

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: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1958</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1958</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PARKVIEW HEALTH SYSTEM, INC.</u> <u>10501 CORPORATE DRIVE</u> <u>FORT WAYNE, IN 46845</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>35-1972384</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>260-373-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>35-1972384</u>	2c Plan Sponsor's telephone number <u>260-373-4000</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>35-1972384</u>					
2c Plan Sponsor's telephone number <u>260-373-4000</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	DENA JACQUAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4886
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) 2040 6a(2) 1934 6b 1992 6c 745 6d 4671 6e 156 6f 4827 6g 6h 7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384

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

1 Coverage Information:

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE CO
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GA-00147	4827	01/01/2019	12/31/2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 4313694**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1809109**c** Additions: (1) Contributions deposited during the year **7c(1)** 24003000
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 296846
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 9986
▶(6) Total additions **7c(6)** 24309832**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 26118941**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 18723166(2) Administration charge made by carrier **7e(2)** 45904(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 3036177
▶ LUMP SUM BENEFITS(5) Total deductions **7e(5)** 21805247**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4313694

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
--	--	---

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

▶ **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>PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PARKVIEW HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>35-1972384</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>385191952</u>
b Actuarial value	2b <u>385191952</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>2040</u> (2) Vested Funding Target <u>203815746</u> (3) Total Funding Target <u>203815746</u>
b For terminated vested participants.....	<u>815</u> <u>24402527</u> <u>24402527</u>
c For active participants	<u>2040</u> <u>152468874</u> <u>152777712</u>
d Total.....	<u>4895</u> <u>380687147</u> <u>380995985</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.55</u> %
6 Target normal cost.....	6 <u>10278804</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	<u>10/06/2020</u>
<u>TIMOTHY J. MAXSON</u>	Date
Type or print name of actuary	<u>17-06697</u>
<u>BUCK GLOBAL, LLC</u>	Most recent enrollment number
Firm name	<u>260-426-7800</u>
<u>110 W. BERRY ST., SUITE 1300</u> <u>FORT WAYNE, IN 46802-2317</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2019
v. 190130

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)	32661496	13723027
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	32661496	13723027
10 Interest on line 9 using prior year's actual return of <u>-2.66</u> %	-868796	-365033
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7925281
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.72</u> %		453326
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		8378607
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	21281600	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	10511100	13357994

Part III Funding Percentages

14 Funding target attainment percentage	14	94.83 %
15 Adjusted funding target attainment percentage	15	101.10 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.32 %
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
Totals ▶			18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
----------------	----------------------------

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

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
-----------------	--

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

Part VIII	Minimum Required Contribution For Current Year
------------------	---

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a		10278804
b Excess assets, if applicable, but not greater than line 31a	31b		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	10278804
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)		36	10278804
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	10278804
40 Unpaid minimum required contributions for all years		40	10278804

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	

Part I	Service Provider Information (see instructions)
--------	---

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
(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

(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

(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

(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)

LINCOLN NATIONAL LIFE INSURANCE CO

35-0472300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	NONE	226792	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	223851	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

HIGHLAND ASSOCIATES, INC.

2545 HIGHLAND AVE SOUTH, STE 200
BIRMINGHAM, AL 35205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	44055	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

WALTER SCOTT & PARTNERS

1 CHARLOTTE SQUARE
EDINBURGH, EDINBURGH EH2 4DR GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	289993	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

DISCIPLINED GROWTH INVESTORS

150 SOUTH FIFTH STREET, SUITE 2550
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	198210	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EPOCH INVESTMENT PARTNERS

640 FIFTH AVENUE
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	216807	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

STERLING CAPITAL MANAGEMENT

4350 CONGRESS STREET, STE 1000
CHARLOTTE, NC 28209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	177632	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PNC CAPITAL ADVISORS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	29332	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLINGTON TRUST

280 CONGRESS STREET
BOSTON, MA 02210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	76801	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

UBS TRUMBULL

10 STATE HOUSE SQUARE #15
HARTFORD, CT 06103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	147064	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BUCK GLOBAL, LLC

110 W. BERRY ST., SUITE 1300
FORT WAYNE, IN 46802

(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	NONE	67672	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	

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

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	0	313075
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	8700000	13500000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		116641804
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		31249885
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	375004235	271896038
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1809109	4313694
(15) Other.....	1c(15)		

		(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	385513344 437914496
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	385513344 437914496

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)	13500000
	(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)	13500000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	10619455
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	10619455
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		51480703
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		75600158

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19075578	
(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)		19075578
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)	44055	
(2) Contract administrator fees	2i(2)	450643	
(3) Investment advisory and management fees	2i(3)	1203511	
(4) Other	2i(4)	2425219	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4123428
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23199006

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		52401152
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: **BKD, LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
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?.....		X	
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?.....		X	
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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4253921. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.		D Employer Identification Number (EIN) 35-1972384
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 35-0472300		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 12
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 92.0 % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: 7.0 % Other: 1.0 %
- 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): X

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☒ Yes ☐ No
- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☒ No. Other. Provide explanation CARES ACT RELIEF, EXTENSION OF TIME GRANTED UNTIL 1/1/21.

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Parkview Health System, Inc. Employees' Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by The Lincoln National Life Insurance Company and Wells Fargo Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodians as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

BKD, LLP

Fort Wayne, Indiana
October 8, 2020

Federal Employer Identification Number: 44-0160260

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2019 – Age by Benefit Service

Attained Age	Years of Credited Service ¹																			
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up										
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		1		13		0		0		0		0		0		0	
35 - 39	0		0		5		42	59,354	25	54,466	0		0		0		0		0	
40 - 44	0		4		8		23	74,842	52	66,139	9		0		0		0		0	
45 - 49	0		2		5		16		27	65,137	27	70,002	6		0		0		0	
50 - 54	0		0		6		19		34	68,551	38	66,946	37	81,541	13		0		0	
55 - 59	1		0		3		15		38	62,991	42	69,055	37	75,989	98	76,912	14		0	
60 - 64	0		0		2		9		38	76,453	54	79,199	31	66,736	27	73,493	43	73,572	2	
65 - 69	0		0		0		1		10		5		2		2		3		2	
70 & up	0		0		0		1		0		0		0		0		0		0	

Attained Age	Years of Credited Service ²																			
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up										
	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		1		1		0		0		0		0		0		0	
35 - 39	4		71	57,670	6		2		1		0		0		0		0		0	
40 - 44	9		108	66,197	70	66,581	3		1		0		0		0		0		0	
45 - 49	6		81	77,411	126	71,280	45	82,797	6		0		0		0		0		0	
50 - 54	5		60	68,786	92	67,365	50	82,782	24	81,820	2		0		0		0		0	
55 - 59	3		58	80,503	55	73,730	42	85,187	35	71,181	18		3		0		0		0	
60 - 64	4		45	75,751	42	66,377	18		13		15		0		0		0		0	
65 - 69	0		5		8		2		6		1		0		0		0		0	
70 & up	0		0		1		0		0		0		0		0		0		0	

¹ 892 employees who are currently accruing benefits.

