

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1951</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1951</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1951</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PREMIER HEALTH</u> <u>110 N. MAIN STREET</u> <u>SUITE 200</u> <u>DAYTON, OH 45402</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1446699</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-499-5437</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1446699</u>	2c Plan Sponsor's telephone number <u>937-499-5437</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-1446699</u>					
2c Plan Sponsor's telephone number <u>937-499-5437</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/23/2020	BILLIE LUCENTE-BAKER
	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 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor BILLIE LUCENTE-BAKER VICE PRESIDENT, HUMAN RESOURCES, SYSTEM SUPPORT 110 N. MAIN STREET SUITE 200 DAYTON, OH 45402	3b Administrator's EIN 31-1446699 3c Administrator's telephone number 937-499-5437
4 If the name and/or EIN of the plan sponsor 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 18936
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) 12063 6a(2) 11083 6b 2574 6c 4722 6d 18379 6e 133 6f 18512 6g 6h 503
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

13-3806691

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

13-3459790

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

23-2376849

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

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

NUVEEN SECURITIES LLC

333 WEST WACKER DRIVE
CHICAGO, IL 60606

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

MAINSTAY

169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

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

THE LORD ABBETT FAMILY OF FUNDS

90 HUDSON STREET
JERSEY CITY, NJ 07302-3973

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

HARBOR FUNDS

PO BOX 804660
CHICAGO, IL 60680-4108

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

DREMAN CONTRARIAN FUNDS

PO BOX 6110
INDIANAPOLIS, IN 46206

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

DODGE & COX

94-1441976

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

EATON VANCE

74-6066759

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

DELAWARE INVESTMENTS

PO BOX 9876
PROVIDENCE, RI 02940-8076

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

DIMENSIONAL FUND ADVISORS LP

6300 BEE CAVE ROAD
BUILDING ONE
AUSTIN, TX 78746

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

GRAPHIC PARTNERS INC

36-4074726

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

BLUECREST CAPITAL MANEGEMENT LIMITE

98-0607511

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

FIR TREE, L.L.C.

20-2556936

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

STANDARD PACIFIC

101 CALIFORNIA ST #36
SAN FRANCISCO, CA 94111

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

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

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	939958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON INC

04-2243432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	502411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANDISH MELLON

1 BOSTON PLAZA 5400
BOSTON, MA 02108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	395241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JEFFERY SLOCUM AND ASSOCIATES

41-1567437

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	234289	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST

31-1040228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 51 52 64	TRUSTEE	198966	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PLANTE & MORAN PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	66900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERCER

113 W HUBBARD ST
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	59102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALYDAR CAPITAL LLC

222 BERKLEY STREET
17TH FLOOR
BOSTON, MA 02116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	15239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERITAS DOCUMENT SOLUTIONS LLC

20-0107082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 50	NONE	14490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FROST BROWN TODD LLC

61-0722001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP FUND

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

c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51503111</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	48300000	6023000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	4962161	2093244
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	5895427	8740173
(2) U.S. Government securities	1c(2)	3565826	3642577
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	104906813	140161389
(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)	31168941	51503111
(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)	124132768	134588148
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	132535609	121362929

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	455467545 468114571
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	627677 802066
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	627677 802066
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	454839868 467312505

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	6023000
	(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)	6023000
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)	112739
	(C) Corporate debt instruments	2b(1)(C)	5862071
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	37593
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	6012403
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	586970
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3794361
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4381331
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	20286447
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	20286447

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2833203
(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)		-5203622
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		34332762

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17844812	
(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)		17844812
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)	902544	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	716507	
(4) Other	2i(4)	2396262	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4015313
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21860125

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12472637
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) ☒ Unmodified (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: **PLANTE & MORAN, PLLC**

(2) EIN: **38-1357951**

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?	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Premier Health Partners Employees Retirement Plan

**Financial Report
December 31, 2014**

Premier Health Partners Employees Retirement Plan

Contents

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Statement of Changes in Net Assets Available for Benefits	4
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Schedule of Assets Held at End of Year	Schedule I
Schedule of Reportable Transactions	Schedule 2

Independent Auditor's Report

To the Plan Administrator
Premier Health Partners
Employees Retirement Plan

We have audited the accompanying financial statements of the Premier Health Partners Employees Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013 and the related statement 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

To the Plan Administrator
Premier Health Partners
Employees Retirement Plan

Opinion

In our opinion, the financial statements referred to above, present fairly, in all material respects, the net assets of the Plan as of December 31, 2014 and 2013 and the changes in net assets for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As explained in Note 7, the financial statements include investments valued at approximately \$121,000,000 (26 percent of net assets) at December 31, 2014 and \$125,000,000 (27 percent of net assets) at December 31, 2013, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by fund managers. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2014 and reportable transactions for the year ended December 31, 2014 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Columbus, Ohio
November 10, 2015

Premier Health Partners Employees Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2014	December 31, 2013
Assets		
Investments at fair value:		
Money market fund	\$ 8,740,173	\$ 5,895,427
Mutual funds	134,588,148	124,132,768
Common collective trust funds	51,503,111	38,959,712
U.S. government securities	3,642,577	3,565,826
Corporate bond obligations	140,161,389	104,906,813
Limited partnerships	121,362,929	124,744,838
Total investments at fair value	459,998,327	402,205,384
Contributions receivable	6,023,000	48,300,000
Due from broker for securities sold	322,780	1,026,877
Accrued interest and dividends	1,770,464	1,435,284
Cash	-	2,500,000
Total assets	468,114,571	455,467,545
Liabilities - Accrued liabilities	802,066	627,677
Net Assets Available for Benefits	\$ 467,312,505	\$ 454,839,868

Premier Health Partners Employees Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2014	December 31, 2013
Additions to Net Assets		
Contributions - Employer	\$ 6,023,000	\$ 48,300,000
Investment income:		
Interest and dividends	10,393,734	9,043,054
Net realized and unrealized (losses) gains on investments:		
Mutual funds	(5,203,622)	24,744,264
Common collective trust funds	2,833,203	5,456,020
U.S. government securities	258,039	(354,492)
Corporate bond obligations	11,546,700	(9,420,594)
Limited partnerships	8,481,709	14,616,893
Net realized and unrealized gains	17,916,029	35,042,091
Total additions	34,332,763	92,385,145
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	17,844,812	16,197,458
Administrative expenses	4,015,314	3,170,021
Total deductions	21,860,126	19,367,479
Net Increase	12,472,637	73,017,666
Net Assets Available for Benefits		
Beginning of year	454,839,868	381,822,202
End of year	<u><u>\$ 467,312,505</u></u>	<u><u>\$ 454,839,868</u></u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description

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

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

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

Funding - Contributions are made by the Corporation in actuarially determined amounts. The Corporation's policy is to make contributions necessary to satisfy Employee Retirement Income Security Act of 1974 (ERISA) funding standards. All minimum funding requirements were met during 2014 and 2013.

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

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

Note 2 - Summary of Significant Accounting Policies

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

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Corporation.

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

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

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

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2014 are summarized as follows:

Actuarial cost method	- Standard unit credit
Assumed rate of return	- 5.18 percent
Mortality basis	- RP-2014 fully generational with blue collar adjustment, projected with scale SS2014INT (healthy); RP-2014 disabled table, projected with scale SS2014INT (disabled)

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

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

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including November 10, 2015, which is the date the financial statements were available to be issued.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 3 - Investments

Significant investments included in end of year net assets are as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds:		
Wellington Global Select	\$ 44,052,872	\$ 43,054,458
Vanguard Small Cap Index Fund	31,508,553	29,301,793
Dodge & Cox Global Stock Fund	30,092,805	-
Common collective trust fund - S&P 500 Flagship Fund	35,445,859	31,168,941
Limited partnership - Walter Scott Global Fund	44,439,966	43,294,286

Note 4 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of January 1, 2014, the most recent actuarial valuations, are as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:	
Participants currently receiving benefit payments	\$ 135,914,622
Other vested participants	<u>369,142,722</u>
Total vested benefits	505,057,344
Nonvested benefits	<u>6,604,218</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 511,661,562</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 4 - Benefits (Continued)

	<u>2014</u>
Actuarial Present Value of Accumulated Plan Benefits -	
Beginning of year	\$ 509,034,007
Increase (decrease) during the year	
attributable to:	
Interest accumulation	22,044,988
Benefits paid	(16,197,458)
Change of assumptions	(39,735,232)
Benefits accumulated	<u>36,515,257</u>
Net decrease	<u>2,627,555</u>
Actuarial Present Value of Accumulated Plan Benefits -	
End of year	<u>\$ 511,661,562</u>

Significant assumption changes in 2014 were as follows: a change in the discount rate from 4.40 percent to 5.18 percent, a change in mortality assumptions from the 2013 Static Mortality Table for Annuitants and Non-Annuitants to the RP-2014 fully generational with blue collar adjustment, projected with scale SS2014INT for healthy lives, RP-2014 disabled table, projected with scale SS2014INT for disabled lives, and a change in the mortality assumption for lump-sum payments from the 2013 plan year mortality table to the 2014 plan year mortality table.

Note 5 - Plan Termination

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

Note 6 - Tax Status

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 6 - Tax Status (Continued)

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2011.

Note 7 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2014 and 2013 and the valuation techniques used by the Plan to determine those fair values.

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

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

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

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

Reclassification and Restatement - During 2014 the plan administrator determined that certain investments valued at approximately \$7,790,000 and classified as limited partnerships in 2013, should have been classified as common collective trusts. As a result of the reclassification during 2014, it was determined that investments previously classified as Level 3 investments should have been classified as Level 2 based on the fair value hierarchy. Accordingly, the 2013 fair value disclosure has been updated.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 7 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 7 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Level 1	Level 2	Level 3	Balance at December 31, 2013
Money market fund - Short-term investment	\$ 5,895,427	\$ -	\$ -	\$ 5,895,427
Mutual funds:				
Equity investments	116,751,885	-	-	116,751,885
Fixed-income funds	7,380,883	-	-	7,380,883
Common collective trust funds -				
Equity investments (p)	-	38,959,712	-	38,959,712
U.S. government securities	-	3,565,826	-	3,565,826
Corporate bond obligations:				
Domestic	-	91,961,863	-	91,961,863
Foreign	-	12,944,950	-	12,944,950
Limited partnerships:				
Quellos Inst. Partners, LTD. (a)	-	-	9,187,519	9,187,519
Walter Scott Global Fund (b)	-	-	43,294,286	43,294,286
Pine River Fund LTD (c)	-	-	5,956,214	5,956,214
Tremblant Partners, LTD. (d)	-	-	7,226,622	7,226,622
Calypso Overseas, LTD. (e)	-	-	97,149	97,149
ESG Cross Border Equity				
Offshore Fund (f)	-	-	5,752,061	5,752,061
Pentwater Event Fund LTD (g)	-	-	6,124,047	6,124,047
Alydar Fund Limited (h)	-	-	6,334,928	6,334,928
Pershing Square International, LTD. (i)	-	-	7,528,375	7,528,375
Criterion Horizons Offshore, LTD. (j)	-	-	7,508,865	7,508,865
Blackstone Resources Select Offshore Fund (k)	-	-	10,586,806	10,586,806
Senator Global Opp Off Ser I (n)	-	-	6,599,569	6,599,569
Fir Tree Intl Value Fund (o)	-	-	8,548,397	8,548,397
Total	<u>\$ 130,028,195</u>	<u>\$ 147,432,351</u>	<u>\$ 124,744,838</u>	<u>\$ 402,205,384</u>

- (a) The fund's investment objective is to provide its investors with capital appreciation via equity securities while endeavoring to minimize corresponding risk. The fund seeks to achieve its objectives through direct and/or indirect investments that pursue a variety of investment strategies, including a long-short strategy.
- (b) The fund's investment objective is to achieve long-term capital appreciation through investments in the equity securities of companies located outside of the United States of America.
- (c) The fund's investment objective is to generate superior risk-adjusted returns by investing and trading in global markets, primarily employing relative value strategies.
- (d) The fund's investment objective is to generate superior returns through investments in domestic and international equity and equity-related securities.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 7 - Fair Value Measurements (Continued)

- (e) The fund's investment objective is to achieve capital appreciation through investment in selected global financial securities and other investments.
- (f) The fund's investment objective is to provide superior nonmarket correlated returns primarily by investing in emerging market equities and, from time to time, bond transactions.
- (g) The fund's investment objective is to generate consistently superior risk-adjusted rates or return by implementing event-driven strategies.
- (h) The fund's investment objective is to achieve capital appreciation primarily through investments in domestic equity securities and other equity-related instruments.
- (i) The fund's investment objective is to preserve capital and seek maximum, long-term capital appreciation commensurate with reasonable risk through investments in long and short positions in equity or debt securities of public U.S. and non-U.S. issuers, derivative instruments, and any other financial instruments which will achieve this objective.
- (j) The fund's investment objective is to generate superior returns through investments in domestic and international equity and equity-related securities.
- (k) The fund's investment objective is to outperform traditional benchmark indices through investments in long-based commodity funds.
- (l) The fund's investment objective is to provide consistent long-term appreciation of assets through active, leveraged trading and investment, on a global basis, principally in a portfolio of debt, equity and foreign exchange instruments, and derivative contracts relating to those instruments.
- (m) The fund's investment objective is to seek high risk-adjusted total returns by making directional and relative value investments, long and short, primarily through investment positions in equities, equity futures, indices, exchange traded funds, debt (primarily sovereign debt), options, swaps, derivatives, local interest rates, currencies, and commodities across emerging and developed markets.
- (n) The fund's investment objective is to deliver absolute returns to investors by employing a global and opportunistic long/short strategy for investing primarily in distressed debt, value equities, and event equities. In pursuing this objective, the investment manager emphasizes capital preservation and seeks to mitigate risk through various hedging strategies at the position and portfolio levels.
- (o) The fund's investment objective is to invest in securities through its direct and indirect investments in Fir Tree Value Master Fund, LP, Fir Tree Value (LN) Master Fund, LP, and Fir Tree Value (RE) Master Fund, LP. The funds, in turn, primarily invest in equity and fixed-income markets, loan originations and unleveraged real estate, and leveraged real estate, respectively.
- (p) This class represents investments in actively managed common collective trust funds that invest primarily in equity securities, which may include common stocks, options, and futures.

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 7 - Fair Value Measurements (Continued)

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2014 and 2013 are as follows:

	Limited Partnerships
Balance at January 1, 2014	\$ 124,744,838
Purchases	44,410,021
Sales	(56,273,639)
Net realized and unrealized gains	8,481,709
Balance at December 31, 2014	<u>\$ 121,362,929</u>
	Limited Partnerships
Balance at January 1, 2013	\$ 108,625,659
Purchases	55,348,069
Sales	(46,055,012)
Net realized and unrealized gains	14,616,893
Reclassification	(7,790,771)
Balance at December 31, 2013	<u>\$ 124,744,838</u>

Of the Level 3 assets still held by the Plan at December 31, 2014, the unrealized gains for the years ended December 31, 2014 and 2013 were \$5,960,470 and \$4,163,428, respectively, which are recognized in the statement of changes in net assets.

