0		0		
40 - 44	0		4		10		25	64,369	43	61,629	11		0		0		0		0		
45 - 49	0		1		6		21	57,344	31	59,523	24	63,388	11		0		0		0		
50 - 54	0		0		5		23	49,292	34	62,407	41	66,527	34	66,746	23	77,761	0		0		
55 - 59	1		2		4		18		47	59,097	50	70,240	43	69,262	98	72,012	10		0		
60 - 64	0		0		1		23	58,675	35	79,184	48	70,524	26	59,547	31	74,225	42	72,525	1		
65 - 69	0		0		2		1		5		4		2		1		3		0		
70 & up	0		0		0		1		0		0		0		0		0		0		

Years of Credited Service ²																														
Under 1			1 - 4			5 - 9			10 - 14			15 - 19			20 - 24			25 - 29			30 - 34			35 - 39			40 & up			
Attained Age	Avg. An.		No.	Avg. An.		No.	Avg. An.		No.	Avg. An.		No.	Avg. An.		No.	Avg. An.		No.	Avg. An.		No.	Avg. An.		No.	Avg. An.		No.	Avg. An.		No.
	No.	Acc.		No.	Acc.		No.	Acc.		No.	Acc.		No.	Acc.		No.	Acc.		No.	Acc.		No.	Acc.		No.	Acc.		No.	Acc.	
Under 25	0		0			0			0			0			0			0			0			0			0			
25 - 29	0		0			0			0			0			0			0			0			0			0			
30 - 34	0		1			2			1			0			0			0			0			0			0			
35 - 39	8		105	828	10	2,484	7		2			1			0			0			0			0			0			
40 - 44	6		98	1,128	95	2,964	51	5,304	7			1			0			0			0			0			0			
45 - 49	5		84	1,320	118	2,868	53	6,204	8			8			0			0			0			0			0			
50 - 54	6		59	1,116	100	3,180	40	5,544	33	9,108	5	0			0			0			0			0			0			
55 - 59	4		63	1,536	46	3,012	13		32	8,232	15	3			0			0			0			0			0			
60 - 64	5		39	1,572	44		3		14		17	1			0			0			0			0			0			
65 - 69	0		5		6		3		1		1	0			0			0			0			0			0			
70 & up	0		0		2		0		0		0	0			0			0			0			0			0			

¹ 960 employees who are currently accruing benefits.

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2018 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.81%	3.92%
Second Segment Rate	3.68%	5.52%
Third Segment Rate	4.53%	6.29%
Effective Rate	3.97%	5.72%

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

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

* Used for maximum tax-deduction purposes.

** Used for minimum funding and benefit restriction purposes.

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1 (applying the option under 1.430(h)(3)-1(f)(2) to defer the updated mortality basis to 2019), applied on a static basis.

Actuarial cost method

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The salary increase assumption is consistent with Parkview's internal budget for the next three years. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

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

Salary increases

Current Year:	4.70% for 2018 and 2019, and 3.50% 2020+
Prior Year:	3.00%

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

Social Security

Current and Future Years:	3.00%
Prior Year:	2.50%

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

Expenses

Expected plan related expenses of \$2,360,830 based on last year's expenses adjusted for expected increases in the PBGC premium for 2018 were added to the Target Normal Cost. To determine the 2018 expense assumption, we reviewed the administrative expenses paid from the trust over the past few years. The trustee and administration costs during 2017 increased from prior year's due to a terminated vested lump sum window during 2017. Parkview is providing another terminated vested lump sum window during 2018. Except for the increase in the PBGC premium, we estimate no material change to the administration expenses for 2018.

Frequency of optional payment forms

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

Marital percentage

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

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

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

Retirement rates

Current Rates are based on age and service as follows:

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

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

Disability rates

Included in withdrawal rates.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

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

Summary of Changes from the January 1, 2017 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis in accordance with the option under 1.430(h)(3)-1(f)(2) to defer the updated mortality basis to 2019. The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with HATFA.
- The salary increase assumption was updated to better reflect anticipated salary growth.
- The assumption for annual increases in the National Average Wage was increased from 2.5% to 3.0%.
- The above changes in assumptions increased the plan's Funding Target by approximately \$14.9M.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>				
2 Assets:				
a Market value	2a	421,419,007		
b Actuarial value	2b	421,419,007		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	1,952	184,675,711	184,675,711	
b For terminated vested participants	916	34,738,656	34,738,656	
c For active participants	2,173	142,682,577	143,540,675	
d Total	5,041	362,096,944	362,955,042	
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	5.72%		
6 Target normal cost	6	9,500,374		

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	Timothy J. Maxson <u>TJM</u> Signature of actuary	<u>10/07/2019</u> Date
	TIMOTHY J. MAXSON Type or print name of actuary	<u>1706697</u> Most recent enrollment number
	Buck Global, LLC Firm name	<u>260-426-7800</u> Telephone number (including area code)
	110 W. BERRY ST., SUITE 1300 FORT WAYNE IN 46802-2317 Address of the firm	

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

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

Schedule SB (Form 5500) 2018
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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)	29,156,843	12,250,515
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	29,156,843	12,250,515
10 Interest on line 9 using prior year's actual return of <u>12.02%</u>	3,504,653	1,472,512
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3,224,673
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.94%</u>		191,546
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3,416,219
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)	32,661,496	13,723,027

Part III Funding Percentages

14 Funding target attainment percentage	14	103.32%
15 Adjusted funding target attainment percentage	15	116.10%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.24%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/05/2019	8,700,000	0			
Totals ▶			18(b)	8,700,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 7,925,281
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 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate
	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	9,500,374	
b Excess assets, if applicable, but not greater than line 31a	31b	9,500,374	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7,925,281	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	7,925,281	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	901.5335	0.0102	9.1900	505.4492
56	981.0146	0.0198	19.4244	1,087.7677
57	1,068.3214	0.0199	21.2107	1,209.0127
58	1,143.4011	0.0199	22.7116	1,317.2739
59	1,198.5418	0.0198	23.7755	1,402.7569
60	1,257.1688	0.0497	62.4650	3,747.9004
61	1,289.5976	0.0497	64.1368	3,912.3478
62	1,299.8491	0.4809	625.1052	38,756.5227
63	728.6911	0.1431	104.3082	6,571.4162
64	665.2969	0.1436	95.5235	6,113.5046
65	594.7345	1.0000	594.7345	38,657.7426
66	13.0000	1.0000	13.0000	858.0000
67	4.0000	1.0000	4.0000	268.0000
68	3.0000	1.0000	3.0000	204.0000
69	2.0000	1.0000	2.0000	138.0000
70	4.0000	1.0000	4.0000	280.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	1.0000	1.0000	1.0000	75.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	1.0000	1.0000	<u>1.0000</u>	<u>79.0000</u>
Total			1,670.5856	105,183.6945
Weighted Average Retirement Age = 105,183.6945 / 1,670.5856				62.96
Rounded Weighted Average Retirement Age				63

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

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

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2018 – Age by Benefit Service

Attained Age	Years of Credited Service ¹																				
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up		
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25	0		0		0		0		0		0		0		0		0		0		
25 - 29	0		0		0		0		0		0		0		0		0		0		
30 - 34	0		0		7		22	64,127	0		0		0		0		0		0		
35 - 39	0		1		7		52	56,518	25	56,278	0		0		0		0		0		
40 - 44	0		4		10		25	64,369	43	61,629	11		0		0		0		0		
45 - 49	0		1		6		21	57,344	31	59,523	24	63,388	11		0		0		0		
50 - 54	0		0		5		23	49,292	34	62,407	41	66,527	34	66,746	23	77,761	0		0		
55 - 59	1		2		4		18		47	59,097	50	70,240	43	69,262	98	72,012	10		0		
60 - 64	0		0		1		23	58,675	35	79,184	48	70,524	26	59,547	31	74,225	42	72,525	1		
65 - 69	0		0		2		1		5		4		2		1		3		0		
70 & up	0		0		0		1		0		0		0		0		0		0		

Years of Credited Service ²																														
Attained Age	Under 1			1 - 4			5 - 9			10 - 14			15 - 19			20 - 24			25 - 29			30 - 34			35 - 39			40 & up		
	No.	Avg. An.	Acc.	No.	Avg. An.	Acc.	No.	Avg. An.	Acc.	No.	Avg. An.	Acc.	No.	Avg. An.	Acc.	No.	Avg. An.	Acc.	No.	Avg. An.	Acc.	No.	Avg. An.	Acc.	No.	Avg. An.	Acc.			
Under 25	0			0			0			0			0			0			0			0			0			0		
25 - 29	0			0			0			0			0			0			0			0			0			0		
30 - 34	0			1			2			1			0			0			0			0			0			0		
35 - 39	8			105	828	10	10			2			1			0			0			0			0			0		
40 - 44	6			98	1,128	95	2,484	7		7			1			0			0			0			0			0		
45 - 49	5			84	1,320	118	2,964	51	5,304	51			8			0			0			0			0			0		
50 - 54	6			59	1,116	100	2,868	53	6,204	33	9,108	5	0			0			0			0			0			0		
55 - 59	4			63	1,536	46	3,180	40	5,544	32	8,232	15	3			0			0			0			0			0		
60 - 64	5			39	1,572	44	3,012	13		14		17	1			0			0			0			0			0		
65 - 69	0			5		6		3		1		1	0			0			0			0			0			0		
70 & up	0			0		2		0		0		0	0			0			0			0			0			0		

¹ 960 employees who are currently accruing benefits.

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

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

Eligibility Requirements

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

Compensation

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

Average Final Compensation

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

Vesting Service

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

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

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

Benefit Service

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

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

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

Normal Retirement Date

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

Early Retirement Date

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

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

Eligibility for Disability Pension

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

Accrued Benefit

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

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

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

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

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

For those employees who irrevocably waived participation in the Plan:

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

Normal Monthly Retirement Pension

Monthly Accrued Benefit as of Normal Retirement Date. The normal form of payment is the 5-year certain and life annuity. 100% of active participants are assumed to elect the normal form of payment. The other optional forms of payment are: Life only, 10-year certain and life annuity, 100%, 75%, and 50% Joint and Survivor Annuities and a lump sum payment option (if value of Accrued Benefit does not exceed \$10,000).

Early Monthly Retirement Pension

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

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Postponed Monthly Retirement Pension

The greater of:

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

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

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

Surviving Spouse Monthly Pension

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

Postretirement Death Benefit

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

Retirement Pension Disability

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

Summary of Changes from the January 1, 2017 Valuation

Select deferred vested participants were offered an opportunity to elect a lump sum distribution of pension benefits during 2017. Approximately 600 participants elected a lump sum from the plan as a result of this lump sum window.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

Summary of Changes from the January 1, 2017 Valuation

- The salary increase assumption was updated as follows to better reflect anticipated salary growth.

Current Year:	4.70% for 2018 and 2019, and 3.50% 2020+
Prior Year:	3.00%
- The assumption for annual increases in the National Average Wage was increased from 2.5% to 3.0%.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2018 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.81%	3.92%
Second Segment Rate	3.68%	5.52%
Third Segment Rate	4.53%	6.29%
Effective Rate	3.97%	5.72%

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

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

* Used for maximum tax-deduction purposes.

** Used for minimum funding and benefit restriction purposes.

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1 (applying the option under 1.430(h)(3)-1(f)(2) to defer the updated mortality basis to 2019), applied on a static basis.

Actuarial cost method

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The salary increase assumption is consistent with Parkview's internal budget for the next three years. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

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

Salary increases

Current Year:	4.70% for 2018 and 2019, and 3.50% 2020+
Prior Year:	3.00%

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

Social Security

Current and Future Years:	3.00%
Prior Year:	2.50%

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

Expenses

Expected plan related expenses of \$2,360,830 based on last year's expenses adjusted for expected increases in the PBGC premium for 2018 were added to the Target Normal Cost. To determine the 2018 expense assumption, we reviewed the administrative expenses paid from the trust over the past few years. The trustee and administration costs during 2017 increased from prior year's due to a terminated vested lump sum window during 2017. Parkview is providing another terminated vested lump sum window during 2018. Except for the increase in the PBGC premium, we estimate no material change to the administration expenses for 2018.