² 1,148 employees who are not currently accruing benefits.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Funding interest rates

For 2019 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.55%	3.74%
Second Segment Rate	3.93%	5.35%
Third Segment Rate	4.49%	6.11%
Effective Interest Rate	4.12%	5.55%

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

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

* Used for maximum tax deduction.

** Used for minimum funding and benefit restriction purposes.

PBGC Premium Funding Target

For 2019 Plan Year:	First Segment Rate	3.38%
	Second Segment Rate	4.32%
	Third Segment Rate	4.69%
For 2018 Plan Year:	First Segment	2.33%
	Second Segment Rate	3.55%
	Third Segment Rate	4.11%

The Alternative Premium Funding Target was not used.

The effective interest rates for PBGC premium purposes are 4.44% for 2019 and 3.76% for 2018.

Mortality

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis.

Actuarial cost method

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods

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

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

Salary increases

Current Year:	6.50% for 2019, and 3.50% 2020+
Prior Year:	4.70% for 2018 and 2019, and 3.50% 2020+

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

Expenses

Expected plan related expenses of \$2,933,892 based on last year's expenses adjusted for expected increases in the PBGC premium for 2019 were added to the Target Normal Cost. To determine the 2019 expense assumption, we reviewed the administrative expenses paid from the trust over the past few years. The trustee and administration costs have not changed significantly. Except for the increase in the PBGC premium, we estimate no material change to the administration expenses for 2019.

Social Security

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

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

Frequency of optional payment forms

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

Marital percentage

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

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

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

Retirement rates

Current Rates are based on age and service as follows:

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

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

Disability rates

Included in withdrawal rates.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

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

Summary of Changes from the January 1, 2018 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis. The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with current legislation.
- The salary increase assumption was updated to better reflect anticipated salary growth.
- The above changes in assumptions increased the plan's Funding Target by approximately \$24.7M

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information		
1 Enter the valuation date: Month 01 Day 01 Year 2019			
2 Assets:			
a Market value.....		2a	385,191,952
b Actuarial value		2b	385,191,952
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	2,040	203,815,746	203,815,746
b For terminated vested participants	815	24,402,527	24,402,527
c For active participants	2,040	152,468,874	152,777,712
d Total	4,895	380,687,147	380,995,985
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.55%
6 Target normal cost		6	10,278,804

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		10/06/2020
TIMOTHY J. MAXSON	Signature of actuary T J M	Date 2006697
BUCK GLOBAL, LLC	Type or print name of actuary	Most recent enrollment number 260-426-7800
110 W. BERRY ST., SUITE 1300	Firm name	Telephone number (including area code)
FORT WAYNE IN 46802-2317	Address of the firm	

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).....	32,661,496	13,723,027
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).....	32,661,496	13,723,027
10 Interest on line 9 using prior year's actual return of <u>-2.66%</u>	-868,796	-365,033
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		7,925,281
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.72%</u>		453,326
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		8,378,607
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	21,281,600	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	10,511,100	13,357,994

Part III Funding Percentages

14 Funding target attainment percentage	14	94.83%
15 Adjusted funding target attainment percentage.....	15	101.10%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.32%
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21	Discount rate:			
a	Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
		☐ N/A, full yield curve used		
b	Applicable month (enter code).....	21b	0	
22	Weighted average retirement age	22	63	
23	Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	10,278,804
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	10,278,804
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	0	0
36	Additional cash requirement (line 34 minus line 35).....	36	10,278,804
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	10,278,804
40	Unpaid minimum required contributions for all years	40	10,278,804

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

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Funding interest rates

For 2019 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.55%	3.74%
Second Segment Rate	3.93%	5.35%
Third Segment Rate	4.49%	6.11%
Effective Interest Rate	4.12%	5.55%

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

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

* Used for maximum tax deduction.

** Used for minimum funding and benefit restriction purposes.

PBGC Premium Funding Target

For 2019 Plan Year:	First Segment Rate	3.38%
	Second Segment Rate	4.32%
	Third Segment Rate	4.69%
For 2018 Plan Year:	First Segment	2.33%
	Second Segment Rate	3.55%
	Third Segment Rate	4.11%

The Alternative Premium Funding Target was not used.

The effective interest rates for PBGC premium purposes are 4.44% for 2019 and 3.76% for 2018.

Mortality

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis.

Actuarial cost method

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods

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

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

Salary increases

Current Year:	6.50% for 2019, and 3.50% 2020+
Prior Year:	4.70% for 2018 and 2019, and 3.50% 2020+

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

Expenses

Expected plan related expenses of \$2,933,892 based on last year's expenses adjusted for expected increases in the PBGC premium for 2019 were added to the Target Normal Cost. To determine the 2019 expense assumption, we reviewed the administrative expenses paid from the trust over the past few years. The trustee and administration costs have not changed significantly. Except for the increase in the PBGC premium, we estimate no material change to the administration expenses for 2019.

Social Security

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

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

Frequency of optional payment forms

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

Marital percentage

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

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

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

Retirement rates

Current Rates are based on age and service as follows:

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

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

Disability rates

Included in withdrawal rates.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

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

Summary of Changes from the January 1, 2018 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis. The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with current legislation.
- The salary increase assumption was updated to better reflect anticipated salary growth.
- The above changes in assumptions increased the plan's Funding Target by approximately \$24.7M

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

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

Eligibility Requirements

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

Compensation

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

Average Final Compensation

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

Vesting Service

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

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

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

Benefit Service

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

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

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

Normal Retirement Date

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

Early Retirement Date

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

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

Eligibility for Disability Pension

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

Accrued Benefit

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

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

42.5% of Final Average Compensation reduced by 12.5% of Final Average Compensation not in excess of the Social Security Covered Compensation, reduced for Benefit Service less than 25 at Normal Retirement. The formula result is then prorated by Benefit Service to Date, over Benefit Service Projected to Age 65.