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

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

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 7 - Fair Value Measurements (Continued)

Investments in Entities that Calculate Net Asset Value per Share

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

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

	December 31, 2014	December 31, 2013	December 31, 2014	
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible
Quellos Inst Partners, LTD.	\$ -	\$ 9,187,519	\$ -	Quarterly
Walter Scott Global Fund	44,439,966	43,294,286	-	Daily
Pine River Fund LTD	6,244,022	5,956,214	-	Quarterly
Tremblant Partners, LTD.	7,237,788	7,226,622	-	Quarterly
Calypso Overseas, LTD.	14,588	97,149	-	Quarterly
ESG Cross Border Equity Offshore Fund	7,668,199	5,752,061	-	Quarterly
Pentwater Event Fund LTD	6,682,283	6,124,047	-	Monthly
Alydar Fund Limited	-	6,334,928	-	Quarterly
Pershing Square International, LTD.	10,310,604	7,528,375	-	Bi-annually
Criterion Horizons Offshore, LTD.	7,798,391	7,508,865	-	Monthly
Bluecrest Capital Intl LTD	2,972,120	-	-	Quarterly
Discovery Global Macro Fund Class A Ser I	3,127,680	-	-	Quarterly
Senator Global Opp Off Ser I	7,100,302	6,599,569	-	Quarterly
Fir Tree Intl Value Fund	8,378,664	8,548,397	-	Bi-annually
Blackstone Resources Select Offshore Fund	9,388,322	10,586,806	-	Monthly
Common collective trust fund - Eaton Vance EME CL I	16,057,252	7,790,771	-	Daily
Common collective trust fund - S&P 500 Flagship Fund	35,445,859	31,168,941	-	Daily
Total	\$ 172,866,040	\$ 163,704,550	\$ -	

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issuer, Lessor, Borrower, or Similar Party	(c) Security Name Money market funds	Maturity Date	(d) Cost	(e) Fair Value
	Money market fund			
State Street	STATE STREET BANK + TRUST COST INVESTMENT FUND		\$ 8,740,173	\$ 8,740,173
	Mutual funds			
PIMCO	PIMCO ALL ASSET FUND		8,150,349	7,439,966
Wellington	WELLINGTON GLOBAL SELECT		35,453,178	44,052,872
Vanguard	VANGUARD SMALL CAP INDEX FUND		19,381,978	31,508,553
DFA	DFA INTERNATIONAL SMALL COMPANY		12,950,507	13,612,624
WisdomTree	WISDOMTREE JAPAN HEDGED EQUITY		7,999,973	7,881,328
Dodge + Cox	DODGE + COX GLOBAL STOCK FUND		31,100,490	30,092,805
			<u>115,036,475</u>	<u>134,588,148</u>
	Common collective trust funds			
State Street	S&P 500 FLAGSHIP FUND		24,441,277	35,445,859
Eaton Vance	EATON VANCE EME CL		17,500,968	16,057,252
			<u>41,942,245</u>	<u>51,503,111</u>
	Limited partnerships			
Walter Scott	WALTER SCOTT GLOBAL FUND		39,130,858	44,439,966
Criterion Horizons	CRITERION HORIZONS OFFSHORE, LTD.		7,798,391	7,798,391
Tremblant	TREMBLANT PARTNERS LTD		6,837,501	7,237,788
Pine River	PINE RIVER FUND LTD		6,244,022	6,244,022
Fir Tree	FIR TREE INTL VALUE FUND		8,378,665	8,378,665
Emerging Sovereign Group	ESG CROSS BORDER EQUITY OFFSHORE FUND		7,668,199	7,668,199
Calypso Capital Management, LP	CALYPSO OVERSEAS LTD		14,588	14,587
Pershing Square	PERSHING SQUARE INTERNATIONAL, LTD.		9,982,254	10,310,604
Blackstone	BLACKSTONE RESOURCES SELECT OFFSHORE FUND		10,056,819	9,388,322
Bluecrest Capital	BLUECREST CAPITAL INTL LTD		2,972,120	2,972,120
Discovery Global	DISCOVERY GLOBAL MACRO FUND CLASS A SER I		3,127,680	3,127,680
Pentwater	PENTWATER EVENT FUND LTD		6,682,283	6,682,283
Senator Global	SENATOR GLOBAL OPP OFF SER 1		6,914,862	7,100,302
			<u>115,808,242</u>	<u>121,362,929</u>

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate bonds				
	PETRO CANADA	5/15/2038	6.80	\$ 690,022	\$ 669,517
	COX COMMUNICATIONS INC	3/1/2039	8.38	277,312	285,132
	FLORIDA POWER + LIGHT CO	4/1/2039	5.96	69,949	93,731
	PACIFIC LIFE INSURANCE C	6/15/2039	9.25	777,461	841,555
	HEINZ (H.J.) FINANCE CO	8/1/2039	7.13	178,815	178,200
	SHELL INTERNATIONAL FIN	3/25/2040	5.50	218,125	213,099
	WILLIAMS PARTNERS LP	4/15/2040	6.30	548,454	520,182
	METLIFE INC	2/6/2041	5.88	121,922	124,630
	SOUTHERN CAL EDISON	9/1/2040	4.50	204,444	218,804
	FLORIDA POWER + LIGHT CO	6/1/2041	5.13	199,820	244,086
	LORILLARD TOBACCO CO	8/4/2041	7.00	135,287	164,146
	JPMORGAN CHASE + CO	8/15/2021	4.35	430,240	440,105
	UNION PACIFIC CORP	9/15/2041	4.75	174,176	179,763
	PETROLEOS MEXICANOS	6/2/2041	6.50	140,938	143,438
	SOUTH CAROLINA ELEC+GAS	2/1/2042	4.35	200,568	211,316
	NOBLE HOLDING INTL LTD	3/15/2042	5.25	99,647	78,884
	DUKE ENERGY PROGRESS INC	5/15/2042	4.10	99,504	106,031
	SHELL INTERNATIONAL FIN	1/6/2023	2.25	455,354	439,778
	UNITEDHEALTH GROUP INC	3/15/2043	4.25	202,220	214,916
	PHILIP MORRIS INTL INC	3/4/2043	4.13	330,470	333,288
	GLAXOSMITHKLINE CAP INC	3/18/2043	4.20	448,958	467,508
	HEALTHCARE REALTY TRUST	4/15/2023	3.75	337,209	333,720
	PRUDENTIAL FINANCIAL INC	3/15/2044	5.20	170,000	168,300
	DTE ELECTRIC CO	4/1/2043	4.00	462,903	479,727
	CNOOC FINANCE 2013 LTD	5/9/2023	3.00	419,318	421,152
	BERKSHIRE HATHAWAY FIN	5/15/2043	4.30	223,162	238,529
	MERCK + CO INC	5/18/2043	4.15	578,225	617,068
	CF INDUSTRIES INC	6/1/2043	4.95	239,587	239,242
	GENERAL ELEC CAP CORP	7/12/2016	0.88	376,213	377,554
	KROGER CO/THE	8/1/2043	5.15	114,615	130,933
	HALLIBURTON CO	8/1/2043	4.75	449,073	465,948
	HOME DEPOT INC	2/15/2044	4.88	275,817	325,441
	JOHNSON + JOHNSON	12/5/2033	4.38	397,732	448,040
	US BANCORP	1/30/2024	3.70	299,676	315,366
	ENTERPRISE PRODUCTS OPER	2/15/2045	5.10	169,737	182,782
	LYB INTL FINANCE BV	3/15/2044	4.88	74,123	77,157
	SUNOCO LOGISTICS PARTNER	4/1/2044	5.30	234,615	236,868
	APPLE INC	5/6/2024	3.45	668,404	696,428
	CATERPILLAR INC	5/15/2024	3.40	364,938	375,125
	GRUPO TELEvisa SAB	5/13/2045	5.00	390,963	411,982
	WELLS FARGO + COMPANY	6/3/2026	4.10	944,027	965,847
	HOME DEPOT INC	3/15/2045	4.40	113,214	125,686
	INGERSOLL RAND GL HLD CO	6/15/2043	5.75	288,811	341,800
	WILLIAMS COMPANIES INC	6/24/2044	5.75	199,546	173,972
	MONSANTO CO	7/15/2064	4.70	549,911	581,929
	MONSANTO CO	7/15/2034	4.20	104,323	109,410
	COMCAST CORP	8/15/2034	4.20	59,774	62,739
	ANTHEM INC	8/15/2044	4.65	244,488	259,462
	SIMON PROPERTY GROUP LP	10/1/2044	4.25	243,552	253,524
	CREDIT SUISSE NEW YORK	9/9/2024	3.63	248,590	254,310
	DOW CHEMICAL CO/THE	10/1/2034	4.25	292,908	294,645
	WEA FINANCE LLC/WESTFIEL	9/17/2024	3.75	199,256	202,962
	WEA FINANCE LLC/WESTFIEL	9/17/2044	4.75	388,764	415,927

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate bonds (continued)					
	CALIFORNIA RESOURCES CRP	11/15/2024	6.00	\$ 140,000	\$ 118,300
	CALIFORNIA RESOURCES CRP	9/15/2021	5.50	320,000	273,600
	NIAGARA MOHAWK POWER	10/1/2034	4.28	484,995	513,106
	SYSCO CORPORATION	10/2/2034	4.35	703,879	758,996
	ARC PROPERTIES OPERATING	2/6/2024	4.60	349,444	322,889
	VENTAS REALTY LP	9/30/2043	5.70	318,810	383,885
	TIME WARNER INC	12/15/2023	4.05	299,097	314,712
	TRANS CANADA PIPELINES	3/1/2034	4.63	621,986	623,930
	VERIZON COMMUNICATIONS	8/21/2046	4.86	383,240	383,157
	MORGAN STANLEY	9/8/2026	4.35	885,226	895,322
	CLEVELAND CLINIC FOUND	1/1/2114	4.86	348,317	359,713
	BRANCH BANKING + TRUST	10/30/2026	3.80	413,987	423,109
	LLOYDS BANKING GROUP PLC	11/4/2024	4.50	422,599	428,885
	PACIFIC GAS + ELECTRIC	3/15/2045	4.30	281,725	292,541
	GEORGIA POWER COMPANY	3/15/2043	4.30	347,722	367,910
	AGRIUM INC	6/1/2043	4.90	233,209	243,425
	BAXTER INTERNATIONAL INC	6/15/2043	4.50	364,759	391,966
	PACIFIC GAS + ELECTRIC	6/15/2043	4.60	484,607	517,388
	EPR PROPERTIES	7/15/2023	5.25	175,459	177,257
	CENOVUS ENERGY INC	9/15/2043	5.20	308,766	298,552
	BANK OF AMERICA CORP	6/1/2028	6.75	165,267	187,242
	21ST CENTURY FOX AMERICA	12/1/2045	7.75	445,971	481,376
	BANK ONE CORP	4/29/2027	8.00	184,854	202,379
	ACE CAPITAL TRUST II	4/1/2030	9.70	269,844	290,648
	DOW CHEMICAL CO/THE	11/1/2029	7.38	750,416	752,139
	DEUTSCHE TELEKOM INT FIN	6/15/2030	8.75	438,202	450,534
	SPRINT CAPITAL CORP	11/15/2028	6.88	283,186	246,400
	FORD MOTOR COMPANY	7/16/2031	7.45	1,179,553	1,262,568
	DAIMLER FINANCE NA LLC	1/18/2031	8.50	1,037,047	1,085,938
	TIME WARNER INC	4/15/2031	7.63	93,160	97,589
	KINDER MORGAN INC/DELAWA	1/15/2032	7.75	616,175	602,700
	DEVON FINANCING CORP LLC	9/30/2031	7.88	292,695	293,292
	GENERAL ELEC CAP CORP	3/15/2032	6.75	1,675,910	1,869,890
	AIG SUNAMER GLOB FIN X	3/15/2032	6.90	476,175	550,772
	BURLINGTON RESOURCES FIN	12/1/2031	7.40	219,310	225,538
	PACIFIC GAS + ELECTRIC	3/1/2034	6.05	750,906	789,322
	METLIFE INC	6/15/2035	5.70	158,096	186,929
	VERIZON COMMUNICATIONS	9/15/2035	5.85	257,013	276,163
	HSBC HOLDINGS PLC	5/2/2036	6.50	656,763	680,695
	TELEFONICA EMISIONES SAU	6/20/2036	7.05	652,086	749,824
	CATERPILLAR INC	8/15/2036	6.05	205,758	227,302
	HEWLETT PACKARD CO	9/15/2041	6.00	697,348	714,216
	METLIFE INC	12/15/2066	6.40	49,438	55,750
	PROCTER + GAMBLE CO/THE	3/5/2037	5.55	136,005	161,646
	PLAINS ALL AMER PIPELINE	1/15/2037	6.65	89,345	93,199
	HSBC HOLDINGS PLC	9/15/2037	6.50	190,225	224,856
	GOLDMAN SACHS GROUP INC	10/1/2037	6.75	1,042,221	1,175,650
	BERKSHIRE HATHAWAY ENERG	9/15/2037	6.50	1,151,106	1,158,279
	POTOMAC ELECTRIC POWER	11/15/2037	6.50	349,747	361,847
	AT+T INC	1/15/2038	6.30	909,690	907,448
	GENERAL ELEC CAP CORP	1/14/2038	5.88	205,474	253,072
	VERIZON COMMUNICATIONS	4/15/2038	6.90	355,710	419,197
	SHELL INTERNATIONAL FIN	12/15/2038	6.38	216,501	215,011