Frequency of optional payment forms

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

Marital percentage

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

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

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

Retirement rates

Current Rates are based on age and service as follows:

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

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

Disability rates

Included in withdrawal rates.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

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

Summary of Changes from the January 1, 2017 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis in accordance with the option under 1.430(h)(3)-1(f)(2) to defer the updated mortality basis to 2019. The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with HATFA.
- The salary increase assumption was updated to better reflect anticipated salary growth.
- The assumption for annual increases in the National Average Wage was increased from 2.5% to 3.0%.
- The above changes in assumptions increased the plan's Funding Target by approximately \$14.9M.

Authorization for BKD, LLP to Electronically Sign Form 5500

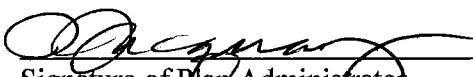
Please note the following terms and conditions if you choose to authorize **BKD, LLP** to electronically sign Form 5500 on your behalf:

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

Please mark one selection:

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

PARKVIEW HEALTH SYSTEMS EMPLOYEE PENSION PLAN


Signature of Plan Administrator

10/15/19
Date

Dena Jacquay
Name of Plan Administrator

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	--	--

Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan B This return/report is: ☐ the first return/report ☐ an amended return/report C If the plan is a collectively-bargained plan, check here ☐ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months) ☐

Basic Plan Information - enter all requested information		
1a Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ►	001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PARKVIEW HEALTH SYSTEM, INC. 10501 CORPORATE DRIVE FORT WAYNE IN 46845	1c Effective date of plan 07/01/1958 2b Employer Identification Number (EIN) 35-1972384 2c Plan Sponsor's telephone number 260-373-4000 2d Business code (see instructions) 622000	

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.

	10-15-19	Dena Jacquay
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	10-15-19	Dena Jacquay
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: black; height: 40px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5041
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) 2173
a(2) Total number of active participants at the end of the plan year	6a(2) 2040
b Retired or separated participants receiving benefits	6b 1902
c Other retired or separated participants entitled to future benefits	6c 782
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 4724
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 162
f Total. Add lines 6d and 6e.	6f 4886
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0.
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (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) ☒ **1** **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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 _____

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2018

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Value	Net Gain (Loss)
Series of transactions greater than 5 percent						
Blackrock Short-Term Investment Fund	\$ 95,675,770	\$ -	\$ -	\$ 95,675,770	\$ 95,675,770	\$ -
Blackrock Short-Term Investment Fund	-	96,351,137	-	96,351,137	96,351,137	-
Lincoln National Life	31,944,079	-	-	31,944,079	31,944,079	-
Lincoln National Life	-	33,828,085	-	33,828,085	33,828,085	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>				
2 Assets:				
a Market value	2a	421,419,007		
b Actuarial value	2b	421,419,007		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	1,952	184,675,711	184,675,711	
b For terminated vested participants	916	34,738,656	34,738,656	
c For active participants	2,173	142,682,577	143,540,675	
d Total	5,041	362,096,944	362,955,042	
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	5.72%		
6 Target normal cost	6	9,500,374		

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	Timothy J. Maxson <u>TJM</u> Signature of actuary	<u>10/07/2019</u> Date
	TIMOTHY J. MAXSON Type or print name of actuary	<u>1706697</u> Most recent enrollment number
	Buck Global, LLC Firm name	<u>260-426-7800</u> Telephone number (including area code)
	110 W. BERRY ST., SUITE 1300 FORT WAYNE IN 46802-2317 Address of the firm	

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

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

Schedule SB (Form 5500) 2018
v. 171027

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)	29,156,843	12,250,515
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	29,156,843	12,250,515
10 Interest on line 9 using prior year's actual return of <u>12.02%</u>	3,504,653	1,472,512
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3,224,673
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.94%</u>		191,546
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3,416,219
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)	32,661,496	13,723,027

Part III Funding Percentages

14	Funding target attainment percentage	14	103.32%
15	Adjusted funding target attainment percentage	15	116.10%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.24%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
09/05/2019	8,700,000	0				
			Totals ►	18(b)	8,700,000	18(c)
						0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7,925,281

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 0
22 Weighted average retirement age			22 63
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	9,500,374	
b Excess assets, if applicable, but not greater than line 31a	31b	9,500,374	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7,925,281	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	7,925,281	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Parkview Health System, Inc.
Employees' Pension Plan

EIN 35-1972384 PN 001

Independent Auditor's Report and Financial Statements
December 31, 2018 and 2017

Parkview Health System, Inc. Employees' Pension Plan

December 31, 2018 and 2017

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Parkview Health Systems, Inc. Employees' Pension Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by The Lincoln National Life Insurance Company and Wells Fargo Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodians as of and for the years ended December 31, 2018 and 2017, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

BKD, LLP

Fort Wayne, Indiana
October 10, 2019

Federal Employer Identification Number: 44-0160260

Parkview Health System, Inc. Employees' Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets		
Investments		
At fair value		
Mutual funds	\$ 139,254,943	\$ 163,176,993
Money market funds	3,448,027	4,013,271
Common stocks	87,382,821	93,157,641
Fixed income	93,056,490	94,093,631
Commingled funds	10,354,813	11,682,879
Real estate funds	41,507,141	38,735,953
At contract value	1,809,109	3,383,289
Total investments	<u>376,813,344</u>	<u>408,243,657</u>
Receivables		
Employer's contribution	8,700,000	13,700,000
	<u>8,700,000</u>	<u>13,700,000</u>
Net Assets Available for Benefits	<u><u>\$ 385,513,344</u></u>	<u><u>\$ 421,943,657</u></u>

Parkview Health System, Inc. Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2018 and 2017

	2018	2017
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ (20,365,858)	\$ 36,438,151
Interest and dividend income	10,435,394	9,720,534
Net investment income (loss)	<u>(9,930,464)</u>	<u>46,158,685</u>
Contributions		
Employer	8,700,000	13,700,000
Total additions (reductions)	<u>(1,230,464)</u>	<u>59,858,685</u>
Deductions		
Benefits paid to participants	31,631,626	30,242,564
Administrative expenses	3,568,223	3,147,146
Total deductions	<u>35,199,849</u>	<u>33,389,710</u>
Net Increase (Decrease)	(36,430,313)	26,468,975
Net Assets Available for Benefits, Beginning of Year	<u>421,943,657</u>	<u>395,474,682</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 385,513,344</u></u>	<u><u>\$ 421,943,657</u></u>

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

Note 1: Description of the Plan

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

General

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

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

Contributions

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

Pension Benefits

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

Vesting

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

Plan Termination

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

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

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

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

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

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

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

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

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

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

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

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Accumulated Plan Benefits

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

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

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

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

Plan Tax Status

The Plan obtained its latest determination letter on June 22, 2015, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan (and related trust) are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Reclassifications

Certain reclassifications have been made to the 2017 financial statements to conform to the 2018 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Note 3: Certification by Plan Custodians

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

- Investments as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2018 and 2017
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017
- Investment information included in the accompanying schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2018

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

Note 4: Investment Contract With Insurance Company

In 1958, the Plan entered into a fully benefit-responsive investment contract with Lincoln National Life Insurance Company (Insurer). The Insurer maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan. The rate was 3 percent for 2018 and 2017.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

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

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

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

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

Note 5: Accumulated Plan Benefits

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

The accumulated plan benefit information as of January 1, 2018, was as follows:

Actuarial present value of accumulated plan benefits, January 1, 2017	
Vested benefits	
Participants currently receiving payments	\$ 169,397,779
Other participants	156,262,391
	<u>325,660,170</u>
Nonvested benefits	<u>741,129</u>
Total actuarial present value of accumulated plan benefits, January 1, 2018	<u><u>\$ 326,401,299</u></u>

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

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

Actuarial present value of accumulated plan benefits, January 1, 2017	<u>\$ 325,638,431</u>
Increase during the year attributable to	
Benefits accumulated	10,891,417
Increase for interest due to the decrease in the discounted period	21,757,969
Assumption changes	(1,643,954)
Benefits paid	<u>(30,242,564)</u>
Net increase	<u>762,868</u>
Actuarial present value of accumulated plan benefits, January 1, 2018	<u><u>\$ 326,401,299</u></u>

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 7.00 percent for 2018 and 2017
- Mortality basis: RP-2014 Mortality Tables with Projections specified by IRS Proposed Reg. Section 1.430(h)(3)-1 with separate annuitant and nonannuitant static mortality tables
- Employee turnover: Sarason T-8 Table
- Retirement: At normal retirement age (65) or attained age if later
- Asset valuation: Market

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

Note 7: Party-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Plan investments are held by Lincoln National Life Insurance Company (Lincoln) and Wells Fargo Bank, N.A. (Wells Fargo). Lincoln and Wells Fargo are the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan receives management services from an investment advisor. The Plan paid \$1,772,393 and \$1,558,762 of administrative and management fees to the custodians, the investment fund managers and the investment advisor during 2018 and 2017, respectively. The Corporation provides certain administrative services at no cost to the Plan.

Note 8: Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

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

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2018 and 2017:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value		
December 31, 2018				
Mutual funds	\$ 139,254,943	\$ 139,254,943	\$ -	\$ -
Money market funds	3,448,027	3,448,027	-	-
Common stocks	87,382,821	87,382,821	-	-
Fixed income	93,056,490	-	93,056,490	-
Commingled funds (A)	10,354,813	-	-	-
Real estate funds (A)	41,507,141	-	-	-
	<u>\$ 375,004,235</u>	<u>\$ 230,085,791</u>	<u>\$ 93,056,490</u>	<u>\$ -</u>

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2017	Fair Value			
Mutual funds	\$ 163,176,993	\$ 163,176,993	\$ -	\$ -
Money market funds	4,013,271	4,013,271	-	-
Common stocks	93,157,641	86,592,983	6,564,658	-
Fixed income	94,093,631	-	94,093,631	-
Commingled funds (A)	11,682,879	-	-	-
Real estate funds (A)	38,735,953	-	-	-
	<u>\$ 404,860,368</u>	<u>\$ 253,783,247</u>	<u>\$ 100,658,289</u>	<u>\$ -</u>

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

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2018 and 2017. The Plan had no liabilities measured at fair value on a recurring basis. Additionally, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. The Plan had no assets classified within Level 3 of the fair value hierarchy.

Investments

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

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2018 and 2017. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	December 31, 2018			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Commingled fund (A)	\$ 10,354,813	\$ —	N/A	None
Real estate investment trust fund (B)	22,410,588	—	N/A	None
Real estate investment fund (C)	19,096,553	—	N/A	None

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

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

Note 9: Plan Amendment

During the year, the Plan was amended to allow for lump sum distributions if participants met certain requirements. This amendment was available for a period of time during the year ended December 31, 2018.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2018 and 2017

Note 10: Risks and Uncertainties

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

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

Note 11: Subsequent Events

Subsequent events have been evaluated through October 10, 2019, which is the date the financial statements were available to be issued.