The Accrued Benefit is no less than 1.1% of Average Final Compensation multiplied by Benefit Service not to exceed 40 years.

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

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

For those employees who irrevocably waived participation in the Plan:

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

Normal Monthly Retirement Pension

Monthly Accrued Benefit as of Normal Retirement Date. The normal form of payment is the 5-year certain and life annuity. 100% of active participants are assumed to elect the normal form of payment. The other optional forms of payment are: Life only, 10-year certain and life annuity, 100%, 75%, 66-2/3% and 50% Joint and Survivor Annuities. The benefit may also be paid as a single lump sum, if the value of the lump sum does not exceed \$10,000 (this limit has been extended to \$35,000, effective October 1, 2019).

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Early Monthly Retirement Pension

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

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

Postponed Monthly Retirement Pension

The greater of:

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

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

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

Surviving Spouse Monthly Pension

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

Postretirement Death Benefit

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

Retirement Pension Disability

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

Actuarial equivalent

The determination of actuarially equivalent annuity benefits for annuity payment forms is based on the 1983 Group Annuity Mortality Table (blended 50% male and 50% female), and interest at the rate of 8.00% per annum, compounded annually.

The determination of actuarially equivalent single sum payments is based on the mortality table prescribed by the Secretary of the Treasury under Section 417(e)(3)(B) of the Code, and the "Applicable Interest Rate" as defined by the Secretary of the Treasury under Section 417(e)(3)(C) of the code.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Summary of Changes from the January 1, 2018 Valuation

Selected deferred vested participants were offered an opportunity to elect a lump sum distribution of pension benefits during 2018 as part of a Lump Sum Window. Approximately 120 participants elected a lump sum from the plan as a result of this Lump Sum Window.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	833.0934	0.0102	8.5219	468.7067
56	897.3788	0.0199	17.8888	1,001.7721
57	973.0610	0.0199	19.3230	1,101.4093
58	1,058.0085	0.0199	21.0617	1,221.5760
59	1,126.9129	0.0199	22.4205	1,322.8093
60	1,180.0958	0.0497	58.7091	3,522.5444
61	1,201.6320	0.0498	59.8339	3,649.8708
62	1,229.7070	0.4850	596.3783	36,975.4575
63	692.8416	0.1450	100.4415	6,327.8152
64	642.2090	0.1453	93.3112	5,971.9138
65	580.6466	1.0000	580.6466	37,742.0278
66	19.0000	1.0000	19.0000	1,254.0000
67	9.0000	1.0000	9.0000	603.0000
68	3.0000	1.0000	3.0000	204.0000
69	3.0000	1.0000	3.0000	207.0000
70	0.0000	1.0000	0.0000	0.0000
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	<u>1.0000</u>	<u>76.0000</u>
Total			1,614.5365	101,720.9030
Weighted Average Retirement Age = 101,720.903 / 1,614.5365				63.00
Rounded Weighted Average Retirement Age				63

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

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

General note: The table presents values rounded to fewer significant digits than used in the calculation. This table calculates the weighted average retirement age for all active persons in the plan

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

Summary of Changes from the January 1, 2018 Valuation

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

Current Year:	6.50% for 2019, and 3.50% 2020+
Prior Year:	4.70% for 2018 and 2019, and 3.50% 2020+

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2019 – Age by Benefit Service

Attained Age	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		1		13		0		0		0		0		0		0	
35 - 39	0		0		5		42	59,354	25	54,466	0		0		0		0		0	
40 - 44	0		4		8		23	74,842	52	66,139	9		0		0		0		0	
45 - 49	0		2		5		16		27	65,137	27	70,002	6		0		0		0	
50 - 54	0		0		6		19		34	68,551	38	66,946	37	81,541	13		0		0	
55 - 59	1		0		3		15		38	62,991	42	69,055	37	75,989	98	76,912	14		0	
60 - 64	0		0		2		9		38	76,453	54	79,199	31	66,736	27	73,493	43	73,572	2	
65 - 69	0		0		0		1		10		5		2		2		3		2	
70 & up	0		0		0		1		0		0		0		0		0		0	

Attained Age	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		1		1		0		0		0		0		0		0	
35 - 39	4		71	57,670	6		2		1		0		0		0		0		0	
40 - 44	9		108	66,197	70	66,581	3		1		0		0		0		0		0	
45 - 49	6		81	77,411	126	71,280	45	82,797	6		0		0		0		0		0	
50 - 54	5		60	68,786	92	67,365	50	82,782	24	81,820	2		0		0		0		0	
55 - 59	3		58	80,503	55	73,730	42	85,187	35	71,181	18		3		0		0		0	
60 - 64	4		45	75,751	42	66,377	18		13		15		0		0		0		0	
65 - 69	0		5		8		2		6		1		0		0		0		0	
70 & up	0		0		1		0		0		0		0		0		0		0	

¹ 892 employees who are currently accruing benefits.

² 1,148 employees who are not currently accruing benefits.

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2019

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Value	Net Gain (Loss)
Series of transactions greater than 5 percent						
Blackrock Short-Term Investment Fund	\$ 88,598,425	\$ -	\$ -	\$ 88,598,425	\$ 88,598,425	\$ -
Blackrock Short-Term Investment Fund	-	87,193,142	-	87,193,142	87,193,142	-
Lincoln National Life	24,309,832	-	-	24,309,832	24,309,832	-
Lincoln National Life	-	21,805,247	-	21,805,247	21,805,247	-

Parkview Health System, Inc.
Employees' Pension Plan

EIN 35-1972384 PN 001

Independent Auditor's Report and Financial Statements
December 31, 2019 and 2018

Parkview Health System, Inc. Employees' Pension Plan

December 31, 2019 and 2018

Contents

Independent Auditor's Report.....	1
--	----------

Financial Statements

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

Supplemental Schedules

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

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Parkview Health System, Inc. Employees' Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by The Lincoln National Life Insurance Company and Wells Fargo Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodians as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