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(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate bonds (continued)				
	TRANS CANADA PIPELINES	1/15/2039	7.63	\$ 333,050	\$ 316,075
	GENERAL ELEC CAP CORP	1/10/2039	6.88	1,397,965	1,478,163
	CONOCOPHILLIPS	2/1/2039	6.50	756,785	744,044
	ALTRIA GROUP INC	2/6/2039	10.20	111,667	127,103
	BOEING CO	3/15/2039	6.88	527,918	539,423
	AMERICAN INTL GROUP	5/15/2068	8.18	886,104	1,016,250
	TIME WARNER CABLE INC	6/15/2039	6.75	137,730	143,801
	VALE OVERSEAS LIMITED	11/10/2039	6.88	1,141,708	1,043,759
	DUKE ENERGY CAROLINAS	2/15/2040	5.30	518,139	526,320
	MONDELEZ INTERNATIONAL	2/9/2040	6.50	496,910	510,436
	ANHEUSER BUSCH INBEV WOR	1/15/2040	6.38	1,063,435	1,001,331
	LINCOLN NATIONAL CORP	6/15/2040	7.00	59,752	69,342
	CENOVUS ENERGY INC	11/15/2039	6.75	443,876	375,939
	HESS CORP	2/15/2041	5.60	551,776	541,527
	RIO TINTO FIN USA LTD	11/2/2040	5.20	851,244	851,570
	TIME WARNER CABLE INC	11/15/2040	5.88	296,631	321,937
	NISOURCE FINANCE CORP	12/15/2040	6.25	564,028	618,782
	GOLDMAN SACHS GROUP INC	2/1/2041	6.25	191,963	195,942
	MCKESSON CORP	3/1/2041	6.00	129,701	123,708
	DIRECTV HOLDINGS/FING	3/1/2041	6.38	246,778	245,524
	ANHEUSER BUSCH INBEV WOR	1/15/2039	8.20	519,248	509,461
	AGL CAPITAL CORP	3/15/2041	5.88	199,690	206,938
	ARCHER DANIELS MIDLAND C	3/1/2041	5.77	262,940	281,948
	ENERGY TRANSFER PARTNERS	6/1/2041	6.05	202,664	218,298
	AT+T INC	9/1/2040	5.35	316,985	357,331
	ALABAMA POWER CO	6/1/2041	5.20	199,686	211,125
	ATMOS ENERGY CORP	6/15/2041	5.50	406,022	437,033
	TECK RESOURCES LIMITED	7/15/2041	6.25	303,540	230,465
	NBCUNIVERSAL MEDIA LLC	4/1/2041	5.95	416,955	450,072
	INTEL CORP	10/1/2041	4.80	198,516	219,648
	VERIZON COMMUNICATIONS	11/1/2041	4.75	1,273,804	1,199,449
	CIGNA CORP	2/15/2042	5.38	343,415	366,597
	UNITEDHEALTH GROUP INC	11/15/2041	4.63	367,434	376,737
	AMGEN INC	11/15/2041	5.15	742,585	777,734
	PRUDENTIAL FINANCIAL INC	11/16/2041	5.80	644,045	696,377
	WALT DISNEY COMPANY/THE	12/1/2041	4.13	98,829	105,520
	TRANSOCEAN INC	12/15/2041	7.35	290,333	243,275
	ECOLAB INC	12/8/2041	5.50	377,478	415,287
	GILEAD SCIENCES INC	12/1/2041	5.65	170,150	185,727
	PERNOD RICARD SA	1/15/2042	5.50	262,328	290,788
	MACYS RETAIL HLDGS INC	1/15/2042	5.13	257,578	270,975
	BANK OF AMERICA CORP	2/7/2042	5.88	835,134	875,952
	CORNING INC	3/15/2042	4.75	99,853	106,742
	GEORGIA POWER COMPANY	3/15/2042	4.30	468,506	483,074
	SIMON PROPERTY GROUP LP	3/15/2042	4.75	216,663	242,660
	PLAINS ALL AMER PIPELINE	6/1/2042	5.15	431,786	436,998
	LOWE S COMPANIES INC	4/15/2042	4.65	99,584	111,223
	ANTHEM INC	5/15/2042	4.63	99,292	104,936
	AMGEN INC	5/15/2043	5.38	279,415	319,479
	NISOURCE FINANCE CORP	2/15/2043	5.25	79,891	91,706
	PRUDENTIAL FINANCIAL INC	9/15/2042	5.88	55,000	58,025
	ALTRIA GROUP INC	8/9/2042	4.25	390,778	378,532
	ANTHEM INC	1/15/2043	4.65	253,524	265,394

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(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate bonds (continued)					
	METLIFE INC	12/15/2022	3.05	\$ 201,102	\$ 199,636
	OWENS CORNING	12/15/2022	4.20	189,829	192,827
	REYNOLDS AMERICAN INC	11/1/2042	4.75	252,702	247,490
	NIAGARA MOHAWK POWER	11/28/2042	4.12	235,000	247,535
	HEALTH CARE REIT INC	3/15/2023	3.75	49,816	50,432
	HEALTH CARE REIT INC	3/15/2043	5.13	94,122	104,572
	INTEL CORP	12/15/2042	4.25	374,051	386,479
	KRAFT FOODS GROUP INC	2/9/2040	6.50	1,589,987	1,619,566
	BERKSHIRE HATHAWAY INC	2/11/2043	4.50	108,555	120,297
	ARCHER DANIELS MIDLAND C	4/16/2043	4.02	203,360	200,680
	EXELON GENERATION CO LLC	6/15/2042	5.60	145,306	151,029
	MORGAN STANLEY	2/25/2023	3.75	179,347	184,648
	ENTERPRISE PRODUCTS OPER	3/15/2044	4.85	413,419	432,729
	DISCOVERY COMMUNICATIONS	4/1/2043	4.88	304,603	314,461
	IBM CORP	11/29/2032	5.88	193,758	224,341
	GOLDMAN SACHS GROUP INC	2/15/2033	6.13	195,714	232,885
	COCA COLA BOTTL CO CONSL	4/1/2015	5.30	53,816	50,484
	HUTCHISON WHAM INT 03/33	11/24/2033	7.45	132,026	147,307
	KERR MCGEE CORP	7/1/2024	6.95	216,715	226,111
	BSKYB FINANCE UK PLC	10/15/2035	6.50	172,749	184,739
	21ST CENTURY FOX AMERICA	12/15/2035	6.40	343,290	391,548
	TRANS CANADA PIPELINES	3/15/2036	5.85	206,547	222,719
	ANADARKO PETROLEUM CORP	9/15/2036	6.45	280,512	282,397
	OWENS CORNING	12/1/2036	7.00	228,151	260,159
	NEVADA POWER CO	7/1/2037	6.75	275,813	290,184
	BERKSHIRE HATHAWAY ENERG	5/15/2037	5.95	229,841	238,938
	VERIZON COMMUNICATIONS	2/15/2038	6.40	193,471	215,926
	GLAXOSMITHKLINE CAP INC	5/15/2038	6.38	480,616	466,022
	PHILIP MORRIS INTL INC	5/16/2038	6.38	695,810	690,422
	JPMORGAN CHASE + CO	5/15/2038	6.40	803,961	855,784
	HSBC HOLDINGS PLC	6/1/2038	6.80	670,248	795,702
	PACIFICORP	1/15/2039	6.00	205,830	230,153
	ABBOTT LABORATORIES	4/1/2039	6.00	202,622	202,436
	ORACLE CORP	7/8/2039	6.13	577,100	584,190
	METLIFE INC	8/1/2069	10.75	99,057	113,750
	CITIGROUP INC	7/15/2039	8.13	1,282,324	1,385,492
	NEXEN ENERGY ULC	7/30/2039	7.50	445,447	444,112
	EXELON GENERATION CO LLC	10/1/2039	6.25	1,083,744	1,098,979
	CISCO SYSTEMS INC	1/15/2040	5.50	520,465	505,711
	WASTE MANAGEMENT INC	11/30/2039	6.13	466,039	504,832
	PROGRESS ENERGY INC	12/1/2039	6.00	721,036	736,332
	IBM CORP	11/30/2039	5.60	92,770	84,544
	CONSOLIDATED EDISON CO O	12/1/2039	5.50	400,371	390,101
	CVS PASS THROUGH TRUST	1/10/2032	7.51	321,966	341,668
	BERKSHIRE HATHAWAY FIN	1/15/2040	5.75	770,540	818,989
	SIMON PROPERTY GROUP LP	2/1/2040	6.75	136,167	139,185
	COMCAST CORP	3/1/2040	6.40	1,922,455	2,036,099
	ANADARKO PETROLEUM CORP	3/15/2040	6.20	1,106,482	1,124,592
	LORILLARD TOBACCO CO	5/1/2040	8.13	130,747	160,686
	ENTERPRISE PRODUCTS OPER	2/1/2041	5.95	402,791	411,492
	SOUTH CAROLINA ELEC+GAS	2/1/2041	5.45	272,061	277,277
	KINDER MORGAN ENER PART	3/1/2041	6.38	452,706	434,343
	WAL MART STORES INC	4/15/2041	5.63	3,060,296	3,096,652

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(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate bonds (continued)				
	REPUBLIC SERVICES INC	5/15/2041	5.70	\$ 466,746	\$ 499,357
	NORFOLK SOUTHERN CORP	5/23/2111	6.00	148,774	160,325
	AMGEN INC	6/15/2042	5.65	416,941	452,124
	DEVON ENERGY CORPORATION	7/15/2041	5.60	470,063	444,360
	PPL ELECTRIC UTILITIES	7/15/2041	5.20	117,233	122,396
	PUBLIC SERVICE COLORADO	8/15/2041	4.75	115,147	115,896
	DOMINION RESOURCES INC	8/1/2041	4.90	474,039	469,491
	21ST CENTURY FOX AMERICA	2/15/2041	6.15	549,804	604,509
	AT+T INC	8/15/2041	5.55	1,559,884	1,476,448
	BURLINGTN NORTH SANTA FE	9/15/2041	4.95	980,279	999,994
	LOCKHEED MARTIN CORP	9/15/2041	4.85	694,531	725,725
	TIME WARNER INC	10/15/2041	5.38	1,194,820	1,236,594
	CSX CORP	5/30/2042	4.75	209,252	219,656
	DOW CHEMICAL CO/THE	11/15/2041	5.25	673,778	657,897
	MARATHON PETROLEUM CORP	3/1/2041	6.50	97,538	107,116
	STATOIL ASA	11/23/2041	4.25	382,129	389,496
	ENERGY TRANSFER PARTNERS	2/1/2042	6.50	207,803	206,901
	ENERGY TRANSFER PARTNERS	2/1/2022	5.20	42,544	42,782
	SABMILLER HOLDINGS INC	1/15/2042	4.95	263,218	281,625
	ALABAMA POWER CO	1/15/2042	4.10	124,485	129,246
	BOSTON GAS COMPANY	2/15/2042	4.49	331,245	345,849
	BHP BILLITON FIN USA LTD	2/24/2042	4.13	122,823	122,186
	MISSISSIPPI POWER CO	3/15/2042	4.25	129,279	131,769
	UNITEDHEALTH GROUP INC	3/15/2042	4.38	199,666	213,400
	SAN DIEGO G + E	4/1/2042	4.30	198,962	216,668
	HARTFORD FINL SVCS GRP	4/15/2042	6.63	379,574	434,108
	AETNA INC	5/15/2042	4.50	380,771	412,905
	LIBERTY MUTUAL GROUP INC	5/1/2042	6.50	378,183	427,991
	DEVON ENERGY CORPORATION	5/15/2042	4.75	54,513	55,367
	BERKSHIRE HATHAWAY FIN	5/15/2042	4.40	177,694	193,606
	UNITED TECHNOLOGIES CORP	6/1/2042	4.50	610,981	653,274
	EBAY INC	7/15/2042	4.00	99,017	89,031
	TECK RESOURCES LIMITED	2/1/2043	5.40	373,412	321,180
	ENTERPRISE PRODUCTS OPER	2/15/2043	4.45	313,331	311,223
	CATHOLIC HEALTH INITIATI	11/1/2042	4.35	144,691	143,957
	PRINCIPAL FINANCIAL GROU	5/15/2043	4.35	109,724	111,879
	INTEL CORP	12/15/2032	4.00	49,558	51,124
	AT+T INC	12/1/2022	2.63	99,922	95,243
	PHILLIPS 66	5/1/2042	5.88	199,944	230,320
	COMCAST CORP	1/15/2033	4.25	523,224	545,349
	BURLINGTN NORTH SANTA FE	3/15/2043	4.45	475,606	501,480
	ACE INA HOLDINGS	3/13/2043	4.15	288,211	303,537
	DUKE ENERGY PROGRESS INC	3/15/2043	4.10	287,869	307,792
	GENERAL ELEC CAP CORP	3/15/2023	1.24	531,328	542,533
	CITIGROUP INC	8/25/2036	6.13	783,116	894,053
	WELLS FARGO BANK NA	2/1/2037	5.85	262,215	315,428
	ERAC USA FINANCE LLC	10/15/2037	7.00	459,656	498,616
	VIRGINIA ELEC + POWER CO	11/30/2037	6.35	130,424	152,984
	APPALACHIAN POWER CO	4/1/2038	7.00	561,637	563,477
	COVIDIEN INTL FINANCE SA	10/15/2037	6.55	220,384	215,531
	VALERO ENERGY CORP	3/15/2039	10.50	217,494	229,129
	MASS MUTUAL LIFE INS CO	6/1/2039	8.88	673,693	734,143
	SEMPRA ENERGY	10/15/2039	6.00	592,979	586,820