Supplemental Schedules

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
American Funds Capital World Growth	775,810 Shares	\$ 34,346,876	\$ 33,204,652
Dodge & Cox Global Stock Fund	2,970,007 Shares	32,940,815	32,759,178
PIMCO Real Return Fund Class Instl	608,958 Shares	6,646,056	6,430,600
US Core Fixed Income Fund	5,775,245 Shares	69,041,997	66,860,513
* Money Market Funds			
Blackrock Short-Term Investment Fund	2,704,026 Shares	2,704,026	2,704,026
Commercial Paper	160,000 Shares	158,600	158,600
Net Cash	585,401 Shares	585,401	585,401
Common Stocks			
Adobe Inc	3,900 Shares	127,476	882,336
Aia Group LTD	123,400 Shares	560,689	1,024,478
Akamai Technologies	10,800 Shares	511,933	659,664
Align Technology Inc	4,800 Shares	166,193	1,005,264
Alimentation Couche-Tard Inc NPV	12,100 Shares	592,374	601,633
Allergan Plc	3,047 Shares	757,505	407,262
Alphabet Inc Cl A	210 Shares	74,449	219,442
Alphabet Inc Cl C	1,317 Shares	863,681	1,363,898
Altaba Inc	1,425 Shares	36,315	82,565
American International Group, Inc	9,287 Shares	443,002	366,000
Ameriprise Finl Inc	2,139 Shares	200,830	223,247
Ametek Inc Com	4,842 Shares	242,927	327,803
Amphenol Corp Cl A	10,000 Shares	487,704	810,200
Anadarko Petroleum Corp	7,171 Shares	511,966	314,377
Apple Inc	7,890 Shares	897,759	1,244,569
Applied Materials Inc	13,640 Shares	282,428	446,574
Autodesk Inc	9,100 Shares	317,435	1,170,351
Automatic Data Processing Inc	4,700 Shares	243,480	616,264
AXA Equitable Holdings Inc	25,468 Shares	545,178	423,533
Bank of America Corp	27,707 Shares	666,886	682,700
Bank of the Ozarks Inc	12,883 Shares	550,446	294,119
Berry Plastics Group Inc	8,204 Shares	418,793	389,936
Booking Holdings Inc	1,722 Shares	273,782	229,082
Boeing Co	1,988 Shares	221,929	641,130
Boston Scientific Corp Com	13,412 Shares	443,487	473,980
Capital One Financial Corp	4,644 Shares	408,606	351,040
Carmax Inc	3,985 Shares	263,643	249,979
Centene Corp Del	4,898 Shares	492,529	564,739
Cerner Corp Com	12,900 Shares	769,263	676,476
Cheesecake Factory Inc	4,430 Shares	187,880	192,749
Chubb Limited	1,708 Shares	199,178	220,639
Cisco Systems Inc	21,200 Shares	405,666	918,597
CNOOC LTD	486,000 Shares	764,448	751,098
Coca Cola Co	5,733 Shares	234,786	271,459

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Cognex Corp	13,400 Shares	\$ 540,435	\$ 518,178
Cognizant Tech Solutions Crp Com	10,200 Shares	632,376	647,496
Coherent Inc	2,057 Shares	441,365	217,445
Colgate Palmolive Co	7,900 Shares	421,136	470,208
Compass Group 11P	32,900 Shares	576,600	691,370
Core Laboratories N V Com	2,260 Shares	229,047	134,832
Costco Wholesale Corp	2,698 Shares	541,401	549,610
CSL LTD NPV	5,900 Shares	267,879	769,083
CVS Health Corporation	4,770 Shares	374,545	312,530
Cypress Semiconductor Corp	18,556 Shares	233,705	236,032
Danaher Corp	4,106 Shares	325,916	423,411
Denso Corp NPV	12,300 Shares	464,647	548,548
Dolby Laboratories Inc	8,944 Shares	428,655	553,097
Dollar General Corp	5,238 Shares	406,571	566,123
DowDupont Inc.	8,988 Shares	446,389	480,678
Edwards Lifesciences Corp	18,075 Shares	1,283,079	2,768,548
Eog Resources, Inc	8,100 Shares	476,215	706,401
Essilorluxottica SA	5,100 Shares	492,166	643,927
Everest RE Group LTD	614 Shares	137,056	133,705
Experian PLC	18,900 Shares	354,974	458,551
Factset Resh Sys Inc Com	3,675 Shares	381,333	735,478
Fanuc Co	3,800 Shares	610,493	575,662
Fastenal Co	14,700 Shares	825,964	768,663
Fortune Brands	5,488 Shares	339,625	208,489
Garmin Ltd	8,700 Shares	357,833	550,884
Gentex Corp	28,580 Shares	351,020	577,602
Gentherm Inc.	7,110 Shares	276,405	284,258
Gilead Sciences Inc	6,600 Shares	684,364	412,830
Graco Inc	9,165 Shares	187,979	383,555
Hexcel Corp New Com	7,618 Shares	344,016	436,816
Home Depot Inc	1,566 Shares	176,872	269,070
Hong KG & China Gas Co LTD	340,941 Shares	454,019	705,454
IHS Markit LTD	4,863 Shares	159,895	233,278
Industria De Diseno	27,500 Shares	774,412	702,605
Ingersoll-Rand Plc	5,535 Shares	280,818	504,958
Intuit Com	7,575 Shares	506,376	1,491,139
Intuitive Surgical Inc	4,050 Shares	589,743	1,939,626
IPG Photonics Corp	2,419 Shares	322,856	274,049
Jacobs Engr Group Inc	5,802 Shares	313,079	339,185
Jetblue Awys Corp	32,295 Shares	318,435	518,658
Johnson & Johnson	5,800 Shares	393,043	748,490

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Keyence Co NPV	1,800 Shares	\$ 233,764	\$ 897,876
Kone Corp	7,800 Shares	417,701	368,548
L Brands Inc	12,920 Shares	616,256	331,656
Landstar Sys Inc Com	5,475 Shares	274,129	523,793
LGI Homes Inc	7,136 Shares	446,719	322,690
Linde Public Limited Company	6,378 Shares	1,042,516	995,223
Logmein Inc	3,352 Shares	296,928	273,423
L'oreal SA	3,300 Shares	416,823	759,002
LVMH MOET Hennessy	2,700 Shares	477,819	796,932
Manhattan Associates, Inc	5,400 Shares	229,627	228,798
Martin Marietta Matls Inc	2,289 Shares	429,196	393,410
Marvell Technology Group	25,348 Shares	505,658	410,384
Mastercard Inc	4,900 Shares	213,231	924,385
Medidata Solutions Inc	4,498 Shares	280,435	303,255
Metife Inc	10,347 Shares	488,018	424,848
MGM Resorts International	15,489 Shares	465,555	375,763
Microchip Technology Inc Com	6,290 Shares	256,863	452,377
Microsoft Corp	27,323 Shares	982,887	2,775,197
Middleby Corp	8,880 Shares	832,522	912,242
Morgan Stanley	12,560 Shares	543,427	498,004
Msc Indl Direct Inc CL A	3,851 Shares	317,289	296,219
Myriad Genetics Inc Com	8,900 Shares	335,633	258,723
Nestle SA	7,000 Shares	438,220	567,805
Nike Inc Cl B	11,500 Shares	285,636	852,610
Nordstrom Inc	8,400 Shares	353,863	391,524
Novartis	8,400 Shares	727,734	705,600
Novo Nordisk	17,200 Shares	594,329	778,988
Occidental Pete Corp	7,816 Shares	593,331	479,746
Open Text Corporation	28,170 Shares	474,286	918,342
Oracle Corporation	17,000 Shares	553,110	767,550
Paychex Inc	3,600 Shares	129,944	234,540
Pfizer Inc	13,911 Shares	507,897	607,215
Plains GP Holdings LP	11,273 Shares	273,556	226,587
Plantronics Inc Com	10,230 Shares	421,117	338,613
Plexus Corp Com	16,535 Shares	579,341	844,607
Power Intergrations Inc Com	9,900 Shares	541,251	603,702
Proto Labs Inc	4,675 Shares	207,128	527,293
PTC Inc	5,845 Shares	371,047	484,551
Ralph Lauren Corporation	2,570 Shares	377,361	265,892
Realpage Inc	12,008 Shares	301,666	578,666
Reckitt Benckiser PLC GBP	6,700 Shares	381,831	513,094
Reliance Stl & Alum Co Com	3,245 Shares	281,706	230,947

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Roche HLDGS AG	3,100 Shares	\$ 647,419	\$ 769,110
Royal Caribbean Cruise	6,200 Shares	289,734	606,298
Schlumberger Ltd	11,800 Shares	817,056	425,744
Seagate Technology	14,170 Shares	490,474	546,820
SGS SA	220 Shares	461,116	492,800
Shin-Etsu Chemical Co LTD NPV	6,800 Shares	373,019	529,051
Sleep Number Corp	16,615 Shares	477,634	527,194
SMC Corp	1,200 Shares	392,665	355,224
Southwestern Energy Co Com	83,784 Shares	546,849	285,703
Stamps Com Inc	1,988 Shares	317,446	309,412
Starbucks Corp Com	16,825 Shares	890,293	1,083,530
Stryker Corp	7,600 Shares	410,605	1,191,300
Super Micro Computer Inc	18,719 Shares	497,488	258,322
Synaptics Inc	3,855 Shares	251,242	143,445
Taiwan Semiconductor Manufacture	32,800 Shares	476,880	1,210,648
TCF Financial	11,935 Shares	162,787	232,613
TJX Companies Inc	56,240 Shares	1,425,075	2,516,178
Tripadvisor Inc	3,260 Shares	212,244	175,844
Ubiquiti Networks Inc	9,350 Shares	338,160	929,484
Ultra Petroleum Corp	64,022 Shares	774,631	48,663
Under Armour Inc	14,970 Shares	265,597	264,520
Unitedhealth Group Inc	3,343 Shares	298,468	832,808
United Technologies Corp	3,281 Shares	394,617	349,361
Universal Display Corp	4,807 Shares	318,317	449,791
Universal Health Svcs Inc	3,945 Shares	484,637	459,829
Urban Outfitters Incorporated	6,110 Shares	216,702	202,852
Varian Med Sys Inc	5,080 Shares	313,864	575,615
Viasat Inc	6,270 Shares	354,136	369,617
Visa Inc-Class A Shrs	4,106 Shares	227,021	541,746
Walt Disney Co	7,200 Shares	691,262	789,480
Waters Corp	3,900 Shares	773,041	735,735
WEC Energy Group Inc	4,248 Shares	279,623	294,216
Willis Tower Watson Pub LTDCO	1,868 Shares	250,210	283,674
W.R. Grace & Co Com	4,230 Shares	261,856	274,569
XPO Logistics Inc	5,142 Shares	449,315	293,300
U.S. Government and Agency Obligations			
Fed Home LN Bk	305,000 Shares	305,000	298,247
Fed Home LN MTG Corp	114 Shares	117	114
Fed Home LN MTG Corp	67 Shares	68	67
Fed Home LN MTG Corp	273,608 Shares	283,355	273,496
Fed Home LN MTG Corp	480,909 Shares	495,787	487,694
Fed Home LN MTG Corp	975,000 Shares	992,977	1,014,605
Fed Home LN MTG Corp	580,000 Shares	582,078	584,043
Fed Home LN MTG Corp	600,805 Shares	663,138	643,486
Fed Home LN MTG Corp Pool #C91874	303,882 Shares	330,756	313,412

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp Pool #C91875	428,711 Shares	\$ 453,094	\$ 434,138
Fed Home LN MTG Corp Pool #C919906	405,431 Shares	419,132	410,568
Fed Home LN MTG Corp Pool #G18558	498,646 Shares	526,772	505,891
Fed Home LN MTG Corp Pool #G60651	590,568 Shares	624,110	603,537
Fed Natl MTG Assn	601 Shares	606	600
Fed Natl MTG Assn	1,087 Shares	1,116	1,085
Fed Natl MTG Assn Pool #AI8401	295,975 Shares	332,602	314,195
Fed Natl MTG Assn Pool #AL6895	898,765 Shares	931,790	901,542
Fed Natl MTG Assn Pool #AN5741	390,000 Shares	376,959	385,765
Fed Natl MTG Assn Pool #AN7060	835,000 Shares	793,120	813,148
Fed Natl MTG Assn Pool #AN8506	655,000 Shares	634,301	660,581
Fed Natl MTG Assn Pool #AN8575	235,000 Shares	230,291	236,137
Fed Natl MTG Assn Pool #AN8653	395,000 Shares	386,298	399,037
Fed Natl MTG Assn Pool #AN8853	705,000 Shares	696,656	713,664
Fed Natl MTG Assn Pool #AN9233	425,000 Shares	413,578	431,022
Fed Natl MTG Assn Pool #AN9354	920,000 Shares	921,725	944,914
Fed Natl MTG Assn Pool #AP0495	864,512 Shares	909,359	871,264
Fed Natl MTG Assn Pool #AS4170	349,977 Shares	374,421	357,358
Fed Natl MTG Assn Pool #AS7568	274,568 Shares	302,067	284,570
Fed Natl MTG Assn Pool #BL0609	600,000 Shares	601,854	629,532
Fed Natl MTG Assn Pool #CA2219	743,256 Shares	789,303	779,438
Fed Natl MTG Assn Pool #MA2028	163,993 Shares	179,162	170,757
Fed Natl MTG Assn Pool #MA2158	688,145 Shares	752,014	715,988
Fed Natl MTG Assn Pool #MA2211	711,207 Shares	768,548	737,841
Fed Natl MTG Assn Pool #MA2260	279,027 Shares	293,850	281,848
Fed Natl MTG Assn Pool #MA2279	436,345 Shares	468,253	445,478
Fed Natl MTG Assn Pool #711067	223,066 Shares	251,576	236,414
FHLMC Multifamily Structured	500,000 Shares	514,976	498,845
FHLMC Multifamily Structured	245,000 Shares	252,342	243,956
FHLMC Multifamily Structured	280,000 Shares	288,383	277,306
FRESB Multifamily Mortgage Pass-through	162,997 Shares	163,744	159,580
FRESB Multifamily Mortgage Pass-through	523,388 Shares	520,272	524,142
Small Business Administration	331,314 Shares	331,314	324,712
U.S. Treasury Bond	59,400 Shares	72,124	72,468
U.S. Treasury Bond	518,100 Shares	575,805	566,693
U.S. Treasury Bond	45,700 Shares	45,729	46,616
U.S. Treasury Bond	2,670,400 Shares	2,380,538	2,420,050
U.S. Treasury Note	105,400 Shares	102,982	105,944
U.S. Treasury Note	415,000 Shares	406,085	408,613
U.S. Treasury Note	80,000 Shares	78,953	79,649
U.S. Treasury Note	650,000 Shares	640,162	642,662
U.S. Treasury Note	760,000 Shares	748,938	750,948
U.S. Treasury Note	660,000 Shares	645,124	648,529
U.S. Treasury Note	285,000 Shares	282,451	282,652
U.S. Treasury Note	172,900 Shares	166,889	169,760
U.S. Treasury Note	180,000 Shares	177,391	177,539
U.S. Treasury Note	430,000 Shares	426,793	428,254
U.S. Treasury Note	605,000 Shares	600,306	601,763
U.S. Treasury Note	635,000 Shares	622,965	625,970