BKD, LLP

Fort Wayne, Indiana
October 8, 2020

Federal Employer Identification Number: 44-0160260

Parkview Health System, Inc. Employees' Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Noninterest-bearing cash	\$ 313,075	\$ -
Investments		
At fair value		
Mutual funds	154,874,804	139,254,943
Money market funds	4,109,309	3,448,027
Common stocks	116,641,804	87,382,821
Fixed income	101,261,736	93,056,490
Commingled funds	11,650,189	10,354,813
Real estate funds	31,249,885	41,507,141
At contract value	<u>4,313,694</u>	<u>1,809,109</u>
Total investments	<u>424,101,421</u>	<u>376,813,344</u>
Receivables		
Employer's contribution	<u>13,500,000</u>	<u>8,700,000</u>
	<u>13,500,000</u>	<u>8,700,000</u>
Net Assets Available for Benefits	<u><u>\$ 437,914,496</u></u>	<u><u>\$ 385,513,344</u></u>

Parkview Health System, Inc. Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2019 and 2018

	2019	2018
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ 51,480,703	\$ (20,365,858)
Interest and dividend income	10,619,455	10,435,394
Net investment income (loss)	<u>62,100,158</u>	<u>(9,930,464)</u>
Contributions		
Employer	13,500,000	8,700,000
Total additions (reductions)	<u>75,600,158</u>	<u>(1,230,464)</u>
Deductions		
Benefits paid to participants	19,075,578	31,631,626
Administrative expenses	4,123,428	3,568,223
Total deductions	<u>23,199,006</u>	<u>35,199,849</u>
Net Increase (Decrease)	52,401,152	(36,430,313)
Net Assets Available for Benefits, Beginning of Year	<u>385,513,344</u>	<u>421,943,657</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 437,914,496</u></u>	<u><u>\$ 385,513,344</u></u>

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 1: Description of the Plan

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

General

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

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

Contributions

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

Pension Benefits

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

Vesting

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

Plan Termination

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

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

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

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

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

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

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

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

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

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

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

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

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Accumulated Plan Benefits

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

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

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

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Plan Tax Status

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

Reclassifications

Certain reclassifications have been made to the 2018 financial statements to conform to the 2019 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Note 3: Certification by Plan Custodians

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

- Investments as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2019 and 2018
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018
- Investment information included in the accompanying schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2019

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

Note 4: Investment Contract With Insurance Company

In 1958, the Plan entered into a fully benefit-responsive investment contract with Lincoln National Life Insurance Company (Insurer). The Insurer maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan. The rate was 3 percent for 2019 and 2018.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

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

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

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

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

Note 5: Accumulated Plan Benefits

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

The accumulated plan benefit information as of January 1, 2019, was as follows:

Actuarial present value of accumulated plan benefits, January 1, 2018	
Vested benefits	
Participants currently receiving payments	\$ 179,021,595
Other participants	147,957,416
	<hr/> 326,979,011
Nonvested benefits	<hr/> 345,142
Total actuarial present value of accumulated plan benefits, January 1, 2019	<hr/> <hr/> \$ 327,324,153

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

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

Actuarial present value of accumulated plan benefits, January 1, 2018	\$ 326,401,299
Increase during the year attributable to	
Benefits accumulated	11,427,409
Increase for interest due to the decrease in the discounted period	21,789,345
Assumption changes	(662,274)
Benefits paid	(31,631,626)
Net increase	<u>922,854</u>
Actuarial present value of accumulated plan benefits, January 1, 2019	<u>\$ 327,324,153</u>

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 7.00 percent for 2019 and 2018
- Mortality basis: RP-2014 Mortality Tables with Projections specified by IRS Reg. Section 1.430(h)(3)-1 with separate annuitant and nonannuitant static mortality tables
- Employee turnover: Sarason T-8 Table
- Retirement: At normal retirement age (65) or attained age if later
- Asset valuation: Market

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

Note 7: Party-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Plan investments are held by Lincoln National Life Insurance Company (Lincoln) and Wells Fargo Bank, N.A. (Wells Fargo). Lincoln and Wells Fargo are the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan receives management services from an investment advisor. The Plan paid \$1,652,595 and \$1,772,393 of administrative and management fees to the custodians, the investment fund managers and the investment advisor during 2019 and 2018, respectively. The Corporation provides certain administrative services at no cost to the Plan.

Note 8: Fair Value of Plan Assets

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

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

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

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

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2019 and 2018:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2019		Fair Value		
Mutual funds	\$ 154,874,804	\$ 92,864,163	\$ 62,010,641	\$ -
Money market funds	4,109,309	-	4,109,309	-
Common stocks	116,641,804	116,641,804	-	-
Fixed income	101,261,736	-	101,261,736	-
Commingled funds (A)	11,650,189	-	-	-
Real estate funds (A)	31,249,885	-	-	-
	<u>\$ 419,787,727</u>	<u>\$ 209,505,967</u>	<u>\$ 105,371,045</u>	<u>\$ -</u>

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

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

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

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2019 and 2018. The Plan had no liabilities measured at fair value on a recurring basis. Additionally, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. The Plan had no assets classified within Level 3 of the fair value hierarchy.

Investments

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

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	December 31, 2019			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Commingled fund (A)	\$ 11,650,189	\$ —	N/A	None
Real estate investment trust fund (B)	15,447,463	—	N/A	None
Real estate investment fund (C)	15,802,422	—	N/A	None

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

(A) This category includes investments in a fund that seeks to provide returns consistent with U.S. CPI +5 percent over the long-term by investing in areas that offer strong relative performance in rising inflation environments.

(B) This category includes investments in a fund that is institutional debt focused. The structure is to invest in participating mortgage loans which are secured primarily by high quality, well leased properties, all of which are located in the United States of America.

(C) This category includes investments in a real estate fund that emphasizes the active management of stable, well located properties among the primary real estate sectors consisting of apartments, industrial, office and retail in major metropolitan markets throughout the United States of America.

Note 9: Plan Amendment

During the year, the Plan was amended for purposes of revising the single cash payment limits and to add clarification related to joint and survivor annuity payments. This amendment was effective as of October 1, 2019.

Parkview Health System, Inc. Employees' Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 10: Risks and Uncertainties

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

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

Note 11: Subsequent Events

Subsequent events have been evaluated through October 8, 2020, which is the date the financial statements were available to be issued.

As a result of the spread of the COVID-19 coronavirus, there has been significant volatility in the investment markets both nationally and globally since the Plan's year-end, resulting in an overall market decline which has resulted in a substantial decline in the value of investments. While the Plan has no immediate intention to liquidate any significant portion of its portfolio, the Plan may be required to liquidate a portion of these investments in order to pay Plan expenses or benefits to participants.