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	Corporate bonds (continued)				
	NEW YORK LIFE INSURANCE	11/15/2039	6.75	\$ 596,818	\$ 640,265
	KROGER CO/THE	7/15/2040	5.40	157,091	166,237
	AGRIUM INC	1/15/2041	6.13	302,350	290,670
	NORFOLK SOUTHERN CORP	10/1/2041	4.84	69,979	72,106
	EPR PROPERTIES	8/15/2022	5.75	269,995	294,940
	KINDER MORGAN ENER PART	11/1/2042	4.70	174,221	158,023
	DUKE REALTY LP	4/15/2023	3.63	376,880	381,474
	HOST HOTELS + RESORTS LP	10/15/2023	3.75	234,873	234,401
	NISOURCE FINANCE CORP	2/15/2044	4.80	268,853	287,669
	CITIGROUP INC	5/15/2023	3.50	79,566	77,879
	MORGAN STANLEY	5/22/2023	4.10	104,940	106,306
	PPL CAPITAL FUNDING INC	6/1/2043	4.70	293,962	316,989
	PPL ELECTRIC UTILITIES	7/15/2043	4.75	308,035	357,129
	DUKE ENERGY INDIANA INC	7/15/2043	4.90	129,411	153,115
	LYB INTL FINANCE BV	7/15/2043	5.25	422,984	467,260
	TRAVELERS COS INC	8/1/2043	4.60	289,252	325,557
	TRINITY ACQUISITION PLC	8/15/2043	6.13	268,934	309,363
	VERIZON COMMUNICATIONS	9/15/2043	6.55	687,195	881,431
	VERIZON COMMUNICATIONS	9/15/2033	6.40	906,905	944,775
	SPECTRA ENERGY PARTNERS	9/25/2043	5.95	219,725	261,133
	FREEPORT MCMORAN INC	3/15/2043	5.45	758,527	728,089
	WELLS FARGO + COMPANY	11/2/2043	5.38	209,378	238,919
	ALTRIA GROUP INC	1/31/2044	5.38	388,339	443,945
	MOSAIC CO	11/15/2033	5.45	268,990	305,481
	EATON CORP	11/2/2032	4.00	129,594	132,231
	GOLDMAN SACHS GROUP INC	11/29/2023	1.84	432,387	441,778
	RABOBANK NEDERLAND	12/1/2043	5.75	309,046	364,005
	ALABAMA POWER CO	12/1/2023	3.55	319,094	337,306
	MICROSOFT CORP	12/15/2023	3.63	542,319	583,226
	BP CAPITAL MARKETS PLC	2/10/2024	3.81	390,000	392,531
	HCP INC	3/1/2024	4.20	278,704	291,530
	ROGERS COMMUNICATIONS IN	3/15/2044	5.00	506,078	557,721
	BURLINGTN NORTH SANTA FE	4/1/2044	4.90	185,922	196,760
	HSBC HOLDINGS PLC	3/14/2024	4.25	496,700	520,290
	MCKESSON CORP	3/15/2044	4.88	125,000	137,696
	BANK OF AMERICA CORP	4/1/2044	4.88	69,934	77,335
	GLENCORE FUNDING LLC	4/29/2024	4.63	413,323	416,981
	BARCLAYS BANK PLC	5/15/2024	3.75	284,906	293,764
	CIMAREX ENERGY CO	6/1/2024	4.38	118,738	109,825
	INTERNATIONAL PAPER CO	6/15/2044	4.80	432,734	444,222
	GENERAL MOTORS CO	10/2/2043	6.25	315,000	376,299
	LIBERTY MUTUAL GROUP INC	8/1/2044	4.85	299,760	304,941
	TYSON FOODS INC	8/15/2034	4.88	535,633	575,909
	DOMINION GAS HLDGS LLC	11/1/2043	4.80	386,721	409,515
	UNION PACIFIC CORP	1/15/2025	3.25	562,422	580,097
	MARATHON PETROLEUM CORP	9/15/2044	4.75	192,781	184,160
	SKY PLC	9/16/2024	3.75	418,404	422,570
	TEACHERS INSUR + ANNUITY	9/15/2044	4.90	804,251	897,052
	ENSCO PLC	10/1/2044	5.75	263,834	265,893
	CCOH SAFARI LLC	12/1/2022	5.50	280,000	284,200
	GENERAL MOTORS CO	4/1/2035	5.00	414,788	437,678
	FREEPORT MCMORAN INC	11/14/2034	5.40	298,548	292,470
	ACTAVIS FUNDING SCS	6/15/2044	4.85	1,082,889	1,111,140

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	Corporate bonds (continued)				
	PHILLIPS 66	11/15/2034	4.65	\$ 212,300	\$ 220,375
	KINDER MORGAN INC/DELAWA	6/1/2025	4.30	184,256	185,087
	KINDER MORGAN INC/DELAWA	12/1/2034	5.30	39,887	40,602
	KINDER MORGAN INC/DELAWA	6/1/2045	5.55	114,612	117,786
	BERKSHIRE HATHAWAY ENERG	2/1/2045	4.50	346,994	366,223
	BECTON DICKINSON AND CO	12/15/2024	3.73	95,000	97,810
	BECTON DICKINSON AND CO	12/15/2044	4.69	180,000	193,853
	SOUTHWESTERN PUBLIC SERV	10/1/2036	6.00	389,285	448,577
	PRINCIPAL FINANCIAL GRP	10/15/2036	6.05	135,133	155,809
	GENERAL ELEC CAP CORP	8/7/2037	6.15	214,050	260,866
	WAL MART STORES INC	8/15/2037	6.50	325,222	371,525
	PACIFICORP	10/15/2037	6.25	66,780	67,665
	WELLS FARGO BANK NA	1/15/2038	6.60	1,114,431	1,246,491
	DUKE ENERGY CAROLINAS	4/15/2038	6.05	171,854	195,051
	CONOCOPHILLIPS	5/15/2038	5.90	204,942	236,276
	BANK OF AMERICA CORP	5/14/2038	7.75	463,807	600,228
	UNITED TECHNOLOGIES CORP	7/15/2038	6.13	132,037	131,913
	CORPORATE OFFICE PROP LP	5/15/2023	3.60	309,430	297,864
	JPMORGAN CHASE + CO	8/16/2043	5.63	193,522	226,766
	HSBC USA INC	9/24/2018	2.63	329,432	338,474
	BARRICK NA FINANCE LLC	5/1/2043	5.75	183,306	173,640
	FEDEX CORP	1/15/2034	4.90	219,692	245,711
	TOTAL CAPITAL INTL SA	4/10/2024	3.75	668,239	673,478
	21ST CENTURY FOX AMERICA	10/1/2043	5.40	218,801	261,919
	BANK OF AMERICA CORP	1/21/2044	5.00	174,529	190,369
	MONSANTO CO	7/15/2044	4.40	252,978	264,573
	VERIZON COMMUNICATIONS	8/21/2054	5.01	689,318	711,770
	FLORIDA POWER + LIGHT CO	10/1/2044	4.05	313,961	330,347
	21ST CENTURY FOX AMERICA	9/15/2044	4.75	639,494	699,373
	REALTY INCOME CORP	10/15/2026	4.13	686,543	703,379
	PETROLEOS MEXICANOS	1/23/2045	6.38	153,841	175,538
				134,124,767	140,161,389

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	U.S. government securities				
	FNMA POOL 649060	6/1/2017	6.00	\$ 169	\$ 162
	US TREASURY N/B	11/15/2028	5.25	632,830	643,536
	US TREASURY N/B	2/15/2031	5.38	919,856	919,928
	STRIP PRINC	2/15/2041	0.00	622,705	674,040
	US TREASURY N/B	8/15/2044	3.13	1,296,820	1,404,911
				<u>3,472,380</u>	<u>3,642,577</u>
	Total			\$ 419,124,281	\$ 459,998,327

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
State Street	State Street Bank + Trust Co ST Investment Fund	\$ -	\$ 30,000,000	\$ 30,000,000	\$ 30,000,000	\$ -
State Street	Dodge & Cox Global Stock Fund	30,000,000	-	30,000,000	30,000,000	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
State Street	State Street Bank + Trust Co ST Investment Fund					
	Purchases - 161	117,319,849	-	117,319,849	117,319,849	-
	Sales - 133	-	114,475,104	114,475,104	114,475,104	-
State Street	US Treasury N/B - Maturity Date 11/15/2028					
	Purchases - 24	12,820,136	-	12,820,136	12,820,136	-
	Sales - 22	-	11,643,400	11,647,306	11,643,400	(3,906)
State Street	Dodge + Cox Global Stock Fund					
	Purchases - 4	31,100,490	-	31,100,490	31,100,490	-
	Sales - 0	-	-	-	-	-

There were no Category (ii) or (iv) reportable transactions during the year.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants, Average Compensation and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	132 \$21,676	370 \$32,497 \$887	4							
25-29	92 \$21,189	917 \$43,024 \$1,695	301 \$40,443 \$2,686	5						
30-34	67 \$29,156 \$16	599 \$45,001 \$1,673	519 \$48,706 \$2,928	172 \$48,771 \$2,941	8	1				
35-39	75 \$29,706 \$10	467 \$55,025 \$2,109	364 \$51,521 \$3,023	277 \$57,393 \$3,076	96 \$54,138 \$3,499	4				
40-44	69 \$32,168	416 \$52,231 \$1,870	342 \$56,797 \$2,970	291 \$55,154 \$2,154	190 \$60,703 \$2,412	66 \$57,320 \$2,820	11			
45-49	70 \$32,328	330 \$53,877 \$1,856	341 \$58,293 \$2,630	300 \$57,537 \$1,321	172 \$74,773 \$2,109	158 \$66,490 \$2,181	74 \$65,538 \$2,104	2		
50-54	67 \$30,316	310 \$56,914 \$2,115	300 \$52,492 \$2,524	353 \$57,556 \$1,100	220 \$64,035 \$815	150 \$70,892 \$2,847	144 \$70,643 \$3,193	100 \$70,695 \$3,133	15 \$51,481	
55-59	41 \$28,201	225 \$58,444 \$2,165	242 \$50,528 \$2,310	302 \$56,041 \$627	216 \$66,701 \$589	156 \$67,060 \$1,589	142 \$69,139 \$2,028	148 \$66,299 \$2,539	120 \$60,665 \$2,649	10
60-64	26 \$35,227	153 \$68,061 \$2,283	157 \$53,429 \$2,835	198 \$53,419 \$528	115 \$67,540 \$67	96 \$59,141 \$1,551	96 \$62,140 \$2,007	87 \$63,204 \$3,216	141 \$69,372 \$2,033	31 \$63,068 \$931
65-69	17 \$72,315 \$2,846	54 \$45,256 \$2,122	52 \$53,527 \$475	49 \$66,726 \$958	37 \$55,809 \$84	31 \$74,980 \$859	24 \$47,792	15 \$68,180	33 \$40,736	9
70+	14	15	8	19	5	8	5	2	2	4

N-12,063

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	Choice One Participants: 55% life annuity. 8% 100% joint and survivor annuity. 1% 75% joint and survivor annuity. 8% 50% joint and survivor annuity. 14% level income annuity. 1% 15-year certain and life annuity. 12% 10-year certain and life annuity

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Optional Payment Form	Same as funding interest rates above for lump sums other than cash balance accounts.
Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form	Current 417(e) table for lump sums other than cash balance accounts.
Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3-4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2013 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets

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

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

Expected Return on Assets

2012 Plan Year

7.25%

2013 Plan Year

7.25%, limited to 6.76%

Trust Expenses Included in Target Normal Cost

\$3,200,000

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2014

Changes in ERISA Methods Since the Prior Year

Method Changes

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 1

Retirement Rates—MedAmerica Retirement Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates—MedAmerica Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates—MedAmerica Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 3

Disability Rates—Atrium Disability Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 4

Disability Rates—MedAmerica Disability Rates

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

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
State Street	State Street Bank + Trust Co ST Investment Fund	\$ -	\$ 30,000,000	\$ 30,000,000	\$ 30,000,000	\$ -
State Street	Dodge & Cox Global Stock Fund	30,000,000	-	30,000,000	30,000,000	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
State Street	State Street Bank + Trust Co ST Investment Fund					
	Purchases - 161	117,319,849	-	117,319,849	117,319,849	-
	Sales - 133	-	114,475,104	114,475,104	114,475,104	-
State Street	US Treasury N/B - Maturity Date 11/15/2028					
	Purchases - 24	12,820,136	-	12,820,136	12,820,136	-
	Sales - 22	-	11,643,400	11,647,306	11,643,400	(3,906)
State Street	Dodge + Cox Global Stock Fund					
	Purchases - 4	31,100,490	-	31,100,490	31,100,490	-
	Sales - 0	-	-	-	-	-

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

A Name of plan <u>Premier Health Partners Employees Retirement Plan</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Premier Health Partners</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 34-1446699</td> </tr> </table>	D Employer Identification Number (EIN) 34-1446699	
D Employer Identification Number (EIN) 34-1446699			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	452,860,092	
b Actuarial value	2b	436,060,007	
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.....	2,450	121,033,479	121,033,479
b For terminated vested participants.....	4,423	87,016,438	87,016,438
c For active participants.....	12,063	197,507,191	204,693,573
d Total.....	18,936	405,557,108	412,743,490
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.55 %	
6 Target normal cost	6	22,905,091	

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

SIGN HERE	<u>Jason Bravo</u> Signature of actuary	<u>10/02/2015</u> Date
	<u>Jason M. Bravo</u> Type or print name of actuary	<u>14-05569</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>(216) 573-9700</u> Telephone number (including area code)
	<u>5005 Rockside Road</u> <u>Independence OH 44131</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	410,840	17,250,157
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)	410,840	17,250,157
10 Interest on line 9 using prior year's actual return of <u>11.92%</u>	48972	2056219
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		14376846
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.38%</u>		917243
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		15294089
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)	459,812	19306376

Part III Funding Percentages

14 Funding target attainment percentage	14	100.86 %
15 Adjusted funding target attainment percentage	15	105.64 %
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	91.69 %
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
09/15/2015	6,023,000				
Totals ►			18(b)	6,023,000	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	
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	5,405,785

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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	22,905,091										
b Excess assets, if applicable, but not greater than line 31a	31b	3,550,329										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment.....</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment.....	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment.....	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	19,354,762										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		459,812	16,445,578									
36 Additional cash requirement (line 34 minus line 35)	36	2,449,372										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5,405,785										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	2,956,413										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	2,956,413										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.55%	Interest Adjusted Contribution
September 15, 2015	\$ 6,023,000	622	\$ 5,405,785
Total Contribution	\$ 6,023,000		\$ 5,405,785

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

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

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	N/A
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	Choice One Participants: 55% life annuity. 8% 100% joint and survivor annuity. 1% 75% joint and survivor annuity. 8% 50% joint and survivor annuity. 14% level income annuity. 1% 15-year certain and life annuity. 12% 10-year certain and life annuity

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For ERISA Requirements

Optional Payment Form	Same as funding interest rates above for lump sums other than cash balance accounts.
Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form	Current 417(e) table for lump sums other than cash balance accounts.
Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Tables 3-4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2013 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
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For ERISA Requirements

Valuation of Plan Assets

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

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

Expected Return on Assets

2012 Plan Year

7.25%

2013 Plan Year

7.25%, limited to 6.76%

Trust Expenses Included in Target Normal Cost

\$3,200,000

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2014

Changes in ERISA Methods Since the Prior Year

Method Changes

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

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Table 1

Retirement Rates—MedAmerica Retirement Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Table 2—Page 1 of 2

Withdrawal Rates—MedAmerica Withdrawal Rates

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

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Table 2—Page 2 of 2

Withdrawal Rates—MedAmerica Withdrawal Rates

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

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Table 3

Disability Rates—Atrium Disability Rates

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

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Table 4

Disability Rates—MedAmerica Disability Rates

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

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Schedule SB, Part V—Summary of Plan Provisions

Med America - Plan Provisions

History of Plan

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

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

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a 3-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

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

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with 5 years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

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

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

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

Effective January 1, 1989, the plan was amended to change the benefit formula to a final 5-year average pay excess plan and to provide 5-year cliff vesting.

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

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years),

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payable until Social Security Normal Retirement Age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

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

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

Effective January 1, 2009, vested terminations who retire after Social Security Normal Retirement Age will receive an actuarial increase to their benefit.