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
21st Century Fox America	75,000 Shares	\$ 81,893	\$ 75,431
Abbvie Inc	129,000 Shares	127,636	120,357
Abbvie Inc	120,000 Shares	118,688	118,861
Albemarle Corp	170,000 Shares	200,088	169,939
Alexandria Real Estate E	199,000 Shares	198,867	201,289
Ally Financial Inc	48,000 Shares	49,080	47,460
Ally Financial Inc	146,000 Shares	149,491	143,286
AMC Networks Inc	98,000 Shares	98,980	88,935
Amerada Hess Corp	92,000 Shares	113,424	102,898
American Equity Investment	175,000 Shares	177,661	170,618
American Express Credit	155,000 Shares	153,154	153,374
American Express Credit Accoun	220,000 Shares	216,571	217,397
American Homes 4 Rent	192,000 Shares	191,334	185,541
American Honda Finance	160,000 Shares	157,685	158,134
American Honda Finance	290,000 Shares	290,036	288,756
American Tower Corp	116,000 Shares	125,901	118,779
American Tower Trust I	230,000 Shares	227,775	229,742
Americredit Automobile Receiva	705,000 Shares	691,120	693,304
Americredit Automobile Receiva	335,000 Shares	334,940	330,749
Ameriprise Financial Inc	160,000 Shares	169,236	163,216
Ameriprise Financial Inc	35,000 Shares	36,234	35,890
Amphenol Corp	180,000 Shares	178,318	177,336
Andeavor Logis LP/Corp	195,000 Shares	193,596	175,555
Apache Corp	202,000 Shares	201,672	188,670
Ashtead Capital Inc	200,000 Shares	207,500	202,000
Aspen Insurance Hldg Ltd	261,000 Shares	273,141	262,188
Assoc Banc Corp	292,000 Shares	296,056	290,616
Assurant Inc	205,000 Shares	205,091	204,928
AT&T Inc	180,000 Shares	177,714	177,658
AT&T Inc	339,000 Shares	305,070	300,995
AT&T Inc	341,000 Shares	341,897	330,767
Athene Global Funding	210,000 Shares	210,664	208,068
Avis Budget Rental Car Funding	515,000 Shares	514,918	510,726
Bank of America Corp	245,000 Shares	241,600	242,381
Bank of America Corp	190,000 Shares	192,563	187,954
Bank of America Credit Card Tr	230,000 Shares	226,413	227,255
Bank of America Credit Card Tr	100,000 Shares	100,148	100,008
Bank of Montreal	180,000 Shares	179,415	178,386
Bank of Nova Scotia	205,000 Shares	201,275	202,424
Bank of Nova Scotia	316,000 Shares	316,000	314,235
Bat Capital Corp	73,000 Shares	61,288	58,112
Becton Dickinson & Co	251,000 Shares	251,615	248,477
BMW Vehicle Owner Trust	126,920 Shares	125,838	126,095
BNP Paribas	205,000 Shares	211,710	212,128

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Boston Properties LP	157,000 Shares	\$ 177,848	\$ 162,748
Bp Capital Markets Plc	80,000 Shares	79,541	79,286
Bp Capital Markets Plc	80,000 Shares	79,266	79,316
Brighthouse Financial	193,000 Shares	191,563	143,717
Burlington North Santa Fe	149,000 Shares	165,430	162,203
California Institute of	178,000 Shares	178,153	171,907
Capital Auto Receivable Asset	750,000 Shares	752,637	745,043
Capital Auto Receivable Asset	625,000 Shares	624,860	625,838
Capital One Financial Co	80,000 Shares	78,615	78,965
Capital One Financial Co	80,000 Shares	77,998	78,322
Capital One Multi-asset Execut	225,000 Shares	223,146	222,795
Capital One Multi-asset Execut	810,000 Shares	813,006	810,729
Cardinal Health Inc	165,000 Shares	165,387	163,835
Carlyle Finance LLC	198,000 Shares	197,830	196,454
Caterpillar Finl Service	160,000 Shares	159,515	158,848
CBOE Holdings Inc	160,000 Shares	158,390	159,166
CBRE Services Inc	182,000 Shares	193,582	189,593
CD 2016-CD2 MTG TR	416,000 Shares	428,469	414,003
CD 2017-CD3 MTG TR	495,000 Shares	509,833	495,703
Celgene Corp	181,000 Shares	189,603	167,367
Cenovus Energy Inc	361,000 Shares	344,628	328,806
CFCRE Commercial Mortgage Trust	255,000 Shares	262,648	257,099
CH Robinson Worldwide	197,000 Shares	196,219	197,554
Charter Comm Opt LLC/CAP	187,000 Shares	193,818	191,946
Chase Issuance Trust	720,000 Shares	745,791	720,922
Chase Issuance Trust	230,000 Shares	226,083	226,564
Chase Issuance Trust	495,000 Shares	494,917	484,214
Cheniere Corpus Christi Hldgs LLC	95,000 Shares	96,333	89,685
Cheniere Energy Partners	139,000 Shares	139,000	129,965
Chevron Phillips Chem Co	313,000 Shares	310,750	310,142
Cintas Coporation No. 2	205,000 Shares	203,940	200,215
Citibank Credit Card Issuance	220,000 Shares	216,279	217,195
Citibank Credit Card Issuance	480,000 Shares	483,731	482,467
Citibank Credit Card Issuance Trust	600,000 Shares	605,414	598,668
Citigroup Commercial Mortgage Trust	579,000 Shares	596,337	581,467
Citigroup Commercial Mortgage Trust	479,000 Shares	493,557	474,416
Citigroup Inc	185,000 Shares	185,000	178,063
Citigroup Inc	151,000 Shares	153,807	147,775
Citigroup Inc	385,000 Shares	396,889	385,212
Citigroup Inc	123,000 Shares	123,032	120,000
Citigroup Inc	200,000 Shares	198,526	198,394
Citizens Bank NA/RI	266,000 Shares	265,965	261,175
CMS Energy Corp	213,000 Shares	233,447	215,807
CNH Equipment Trust	112,569 Shares	112,243	112,065
CNH Equipment Trust	55,000 Shares	54,997	54,905
Coach Inc	210,000 Shares	199,273	196,495
Comcast Corp	163,000 Shares	162,892	164,594

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Comm Mortgage Trust	719,000 Shares	\$ 786,631	\$ 742,612
Comm Mortgage Trust	129,000 Shares	135,880	133,113
Comm Mortgage Trust	700,000 Shares	744,105	716,989
Comm Mortgage Trust	500,000 Shares	514,964	491,190
Commercial Mortgage Pass-through	132,000 Shares	141,936	134,177
Consolidated Edison Co	201,000 Shares	201,348	199,020
Constellation Brands Inc	127,000 Shares	128,384	127,441
Cott Corp	208,000 Shares	208,589	196,040
CVS Health Corp	100,000 Shares	100,104	99,802
Davita Healthcare Partne	89,000 Shares	84,550	80,768
Dbubs Mortgage Trust	172,000 Shares	192,741	176,954
Dbubs Mortgage Trust	148,000 Shares	163,257	154,502
Diamondback Energy Inc	32,000 Shares	33,280	31,200
Diamondback Energy Inc	185,000 Shares	185,516	178,525
Discover Card Execution Note T	460,000 Shares	467,026	458,284
Discover Card Execution Note T	130,000 Shares	127,654	128,566
Discover Card Execution Note T	715,000 Shares	714,656	698,383
Discovery Communications	198,000 Shares	193,339	175,186
Dollar Tree Inc	201,000 Shares	201,165	197,651
Dow Chemical Co/The	99,000 Shares	98,928	100,381
Dowdupont Inc	75,000 Shares	75,075	75,719
Dowdupont Inc	211,000 Shares	211,120	217,241
Duke Realty LP	78,000 Shares	77,327	74,186
Duke University	215,000 Shares	215,000	195,788
DXC Technology Co	162,000 Shares	162,138	161,820
E.I. Du Pont De Demours	25,000 Shares	24,686	24,825
E.I. Du Pont De Demours	145,000 Shares	145,082	145,074
Enable Midstream Partners LP	278,000 Shares	270,430	266,669
Energy Transfer Partners	182,000 Shares	182,000	152,316
Energy Transfer Partners	51,000 Shares	52,528	49,878
Enlink Midstream Partner	217,000 Shares	212,536	169,536
Entegris Inc	71,000 Shares	71,583	65,320
Enterprise Fleet Financing LLC	788,000 Shares	787,762	795,171
Enterprise Fleet Financing LLC	590,000 Shares	589,947	591,581
Enterprise Products Oper	80,000 Shares	82,433	81,497
Enterprise Products Oper	160,000 Shares	186,975	174,880
Enterprise Products Oper	80,000 Shares	82,016	80,176
Erac Usa Finance Company	206,000 Shares	199,105	183,684
Ferguson Finance PLC	200,000 Shares	198,284	199,800
Fidelity & Guaranty Life	90,000 Shares	90,000	85,977
Fifth Third Auto Trust	10,116 Shares	10,115	10,104
Fifth Third Auto Trust	70,000 Shares	69,098	69,238
Five Corners Funding TRS	216,000 Shares	226,890	222,216
Ford Credit Auto Owner Trust	38,660 Shares	38,606	38,555
Ford Credit Auto Owner Trust	80,000 Shares	78,869	79,058
Ford Credit Auto Owner Trust/F	750,000 Shares	764,678	744,735

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Ford Credit Auto Owner Trust/F	610,000 Shares	\$ 609,786	\$ 605,132
Freeport-McMorgan C & G	177,000 Shares	177,212	173,018
General Dynamics Corp	160,000 Shares	159,928	160,110
General Motors Finl Co	242,000 Shares	241,998	241,891
GM Financial Securitized Term	124,972 Shares	124,963	124,483
GM Financial Securitized Term	300,000 Shares	299,932	296,910
GMRF Mortgage Acquisition Co	745,821 Shares	749,011	756,434
GMRF Mortgage Acquisition Co	251,623 Shares	253,951	250,823
Goldman Sachs Group Inc	176,000 Shares	222,649	200,739
Goldman Sachs Group Inc	222,000 Shares	214,330	214,994
Goldman Sachs Group Inc	485,000 Shares	490,966	486,678
Goldman Sachs Group Inc	205,000 Shares	202,105	201,162
GS Mortgage Securities Corp II	354,000 Shares	378,019	360,889
GS Mortgage Securities Corp II	605,216 Shares	689,024	622,931
GS Mortgage Securities Trust	183,000 Shares	188,490	180,628
GS Mortgage Securities Trust	183,000 Shares	198,555	187,526
H&E Equipment Services	103,000 Shares	97,195	94,503
Healthcare Realty Trust	144,000 Shares	142,780	135,217
Healthcare Trust Of Amer	234,000 Shares	233,695	230,401
Hertz Vehicle Financing LLC	640,000 Shares	633,200	634,586
Hollyfrontier Corp	72,000 Shares	74,094	72,786
Homedepot Inc	85,000 Shares	85,000	84,145
Honda Auto Receivables Owner T	5,349 Shares	5,362	5,347
Honda Auto Receivables Owner T	131,710 Shares	130,757	130,523
Host Hotels & Resorts	202,000 Shares	203,357	198,132
HSBC Holdings PLC	250,000 Shares	260,700	248,103
Hudson Pacific Poperties	147,000 Shares	144,755	136,647
Huntington Auto Trust	99,006 Shares	98,993	98,584
Hyatt Hotels Corp	206,000 Shares	205,117	200,479
Hyundai Auto Receivables Trust	7,266 Shares	7,287	7,261
Hyundai Auto Receivables Trust	62,475 Shares	61,610	61,869
Hyundai Capital America	334,000 Shares	334,000	333,025
Indiana Michigan Power	187,000 Shares	188,131	188,380
Invista Finance LLC	159,000 Shares	159,596	157,822
Istar Financial Inc	11,000 Shares	11,000	10,725
Istar Financial Inc	188,000 Shares	189,398	175,761
Jackson Natl Life Global	215,000 Shares	215,000	213,656
John Deere Capital Corp	100,000 Shares	98,622	98,863
John Deere Capital Corp	75,000 Shares	74,114	74,309
John Deere Owner Trust	52,823 Shares	52,820	52,723
John Deere Owner Trust	29,171 Shares	29,091	29,102
Jones Lang LaSalle Inc	186,000 Shares	191,306	187,886
JPMorgan Chase Commercial Mor	719,000 Shares	771,465	731,705
JPMorgan Chase Commercial Mor	151,000 Shares	155,530	151,236
JPMorgan Chase & Co	235,000 Shares	243,547	231,769
JPMorgan Chase & Co	245,000 Shares	246,177	242,560