Supplemental Schedules

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
American Funds Capital World Growth	735,797 Shares	\$ 32,915,647	\$ 38,460,087
Dodge & Cox Global Stock Fund	2,991,583 Shares	33,834,351	38,023,015
PIMCO Real Return Fund Class Instl	1,457,390 Shares	15,929,645	16,381,061
US Core Fixed Income Fund	5,068,230 Shares	60,601,621	62,010,641
* Money Market Funds			
Blackrock Short-Term Investment Fund	4,109,309 Shares	4,109,309	4,109,309
Common Stocks			
Adobe Inc	3,200 Shares	104,596	1,055,392
Agilent Technologies Inc	7,949 Shares	589,201	678,129
AIA Group LTD USD	123,400 Shares	560,689	1,295,480
Akamai Technologies	11,600 Shares	583,602	1,002,008
Align Technology Inc	5,379 Shares	270,407	1,500,956
Alimentation Couche Inc NPV	29,200 Shares	742,682	927,960
Alphabet Inc Cl A	210 Shares	74,449	281,272
Alphabet Inc Cl C	1,019 Shares	969,635	1,362,423
Alphabet Inc Cl C	561 Shares	197,707	750,068
American International Group, Inc	11,881 Shares	586,852	609,852
Ameriprise Finl Inc	5,286 Shares	281,047	527,226
Ametek Inc Com	10,000 Shares	487,704	1,082,300
Amphenol Corp Cl A	8,835 Shares	198,425	539,288
Applied Materials Inc	2,165 Shares	537,728	440,361
Arista Networks Inc	6,734 Shares	275,627	1,235,420
Autodesk Inc	4,700 Shares	243,480	801,350
Automatic Data Processing Inc	27,927 Shares	597,605	692,031
AXA Equitable Holdings Inc	18,374 Shares	532,901	556,365
Bank of America Corp	23,298 Shares	585,291	820,556
Bank of the Ozarks Inc	17,914 Shares	703,276	546,467
Boeing Co	2,731 Shares	485,878	889,651
Booking Holdings Inc	465 Shares	860,637	954,984
Boston Scientific Corp Com	12,669 Shares	423,321	572,892
Broad Comic Inc	2,942 Shares	877,780	929,731
Cabot Oil & Gas Corp CL A	65,266 Shares	1,124,688	1,136,281
Carmax Inc	5,839 Shares	429,917	511,905
Centene Corp Del	14,732 Shares	747,720	926,201
Cerner Corp Com	12,900 Shares	769,263	946,731
Charles River Laboratories	3,327 Shares	427,649	508,233
Charter Communications Inc	1,173 Shares	495,227	568,999
Cheesecake Factory Inc	4,773 Shares	201,919	185,479
Cisco Systems Inc	21,200 Shares	405,666	1,016,752
Cnooc LTD NPV	486,000 Shares	764,448	808,358
CSL LTD NPV	5,000 Shares	227,016	969,225
Coca Cola Co	10,324 Shares	461,568	571,433

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Cognex Corp	15,091 Shares	\$ 567,488	\$ 845,700
Cognizant Tech Solutions Crp Com	8,300 Shares	451,177	465,132
Colgate Palmolive Co	13,400 Shares	834,796	831,068
Compass Group 11P	7,900 Shares	421,136	543,836
Compass Group 11P	32,900 Shares	576,600	823,742
Core Laboratories N V Com	5,496 Shares	387,310	207,034
Danaher Corp	4,483 Shares	375,287	688,051
Deluxe Corp	8,186 Shares	399,152	408,645
Discovery Communications Inc	12,043 Shares	342,303	367,191
Dolby Laboratories Inc	13,024 Shares	681,397	896,051
Dollar Tree Inc	2,977 Shares	266,727	279,987
Dupont Denemours Inc	5,230 Shares	381,236	335,766
Edwards Lifesciencescorp	7,899 Shares	479,242	1,842,758
Edwards Lifesciencescorp	4,400 Shares	501,086	1,026,476
Electronicarts Inc	7,154 Shares	664,160	769,127
EOG Resources Inc	8,100 Shares	476,215	678,456
Expedia Inc	3,317 Shares	360,529	358,700
Experian PLC USD	18,900 Shares	354,974	638,964
Facebook Inc	6,132 Shares	1,137,939	1,258,593
Factset Reshsys Inc Com	3,899 Shares	445,207	1,046,102
Fanuc Co Jpy Ords	3,800 Shares	610,493	695,462
Fastenal Co	25,300 Shares	710,779	934,835
Garmin Ltd	10,053 Shares	473,948	980,771
Gentex Corp	30,685 Shares	409,834	889,251
Gentherm Inc	7,651 Shares	299,272	339,628
Gilead Sciences Inc	6,600 Shares	684,364	428,868
Graco Inc	9,726 Shares	214,040	505,752
Hexcel Corp New Com	8,317 Shares	392,688	609,719
Home Depot Inc	2,397 Shares	367,757	523,457
Hong Kong and China Gas Co	230,035 Shares	268,386	449,336
Huntington Ingalls Industries	2,374 Shares	526,899	595,589
Industria De Diseno Textil Eur	27,500 Shares	774,412	970,821
Ihs Markit Ltd	5,662 Shares	214,156	426,632
Ingersoll-Rand PLC	4,869 Shares	275,938	647,187
Insperty Inc	3,441 Shares	267,474	296,064
Intuit Com	6,206 Shares	414,860	1,625,538
Intuitivesurgical Inc	2,288 Shares	348,852	1,352,551
Intuitivesurgical Inc	1,770 Shares	245,150	1,046,336
Ipg Photonics Corp	2,593 Shares	346,815	375,778
Jacobs Engr Group Inc	3,962 Shares	221,439	355,906
Jetblue Awys Corp	43,798 Shares	533,607	819,899
Johnson & Johnson	5,800 Shares	393,043	846,046