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

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

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

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

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

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Eligibility	<p>Participants prior to January 1, 1984: Age 50. (Not applicable for Choice Two Participants)</p> <p>New participants after December 31, 1983: Age 55 with five or more years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of Vesting Service.</p>
Annual Benefit	<p><i>Choice One Participants</i></p> <p>The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond ten years by which the commencement of benefits precedes attainment of Social Security Normal Retirement Age.</p> <p>OR</p> <p><i>Choice Two Participants</i></p> <p>Accrued Pension Account. Plus, any Final Average Pay Pension accrued benefit as described above relating to pre-2008 plan participation.</p>
Disability Retirement Eligibility	<p>Participants prior to January 1, 1999: Permanent and total disability.</p> <p>New participants after December 31, 1998: five years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: three years of Vesting Service.</p> <p>The disability retirement benefit has been eliminated prospectively effective January 1, 2013.</p>
Annual Benefit	<p><i>Choice One Participants</i></p> <p>A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.</p> <p>OR</p> <p><i>Choice Two Participants</i></p> <p>Accrued Pension Account. Plus, any Final Average Pay</p>

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	Pension accrued benefit as described above relating to pre-2008 plan participation.
Vested Deferred Retirement Eligibility	Three years of vesting service.
Annual Benefit	<p>The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.</p> <p>All employees who were participants prior to January 1, 1976, are considered fully vested.</p> <p>Vested terminations can receive benefits prior to Social Security Normal Retirement Age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security Normal Retirement Age will receive an actuarial increase to their benefit.</p>
Preretirement Spouse's Survivor Annuity Eligibility	All vested participants who have not yet begun receiving benefit payments.
Annual Benefit	<p>An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the Company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.</p> <p>Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the Accrued Pension Account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the Accrued Pension Account.</p>
Supplemental Early Retirement Benefit Eligibility	Choice One participants who are age 60 with 10 or more years of Vesting Service.
Benefit	A benefit, payable until Social Security Normal Retirement Age, equal to \$10 times years of credited service (up to 20 years).

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Normal Form of Retirement Benefits Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.

Optional Form of Retirement Benefits 100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.

Source of Contributions 100% employer-paid since January 1, 1976.

Definitions
Actuarial Equivalence Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15 percent male, and a 7% interest rate.

Annual Cash Balance Credits For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two Participant and earns a year of Benefit Service, his Accrued Pension Account shall be credited with a Cash Balance Credit determined as follows:

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

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

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

Compensation W-2 pay plus elective deferrals less reimbursements or other expense allowances.

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

Choice Two Participant Participant who is covered under the cash balance formula.

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Final Average Pay	<p>Monthly average of a participant's Compensation for the period of the five consecutive calendar years during which he received the largest total amount of Compensation within the ten (fifteen, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two Participants, Final Average Pay is determined immediately prior to the date on which the participant becomes a Choice Two Participant.</p>
Breakpoint	<p>The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security Normal Retirement Age.</p>
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ without regard to the age increase factor; and▪ as if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	<p>One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.</p>
Vesting Service	<p>Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.</p>
Credited Service	<p>Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.</p> <p>After December 31, 2007, a Member shall not earn Credited Service during any period of time that the Member is a Choice Two Participant.</p>
Benefit Service	<p>Service used to determine the amount of the Cash Balance Credits.</p> <p>Pre-2008 Benefit Service is equal to the years and partial years of Credited Service the Member had as of December 31, 2007.</p>

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Post-2007 Benefit Service is granted for each plan year in which a Member completes 1,000 hours of service. Service is not granted during periods of disability.

Accumulation of Employee Contributions Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.

Member Any current or former participant who is receiving or is entitled to receive benefits under this plan.

Plan Year January 1 to December 31.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Atrium Medical Center - Plan Provisions

Effective Date and Plan Year	Original Plan: January 1, 1998 (for restated plan) Restated Plan: January 1, 2008 Plan Year: January 1, through December 31
Status of the Plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Definitions	
Covered employees	A person who is eligible to be a Participant in the Plan if and after he meets all of the participation requirements.
Participation	All covered employees of the Employer are eligible to participate in the Plan on the first day of the month following completion of one year of service, but after attainment of age 21.
Employee Contributions	None
Vesting Service	An employee shall receive one (1) year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).
Credited Service	An employee shall receive one (1) year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.
Pensionable Earnings	Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code Sections 125, 402(e)(3), 402(h), and/or 132(f)(4).
Accrued Benefit	Actuarial equivalent of cash balance account at Normal Retirement. This cannot be less than the actuarially equivalent value of the December 31, 1997, accrued benefit under the prior plan.
Normal Retirement Eligibility	The first day of the month coincident with or immediately following the member's 65 th birthday.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Old Plan Benefit

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

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

Interest Credit: As of the last day of each Plan Year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the 1 year U.S. Treasury Bill yield during 3rd calendar quarter of the previous year.

New Plan Benefit

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

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

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

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

Early Retirement
Eligibility

First day of the month following age 55 and three (3) years of Vesting Service.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Benefit	Account balance as defined for Normal Retirement, with accruals through the Early Retirement Date.
Late Retirement Eligibility	The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.
Benefit	The account balance as defined for Normal Retirement, with accruals through the Late Retirement Date.
Deferred Vested Eligibility	Completion of three (3) years of Vesting Service.
Benefit	Account balance as defined for Normal Retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.
Disability Eligibility	Based on determination of total and permanent disability with three (3) years of Vesting Service.
Benefit	Account balance as defined for Normal Retirement, with accruals through the date of disability. Interest Credits are credited to the account balance up until the balance is distributed.
Pre-Retirement Death Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.
Form of Benefits	
Automatic Form for Unmarried Participants	Single life annuity
Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity
Option Forms	Life only Life and five years certain Life and ten years certain Life and fifteen years certain Joint and 50% survivor Joint and 75% survivor

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Joint and 100% survivor
Level income
Lump sum

Optional Form Conversion Factors

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Upper Valley Medical Center - Plan Provisions (Prior DB Plan)

Effective Date	January 1, 1987, last amended and restated effective January 1, 2008, last amended effective January 1, 2009.
Plan Year	The 12-month period beginning each January 1.
Participation	Any Employee who has completed one year of Vesting Service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. Effective March 1, 2001, no new Participants are permitted in this Plan. Each Participant age 40 or older as of January 1, 2001, who affirmatively elected to continue participation under this Plan continues to accrue benefits under this Plan. Each other Participant had their Accrued Benefit under this Plan frozen as of March 1, 2001, with such benefit based on Average Monthly Compensation and Benefit Service as of March 1, 2001. If any former Employee or Former Participant is re-employed by the Company on or after March 1, 2001, such re-employed Employee may not participant in this Plan upon re-employment.
Compensation	Total compensation for the calendar year as limited by IRC Section 415(c)(3) including modifications by IRC Section 403(b), 401(k), 132(f)(4), 125, 402(h), and 457(b).
Annualized Compensation	Compensation for purposes of calculating the Average Monthly Compensation shall be annualized on a 2,080 hour basis. Hours for this purpose include hours actually worked, but not on-call hours or any other hours during which the Employee is not actually working, such as hours credited for a leave of absence or excused on census hours.
Average Monthly Compensation	1/60 th of annualized compensation for the highest 5 consecutive years of employment out of the last 10 years of employment. Such 10 year period shall end with the last Plan Year preceding the Plan Year in which the Employee terminates employment.
Vesting Service	One year of vesting service is earned for each Plan Year in which 1,000 hours are worked. All hours of service are included for this purpose.
Benefit Service	For each plan year, Benefit Service is credited based on hours of service according to the following table:

<u>Hours in Plan Year</u>	<u>Credit</u>
---------------------------	---------------

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Less than 1,000	0.0
1,000 - 1,199	0.6
1,200 - 1,399	0.7
1,400 - 1,599	0.8
1,600 - 1,799	0.9
1,800 or more	1.0

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

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

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

Accrued Benefit

A monthly life annuity starting at age 65 equal to 1.0% of Average Monthly Compensation multiplied by the number of Years of Benefit Service.

Normal Retirement Benefit
Eligibility

Age 65

Monthly Benefit

The Accrued Benefit

Early Retirement Benefit
Eligibility

Age 55 and 5 years of Vesting Service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of Vesting Service.

Monthly Benefit

The Accrued Benefit at Normal Retirement, or Early Retirement reduced by 5/9ths of one percent for each of the first 60 months and by 5/18ths of one percent for each of the next 120 months that Early Retirement Date precedes Normal Retirement.

Late Retirement Benefit
Eligibility

Any age after Normal Retirement Age

Monthly Benefit

The Accrued Benefit

Disability Retirement Benefit
Eligibility

Completion of 5 years of Vesting Service and Permanent and Total disability at any age.

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Monthly Benefit	The Accrued Benefit as of date of disability payable at Normal Retirement, or a reduced amount at Early Retirement.
Termination Benefit Eligibility	Upon termination of employment prior to retirement after completion of at least 5 years of Vesting Service.
Monthly Benefit	The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Death Benefit Eligibility	100% vested and married for at least one year.
Monthly Benefit	A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.
Optional Forms of Payments	Life Annuity Joint & Survivor with 50%, 66 2/3%, 75% or 100% continuation 5 Year or 10 Year Certain and Continuous The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.
Benefits Available as Lump Sums	This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available. The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC Section 417(e).

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Upper Valley Medical Center - Plan Provisions (Prior DC Participants)

Participation

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

Benefit

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

<u>Years of Benefit Service</u>	<u>Annual Cash Balance Credit</u>
0-4	3.0% of Compensation
5-9	4.0% of Compensation
10+	5.0% of Compensation

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Good Samaritan Hospital - Plan Provisions

Participation

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

Benefit

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

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

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2013 plan year 417(e)(3) mortality table to the 2014 plan year 417(e)(3) mortality table.
- An increase in the annual pay limit under IRC section 401(a)(17) from \$255,000 in 2013 to \$260,000 in 2014.
- An increase in the annual maximum benefit limit under IRC section 415(b)(1)(A) from \$205,000 in 2013 to \$210,000 in 2014.

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes. This change did not require approval of the Secretary since the aggregate unfunded vested benefits at December 31, 2013 did not exceed \$50,000,000.

- A change in the retirement rates and withdrawal rates for active participants to use the MedAmerica rates for the whole plan to better match actual and anticipated plan experience

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	132 \$21,676	370 \$32,497 \$887	4							
25-29	92 \$21,189	917 \$43,024 \$1,695	301 \$40,443 \$2,686	5						
30-34	67 \$29,156 \$16	599 \$45,001 \$1,673	519 \$48,706 \$2,928	172 \$48,771 \$2,941	8	1				
35-39	75 \$29,706 \$10	467 \$55,025 \$2,109	364 \$51,521 \$3,023	277 \$57,393 \$3,076	96 \$54,138 \$3,499	4				
40-44	69 \$32,168	416 \$52,231 \$1,870	342 \$56,797 \$2,970	291 \$55,154 \$2,154	190 \$60,703 \$2,412	66 \$57,320 \$2,820	11			
45-49	70 \$32,328	330 \$53,877 \$1,856	341 \$58,293 \$2,630	300 \$57,537 \$1,321	172 \$74,773 \$2,109	158 \$66,490 \$2,181	74 \$65,538 \$2,104	2		
50-54	67 \$30,316	310 \$56,914 \$2,115	300 \$52,492 \$2,524	353 \$57,556 \$1,100	220 \$64,035 \$815	150 \$70,892 \$2,847	144 \$70,643 \$3,193	100 \$70,695 \$3,133	15 \$51,481	
55-59	41 \$28,201	225 \$58,444 \$2,165	242 \$50,528 \$2,310	302 \$56,041 \$627	216 \$66,701 \$589	156 \$67,060 \$1,589	142 \$69,139 \$2,028	148 \$66,299 \$2,539	120 \$60,665 \$2,649	10
60-64	26 \$35,227	153 \$68,061 \$2,283	157 \$53,429 \$2,835	198 \$53,419 \$528	115 \$67,540 \$67	96 \$59,141 \$1,551	96 \$62,140 \$2,007	87 \$63,204 \$3,216	141 \$69,372 \$2,033	31 \$63,068 \$931
65-69	17 \$72,315 \$2,846	54 \$45,256 \$2,122	52 \$53,527 \$475	49 \$66,726 \$958	37 \$55,809 \$84	31 \$74,980 \$859	24 \$47,792	15 \$68,180	33 \$40,736	9
70+	14	15	8	19	5	8	5	2	2	4

N-12,063

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.55%	Interest Adjusted Contribution
September 15, 2015	\$ 6,023,000	622	\$ 5,405,785
Total Contribution	\$ 6,023,000		\$ 5,405,785

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

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

<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>2014</div> <div>This Form is Open to Public Inspection</div>
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
Round off amounts to nearest dollar.		
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PREMIER HEALTH		D Employer Identification Number (EIN) 31-1446699
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500		
Part I Basic Information		
1 Enter the valuation date: Month 01 Day 01 Year 2014		
2 Assets:		
a Market value		2a 452,860,092
b Actuarial value		2b 436,060,007
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		2,450 121,033,479 121,033,479
b For terminated vested participants		4,423 87,016,438 87,016,438
c For active participants		12,063 197,507,191 204,693,573
d Total		18,936 405,557,108 412,743,490
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		
a Funding target disregarding prescribed at-risk assumptions		4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b
5 Effective interest rate		5 6.55%
6 Target normal cost		6 22,905,091
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		10/02/2015
JASON M. BRAVO		Date
Signature of actuary		1405569
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		216-573-9700
Firm name		Telephone number (including area code)
5005 ROCKSIDE ROAD		
INDEPENDENCE OH 44131		
Address of the firm		
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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2014 v. 140124		

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).....	410,840	17,250,157
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)	410,840	17,250,157
10 Interest on line 9 using prior year's actual return of <u>11.92</u> %	48,972	2,056,219
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		14,376,846
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.38</u> %		917,243
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		15,294,089
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)	459,812	19,306,376

Part III Funding Percentages

14 Funding target attainment percentage	14	100.86%
15 Adjusted funding target attainment percentage	15	105.64%
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	91.69%
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
09/15/2015	6,023,000				
Totals ►			18(b)	6,023,000	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	5,405,785

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	22,905,091	
b Excess assets, if applicable, but not greater than line 31a	31b	3,550,329	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	19,354,762	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	459,812	16,445,578	16,905,390
36 Additional cash requirement (line 34 minus line 35)	36	2,449,372	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5,405,785	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,956,413	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	2,956,413	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH		D Employer Identification Number (EIN) 31-1446699
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3581074 31-6162942		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.		3 426
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

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	0.00
b The corresponding number for the second preceding plan year	15b	0.00

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

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

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

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

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

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

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

Stock: 48.0 % Investment-Grade Debt: 32.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 20.0 %

- 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):

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Med America - Plan Provisions

History of Plan

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

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

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a 3-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

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

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with 5 years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

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

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

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

Effective January 1, 1989, the plan was amended to change the benefit formula to a final 5-year average pay excess plan and to provide 5-year cliff vesting.