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
JPMorgan Chase & Co	269,000 Shares	\$ 269,078	\$ 267,364
JPMorgan Chase & Co	194,000 Shares	194,072	197,327
Kimco Realty Corp	140,000 Shares	139,432	137,802
KKR Group Finance Co III	181,000 Shares	185,296	178,283
KLA-Tencor Corp	110,000 Shares	111,027	109,849
Korea East-West Power Co	218,000 Shares	216,156	215,349
Lehigh University	395,000 Shares	395,000	361,717
Liberty Mutual Group	170,000 Shares	210,268	185,300
Macquarie Bank LTD	101,000 Shares	111,830	106,845
Magellan Health Services	241,000 Shares	240,540	226,499
Manulife Financial Corp	123,000 Shares	122,902	115,990
Marathon Petroleum Corp	169,000 Shares	176,183	170,457
Mass Mutual Life Ins Co	130,000 Shares	203,683	194,862
Meiji Yasuda Life Insurance	250,000 Shares	271,375	250,000
Mercedes-Benz Auto Receivables Tr	119,103 Shares	118,319	118,172
Mercedes-Benz Auto Receivables Tr	160,000 Shares	159,995	159,696
Microchip Technology Inc	145,000 Shares	145,000	143,839
Microsoft Corp	172,000 Shares	173,348	192,576
Mississippi Power Co	144,000 Shares	144,000	143,757
Monsanto Co	105,000 Shares	104,354	103,895
Morgan Stanley	138,000 Shares	143,874	130,609
Morgan Stanley	205,000 Shares	206,573	203,460
Morgan Stanley BAML Trust	520,000 Shares	535,587	523,338
Morgan Stanley Capital I	680,000 Shares	700,360	701,264
Morgan Stanley Capital I	230,000 Shares	236,892	221,094
MPLX LP	144,000 Shares	141,165	140,070
Murphy Oil Corp	85,000 Shares	87,838	84,541
Nabors Industries Inc	136,000 Shares	134,076	102,962
National Rural Util Coop	190,000 Shares	192,850	181,372
National City Corp DTD	168,000 Shares	189,054	170,305
NBCUniversal Enterprise	268,000 Shares	268,044	265,376
NBCUniversal Media LLC	80,000 Shares	82,978	82,130
Neptune Finco Corp	124,000 Shares	135,291	125,550
New York University	720,000 Shares	709,315	705,730
Newfield Exploration Co	87,000 Shares	90,045	88,088
Nextera Energy Capital	160,000 Shares	160,195	159,634
Nissan Auto Receivables Owner	56,235 Shares	56,099	56,056
Nissan Auto Receivables Owner	49,303 Shares	49,301	49,158
Nordea Bank AB	269,000 Shares	269,090	268,739
Nova Chemicals Corp	102,000 Shares	102,484	92,055
Nucor Corp	87,000 Shares	86,382	84,042
NVR Inc	170,000 Shares	175,743	167,147
Olympus Merger Sub Inc	179,000 Shares	176,302	140,515
Pepsico Inc	193,000 Shares	190,987	171,291
Physicians Realty LP	252,000 Shares	251,697	244,707
Premier Health Partners	271,000 Shares	271,000	251,404

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Prime Secsrvc Brw/Financ	175,000 Shares	\$ 187,688	\$ 180,469
Progress Energy Inc	155,000 Shares	158,288	152,658
Rabobank Nederland	250,000 Shares	262,695	249,185
Realogy Group/Co-Issuer	187,000 Shares	188,169	186,299
Regency Energy Part/ Fina	265,000 Shares	283,786	270,443
Royal Bank Of Canada	215,000 Shares	216,040	213,828
Ryder System Inc	120,000 Shares	120,976	119,537
Sabine Pass Liquefaction	167,000 Shares	183,263	173,423
Sammons Financial Group	246,000 Shares	246,387	240,246
Santander UK PLC	205,000 Shares	202,611	202,761
Securian Financial Group	197,000 Shares	199,108	195,259
Sempra Energy	125,000 Shares	124,945	123,244
Sempra Energy	167,000 Shares	165,193	142,777
Shell International Fin	96,000 Shares	104,858	99,785
Southern Copper Corp	191,000 Shares	208,760	195,137
Southern Power Co	165,000 Shares	163,628	162,510
Spirit Realty LP	268,000 Shares	266,276	257,462
Sprint Spectrum/ Spec I	250,000 Shares	250,000	245,313
Svenska Handelsbanken AB	248,000 Shares	248,000	245,756
Symetra Finl Corp	195,000 Shares	201,014	191,289
Textron Inc	195,000 Shares	200,185	196,018
Time Warner Inc	213,000 Shares	211,294	210,135
Torchmark Corp	194,000 Shares	193,296	197,114
Toronto-Dominion Bank	180,000 Shares	179,091	178,452
Toronto-Dominion Bank	274,000 Shares	271,818	259,459
Toyota Auto Receivables Owner	205,000 Shares	202,550	203,108
Toyota Industries Corp	265,000 Shares	265,000	261,868
Toyota Motor Credit Corp	200,000 Shares	198,501	198,188
Transatlantic Holdings	144,000 Shares	197,431	192,015
Tri Pointe Holdings Inc	94,000 Shares	94,353	93,295
Tyson Foods Inc	80,000 Shares	80,000	79,900
United Rentals North Am	58,000 Shares	59,160	57,130
U.S. Bancorp	183,000 Shares	191,679	180,509
USAA Auto Owner Trust	130,000 Shares	128,867	129,038
Valero Energy Corp	150,000 Shares	159,325	154,383
Valero Energy Partners	197,000 Shares	196,330	192,895
Vereit Operating Partner	126,000 Shares	122,917	116,972
Verizon Communications	279,000 Shares	323,501	277,996
Vodafone Group PLC	195,000 Shares	194,843	190,221
Volkswagen Auto Loan Enhanced	200,000 Shares	199,862	199,730
Volkswagen Auto Loan Enhanced	240,000 Shares	239,965	240,046
Voya Financial Inc	147,000 Shares	147,000	139,466
VR Citigroup Inc	190,000 Shares	196,888	184,783
Vulcan Materials Co	193,000 Shares	193,614	163,722

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Waste Management Inc	171,000 Shares	\$ 167,198	\$ 165,068
Wells Fargo & Company	96,000 Shares	97,296	95,400
Wells Fargo Commercial Mortgage	257,000 Shares	264,702	262,466
Wells Fargo Commercial Mortgage	483,000 Shares	497,470	480,585
Westlake Chemical Corp	186,000 Shares	193,138	169,833
Westpac Bank Corp	218,000 Shares	217,939	215,663
Westpac Bank Corp	174,000 Shares	174,358	165,157
WF-RBS Commercial Mortgage Trust	83,669 Shares	91,630	85,888
WF-RBS Commercial Mortgage Trust	225,000 Shares	240,091	229,579
State and Municipal Bonds			
California ST Txbl	720,000 Shares	718,510	710,424
CMWLTH Fing Auth Pa Txbl Ser-A	85,000 Shares	85,000	85,506
Energy N W WA Elec Revenue Txbl	50,000 Shares	49,667	49,277
Houston TX Utility Sys Revenue Txbl	500,000 Shares	528,315	515,575
Illinois ST Sales Tax Revenue Txbl	230,000 Shares	227,813	203,532
New Jersey St Econ Dev Auth Re	105,000 Shares	110,426	107,325
New York NY Txbl Ser D	720,000 Shares	718,078	711,187
New York St Dorm Auth St Perso Txbl	720,000 Shares	731,369	725,537
Seattle WA Txbl Ser B	605,000 Shares	605,000	599,688
Univ of California CA Revenues Txbl	520,000 Shares	529,901	539,193
Wisconsin St Gen Fund Annual A Txbl	650,000 Shares	654,368	636,593
Commingled Funds			
Wellington CTF DIH	941,347 Shares	13,135,296	10,354,813
Real Estate Investment Fund			
UBS (US) Trumbull Property Income	1,505 Shares	15,447,674	19,096,553
Real Estate Investment Trust Fund			
RREEF America REIT II, INC LLC	181,063 Shares	16,526,117	22,410,588
		352,882,115	375,004,235
Investment Contract With Insurance Company			
Lincoln National Life		1,809,109	1,809,109
		<u>\$ 354,691,224</u>	<u>\$ 376,813,344</u>

* Party-in-interest

Parkview Health System, Inc. Employees' Pension Plan

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Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2018

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Value	Net Gain (Loss)
Series of transactions greater than 5 percent						
Blackrock Short-Term Investment Fund	\$ 95,675,770	\$ -	\$ -	\$ 95,675,770	\$ 95,675,770	\$ -
Blackrock Short-Term Investment Fund	-	96,351,137	-	96,351,137	96,351,137	-
Lincoln National Life	31,944,079	-	-	31,944,079	31,944,079	-
Lincoln National Life	-	33,828,085	-	33,828,085	33,828,085	-

Parkview Health System, Inc. Employees Pension Plan

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	901.5335	0.0102	9.1900	505.4492
56	981.0146	0.0198	19.4244	1,087.7677
57	1,068.3214	0.0199	21.2107	1,209.0127
58	1,143.4011	0.0199	22.7116	1,317.2739
59	1,198.5418	0.0198	23.7755	1,402.7569
60	1,257.1688	0.0497	62.4650	3,747.9004
61	1,289.5976	0.0497	64.1368	3,912.3478
62	1,299.8491	0.4809	625.1052	38,756.5227
63	728.6911	0.1431	104.3082	6,571.4162
64	665.2969	0.1436	95.5235	6,113.5046
65	594.7345	1.0000	594.7345	38,657.7426
66	13.0000	1.0000	13.0000	858.0000
67	4.0000	1.0000	4.0000	268.0000
68	3.0000	1.0000	3.0000	204.0000
69	2.0000	1.0000	2.0000	138.0000
70	4.0000	1.0000	4.0000	280.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	1.0000	1.0000	1.0000	75.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	1.0000	1.0000	<u>1.0000</u>	<u>79.0000</u>
Total			1,670.5856	105,183.6945
Weighted Average Retirement Age = 105,183.6945 / 1,670.5856				62.96
Rounded Weighted Average Retirement Age				63

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

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

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

Parkview Health System, Inc. Employees Pension Plan

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Schedule SB, Line 24 – Change in Actuarial Assumptions

Summary of Changes from the January 1, 2017 Valuation

- The salary increase assumption was updated as follows to better reflect anticipated salary growth.

Current Year:	4.70% for 2018 and 2019, and 3.50% 2020+
Prior Year:	3.00%
- The assumption for annual increases in the National Average Wage was increased from 2.5% to 3.0%.

Parkview Health System, Inc. Employees Pension Plan

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Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

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

Eligibility Requirements

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

Compensation

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

Average Final Compensation

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

Vesting Service

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

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

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

Benefit Service

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

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

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

Normal Retirement Date

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

Early Retirement Date

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

Parkview Health System, Inc. Employees Pension Plan

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

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

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

Eligibility for Disability Pension

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

Accrued Benefit

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

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

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

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

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

For those employees who irrevocably waived participation in the Plan:

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

Normal Monthly Retirement Pension

Monthly Accrued Benefit as of Normal Retirement Date. The normal form of payment is the 5-year certain and life annuity. 100% of active participants are assumed to elect the normal form of payment. The other optional forms of payment are: Life only, 10-year certain and life annuity, 100%, 75%, and 50% Joint and Survivor Annuities and a lump sum payment option (if value of Accrued Benefit does not exceed \$10,000).