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Jones Lang Lasalle Inc	2,927 Shares	\$ 431,660	\$ 509,561
Keyence Co NPV	3,600 Shares	233,764	1,290,899
Kone Corp New NPV	7,800 Shares	417,701	514,776
KKR & Co Inc	19,869 Shares	508,605	579,579
Land Star Sys Inc Com	6,346 Shares	371,940	722,619
LGI Homes Inc	8,782 Shares	570,625	620,448
Liberty Sirius XM Group	9,242 Shares	431,808	446,758
Linde Public Limited Company	2,692 Shares	459,033	573,125
Linde Public Limited Company	4,800 Shares	784,584	1,021,920
L'oreal SA Eur	3,300 Shares	416,823	977,920
LVMH Moet Hennessy Loui Eur	2,000 Shares	353,940	929,878
Manhattan Associates, Inc Com	4,064 Shares	181,782	324,104
Mastercard Inc	4,900 Shares	213,231	1,463,091
Metlife Inc	14,254 Shares	673,156	726,526
MGM Resorts International	20,502 Shares	598,571	682,102
Microchip Technology Inc Com	6,759 Shares	300,480	707,802
Micron Technology Inc	9,573 Shares	376,459	514,836
Microsoft Corp	14,886 Shares	719,946	2,347,522
Microsoft Corp	8,900 Shares	274,139	1,403,530
Middleby Corp Com	9,441 Shares	898,430	1,033,978
Middleby Corp Com	3,570 Shares	474,980	390,986
Morgan Stanley	11,835 Shares	512,929	605,005
Msc Indl Direct Inc Cl A	4,141 Shares	337,711	324,944
Myriad Genetics Inc Com	20,414 Shares	713,565	555,873
Nestle SA CHF	7,000 Shares	438,220	755,484
Nexstar Broadcasting Group Inc	4,276 Shares	416,453	501,361
Nike Inccl B	11,500 Shares	285,636	1,165,065
Nordstrom Inc	13,706 Shares	508,501	560,987
Norfolk Southern Corp	2,311 Shares	434,231	448,634
Novartis AG CHF	8,400 Shares	641,988	797,191
Novo Nordisk AS DKK	17,200 Shares	594,329	995,737
Occidentalpete Corp	11,929 Shares	821,599	491,594
Open Textcorporation	28,856 Shares	502,590	1,271,684
Oracle Corporation	15,100 Shares	491,292	799,998
Paychex Inc	4,075 Shares	169,280	346,620
Pfizer Inc	19,984 Shares	754,522	782,973
Plantronics Inc Com	11,836 Shares	486,521	323,596
Plexus Corp Com	17,551 Shares	644,333	1,350,374
Post Holdings Inc	3,957 Shares	422,454	431,709
Power Intergrations Inc Com	10,573 Shares	603,003	1,045,775
Proto Labs Inc	5,388 Shares	283,150	547,151
Pure Storage Inc	22,274 Shares	359,297	381,108
Ralph Lauren Corporation	2,765 Shares	396,182	324,113
Real Page Inc	12,727 Shares	347,565	684,076
Reckitt Benckiser PLC	7,900 Shares	478,522	641,432
Roche Holdings Ag	3,100 Shares	647,419	1,001,764
Royal Caribbean Cruise	7,124 Shares	394,149	951,125
Schlumberger LTD	11,800 Shares	817,056	474,360
Schwab Charles Corp New	11,743 Shares	508,067	558,497
SGS SA CHF	220 Shares	461,116	602,282
Shinetsu Chemical Co LTD	6,800 Shares	373,019	769,958
Sleep Number Corp	17,902 Shares	533,845	881,494
SMC Corp JPY50	1,200 Shares	392,665	562,095
Southwestern Energy	107,328 Shares	637,891	259,734

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Stamps Com Inc	7,217 Shares	\$ 598,121	\$ 602,764
Starbucks Corp Com	9,837 Shares	507,074	864,869
Stryker Corp	4,600 Shares	248,524	965,724
Super Microcomputer Inc	28,599 Shares	700,104	686,948
Taiwan Semi Conductor Manufactu - ADR	20,100 Shares	292,234	1,167,810
TCF Financial Corp	6,433 Shares	177,700	301,064
Texas Pacld Tr Sub Sh Ctf	529 Shares	347,948	413,265
TJX Companies Inc	32,378 Shares	938,726	1,977,001
TJX Companies Inc	9,652 Shares	298,009	589,351
TJX Companies Inc	16,600 Shares	403,606	1,013,596
Trip Advisor Inc	3,544 Shares	223,698	107,667
Ubiquiti Inc	9,654 Shares	374,065	1,824,413
Ultra Petroleum Corp	69,441 Shares	776,042	7,368
Under Armour Inc	33,391 Shares	592,009	721,246
United Technologies Corp	3,599 Shares	437,166	538,986
Unitedhealthgroup Inc	3,305 Shares	336,646	971,604
Universaldisplay Corp	1,790 Shares	135,117	368,865
Urban Outfitters Incorporated	6,592 Shares	228,196	183,060
Varian Medsys Inc	5,377 Shares	348,338	763,588
Ventas Inc Com	8,868 Shares	542,662	512,038
Viasat Inc	7,914 Shares	476,167	579,265
Visa Inc - Class A Shrs	2,384 Shares	153,360	447,954
Walt Disney Co	6,300 Shares	604,854	911,169
Waters Corp	3,900 Shares	773,041	911,235
Willis Towers Watson	2,039 Shares	280,293	411,756
Xpo Logistics Inc	7,464 Shares	527,996	594,881
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp	224,063 Shares	232,045	228,721
Fed Home LN MTG Corp	364,238 Shares	375,507	371,818
Fed Home LN MTG Corp	975,000 Shares	992,977	1,013,971
Fed Home LN MTG Corp	580,000 Shares	582,078	639,705
Fed Home LN MTG Corp	510,000 Shares	525,275	517,721
Fed Home LN MTG Corp	546,850 Shares	603,586	600,081
Fed Home LN MTG Corp Pool #C91874	251,521 Shares	273,765	268,041