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

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years),

Schedule SB Attachment (Form 5500)—2014 Plan Year
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payable until Social Security Normal Retirement Age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

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

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

Effective January 1, 2009, vested terminations who retire after Social Security Normal Retirement Age will receive an actuarial increase to their benefit.

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

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

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Effective Date	Original plan—January 1, 1951. Amended and completely restated on January 1, 2008.
Employees Covered	All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.
Participation Requirements	All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.
Normal Retirement Eligibility	Age 65 and five years of service. Members with at least one hour of service on or after January 1, 2008: Age 65.
Annual Benefit	<i>Choice One Participants</i> The sum of (a) and (b) below multiplied by Credited Service after January 1, 1971: (a) $0.90\% \times \text{Final Average Pay up to a Breakpoint}$ (b) $1.65\% \times \text{Final Average Pay in Excess of the Breakpoint.}$ A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security Normal Retirement Age. OR <i>Choice Two Participants</i> Accrued Pension Account: a cash balance account equal to the sum of the Annual Cash Balance Credits and the Accrued Pension Account Interest. Plus, any Final Average Pay Pension accrued benefit as described above relating to pre-2008 plan participation.
Minimum Benefit	The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.

Early Retirement

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Premier Health Partners Employees Retirement Plan
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Eligibility

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

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

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

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

Accrued Pension Account. Plus, any Final Average Pay Pension accrued benefit as described above relating to pre-2008 plan participation.

Disability Retirement
Eligibility

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

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

Members with at least one hour of service on or after January 1, 2008: three years of Vesting Service.

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

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

Accrued Pension Account. Plus, any Final Average Pay

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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	Pension accrued benefit as described above relating to pre-2008 plan participation.
Vested Deferred Retirement Eligibility	Three years of vesting service.
Annual Benefit	<p>The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.</p> <p>All employees who were participants prior to January 1, 1976, are considered fully vested.</p> <p>Vested terminations can receive benefits prior to Social Security Normal Retirement Age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security Normal Retirement Age will receive an actuarial increase to their benefit.</p>
Preretirement Spouse's Survivor Annuity Eligibility	All vested participants who have not yet begun receiving benefit payments.
Annual Benefit	<p>An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the Company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.</p> <p>Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the Accrued Pension Account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the Accrued Pension Account.</p>
Supplemental Early Retirement Benefit Eligibility	Choice One participants who are age 60 with 10 or more years of Vesting Service.
Benefit	A benefit, payable until Social Security Normal Retirement Age, equal to \$10 times years of credited service (up to 20 years).

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Normal Form of Retirement Benefits Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.

Optional Form of Retirement Benefits 100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.

Source of Contributions 100% employer-paid since January 1, 1976.

Definitions
Actuarial Equivalence Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15 percent male, and a 7% interest rate.

Annual Cash Balance Credits For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two Participant and earns a year of Benefit Service, his Accrued Pension Account shall be credited with a Cash Balance Credit determined as follows:

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

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

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

Compensation W-2 pay plus elective deferrals less reimbursements or other expense allowances.

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

Choice Two Participant Participant who is covered under the cash balance formula.

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Final Average Pay	<p>Monthly average of a participant's Compensation for the period of the five consecutive calendar years during which he received the largest total amount of Compensation within the ten (fifteen, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two Participants, Final Average Pay is determined immediately prior to the date on which the participant becomes a Choice Two Participant.</p>
Breakpoint	<p>The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security Normal Retirement Age.</p>
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ without regard to the age increase factor; and▪ as if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	<p>One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.</p>
Vesting Service	<p>Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.</p>
Credited Service	<p>Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.</p> <p>After December 31, 2007, a Member shall not earn Credited Service during any period of time that the Member is a Choice Two Participant.</p>
Benefit Service	<p>Service used to determine the amount of the Cash Balance Credits.</p> <p>Pre-2008 Benefit Service is equal to the years and partial years of Credited Service the Member had as of December 31, 2007.</p>

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	Post-2007 Benefit Service is granted for each plan year in which a Member completes 1,000 hours of service. Service is not granted during periods of disability.
Accumulation of Employee Contributions	Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.
Member	Any current or former participant who is receiving or is entitled to receive benefits under this plan.
Plan Year	January 1 to December 31.

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Atrium Medical Center - Plan Provisions

Effective Date and Plan Year	Original Plan: January 1, 1998 (for restated plan) Restated Plan: January 1, 2008 Plan Year: January 1, through December 31
Status of the Plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Definitions	
Covered employees	A person who is eligible to be a Participant in the Plan if and after he meets all of the participation requirements.
Participation	All covered employees of the Employer are eligible to participate in the Plan on the first day of the month following completion of one year of service, but after attainment of age 21.
Employee Contributions	None
Vesting Service	An employee shall receive one (1) year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).
Credited Service	An employee shall receive one (1) year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.
Pensionable Earnings	Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code Sections 125, 402(e)(3), 402(h), and/or 132(f)(4).
Accrued Benefit	Actuarial equivalent of cash balance account at Normal Retirement. This cannot be less than the actuarially equivalent value of the December 31, 1997, accrued benefit under the prior plan.
Normal Retirement Eligibility	The first day of the month coincident with or immediately following the member's 65 th birthday.

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Old Plan Benefit

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

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

Interest Credit: As of the last day of each Plan Year, a participant's account balance will be credited with interest equal to the product of the participant's account balance multiplied by the average of the 1 year U.S. Treasury Bill yield during 3rd calendar quarter of the previous year.

New Plan Benefit

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

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

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

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

Early Retirement
Eligibility

First day of the month following age 55 and three (3) years of Vesting Service.

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Benefit	Account balance as defined for Normal Retirement, with accruals through the Early Retirement Date.
Late Retirement Eligibility	The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.
Benefit	The account balance as defined for Normal Retirement, with accruals through the Late Retirement Date.
Deferred Vested Eligibility	Completion of three (3) years of Vesting Service.
Benefit	Account balance as defined for Normal Retirement, with accruals through the date of termination. Interest Credits are credited to the account balance up until the balance is distributed.
Disability Eligibility	Based on determination of total and permanent disability with three (3) years of Vesting Service.
Benefit	Account balance as defined for Normal Retirement, with accruals through the date of disability. Interest Credits are credited to the account balance up until the balance is distributed.
Pre-Retirement Death Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.
Form of Benefits	
Automatic Form for Unmarried Participants	Single life annuity
Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity
Option Forms	Life only Life and five years certain Life and ten years certain Life and fifteen years certain Joint and 50% survivor Joint and 75% survivor

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	Joint and 100% survivor Level income Lump sum
Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC Section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year Other annuity forms: RP-2000 Mortality table projected to 2015 weighted 15% male 85% female and 7% interest.

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Premier Health Partners Employees Retirement Plan
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Upper Valley Medical Center - Plan Provisions (Prior DB Plan)

Effective Date	January 1, 1987, last amended and restated effective January 1, 2008, last amended effective January 1, 2009.
Plan Year	The 12-month period beginning each January 1.
Participation	Any Employee who has completed one year of Vesting Service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. Effective March 1, 2001, no new Participants are permitted in this Plan. Each Participant age 40 or older as of January 1, 2001, who affirmatively elected to continue participation under this Plan continues to accrue benefits under this Plan. Each other Participant had their Accrued Benefit under this Plan frozen as of March 1, 2001, with such benefit based on Average Monthly Compensation and Benefit Service as of March 1, 2001. If any former Employee or Former Participant is re-employed by the Company on or after March 1, 2001, such re-employed Employee may not participant in this Plan upon re-employment.
Compensation	Total compensation for the calendar year as limited by IRC Section 415(c)(3) including modifications by IRC Section 403(b), 401(k), 132(f)(4), 125, 402(h), and 457(b).
Annualized Compensation	Compensation for purposes of calculating the Average Monthly Compensation shall be annualized on a 2,080 hour basis. Hours for this purpose include hours actually worked, but not on-call hours or any other hours during which the Employee is not actually working, such as hours credited for a leave of absence or excused on census hours.
Average Monthly Compensation	1/60 th of annualized compensation for the highest 5 consecutive years of employment out of the last 10 years of employment. Such 10 year period shall end with the last Plan Year preceding the Plan Year in which the Employee terminates employment.
Vesting Service	One year of vesting service is earned for each Plan Year in which 1,000 hours are worked. All hours of service are included for this purpose.
Benefit Service	For each plan year, Benefit Service is credited based on hours of service according to the following table:

<u>Hours in Plan Year</u>	<u>Credit</u>
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Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Less than 1,000	0.0
1,000 - 1,199	0.6
1,200 - 1,399	0.7
1,400 - 1,599	0.8
1,600 - 1,799	0.9
1,800 or more	1.0

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

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

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

Accrued Benefit

A monthly life annuity starting at age 65 equal to 1.0% of Average Monthly Compensation multiplied by the number of Years of Benefit Service.

Normal Retirement Benefit
Eligibility

Age 65

Monthly Benefit

The Accrued Benefit

Early Retirement Benefit
Eligibility

Age 55 and 5 years of Vesting Service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of Vesting Service.

Monthly Benefit

The Accrued Benefit at Normal Retirement, or Early Retirement reduced by 5/9ths of one percent for each of the first 60 months and by 5/18ths of one percent for each of the next 120 months that Early Retirement Date precedes Normal Retirement.

Late Retirement Benefit
Eligibility

Any age after Normal Retirement Age

Monthly Benefit

The Accrued Benefit

Disability Retirement Benefit
Eligibility

Completion of 5 years of Vesting Service and Permanent and Total disability at any age.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Monthly Benefit	The Accrued Benefit as of date of disability payable at Normal Retirement, or a reduced amount at Early Retirement.
Termination Benefit Eligibility	Upon termination of employment prior to retirement after completion of at least 5 years of Vesting Service.
Monthly Benefit	The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Death Benefit Eligibility	100% vested and married for at least one year.
Monthly Benefit	A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.
Optional Forms of Payments	Life Annuity Joint & Survivor with 50%, 66 2/3%, 75% or 100% continuation 5 Year or 10 Year Certain and Continuous The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.
Benefits Available as Lump Sums	This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available. The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC Section 417(e).

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center - Plan Provisions (Prior DC Participants)

Participation

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

Benefit

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

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Good Samaritan Hospital - Plan Provisions

Participation

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

Benefit

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

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

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2013 plan year 417(e)(3) mortality table to the 2014 plan year 417(e)(3) mortality table.
- An increase in the annual pay limit under IRC section 401(a)(17) from \$255,000 in 2013 to \$260,000 in 2014.
- An increase in the annual maximum benefit limit under IRC section 415(b)(1)(A) from \$205,000 in 2013 to \$210,000 in 2014.

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

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

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issuer, Lessor, Borrower, or Similar Party	(c) Security Name Money market funds	Maturity Date	(d) Cost	(e) Fair Value
Money market fund				
State Street	STATE STREET BANK + TRUST COST INVESTMENT FUND		\$ 8,740,173	\$ 8,740,173
Mutual funds				
PIMCO	PIMCO ALL ASSET FUND		8,150,349	7,439,966
Wellington	WELLINGTON GLOBAL SELECT		35,453,178	44,052,872
Vanguard	VANGUARD SMALL CAP INDEX FUND		19,381,978	31,508,553
DFA	DFA INTERNATIONAL SMALL COMPANY		12,950,507	13,612,624
WisdomTree	WISDOMTREE JAPAN HEDGED EQUITY		7,999,973	7,881,328
Dodge + Cox	DODGE + COX GLOBAL STOCK FUND		31,100,490	30,092,805
			<u>115,036,475</u>	<u>134,588,148</u>
Common collective trust funds				
State Street	S&P 500 FLAGSHIP FUND		24,441,277	35,445,859
Eaton Vance	EATON VANCE EME CL		17,500,968	16,057,252
			<u>41,942,245</u>	<u>51,503,111</u>
Limited partnerships				
Walter Scott	WALTER SCOTT GLOBAL FUND		39,130,858	44,439,966
Criterion Horizons	CRITERION HORIZONS OFFSHORE, LTD.		7,798,391	7,798,391
Tremblant	TREMBLANT PARTNERS LTD		6,837,501	7,237,788
Pine River	PINE RIVER FUND LTD		6,244,022	6,244,022
Fir Tree	FIR TREE INTL VALUE FUND		8,378,665	8,378,665
Emerging Sovereign Group	ESG CROSS BORDER EQUITY OFFSHORE FUND		7,668,199	7,668,199
Calypso Capital Management, LP	CALYPSO OVERSEAS LTD		14,588	14,587
Pershing Square	PERSHING SQUARE INTERNATIONAL, LTD.		9,982,254	10,310,604
Blackstone	BLACKSTONE RESOURCES SELECT OFFSHORE FUND		10,056,819	9,388,322
Bluecrest Capital	BLUECREST CAPITAL INTL LTD		2,972,120	2,972,120
Discovery Global	DISCOVERY GLOBAL MACRO FUND CLASS A SER I		3,127,680	3,127,680
Pentwater	PENTWATER EVENT FUND LTD		6,682,283	6,682,283
Senator Global	SENATOR GLOBAL OPP OFF SER 1		6,914,862	7,100,302
			<u>115,808,242</u>	<u>121,362,929</u>