Early Monthly Retirement Pension

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

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Postponed Monthly Retirement Pension

The greater of:

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

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

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

Surviving Spouse Monthly Pension

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

Postretirement Death Benefit

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

Retirement Pension Disability

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

Summary of Changes from the January 1, 2017 Valuation

Select deferred vested participants were offered an opportunity to elect a lump sum distribution of pension benefits during 2017. Approximately 600 participants elected a lump sum from the plan as a result of this lump sum window.

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
American Funds Capital World Growth	775,810 Shares	\$ 34,346,876	\$ 33,204,652
Dodge & Cox Global Stock Fund	2,970,007 Shares	32,940,815	32,759,178
PIMCO Real Return Fund Class Instl	608,958 Shares	6,646,056	6,430,600
US Core Fixed Income Fund	5,775,245 Shares	69,041,997	66,860,513
* Money Market Funds			
Blackrock Short-Term Investment Fund	2,704,026 Shares	2,704,026	2,704,026
Commercial Paper	160,000 Shares	158,600	158,600
Net Cash	585,401 Shares	585,401	585,401
Common Stocks			
Adobe Inc	3,900 Shares	127,476	882,336
Aia Group LTD	123,400 Shares	560,689	1,024,478
Akamai Technologies	10,800 Shares	511,933	659,664
Align Technology Inc	4,800 Shares	166,193	1,005,264
Alimentation Couche-Tard Inc NPV	12,100 Shares	592,374	601,633
Allergan Plc	3,047 Shares	757,505	407,262
Alphabet Inc Cl A	210 Shares	74,449	219,442
Alphabet Inc Cl C	1,317 Shares	863,681	1,363,898
Altaba Inc	1,425 Shares	36,315	82,565
American International Group, Inc	9,287 Shares	443,002	366,000
Ameriprise Finl Inc	2,139 Shares	200,830	223,247
Ametek Inc Com	4,842 Shares	242,927	327,803
Amphenol Corp Cl A	10,000 Shares	487,704	810,200
Anadarko Petroleum Corp	7,171 Shares	511,966	314,377
Apple Inc	7,890 Shares	897,759	1,244,569
Applied Materials Inc	13,640 Shares	282,428	446,574
Autodesk Inc	9,100 Shares	317,435	1,170,351
Automatic Data Processing Inc	4,700 Shares	243,480	616,264
AXA Equitable Holdings Inc	25,468 Shares	545,178	423,533
Bank of America Corp	27,707 Shares	666,886	682,700
Bank of the Ozarks Inc	12,883 Shares	550,446	294,119
Berry Plastics Group Inc	8,204 Shares	418,793	389,936
Booking Holdings Inc	1,722 Shares	273,782	229,082
Boeing Co	1,988 Shares	221,929	641,130
Boston Scientific Corp Com	13,412 Shares	443,487	473,980
Capital One Financial Corp	4,644 Shares	408,606	351,040
Carmax Inc	3,985 Shares	263,643	249,979
Centene Corp Del	4,898 Shares	492,529	564,739
Cerner Corp Com	12,900 Shares	769,263	676,476
Cheesecake Factory Inc	4,430 Shares	187,880	192,749
Chubb Limited	1,708 Shares	199,178	220,639
Cisco Systems Inc	21,200 Shares	405,666	918,597
CNOOC LTD	486,000 Shares	764,448	751,098
Coca Cola Co	5,733 Shares	234,786	271,459

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Cognex Corp	13,400 Shares	\$ 540,435	\$ 518,178
Cognizant Tech Solutions Crp Com	10,200 Shares	632,376	647,496
Coherent Inc	2,057 Shares	441,365	217,445
Colgate Palmolive Co	7,900 Shares	421,136	470,208
Compass Group 11P	32,900 Shares	576,600	691,370
Core Laboratories N V Com	2,260 Shares	229,047	134,832
Costco Wholesale Corp	2,698 Shares	541,401	549,610
CSL LTD NPV	5,900 Shares	267,879	769,083
CVS Health Corporation	4,770 Shares	374,545	312,530
Cypress Semiconductor Corp	18,556 Shares	233,705	236,032
Danaher Corp	4,106 Shares	325,916	423,411
Denso Corp NPV	12,300 Shares	464,647	548,548
Dolby Laboratories Inc	8,944 Shares	428,655	553,097
Dollar General Corp	5,238 Shares	406,571	566,123
DowDupont Inc.	8,988 Shares	446,389	480,678
Edwards Lifesciences Corp	18,075 Shares	1,283,079	2,768,548
Eog Resources, Inc	8,100 Shares	476,215	706,401
Essilorluxottica SA	5,100 Shares	492,166	643,927
Everest RE Group LTD	614 Shares	137,056	133,705
Experian PLC	18,900 Shares	354,974	458,551
Factset Resh Sys Inc Com	3,675 Shares	381,333	735,478
Fanuc Co	3,800 Shares	610,493	575,662
Fastenal Co	14,700 Shares	825,964	768,663
Fortune Brands	5,488 Shares	339,625	208,489
Garmin Ltd	8,700 Shares	357,833	550,884
Gentex Corp	28,580 Shares	351,020	577,602
Gentherm Inc.	7,110 Shares	276,405	284,258
Gilead Sciences Inc	6,600 Shares	684,364	412,830
Graco Inc	9,165 Shares	187,979	383,555
Hexcel Corp New Com	7,618 Shares	344,016	436,816
Home Depot Inc	1,566 Shares	176,872	269,070
Hong KG & China Gas Co LTD	340,941 Shares	454,019	705,454
IHS Markit LTD	4,863 Shares	159,895	233,278
Industria De Diseno	27,500 Shares	774,412	702,605
Ingersoll-Rand Plc	5,535 Shares	280,818	504,958
Intuit Com	7,575 Shares	506,376	1,491,139
Intuitive Surgical Inc	4,050 Shares	589,743	1,939,626
IPG Photonics Corp	2,419 Shares	322,856	274,049
Jacobs Engr Group Inc	5,802 Shares	313,079	339,185
Jetblue Awys Corp	32,295 Shares	318,435	518,658
Johnson & Johnson	5,800 Shares	393,043	748,490

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Keyence Co NPV	1,800 Shares	\$ 233,764	\$ 897,876
Kone Corp	7,800 Shares	417,701	368,548
L Brands Inc	12,920 Shares	616,256	331,656
Landstar Sys Inc Com	5,475 Shares	274,129	523,793
LGI Homes Inc	7,136 Shares	446,719	322,690
Linde Public Limited Company	6,378 Shares	1,042,516	995,223
Logmein Inc	3,352 Shares	296,928	273,423
L'oreal SA	3,300 Shares	416,823	759,002
LVMH MOET Hennessy	2,700 Shares	477,819	796,932
Manhattan Associates, Inc	5,400 Shares	229,627	228,798
Martin Marietta Matls Inc	2,289 Shares	429,196	393,410
Marvell Technology Group	25,348 Shares	505,658	410,384
Mastercard Inc	4,900 Shares	213,231	924,385
Medidata Solutions Inc	4,498 Shares	280,435	303,255
Metife Inc	10,347 Shares	488,018	424,848
MGM Resorts International	15,489 Shares	465,555	375,763
Microchip Technology Inc Com	6,290 Shares	256,863	452,377
Microsoft Corp	27,323 Shares	982,887	2,775,197
Middleby Corp	8,880 Shares	832,522	912,242
Morgan Stanley	12,560 Shares	543,427	498,004
Msc Indl Direct Inc CL A	3,851 Shares	317,289	296,219
Myriad Genetics Inc Com	8,900 Shares	335,633	258,723
Nestle SA	7,000 Shares	438,220	567,805
Nike Inc Cl B	11,500 Shares	285,636	852,610
Nordstrom Inc	8,400 Shares	353,863	391,524
Novartis	8,400 Shares	727,734	705,600
Novo Nordisk	17,200 Shares	594,329	778,988
Occidental Pete Corp	7,816 Shares	593,331	479,746
Open Text Corporation	28,170 Shares	474,286	918,342
Oracle Corporation	17,000 Shares	553,110	767,550
Paychex Inc	3,600 Shares	129,944	234,540
Pfizer Inc	13,911 Shares	507,897	607,215
Plains GP Holdings LP	11,273 Shares	273,556	226,587
Plantronics Inc Com	10,230 Shares	421,117	338,613
Plexus Corp Com	16,535 Shares	579,341	844,607
Power Intergrations Inc Com	9,900 Shares	541,251	603,702
Proto Labs Inc	4,675 Shares	207,128	527,293
PTC Inc	5,845 Shares	371,047	484,551
Ralph Lauren Corporation	2,570 Shares	377,361	265,892
Realpage Inc	12,008 Shares	301,666	578,666
Reckitt Benckiser PLC GBP	6,700 Shares	381,831	513,094
Reliance Stl & Alum Co Com	3,245 Shares	281,706	230,947

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Roche HLDGS AG	3,100 Shares	\$ 647,419	\$ 769,110
Royal Caribbean Cruise	6,200 Shares	289,734	606,298
Schlumberger Ltd	11,800 Shares	817,056	425,744
Seagate Technology	14,170 Shares	490,474	546,820
SGS SA	220 Shares	461,116	492,800
Shin-Etsu Chemical Co LTD NPV	6,800 Shares	373,019	529,051
Sleep Number Corp	16,615 Shares	477,634	527,194
SMC Corp	1,200 Shares	392,665	355,224
Southwestern Energy Co Com	83,784 Shares	546,849	285,703
Stamps Com Inc	1,988 Shares	317,446	309,412
Starbucks Corp Com	16,825 Shares	890,293	1,083,530
Stryker Corp	7,600 Shares	410,605	1,191,300
Super Micro Computer Inc	18,719 Shares	497,488	258,322
Synaptics Inc	3,855 Shares	251,242	143,445
Taiwan Semiconductor Manufacture	32,800 Shares	476,880	1,210,648
TCF Financial	11,935 Shares	162,787	232,613
TJX Companies Inc	56,240 Shares	1,425,075	2,516,178
Tripadvisor Inc	3,260 Shares	212,244	175,844
Ubiquiti Networks Inc	9,350 Shares	338,160	929,484
Ultra Petroleum Corp	64,022 Shares	774,631	48,663
Under Armour Inc	14,970 Shares	265,597	264,520
Unitedhealth Group Inc	3,343 Shares	298,468	832,808
United Technologies Corp	3,281 Shares	394,617	349,361
Universal Display Corp	4,807 Shares	318,317	449,791
Universal Health Svcs Inc	3,945 Shares	484,637	459,829
Urban Outfitters Incorporated	6,110 Shares	216,702	202,852
Varian Med Sys Inc	5,080 Shares	313,864	575,615
Viasat Inc	6,270 Shares	354,136	369,617
Visa Inc-Class A Shrs	4,106 Shares	227,021	541,746
Walt Disney Co	7,200 Shares	691,262	789,480
Waters Corp	3,900 Shares	773,041	735,735
WEC Energy Group Inc	4,248 Shares	279,623	294,216
Willis Tower Watson Pub LTDCO	1,868 Shares	250,210	283,674
W.R. Grace & Co Com	4,230 Shares	261,856	274,569
XPO Logistics Inc	5,142 Shares	449,315	293,300
U.S. Government and Agency Obligations			
Fed Home LN Bk	305,000 Shares	305,000	298,247
Fed Home LN MTG Corp	114 Shares	117	114
Fed Home LN MTG Corp	67 Shares	68	67
Fed Home LN MTG Corp	273,608 Shares	283,355	273,496
Fed Home LN MTG Corp	480,909 Shares	495,787	487,694
Fed Home LN MTG Corp	975,000 Shares	992,977	1,014,605
Fed Home LN MTG Corp	580,000 Shares	582,078	584,043
Fed Home LN MTG Corp	600,805 Shares	663,138	643,486
Fed Home LN MTG Corp Pool #C91874	303,882 Shares	330,756	313,412