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp Pool #C91875	350,502 Shares	\$ 370,437	\$ 365,721
Fed Home LN MTG Corp Pool #C919906	362,705 Shares	374,962	378,472
Fed Home LN MTG Corp Pool #G18558	395,285 Shares	417,582	411,583
Fed Home LN MTG Corp Pool #G60651	510,309 Shares	539,292	541,070
Fed Home LN MTG Corp Pool #G61816	463,787 Shares	476,722	487,486
Fed Home LN MTG Corp Pool #Q46278	983,431 Shares	997,281	1,021,529
Fed Home LN MTG Corp Pool #Q53670	481,575 Shares	496,737	500,332
Fed Home LN MTG Corp Pool #Q62771	442,638 Shares	456,402	461,791
Fed Home LN MTG Corp Pool #QA3329	963,804 Shares	977,508	978,945
Fed Home LN MTG Corp Pool #QA4336	602,573 Shares	612,600	616,131
Fed Home LN MTG Corp Pool #QA4396	681,509 Shares	675,865	673,999
Fed Home LN MTG Corp Pool #RB5022	268,860 Shares	274,783	275,025
Fed Home LN MTG Corp Pool #ZS4663	443,659 Shares	449,139	462,399
Fed Home LN MTG Corp Pool #ZS4678	290,776 Shares	294,959	303,594
Fed Natl MTG Assn	8 Shares	9	8
Fed Natl MTG Assn	352 Shares	361	352
Fed Natl MTG Assn Pool #AI8401	223,246 Shares	250,872	243,851
Fed Natl MTG Assn Pool #AL6895	778,105 Shares	806,697	819,197
Fed Natl MTG Assn Pool #AN5741	390,000 Shares	376,959	404,173
Fed Natl MTG Assn Pool #AN8575	235,000 Shares	230,291	243,897
Fed Natl MTG Assn Pool #AP0495	761,189 Shares	800,676	802,301
Fed Natl MTG Assn Pool #AS4170	286,442 Shares	306,448	303,500
Fed Natl MTG Assn Pool #AS7568	209,859 Shares	230,878	223,250
Fed Natl MTG Assn Pool #BE3695	752,505 Shares	763,763	781,153
Fed Natl MTG Assn Pool #BM3900	685,475 Shares	708,529	719,605
Fed Natl MTG Assn Pool #BO8851	820,000 Shares	832,044	832,882
Fed Natl MTG Assn Pool #CA2219	520,265 Shares	552,496	557,692
Fed Natl MTG Assn Pool #MA2028	135,749 Shares	148,305	145,961
Fed Natl MTG Assn Pool #MA2158	576,815 Shares	630,351	619,927
Fed Natl MTG Assn Pool #MA2211	584,111 Shares	631,205	621,079
Fed Natl MTG Assn Pool #MA2260	240,914 Shares	253,712	251,252
Fed Natl MTG Assn Pool #MA2279	328,922 Shares	352,974	345,716
Fed Natl MTG Assn Pool #MA3058	379,537 Shares	389,767	397,383
Fed Natl MTG Assn Pool #MA3830	461,294 Shares	463,175	462,207
Fed Natl MTG Assn Pool #711067	186,544 Shares	210,386	207,664
FHLMC Multifamily Structured	500,000 Shares	514,976	529,155
FHLMC Multifamily Structured	245,000 Shares	252,342	259,957
FHLMC Multifamily Structured	280,000 Shares	288,383	295,954
FRESB Multifamily Mortgage Pass-through	131,415 Shares	132,018	131,172
FRESB Multifamily Mortgage Pass-through	508,286 Shares	505,260	529,995
U.S. Treasury Bond	4,232,000 Shares	4,261,547	4,328,193
U.S. Treasury Note	405,000 Shares	401,788	401,886
U.S. Treasury Note	21,700 Shares	22,190	22,212
U.S. Treasury Note	265,100 Shares	284,203	281,152
U.S. Treasury Note	715,000 Shares	714,191	717,317
U.S. Treasury Note	565,000 Shares	567,991	567,955
U.S. Treasury Note	710,000 Shares	714,452	715,410
U.S. Treasury Note	283,300 Shares	287,189	287,615
U.S. Treasury Note	385,000 Shares	388,068	388,219
U.S. Treasury Note	210,000 Shares	208,708	210,435
U.S. Treasury Note	540,000 Shares	534,914	540,443
U.S. Treasury Note	710,000 Shares	716,802	715,992
U.S. Treasury Note	570,000 Shares	574,182	574,497

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Abbvie Inc	232,000 Shares	\$ 231,724	\$ 236,213
Abbvie Inc	145,000 Shares	143,490	145,218
Abbvie Inc	250,000 Shares	248,055	288,835
Albemarle Corp	170,000 Shares	200,088	194,954
Alexandria Real Estate E	199,000 Shares	198,867	212,038
Ally Financial Inc	126,000 Shares	129,013	128,835
Amerada Hess Corp	92,000 Shares	113,424	120,230
American Campus Communities	75,000 Shares	75,737	75,623
American Express Credit	180,000 Shares	177,971	180,218
American Express Credit Accoun	220,000 Shares	216,571	219,989
American Homes 4 Rent	144,000 Shares	143,991	153,397
American Honda Finance	160,000 Shares	157,685	159,994
American Honda Finance	105,000 Shares	104,964	105,381
American Tower Trust I	230,000 Shares	227,775	240,442
Americredit Automobile Receiva	705,000 Shares	691,120	711,211
Americredit Automobile Receiva	335,000 Shares	334,940	335,784
Ameriprise Financial Inc	90,000 Shares	91,952	92,063
Ameriprise Financial Inc	35,000 Shares	36,234	35,224
Amphenol Corp	180,000 Shares	178,318	180,023
Anheuser Busch Inbev Wor	167,000 Shares	180,331	228,079
Anheuser Busch Inbev Wor	183,000 Shares	195,612	212,128
Antero Midstream Part	204,000 Shares	210,120	179,394
Apache Corp	202,000 Shares	201,672	211,290
Ari Fleet Lease Trust	725,000 Shares	724,763	730,053
Aspen Insurance Hldg Ltd	261,000 Shares	273,141	280,972
Assurant Inc	33,000 Shares	33,015	33,004
AT&T Inc	180,000 Shares	177,714	180,612
AT&T Inc	225,000 Shares	202,480	254,642
AT&T Inc	236,000 Shares	240,130	256,803
AT&T Inc	213,000 Shares	211,294	219,663
Avis Budget Rental Car Funding	515,000 Shares	514,918	523,817
Bacardi LTD	207,000 Shares	219,892	223,247
Bank of America Corp	537,000 Shares	529,997	554,232
Bank of America Corp	270,000 Shares	267,739	271,966
Bank of America Corp	248,000 Shares	239,474	260,435
Bank of America Credit Card Tr	230,000 Shares	226,413	230,023
Bank of Montreal	307,000 Shares	309,109	320,017
Bank of Montreal	225,000 Shares	230,159	229,406
Bank of Nova Scotia	205,000 Shares	201,275	206,154
Barclays PLC	207,000 Shares	217,810	218,261
Bat Capital Corp	229,000 Shares	188,197	230,310
Becton Dickinson & Co	219,000 Shares	228,805	233,060
Becton Dickinson & Co	192,000 Shares	192,470	192,094
BMW Vehicle Owner Trust	140,000 Shares	141,389	141,106
BNP Paribas	205,000 Shares	211,710	211,503