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate bonds					
PETRO CANADA		5/15/2038	6.80	\$ 690,022	\$ 669,517
COX COMMUNICATIONS INC		3/1/2039	8.38	277,312	285,132
FLORIDA POWER + LIGHT CO		4/1/2039	5.96	69,949	93,731
PACIFIC LIFE INSURANCE C		6/15/2039	9.25	777,461	841,555
HEINZ (H.J.) FINANCE CO		8/1/2039	7.13	178,815	178,200
SHELL INTERNATIONAL FIN		3/25/2040	5.50	218,125	213,099
WILLIAMS PARTNERS LP		4/15/2040	6.30	548,454	520,182
METLIFE INC		2/6/2041	5.88	121,922	124,630
SOUTHERN CAL EDISON		9/1/2040	4.50	204,444	218,804
FLORIDA POWER + LIGHT CO		6/1/2041	5.13	199,820	244,086
LORILLARD TOBACCO CO		8/4/2041	7.00	135,287	164,146
JPMORGAN CHASE + CO		8/15/2021	4.35	430,240	440,105
UNION PACIFIC CORP		9/15/2041	4.75	174,176	179,763
PETROLEOS MEXICANOS		6/2/2041	6.50	140,938	143,438
SOUTH CAROLINA ELEC+GAS		2/1/2042	4.35	200,568	211,316
NOBLE HOLDING INTL LTD		3/15/2042	5.25	99,647	78,884
DUKE ENERGY PROGRESS INC		5/15/2042	4.10	99,504	106,031
SHELL INTERNATIONAL FIN		1/6/2023	2.25	455,354	439,778
UNITEDHEALTH GROUP INC		3/15/2043	4.25	202,220	214,916
PHILIP MORRIS INTL INC		3/4/2043	4.13	330,470	333,288
GLAXOSMITHKLINE CAP INC		3/18/2043	4.20	448,958	467,508
HEALTHCARE REALTY TRUST		4/15/2023	3.75	337,209	333,720
PRUDENTIAL FINANCIAL INC		3/15/2044	5.20	170,000	168,300
DTE ELECTRIC CO		4/1/2043	4.00	462,903	479,727
CNOOC FINANCE 2013 LTD		5/9/2023	3.00	419,318	421,152
BERKSHIRE HATHAWAY FIN		5/15/2043	4.30	223,162	238,529
MERCK + CO INC		5/18/2043	4.15	578,225	617,068
CF INDUSTRIES INC		6/1/2043	4.95	239,587	239,242
GENERAL ELEC CAP CORP		7/12/2016	0.88	376,213	377,554
KROGER CO/THE		8/1/2043	5.15	114,615	130,933
HALLIBURTON CO		8/1/2043	4.75	449,073	465,948
HOME DEPOT INC		2/15/2044	4.88	275,817	325,441
JOHNSON + JOHNSON		12/5/2033	4.38	397,732	448,040
US BANCORP		1/30/2024	3.70	299,676	315,366
ENTERPRISE PRODUCTS OPER		2/15/2045	5.10	169,737	182,782
LYB INTL FINANCE BV		3/15/2044	4.88	74,123	77,157
SUNOCO LOGISTICS PARTNER		4/1/2044	5.30	234,615	236,868
APPLE INC		5/6/2024	3.45	668,404	696,428
CATERPILLAR INC		5/15/2024	3.40	364,938	375,125
GRUPO TELEvisa SAB		5/13/2045	5.00	390,963	411,982
WELLS FARGO + COMPANY		6/3/2026	4.10	944,027	965,847
HOME DEPOT INC		3/15/2045	4.40	113,214	125,686
INGERSOLL RAND GL HLD CO		6/15/2043	5.75	288,811	341,800
WILLIAMS COMPANIES INC		6/24/2044	5.75	199,546	173,972
MONSANTO CO		7/15/2064	4.70	549,911	581,929
MONSANTO CO		7/15/2034	4.20	104,323	109,410
COMCAST CORP		8/15/2034	4.20	59,774	62,739
ANTHEM INC		8/15/2044	4.65	244,488	259,462
SIMON PROPERTY GROUP LP		10/1/2044	4.25	243,552	253,524
CREDIT SUISSE NEW YORK		9/9/2024	3.63	248,590	254,310
DOW CHEMICAL CO/THE		10/1/2034	4.25	292,908	294,645
WEA FINANCE LLC/WESTFIEL		9/17/2024	3.75	199,256	202,962
WEA FINANCE LLC/WESTFIEL		9/17/2044	4.75	388,764	415,927

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate bonds (continued)					
	CALIFORNIA RESOURCES CRP	11/15/2024	6.00	\$ 140,000	\$ 118,300
	CALIFORNIA RESOURCES CRP	9/15/2021	5.50	320,000	273,600
	NIAGARA MOHAWK POWER	10/1/2034	4.28	484,995	513,106
	SYSCO CORPORATION	10/2/2034	4.35	703,879	758,996
	ARC PROPERTIES OPERATING	2/6/2024	4.60	349,444	322,889
	VENTAS REALTY LP	9/30/2043	5.70	318,810	383,885
	TIME WARNER INC	12/15/2023	4.05	299,097	314,712
	TRANS CANADA PIPELINES	3/1/2034	4.63	621,986	623,930
	VERIZON COMMUNICATIONS	8/21/2046	4.86	383,240	383,157
	MORGAN STANLEY	9/8/2026	4.35	885,226	895,322
	CLEVELAND CLINIC FOUND	1/1/2114	4.86	348,317	359,713
	BRANCH BANKING + TRUST	10/30/2026	3.80	413,987	423,109
	LLOYDS BANKING GROUP PLC	11/4/2024	4.50	422,599	428,885
	PACIFIC GAS + ELECTRIC	3/15/2045	4.30	281,725	292,541
	GEORGIA POWER COMPANY	3/15/2043	4.30	347,722	367,910
	AGRIUM INC	6/1/2043	4.90	233,209	243,425
	BAXTER INTERNATIONAL INC	6/15/2043	4.50	364,759	391,966
	PACIFIC GAS + ELECTRIC	6/15/2043	4.60	484,607	517,388
	EPR PROPERTIES	7/15/2023	5.25	175,459	177,257
	CENOVUS ENERGY INC	9/15/2043	5.20	308,766	298,552
	BANK OF AMERICA CORP	6/1/2028	6.75	165,267	187,242
	21ST CENTURY FOX AMERICA	12/1/2045	7.75	445,971	481,376
	BANK ONE CORP	4/29/2027	8.00	184,854	202,379
	ACE CAPITAL TRUST II	4/1/2030	9.70	269,844	290,648
	DOW CHEMICAL CO/THE	11/1/2029	7.38	750,416	752,139
	DEUTSCHE TELEKOM INT FIN	6/15/2030	8.75	438,202	450,534
	SPRINT CAPITAL CORP	11/15/2028	6.88	283,186	246,400
	FORD MOTOR COMPANY	7/16/2031	7.45	1,179,553	1,262,568
	DAIMLER FINANCE NA LLC	1/18/2031	8.50	1,037,047	1,085,938
	TIME WARNER INC	4/15/2031	7.63	93,160	97,589
	KINDER MORGAN INC/DELAWA	1/15/2032	7.75	616,175	602,700
	DEVON FINANCING CORP LLC	9/30/2031	7.88	292,695	293,292
	GENERAL ELEC CAP CORP	3/15/2032	6.75	1,675,910	1,869,890
	AIG SUNAMER GLOB FIN X	3/15/2032	6.90	476,175	550,772
	BURLINGTON RESOURCES FIN	12/1/2031	7.40	219,310	225,538
	PACIFIC GAS + ELECTRIC	3/1/2034	6.05	750,906	789,322
	METLIFE INC	6/15/2035	5.70	158,096	186,929
	VERIZON COMMUNICATIONS	9/15/2035	5.85	257,013	276,163
	HSBC HOLDINGS PLC	5/2/2036	6.50	656,763	680,695
	TELEFONICA EMISIONES SAU	6/20/2036	7.05	652,086	749,824
	CATERPILLAR INC	8/15/2036	6.05	205,758	227,302
	HEWLETT PACKARD CO	9/15/2041	6.00	697,348	714,216
	METLIFE INC	12/15/2066	6.40	49,438	55,750
	PROCTER + GAMBLE CO/THE	3/5/2037	5.55	136,005	161,646
	PLAINS ALL AMER PIPELINE	1/15/2037	6.65	89,345	93,199
	HSBC HOLDINGS PLC	9/15/2037	6.50	190,225	224,856
	GOLDMAN SACHS GROUP INC	10/1/2037	6.75	1,042,221	1,175,650
	BERKSHIRE HATHAWAY ENERG	9/15/2037	6.50	1,151,106	1,158,279
	POTOMAC ELECTRIC POWER	11/15/2037	6.50	349,747	361,847
	AT+T INC	1/15/2038	6.30	909,690	907,448
	GENERAL ELEC CAP CORP	1/14/2038	5.88	205,474	253,072
	VERIZON COMMUNICATIONS	4/15/2038	6.90	355,710	419,197
	SHELL INTERNATIONAL FIN	12/15/2038	6.38	216,501	215,011

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate bonds (continued)				
	TRANS CANADA PIPELINES	1/15/2039	7.63	\$ 333,050	\$ 316,075
	GENERAL ELEC CAP CORP	1/10/2039	6.88	1,397,965	1,478,163
	CONOCOPHILLIPS	2/1/2039	6.50	756,785	744,044
	ALTRIA GROUP INC	2/6/2039	10.20	111,667	127,103
	BOEING CO	3/15/2039	6.88	527,918	539,423
	AMERICAN INTL GROUP	5/15/2068	8.18	886,104	1,016,250
	TIME WARNER CABLE INC	6/15/2039	6.75	137,730	143,801
	VALE OVERSEAS LIMITED	11/10/2039	6.88	1,141,708	1,043,759
	DUKE ENERGY CAROLINAS	2/15/2040	5.30	518,139	526,320
	MONDELEZ INTERNATIONAL	2/9/2040	6.50	496,910	510,436
	ANHEUSER BUSCH INBEV WOR	1/15/2040	6.38	1,063,435	1,001,331
	LINCOLN NATIONAL CORP	6/15/2040	7.00	59,752	69,342
	CENOVUS ENERGY INC	11/15/2039	6.75	443,876	375,939
	HESS CORP	2/15/2041	5.60	551,776	541,527
	RIO TINTO FIN USA LTD	11/2/2040	5.20	851,244	851,570
	TIME WARNER CABLE INC	11/15/2040	5.88	296,631	321,937
	NISOURCE FINANCE CORP	12/15/2040	6.25	564,028	618,782
	GOLDMAN SACHS GROUP INC	2/1/2041	6.25	191,963	195,942
	MCKESSON CORP	3/1/2041	6.00	129,701	123,708
	DIRECTV HOLDINGS/FING	3/1/2041	6.38	246,778	245,524
	ANHEUSER BUSCH INBEV WOR	1/15/2039	8.20	519,248	509,461
	AGL CAPITAL CORP	3/15/2041	5.88	199,690	206,938
	ARCHER DANIELS MIDLAND C	3/1/2041	5.77	262,940	281,948
	ENERGY TRANSFER PARTNERS	6/1/2041	6.05	202,664	218,298
	AT+T INC	9/1/2040	5.35	316,985	357,331
	ALABAMA POWER CO	6/1/2041	5.20	199,686	211,125
	ATMOS ENERGY CORP	6/15/2041	5.50	406,022	437,033
	TECK RESOURCES LIMITED	7/15/2041	6.25	303,540	230,465
	NBCUNIVERSAL MEDIA LLC	4/1/2041	5.95	416,955	450,072
	INTEL CORP	10/1/2041	4.80	198,516	219,648
	VERIZON COMMUNICATIONS	11/1/2041	4.75	1,273,804	1,199,449
	CIGNA CORP	2/15/2042	5.38	343,415	366,597
	UNITEDHEALTH GROUP INC	11/15/2041	4.63	367,434	376,737
	AMGEN INC	11/15/2041	5.15	742,585	777,734
	PRUDENTIAL FINANCIAL INC	11/16/2041	5.80	644,045	696,377
	WALT DISNEY COMPANY/THE	12/1/2041	4.13	98,829	105,520
	TRANSOCEAN INC	12/15/2041	7.35	290,333	243,275
	ECOLAB INC	12/8/2041	5.50	377,478	415,287
	GILEAD SCIENCES INC	12/1/2041	5.65	170,150	185,727
	PERNOD RICARD SA	1/15/2042	5.50	262,328	290,788
	MACYS RETAIL HLDGS INC	1/15/2042	5.13	257,578	270,975
	BANK OF AMERICA CORP	2/7/2042	5.88	835,134	875,952
	CORNING INC	3/15/2042	4.75	99,853	106,742
	GEORGIA POWER COMPANY	3/15/2042	4.30	468,506	483,074
	SIMON PROPERTY GROUP LP	3/15/2042	4.75	216,663	242,660
	PLAINS ALL AMER PIPELINE	6/1/2042	5.15	431,786	436,998
	LOWE S COMPANIES INC	4/15/2042	4.65	99,584	111,223
	ANTHEM INC	5/15/2042	4.63	99,292	104,936
	AMGEN INC	5/15/2043	5.38	279,415	319,479
	NISOURCE FINANCE CORP	2/15/2043	5.25	79,891	91,706
	PRUDENTIAL FINANCIAL INC	9/15/2042	5.88	55,000	58,025
	ALTRIA GROUP INC	8/9/2042	4.25	390,778	378,532
	ANTHEM INC	1/15/2043	4.65	253,524	265,394

Premier Health Partners Employees Retirement Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-1446699, Plan No. 001
December 31, 2014

(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate bonds (continued)					
	METLIFE INC	12/15/2022	3.05	\$ 201,102	\$ 199,636
	OWENS CORNING	12/15/2022	4.20	189,829	192,827
	REYNOLDS AMERICAN INC	11/1/2042	4.75	252,702	247,490
	NIAGARA MOHAWK POWER	11/28/2042	4.12	235,000	247,535
	HEALTH CARE REIT INC	3/15/2023	3.75	49,816	50,432
	HEALTH CARE REIT INC	3/15/2043	5.13	94,122	104,572
	INTEL CORP	12/15/2042	4.25	374,051	386,479
	KRAFT FOODS GROUP INC	2/9/2040	6.50	1,589,987	1,619,566
	BERKSHIRE HATHAWAY INC	2/11/2043	4.50	108,555	120,297
	ARCHER DANIELS MIDLAND C	4/16/2043	4.02	203,360	200,680
	EXELON GENERATION CO LLC	6/15/2042	5.60	145,306	151,029
	MORGAN STANLEY	2/25/2023	3.75	179,347	184,648
	ENTERPRISE PRODUCTS OPER	3/15/2044	4.85	413,419	432,729
	DISCOVERY COMMUNICATIONS	4/1/2043	4.88	304,603	314,461
	IBM CORP	11/29/2032	5.88	193,758	224,341
	GOLDMAN SACHS GROUP INC	2/15/2033	6.13	195,714	232,885
	COCA COLA BOTTL CO CONSL	4/1/2015	5.30	53,816	50,484
	HUTCHISON WHAM INT 03/33	11/24/2033	7.45	132,026	147,307
	KERR MCGEE CORP	7/1/2024	6.95	216,715	226,111
	BSKYB FINANCE UK PLC	10/15/2035	6.50	172,749	184,739
	21ST CENTURY FOX AMERICA	12/15/2035	6.40	343,290	391,548
	TRANS CANADA PIPELINES	3/15/2036	5.85	206,547	222,719
	ANADARKO PETROLEUM CORP	9/15/2036	6.45	280,512	282,397
	OWENS CORNING	12/1/2036	7.00	228,151	260,159
	NEVADA POWER CO	7/1/2037	6.75	275,813	290,184
	BERKSHIRE HATHAWAY ENERG	5/15/2037	5.95	229,841	238,938
	VERIZON COMMUNICATIONS	2/15/2038	6.40	193,471	215,926
	GLAXOSMITHKLINE CAP INC	5/15/2038	6.38	480,616	466,022
	PHILIP MORRIS INTL INC	5/16/2038	6.38	695,810	690,422
	JPMORGAN CHASE + CO	5/15/2038	6.40	803,961	855,784
	HSBC HOLDINGS PLC	6/1/2038	6.80	670,248	795,702
	PACIFICORP	1/15/2039	6.00	205,830	230,153
	ABBOTT LABORATORIES	4/1/2039	6.00	202,622	202,436
	ORACLE CORP	7/8/2039	6.13	577,100	584,190
	METLIFE INC	8/1/2069	10.75	99,057	113,750
	CITIGROUP INC	7/15/2039	8.13	1,282,324	1,385,492
	NEXEN ENERGY ULC	7/30/2039	7.50	445,447	444,112
	EXELON GENERATION CO LLC	10/1/2039	6.25	1,083,744	1,098,979
	CISCO SYSTEMS INC	1/15/2040	5.50	520,465	505,711
	WASTE MANAGEMENT INC	11/30/2039	6.13	466,039	504,832
	PROGRESS ENERGY INC	12/1/2039	6.00	721,036	736,332
	IBM CORP	11/30/2039	5.60	92,770	84,544
	CONSOLIDATED EDISON CO O	12/1/2039	5.50	400,371	390,101
	CVS PASS THROUGH TRUST	1/10/2032	7.51	321,966	341,668
	BERKSHIRE HATHAWAY FIN	1/15/2040	5.75	770,540	818,989
	SIMON PROPERTY GROUP LP	2/1/2040	6.75	136,167	139,185
	COMCAST CORP	3/1/2040	6.40	1,922,455	2,036,099
	ANADARKO PETROLEUM CORP	3/15/2040	6.20	1,106,482	1,124,592
	LORILLARD TOBACCO CO	5/1/2040	8.13	130,747	160,686
	ENTERPRISE PRODUCTS OPER	2/1/2041	5.95	402,791	411,492
	SOUTH CAROLINA ELEC+GAS	2/1/2041	5.45	272,061	277,277
	KINDER MORGAN ENER PART	3/1/2041	6.38	452,706	434,343
	WAL MART STORES INC	4/15/2041	5.63	3,060,296	3,096,652