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp Pool #C91875	428,711 Shares	\$ 453,094	\$ 434,138
Fed Home LN MTG Corp Pool #C919906	405,431 Shares	419,132	410,568
Fed Home LN MTG Corp Pool #G18558	498,646 Shares	526,772	505,891
Fed Home LN MTG Corp Pool #G60651	590,568 Shares	624,110	603,537
Fed Natl MTG Assn	601 Shares	606	600
Fed Natl MTG Assn	1,087 Shares	1,116	1,085
Fed Natl MTG Assn Pool #AI8401	295,975 Shares	332,602	314,195
Fed Natl MTG Assn Pool #AL6895	898,765 Shares	931,790	901,542
Fed Natl MTG Assn Pool #AN5741	390,000 Shares	376,959	385,765
Fed Natl MTG Assn Pool #AN7060	835,000 Shares	793,120	813,148
Fed Natl MTG Assn Pool #AN8506	655,000 Shares	634,301	660,581
Fed Natl MTG Assn Pool #AN8575	235,000 Shares	230,291	236,137
Fed Natl MTG Assn Pool #AN8653	395,000 Shares	386,298	399,037
Fed Natl MTG Assn Pool #AN8853	705,000 Shares	696,656	713,664
Fed Natl MTG Assn Pool #AN9233	425,000 Shares	413,578	431,022
Fed Natl MTG Assn Pool #AN9354	920,000 Shares	921,725	944,914
Fed Natl MTG Assn Pool #AP0495	864,512 Shares	909,359	871,264
Fed Natl MTG Assn Pool #AS4170	349,977 Shares	374,421	357,358
Fed Natl MTG Assn Pool #AS7568	274,568 Shares	302,067	284,570
Fed Natl MTG Assn Pool #BL0609	600,000 Shares	601,854	629,532
Fed Natl MTG Assn Pool #CA2219	743,256 Shares	789,303	779,438
Fed Natl MTG Assn Pool #MA2028	163,993 Shares	179,162	170,757
Fed Natl MTG Assn Pool #MA2158	688,145 Shares	752,014	715,988
Fed Natl MTG Assn Pool #MA2211	711,207 Shares	768,548	737,841
Fed Natl MTG Assn Pool #MA2260	279,027 Shares	293,850	281,848
Fed Natl MTG Assn Pool #MA2279	436,345 Shares	468,253	445,478
Fed Natl MTG Assn Pool #711067	223,066 Shares	251,576	236,414
FHLMC Multifamily Structured	500,000 Shares	514,976	498,845
FHLMC Multifamily Structured	245,000 Shares	252,342	243,956
FHLMC Multifamily Structured	280,000 Shares	288,383	277,306
FRESB Multifamily Mortgage Pass-through	162,997 Shares	163,744	159,580
FRESB Multifamily Mortgage Pass-through	523,388 Shares	520,272	524,142
Small Business Administration	331,314 Shares	331,314	324,712
U.S. Treasury Bond	59,400 Shares	72,124	72,468
U.S. Treasury Bond	518,100 Shares	575,805	566,693
U.S. Treasury Bond	45,700 Shares	45,729	46,616
U.S. Treasury Bond	2,670,400 Shares	2,380,538	2,420,050
U.S. Treasury Note	105,400 Shares	102,982	105,944
U.S. Treasury Note	415,000 Shares	406,085	408,613
U.S. Treasury Note	80,000 Shares	78,953	79,649
U.S. Treasury Note	650,000 Shares	640,162	642,662
U.S. Treasury Note	760,000 Shares	748,938	750,948
U.S. Treasury Note	660,000 Shares	645,124	648,529
U.S. Treasury Note	285,000 Shares	282,451	282,652
U.S. Treasury Note	172,900 Shares	166,889	169,760
U.S. Treasury Note	180,000 Shares	177,391	177,539
U.S. Treasury Note	430,000 Shares	426,793	428,254
U.S. Treasury Note	605,000 Shares	600,306	601,763
U.S. Treasury Note	635,000 Shares	622,965	625,970

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
21st Century Fox America	75,000 Shares	\$ 81,893	\$ 75,431
Abbvie Inc	129,000 Shares	127,636	120,357
Abbvie Inc	120,000 Shares	118,688	118,861
Albemarle Corp	170,000 Shares	200,088	169,939
Alexandria Real Estate E	199,000 Shares	198,867	201,289
Ally Financial Inc	48,000 Shares	49,080	47,460
Ally Financial Inc	146,000 Shares	149,491	143,286
AMC Networks Inc	98,000 Shares	98,980	88,935
Amerada Hess Corp	92,000 Shares	113,424	102,898
American Equity Investment	175,000 Shares	177,661	170,618
American Express Credit	155,000 Shares	153,154	153,374
American Express Credit Accoun	220,000 Shares	216,571	217,397
American Homes 4 Rent	192,000 Shares	191,334	185,541
American Honda Finance	160,000 Shares	157,685	158,134
American Honda Finance	290,000 Shares	290,036	288,756
American Tower Corp	116,000 Shares	125,901	118,779
American Tower Trust I	230,000 Shares	227,775	229,742
Americredit Automobile Receiva	705,000 Shares	691,120	693,304
Americredit Automobile Receiva	335,000 Shares	334,940	330,749
Ameriprise Financial Inc	160,000 Shares	169,236	163,216
Ameriprise Financial Inc	35,000 Shares	36,234	35,890
Amphenol Corp	180,000 Shares	178,318	177,336
Andeavor Logis LP/Corp	195,000 Shares	193,596	175,555
Apache Corp	202,000 Shares	201,672	188,670
Ashtead Capital Inc	200,000 Shares	207,500	202,000
Aspen Insurance Hldg Ltd	261,000 Shares	273,141	262,188
Assoc Banc Corp	292,000 Shares	296,056	290,616
Assurant Inc	205,000 Shares	205,091	204,928
AT&T Inc	180,000 Shares	177,714	177,658
AT&T Inc	339,000 Shares	305,070	300,995
AT&T Inc	341,000 Shares	341,897	330,767
Athene Global Funding	210,000 Shares	210,664	208,068
Avis Budget Rental Car Funding	515,000 Shares	514,918	510,726
Bank of America Corp	245,000 Shares	241,600	242,381
Bank of America Corp	190,000 Shares	192,563	187,954
Bank of America Credit Card Tr	230,000 Shares	226,413	227,255
Bank of America Credit Card Tr	100,000 Shares	100,148	100,008
Bank of Montreal	180,000 Shares	179,415	178,386
Bank of Nova Scotia	205,000 Shares	201,275	202,424
Bank of Nova Scotia	316,000 Shares	316,000	314,235
Bat Capital Corp	73,000 Shares	61,288	58,112
Becton Dickinson & Co	251,000 Shares	251,615	248,477
BMW Vehicle Owner Trust	126,920 Shares	125,838	126,095
BNP Paribas	205,000 Shares	211,710	212,128

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Boston Properties LP	157,000 Shares	\$ 177,848	\$ 162,748
Bp Capital Markets Plc	80,000 Shares	79,541	79,286
Bp Capital Markets Plc	80,000 Shares	79,266	79,316
Brighthouse Financial	193,000 Shares	191,563	143,717
Burlington North Santa Fe	149,000 Shares	165,430	162,203
California Institute of	178,000 Shares	178,153	171,907
Capital Auto Receivable Asset	750,000 Shares	752,637	745,043
Capital Auto Receivable Asset	625,000 Shares	624,860	625,838
Capital One Financial Co	80,000 Shares	78,615	78,965
Capital One Financial Co	80,000 Shares	77,998	78,322
Capital One Multi-asset Execut	225,000 Shares	223,146	222,795
Capital One Multi-asset Execut	810,000 Shares	813,006	810,729
Cardinal Health Inc	165,000 Shares	165,387	163,835
Carlyle Finance LLC	198,000 Shares	197,830	196,454
Caterpillar Finl Service	160,000 Shares	159,515	158,848
CBOE Holdings Inc	160,000 Shares	158,390	159,166
CBRE Services Inc	182,000 Shares	193,582	189,593
CD 2016-CD2 MTG TR	416,000 Shares	428,469	414,003
CD 2017-CD3 MTG TR	495,000 Shares	509,833	495,703
Celgene Corp	181,000 Shares	189,603	167,367
Cenovus Energy Inc	361,000 Shares	344,628	328,806
CFCRE Commercial Mortgage Trust	255,000 Shares	262,648	257,099
CH Robinson Worldwide	197,000 Shares	196,219	197,554
Charter Comm Opt LLC/CAP	187,000 Shares	193,818	191,946
Chase Issuance Trust	720,000 Shares	745,791	720,922
Chase Issuance Trust	230,000 Shares	226,083	226,564
Chase Issuance Trust	495,000 Shares	494,917	484,214
Cheniere Corpus Christi Hldgs LLC	95,000 Shares	96,333	89,685
Cheniere Energy Partners	139,000 Shares	139,000	129,965
Chevron Phillips Chem Co	313,000 Shares	310,750	310,142
Cintas Coporation No. 2	205,000 Shares	203,940	200,215
Citibank Credit Card Issuance	220,000 Shares	216,279	217,195
Citibank Credit Card Issuance	480,000 Shares	483,731	482,467
Citibank Credit Card Issuance Trust	600,000 Shares	605,414	598,668
Citigroup Commercial Mortgage Trust	579,000 Shares	596,337	581,467
Citigroup Commercial Mortgage Trust	479,000 Shares	493,557	474,416
Citigroup Inc	185,000 Shares	185,000	178,063
Citigroup Inc	151,000 Shares	153,807	147,775
Citigroup Inc	385,000 Shares	396,889	385,212
Citigroup Inc	123,000 Shares	123,032	120,000
Citigroup Inc	200,000 Shares	198,526	198,394
Citizens Bank NA/RI	266,000 Shares	265,965	261,175
CMS Energy Corp	213,000 Shares	233,447	215,807
CNH Equipment Trust	112,569 Shares	112,243	112,065
CNH Equipment Trust	55,000 Shares	54,997	54,905
Coach Inc	210,000 Shares	199,273	196,495
Comcast Corp	163,000 Shares	162,892	164,594

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Comm Mortgage Trust	719,000 Shares	\$ 786,631	\$ 742,612
Comm Mortgage Trust	129,000 Shares	135,880	133,113
Comm Mortgage Trust	700,000 Shares	744,105	716,989
Comm Mortgage Trust	500,000 Shares	514,964	491,190
Commercial Mortgage Pass-through	132,000 Shares	141,936	134,177
Consolidated Edison Co	201,000 Shares	201,348	199,020
Constellation Brands Inc	127,000 Shares	128,384	127,441
Cott Corp	208,000 Shares	208,589	196,040
CVS Health Corp	100,000 Shares	100,104	99,802
Davita Healthcare Partne	89,000 Shares	84,550	80,768
Dbubs Mortgage Trust	172,000 Shares	192,741	176,954
Dbubs Mortgage Trust	148,000 Shares	163,257	154,502
Diamondback Energy Inc	32,000 Shares	33,280	31,200
Diamondback Energy Inc	185,000 Shares	185,516	178,525
Discover Card Execution Note T	460,000 Shares	467,026	458,284
Discover Card Execution Note T	130,000 Shares	127,654	128,566
Discover Card Execution Note T	715,000 Shares	714,656	698,383
Discovery Communications	198,000 Shares	193,339	175,186
Dollar Tree Inc	201,000 Shares	201,165	197,651
Dow Chemical Co/The	99,000 Shares	98,928	100,381
Dowdupont Inc	75,000 Shares	75,075	75,719
Dowdupont Inc	211,000 Shares	211,120	217,241
Duke Realty LP	78,000 Shares	77,327	74,186
Duke University	215,000 Shares	215,000	195,788
DXC Technology Co	162,000 Shares	162,138	161,820
E.I. Du Pont De Demours	25,000 Shares	24,686	24,825
E.I. Du Pont De Demours	145,000 Shares	145,082	145,074
Enable Midstream Partners LP	278,000 Shares	270,430	266,669
Energy Transfer Partners	182,000 Shares	182,000	152,316
Energy Transfer Partners	51,000 Shares	52,528	49,878
Enlink Midstream Partner	217,000 Shares	212,536	169,536
Entegris Inc	71,000 Shares	71,583	65,320
Enterprise Fleet Financing LLC	788,000 Shares	787,762	795,171
Enterprise Fleet Financing LLC	590,000 Shares	589,947	591,581
Enterprise Products Oper	80,000 Shares	82,433	81,497
Enterprise Products Oper	160,000 Shares	186,975	174,880
Enterprise Products Oper	80,000 Shares	82,016	80,176
Erac Usa Finance Company	206,000 Shares	199,105	183,684
Ferguson Finance PLC	200,000 Shares	198,284	199,800
Fidelity & Guaranty Life	90,000 Shares	90,000	85,977
Fifth Third Auto Trust	10,116 Shares	10,115	10,104
Fifth Third Auto Trust	70,000 Shares	69,098	69,238
Five Corners Funding TRS	216,000 Shares	226,890	222,216
Ford Credit Auto Owner Trust	38,660 Shares	38,606	38,555
Ford Credit Auto Owner Trust	80,000 Shares	78,869	79,058
Ford Credit Auto Owner Trust/F	750,000 Shares	764,678	744,735