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(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate bonds (continued)				
	REPUBLIC SERVICES INC	5/15/2041	5.70	\$ 466,746	\$ 499,357
	NORFOLK SOUTHERN CORP	5/23/2111	6.00	148,774	160,325
	AMGEN INC	6/15/2042	5.65	416,941	452,124
	DEVON ENERGY CORPORATION	7/15/2041	5.60	470,063	444,360
	PPL ELECTRIC UTILITIES	7/15/2041	5.20	117,233	122,396
	PUBLIC SERVICE COLORADO	8/15/2041	4.75	115,147	115,896
	DOMINION RESOURCES INC	8/1/2041	4.90	474,039	469,491
	21ST CENTURY FOX AMERICA	2/15/2041	6.15	549,804	604,509
	AT+T INC	8/15/2041	5.55	1,559,884	1,476,448
	BURLINGTN NORTH SANTA FE	9/15/2041	4.95	980,279	999,994
	LOCKHEED MARTIN CORP	9/15/2041	4.85	694,531	725,725
	TIME WARNER INC	10/15/2041	5.38	1,194,820	1,236,594
	CSX CORP	5/30/2042	4.75	209,252	219,656
	DOW CHEMICAL CO/THE	11/15/2041	5.25	673,778	657,897
	MARATHON PETROLEUM CORP	3/1/2041	6.50	97,538	107,116
	STATOIL ASA	11/23/2041	4.25	382,129	389,496
	ENERGY TRANSFER PARTNERS	2/1/2042	6.50	207,803	206,901
	ENERGY TRANSFER PARTNERS	2/1/2022	5.20	42,544	42,782
	SABMILLER HOLDINGS INC	1/15/2042	4.95	263,218	281,625
	ALABAMA POWER CO	1/15/2042	4.10	124,485	129,246
	BOSTON GAS COMPANY	2/15/2042	4.49	331,245	345,849
	BHP BILLITON FIN USA LTD	2/24/2042	4.13	122,823	122,186
	MISSISSIPPI POWER CO	3/15/2042	4.25	129,279	131,769
	UNITEDHEALTH GROUP INC	3/15/2042	4.38	199,666	213,400
	SAN DIEGO G + E	4/1/2042	4.30	198,962	216,668
	HARTFORD FINL SVCS GRP	4/15/2042	6.63	379,574	434,108
	AETNA INC	5/15/2042	4.50	380,771	412,905
	LIBERTY MUTUAL GROUP INC	5/1/2042	6.50	378,183	427,991
	DEVON ENERGY CORPORATION	5/15/2042	4.75	54,513	55,367
	BERKSHIRE HATHAWAY FIN	5/15/2042	4.40	177,694	193,606
	UNITED TECHNOLOGIES CORP	6/1/2042	4.50	610,981	653,274
	EBAY INC	7/15/2042	4.00	99,017	89,031
	TECK RESOURCES LIMITED	2/1/2043	5.40	373,412	321,180
	ENTERPRISE PRODUCTS OPER	2/15/2043	4.45	313,331	311,223
	CATHOLIC HEALTH INITIATI	11/1/2042	4.35	144,691	143,957
	PRINCIPAL FINANCIAL GROU	5/15/2043	4.35	109,724	111,879
	INTEL CORP	12/15/2032	4.00	49,558	51,124
	AT+T INC	12/1/2022	2.63	99,922	95,243
	PHILLIPS 66	5/1/2042	5.88	199,944	230,320
	COMCAST CORP	1/15/2033	4.25	523,224	545,349
	BURLINGTN NORTH SANTA FE	3/15/2043	4.45	475,606	501,480
	ACE INA HOLDINGS	3/13/2043	4.15	288,211	303,537
	DUKE ENERGY PROGRESS INC	3/15/2043	4.10	287,869	307,792
	GENERAL ELEC CAP CORP	3/15/2023	1.24	531,328	542,533
	CITIGROUP INC	8/25/2036	6.13	783,116	894,053
	WELLS FARGO BANK NA	2/1/2037	5.85	262,215	315,428
	ERAC USA FINANCE LLC	10/15/2037	7.00	459,656	498,616
	VIRGINIA ELEC + POWER CO	11/30/2037	6.35	130,424	152,984
	APPALACHIAN POWER CO	4/1/2038	7.00	561,637	563,477
	COVIDIEN INTL FINANCE SA	10/15/2037	6.55	220,384	215,531
	VALERO ENERGY CORP	3/15/2039	10.50	217,494	229,129
	MASS MUTUAL LIFE INS CO	6/1/2039	8.88	673,693	734,143
	SEMPRA ENERGY	10/15/2039	6.00	592,979	586,820

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(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate bonds (continued)				
	NEW YORK LIFE INSURANCE	11/15/2039	6.75	\$ 596,818	\$ 640,265
	KROGER CO/THE	7/15/2040	5.40	157,091	166,237
	AGRIUM INC	1/15/2041	6.13	302,350	290,670
	NORFOLK SOUTHERN CORP	10/1/2041	4.84	69,979	72,106
	EPR PROPERTIES	8/15/2022	5.75	269,995	294,940
	KINDER MORGAN ENER PART	11/1/2042	4.70	174,221	158,023
	DUKE REALTY LP	4/15/2023	3.63	376,880	381,474
	HOST HOTELS + RESORTS LP	10/15/2023	3.75	234,873	234,401
	NISOURCE FINANCE CORP	2/15/2044	4.80	268,853	287,669
	CITIGROUP INC	5/15/2023	3.50	79,566	77,879
	MORGAN STANLEY	5/22/2023	4.10	104,940	106,306
	PPL CAPITAL FUNDING INC	6/1/2043	4.70	293,962	316,989
	PPL ELECTRIC UTILITIES	7/15/2043	4.75	308,035	357,129
	DUKE ENERGY INDIANA INC	7/15/2043	4.90	129,411	153,115
	LYB INTL FINANCE BV	7/15/2043	5.25	422,984	467,260
	TRAVELERS COS INC	8/1/2043	4.60	289,252	325,557
	TRINITY ACQUISITION PLC	8/15/2043	6.13	268,934	309,363
	VERIZON COMMUNICATIONS	9/15/2043	6.55	687,195	881,431
	VERIZON COMMUNICATIONS	9/15/2033	6.40	906,905	944,775
	SPECTRA ENERGY PARTNERS	9/25/2043	5.95	219,725	261,133
	FREEPORT MCMORAN INC	3/15/2043	5.45	758,527	728,089
	WELLS FARGO + COMPANY	11/2/2043	5.38	209,378	238,919
	ALTRIA GROUP INC	1/31/2044	5.38	388,339	443,945
	MOSAIC CO	11/15/2033	5.45	268,990	305,481
	EATON CORP	11/2/2032	4.00	129,594	132,231
	GOLDMAN SACHS GROUP INC	11/29/2023	1.84	432,387	441,778
	RABOBANK NEDERLAND	12/1/2043	5.75	309,046	364,005
	ALABAMA POWER CO	12/1/2023	3.55	319,094	337,306
	MICROSOFT CORP	12/15/2023	3.63	542,319	583,226
	BP CAPITAL MARKETS PLC	2/10/2024	3.81	390,000	392,531
	HCP INC	3/1/2024	4.20	278,704	291,530
	ROGERS COMMUNICATIONS IN	3/15/2044	5.00	506,078	557,721
	BURLINGTN NORTH SANTA FE	4/1/2044	4.90	185,922	196,760
	HSBC HOLDINGS PLC	3/14/2024	4.25	496,700	520,290
	MCKESSON CORP	3/15/2044	4.88	125,000	137,696
	BANK OF AMERICA CORP	4/1/2044	4.88	69,934	77,335
	GLENCORE FUNDING LLC	4/29/2024	4.63	413,323	416,981
	BARCLAYS BANK PLC	5/15/2024	3.75	284,906	293,764
	CIMAREX ENERGY CO	6/1/2024	4.38	118,738	109,825
	INTERNATIONAL PAPER CO	6/15/2044	4.80	432,734	444,222
	GENERAL MOTORS CO	10/2/2043	6.25	315,000	376,299
	LIBERTY MUTUAL GROUP INC	8/1/2044	4.85	299,760	304,941
	TYSON FOODS INC	8/15/2034	4.88	535,633	575,909
	DOMINION GAS HLDGS LLC	11/1/2043	4.80	386,721	409,515
	UNION PACIFIC CORP	1/15/2025	3.25	562,422	580,097
	MARATHON PETROLEUM CORP	9/15/2044	4.75	192,781	184,160
	SKY PLC	9/16/2024	3.75	418,404	422,570
	TEACHERS INSUR + ANNUITY	9/15/2044	4.90	804,251	897,052
	ENSCO PLC	10/1/2044	5.75	263,834	265,893
	CCOH SAFARI LLC	12/1/2022	5.50	280,000	284,200
	GENERAL MOTORS CO	4/1/2035	5.00	414,788	437,678
	FREEPORT MCMORAN INC	11/14/2034	5.40	298,548	292,470
	ACTAVIS FUNDING SCS	6/15/2044	4.85	1,082,889	1,111,140

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(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate bonds (continued)				
	PHILLIPS 66	11/15/2034	4.65	\$ 212,300	\$ 220,375
	KINDER MORGAN INC/DELAWA	6/1/2025	4.30	184,256	185,087
	KINDER MORGAN INC/DELAWA	12/1/2034	5.30	39,887	40,602
	KINDER MORGAN INC/DELAWA	6/1/2045	5.55	114,612	117,786
	BERKSHIRE HATHAWAY ENERG	2/1/2045	4.50	346,994	366,223
	BECTON DICKINSON AND CO	12/15/2024	3.73	95,000	97,810
	BECTON DICKINSON AND CO	12/15/2044	4.69	180,000	193,853
	SOUTHWESTERN PUBLIC SERV	10/1/2036	6.00	389,285	448,577
	PRINCIPAL FINANCIAL GRP	10/15/2036	6.05	135,133	155,809
	GENERAL ELEC CAP CORP	8/7/2037	6.15	214,050	260,866
	WAL MART STORES INC	8/15/2037	6.50	325,222	371,525
	PACIFICORP	10/15/2037	6.25	66,780	67,665
	WELLS FARGO BANK NA	1/15/2038	6.60	1,114,431	1,246,491
	DUKE ENERGY CAROLINAS	4/15/2038	6.05	171,854	195,051
	CONOCOPHILLIPS	5/15/2038	5.90	204,942	236,276
	BANK OF AMERICA CORP	5/14/2038	7.75	463,807	600,228
	UNITED TECHNOLOGIES CORP	7/15/2038	6.13	132,037	131,913
	CORPORATE OFFICE PROP LP	5/15/2023	3.60	309,430	297,864
	JPMORGAN CHASE + CO	8/16/2043	5.63	193,522	226,766
	HSBC USA INC	9/24/2018	2.63	329,432	338,474
	BARRICK NA FINANCE LLC	5/1/2043	5.75	183,306	173,640
	FEDEX CORP	1/15/2034	4.90	219,692	245,711
	TOTAL CAPITAL INTL SA	4/10/2024	3.75	668,239	673,478
	21ST CENTURY FOX AMERICA	10/1/2043	5.40	218,801	261,919
	BANK OF AMERICA CORP	1/21/2044	5.00	174,529	190,369
	MONSANTO CO	7/15/2044	4.40	252,978	264,573
	VERIZON COMMUNICATIONS	8/21/2054	5.01	689,318	711,770
	FLORIDA POWER + LIGHT CO	10/1/2044	4.05	313,961	330,347
	21ST CENTURY FOX AMERICA	9/15/2044	4.75	639,494	699,373
	REALTY INCOME CORP	10/15/2026	4.13	686,543	703,379
	PETROLEOS MEXICANOS	1/23/2045	6.38	153,841	175,538
				134,124,767	140,161,389

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(a)(b) Identity of Issue, Lessor, Borrower, or Similar Party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	U.S. government securities				
	FNMA POOL 649060	6/1/2017	6.00	\$ 169	\$ 162
	US TREASURY N/B	11/15/2028	5.25	632,830	643,536
	US TREASURY N/B	2/15/2031	5.38	919,856	919,928
	STRIP PRINC	2/15/2041	0.00	622,705	674,040
	US TREASURY N/B	8/15/2044	3.13	1,296,820	1,404,911
				<u>3,472,380</u>	<u>3,642,577</u>
	Total			\$ 419,124,281	\$ 459,998,327

Schedule SB Attachment (Form 5500)—2014 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes. This change did not require approval of the Secretary since the aggregate unfunded vested benefits at December 31, 2013 did not exceed \$50,000,000.

- A change in the retirement rates and withdrawal rates for active participants to use the MedAmerica rates for the whole plan to better match actual and anticipated plan experience.