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Ford Credit Auto Owner Trust/F	610,000 Shares	\$ 609,786	\$ 605,132
Freeport-McMorgan C & G	177,000 Shares	177,212	173,018
General Dynamics Corp	160,000 Shares	159,928	160,110
General Motors Finl Co	242,000 Shares	241,998	241,891
GM Financial Securitized Term	124,972 Shares	124,963	124,483
GM Financial Securitized Term	300,000 Shares	299,932	296,910
GMRF Mortgage Acquisition Co	745,821 Shares	749,011	756,434
GMRF Mortgage Acquisition Co	251,623 Shares	253,951	250,823
Goldman Sachs Group Inc	176,000 Shares	222,649	200,739
Goldman Sachs Group Inc	222,000 Shares	214,330	214,994
Goldman Sachs Group Inc	485,000 Shares	490,966	486,678
Goldman Sachs Group Inc	205,000 Shares	202,105	201,162
GS Mortgage Securities Corp II	354,000 Shares	378,019	360,889
GS Mortgage Securities Corp II	605,216 Shares	689,024	622,931
GS Mortgage Securities Trust	183,000 Shares	188,490	180,628
GS Mortgage Securities Trust	183,000 Shares	198,555	187,526
H&E Equipment Services	103,000 Shares	97,195	94,503
Healthcare Realty Trust	144,000 Shares	142,780	135,217
Healthcare Trust Of Amer	234,000 Shares	233,695	230,401
Hertz Vehicle Financing LLC	640,000 Shares	633,200	634,586
Hollyfrontier Corp	72,000 Shares	74,094	72,786
Homedepot Inc	85,000 Shares	85,000	84,145
Honda Auto Receivables Owner T	5,349 Shares	5,362	5,347
Honda Auto Receivables Owner T	131,710 Shares	130,757	130,523
Host Hotels & Resorts	202,000 Shares	203,357	198,132
HSBC Holdings PLC	250,000 Shares	260,700	248,103
Hudson Pacific Poperties	147,000 Shares	144,755	136,647
Huntington Auto Trust	99,006 Shares	98,993	98,584
Hyatt Hotels Corp	206,000 Shares	205,117	200,479
Hyundai Auto Receivables Trust	7,266 Shares	7,287	7,261
Hyundai Auto Receivables Trust	62,475 Shares	61,610	61,869
Hyundai Capital America	334,000 Shares	334,000	333,025
Indiana Michigan Power	187,000 Shares	188,131	188,380
Invista Finance LLC	159,000 Shares	159,596	157,822
Istar Financial Inc	11,000 Shares	11,000	10,725
Istar Financial Inc	188,000 Shares	189,398	175,761
Jackson Natl Life Global	215,000 Shares	215,000	213,656
John Deere Capital Corp	100,000 Shares	98,622	98,863
John Deere Capital Corp	75,000 Shares	74,114	74,309
John Deere Owner Trust	52,823 Shares	52,820	52,723
John Deere Owner Trust	29,171 Shares	29,091	29,102
Jones Lang LaSalle Inc	186,000 Shares	191,306	187,886
JPMorgan Chase Commercial Mor	719,000 Shares	771,465	731,705
JPMorgan Chase Commercial Mor	151,000 Shares	155,530	151,236
JPMorgan Chase & Co	235,000 Shares	243,547	231,769
JPMorgan Chase & Co	245,000 Shares	246,177	242,560

Parkview Health System, Inc. Employees' Pension Plan

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December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
JPMorgan Chase & Co	269,000 Shares	\$ 269,078	\$ 267,364
JPMorgan Chase & Co	194,000 Shares	194,072	197,327
Kimco Realty Corp	140,000 Shares	139,432	137,802
KKR Group Finance Co III	181,000 Shares	185,296	178,283
KLA-Tencor Corp	110,000 Shares	111,027	109,849
Korea East-West Power Co	218,000 Shares	216,156	215,349
Lehigh University	395,000 Shares	395,000	361,717
Liberty Mutual Group	170,000 Shares	210,268	185,300
Macquarie Bank LTD	101,000 Shares	111,830	106,845
Magellan Health Services	241,000 Shares	240,540	226,499
Manulife Financial Corp	123,000 Shares	122,902	115,990
Marathon Petroleum Corp	169,000 Shares	176,183	170,457
Mass Mutual Life Ins Co	130,000 Shares	203,683	194,862
Meiji Yasuda Life Insurance	250,000 Shares	271,375	250,000
Mercedes-Benz Auto Receivables Tr	119,103 Shares	118,319	118,172
Mercedes-Benz Auto Receivables Tr	160,000 Shares	159,995	159,696
Microchip Technology Inc	145,000 Shares	145,000	143,839
Microsoft Corp	172,000 Shares	173,348	192,576
Mississippi Power Co	144,000 Shares	144,000	143,757
Monsanto Co	105,000 Shares	104,354	103,895
Morgan Stanley	138,000 Shares	143,874	130,609
Morgan Stanley	205,000 Shares	206,573	203,460
Morgan Stanley BAML Trust	520,000 Shares	535,587	523,338
Morgan Stanley Capital I	680,000 Shares	700,360	701,264
Morgan Stanley Capital I	230,000 Shares	236,892	221,094
MPLX LP	144,000 Shares	141,165	140,070
Murphy Oil Corp	85,000 Shares	87,838	84,541
Nabors Industries Inc	136,000 Shares	134,076	102,962
National Rural Util Coop	190,000 Shares	192,850	181,372
National City Corp DTD	168,000 Shares	189,054	170,305
NBCUniversal Enterprise	268,000 Shares	268,044	265,376
NBCUniversal Media LLC	80,000 Shares	82,978	82,130
Neptune Finco Corp	124,000 Shares	135,291	125,550
New York University	720,000 Shares	709,315	705,730
Newfield Exploration Co	87,000 Shares	90,045	88,088
Nextera Energy Capital	160,000 Shares	160,195	159,634
Nissan Auto Receivables Owner	56,235 Shares	56,099	56,056
Nissan Auto Receivables Owner	49,303 Shares	49,301	49,158
Nordea Bank AB	269,000 Shares	269,090	268,739
Nova Chemicals Corp	102,000 Shares	102,484	92,055
Nucor Corp	87,000 Shares	86,382	84,042
NVR Inc	170,000 Shares	175,743	167,147
Olympus Merger Sub Inc	179,000 Shares	176,302	140,515
Pepsico Inc	193,000 Shares	190,987	171,291
Physicians Realty LP	252,000 Shares	251,697	244,707
Premier Health Partners	271,000 Shares	271,000	251,404

Parkview Health System, Inc. Employees' Pension Plan

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

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Prime Secsrvc Brw/Financ	175,000 Shares	\$ 187,688	\$ 180,469
Progress Energy Inc	155,000 Shares	158,288	152,658
Rabobank Nederland	250,000 Shares	262,695	249,185
Realogy Group/Co-Issuer	187,000 Shares	188,169	186,299
Regency Energy Part/ Fina	265,000 Shares	283,786	270,443
Royal Bank Of Canada	215,000 Shares	216,040	213,828
Ryder System Inc	120,000 Shares	120,976	119,537
Sabine Pass Liquefaction	167,000 Shares	183,263	173,423
Sammons Financial Group	246,000 Shares	246,387	240,246
Santander UK PLC	205,000 Shares	202,611	202,761
Securian Financial Group	197,000 Shares	199,108	195,259
Sempra Energy	125,000 Shares	124,945	123,244
Sempra Energy	167,000 Shares	165,193	142,777
Shell International Fin	96,000 Shares	104,858	99,785
Southern Copper Corp	191,000 Shares	208,760	195,137
Southern Power Co	165,000 Shares	163,628	162,510
Spirit Realty LP	268,000 Shares	266,276	257,462
Sprint Spectrum/ Spec I	250,000 Shares	250,000	245,313
Svenska Handelsbanken AB	248,000 Shares	248,000	245,756
Symetra Finl Corp	195,000 Shares	201,014	191,289
Textron Inc	195,000 Shares	200,185	196,018
Time Warner Inc	213,000 Shares	211,294	210,135
Torchmark Corp	194,000 Shares	193,296	197,114
Toronto-Dominion Bank	180,000 Shares	179,091	178,452
Toronto-Dominion Bank	274,000 Shares	271,818	259,459
Toyota Auto Receivables Owner	205,000 Shares	202,550	203,108
Toyota Industries Corp	265,000 Shares	265,000	261,868
Toyota Motor Credit Corp	200,000 Shares	198,501	198,188
Transatlantic Holdings	144,000 Shares	197,431	192,015
Tri Pointe Holdings Inc	94,000 Shares	94,353	93,295
Tyson Foods Inc	80,000 Shares	80,000	79,900
United Rentals North Am	58,000 Shares	59,160	57,130
U.S. Bancorp	183,000 Shares	191,679	180,509
USAA Auto Owner Trust	130,000 Shares	128,867	129,038
Valero Energy Corp	150,000 Shares	159,325	154,383
Valero Energy Partners	197,000 Shares	196,330	192,895
Vereit Operating Partner	126,000 Shares	122,917	116,972
Verizon Communications	279,000 Shares	323,501	277,996
Vodafone Group PLC	195,000 Shares	194,843	190,221
Volkswagen Auto Loan Enhanced	200,000 Shares	199,862	199,730
Volkswagen Auto Loan Enhanced	240,000 Shares	239,965	240,046
Voya Financial Inc	147,000 Shares	147,000	139,466
VR Citigroup Inc	190,000 Shares	196,888	184,783
Vulcan Materials Co	193,000 Shares	193,614	163,722

Parkview Health System, Inc. Employees' Pension Plan

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

December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Waste Management Inc	171,000 Shares	\$ 167,198	\$ 165,068
Wells Fargo & Company	96,000 Shares	97,296	95,400
Wells Fargo Commercial Mortgage	257,000 Shares	264,702	262,466
Wells Fargo Commercial Mortgage	483,000 Shares	497,470	480,585
Westlake Chemical Corp	186,000 Shares	193,138	169,833
Westpac Bank Corp	218,000 Shares	217,939	215,663
Westpac Bank Corp	174,000 Shares	174,358	165,157
WF-RBS Commercial Mortgage Trust	83,669 Shares	91,630	85,888
WF-RBS Commercial Mortgage Trust	225,000 Shares	240,091	229,579
State and Municipal Bonds			
California ST Txbl	720,000 Shares	718,510	710,424
CMWLTH Fing Auth Pa Txbl Ser-A	85,000 Shares	85,000	85,506
Energy N W WA Elec Revenue Txbl	50,000 Shares	49,667	49,277
Houston TX Utility Sys Revenue Txbl	500,000 Shares	528,315	515,575
Illinois ST Sales Tax Revenue Txbl	230,000 Shares	227,813	203,532
New Jersey St Econ Dev Auth Re	105,000 Shares	110,426	107,325
New York NY Txbl Ser D	720,000 Shares	718,078	711,187
New York St Dorm Auth St Perso Txbl	720,000 Shares	731,369	725,537
Seattle WA Txbl Ser B	605,000 Shares	605,000	599,688
Univ of California CA Revenues Txbl	520,000 Shares	529,901	539,193
Wisconsin St Gen Fund Annual A Txbl	650,000 Shares	654,368	636,593
Commingled Funds			
Wellington CTF DIH	941,347 Shares	13,135,296	10,354,813
Real Estate Investment Fund			
UBS (US) Trumbull Property Income	1,505 Shares	15,447,674	19,096,553
Real Estate Investment Trust Fund			
RREEF America REIT II, INC LLC	181,063 Shares	16,526,117	22,410,588
		352,882,115	375,004,235
Investment Contract With Insurance Company			
Lincoln National Life		1,809,109	1,809,109
		<u>\$ 354,691,224</u>	<u>\$ 376,813,344</u>

* Party-in-interest