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Boeing Co	70,000 Shares	\$ 69,997	\$ 70,396
Bp Capital Markets Plc	160,000 Shares	164,840	165,002
Bristol Myers Squibb Company	237,000 Shares	248,561	304,021
Burlington North Santa Fe	149,000 Shares	165,430	182,524
California Institue of	178,000 Shares	178,153	198,591
Capital Auto Receivable Asset	750,000 Shares	752,637	750,143
Capital Auto Receivable Asset	625,000 Shares	624,860	630,469
Capital One Financial Co	235,000 Shares	241,098	244,750
Capital One Financial Co	185,000 Shares	188,389	188,365
Capital One Multi-asset Execut	145,000 Shares	144,558	144,552
Capital One Multi-asset Execut	759,000 Shares	758,798	744,974
Capital One Prime Auto Receiva	159,170 Shares	159,648	159,640
Cargill Inc	166,000 Shares	163,565	185,958
Carlyle Finance LLC	198,000 Shares	197,830	235,646
Caterpillar Finl Service	145,000 Shares	148,234	148,306
CBRE Services Inc	182,000 Shares	193,582	204,837
CD 2016-CD2 MTG TR	416,000 Shares	428,469	442,453
CD 2017-CD3 MTG TR	495,000 Shares	509,833	529,868
Cenovus Energy Inc	210,000 Shares	200,476	222,489
Centene Corp	75,000 Shares	74,370	77,156
Centerpoint Energy Inc	65,000 Shares	66,789	66,703
CFCRE Commercial Mortgage Trust	255,000 Shares	262,648	274,533
Chase Issuance Trust	230,000 Shares	226,083	229,947
Chase Issuance Trust	495,000 Shares	494,917	493,985
Cheniere Corpus Christi Hldgs LLC	75,000 Shares	74,370	102,122
Cintas Coporation No. 2	205,000 Shares	203,940	222,405
Citibank Credit Card Issuance	220,000 Shares	216,279	219,989
Citigroup Commercial Mortgage Trust	579,000 Shares	596,337	622,923
Citigroup Commercial Mortgage Trust	479,000 Shares	493,557	493,394
Citigroup Inc	158,000 Shares	153,603	163,939
Citigroup Inc	134,000 Shares	135,994	136,625
Citigroup Inc	195,000 Shares	195,152	195,606
Citizens Bank NA/RI	266,000 Shares	265,965	268,224
CMS Energy Corp	213,000 Shares	233,447	240,247
CNH Equipment Trust	82,179 Shares	82,238	82,351
Coca Cola	216,000 Shares	215,922	210,570
Comcast Corp	216,000 Shares	224,113	230,383
Comcast Corp	163,000 Shares	162,892	194,340

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Comm Mortgage Trust	719,000 Shares	\$ 786,631	\$ 758,804
Comm Mortgage Trust	129,000 Shares	135,880	136,910
Comm Mortgage Trust	700,000 Shares	744,105	741,923
Comm Mortgage Trust	500,000 Shares	514,964	529,795
Commercial Mortgage Pass-through	132,000 Shares	141,936	136,087
Commscope Tech LLC	247,000 Shares	216,743	232,180
Conagra Brands Inc	210,000 Shares	201,592	249,402
Consolidated Edison Co	75,000 Shares	75,269	75,203
Constellation Brands Inc	204,000 Shares	222,450	222,927
Cott Corp	92,000 Shares	93,380	96,140
Credit Suisse	143,000 Shares	145,615	143,134
Credit Suisse Group AG	289,000 Shares	289,000	289,827
Crown Castle International Corp	199,000 Shares	206,943	216,176
CVS Health Corp	285,000 Shares	289,842	305,659
Daimler Finance NA LLC	200,000 Shares	200,000	201,500
Darling Ingredients Inc	57,000 Shares	58,710	60,634
Dbubs Mortgage Trust	114,479 Shares	128,283	116,169
Dbubs Mortgage Trust	148,000 Shares	163,257	151,086
DH Europe Finance	223,000 Shares	222,709	224,924
Diamond Sports	72,000 Shares	72,540	72,832
Discover Card Execution Note T	195,000 Shares	191,740	195,018
Discover Card Execution Note T	715,000 Shares	714,656	727,312
Discovery Communications	200,000 Shares	203,366	233,140
Dominion Energy Inc	208,000 Shares	208,558	214,275
Dowdupont Inc	150,000 Shares	151,485	152,079
Duke Energy Progress LLC	244,000 Shares	244,486	255,956
Duke University	215,000 Shares	215,000	219,717
EMC Corp	139,000 Shares	139,000	141,780
Entergy Mississippi Inc	202,000 Shares	201,034	206,765
Enterprise Fleet Financing LLC	788,000 Shares	787,762	805,754
Enterprise Fleet Financing LLC	590,000 Shares	589,947	597,092
Enterprise Products Oper	140,000 Shares	143,727	140,316
Enterprise Products Oper	160,000 Shares	186,975	206,493
Erac USA Finance Company	124,000 Shares	119,850	132,494
Fifth Third Auto Trust	40,860 Shares	40,383	40,823
Fifth Third Auto Trust	105,666 Shares	405,660	105,999
Fiserv Inc	211,000 Shares	211,382	218,522
Florida Power & Light Co	130,000 Shares	130,004	130,004
FMC Corp	217,000 Shares	217,335	224,374
Ford Credit Auto Owner Trust	95,000 Shares	94,991	94,931
Ford Credit Auto Owner Trust	97,088 Shares	95,946	97,134
Ford Credit Auto Owner Trust/F	610,000 Shares	609,786	633,961

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
GE Capital INTL Funding	294,000 Shares	\$ 293,853	\$ 294,238
General Dynamics Corp	160,000 Shares	159,928	160,555
General Motors Finl Co	193,000 Shares	198,731	200,100
Gilead Sciences Inc	115,000 Shares	114,379	115,163
GM Financial Securitized Term	110,759 Shares	110,749	111,065
GM Financial Securitized Term	165,000 Shares	167,810	167,813
GMRF Mortgage Acquisition Co	152,166 Shares	153,574	152,714
GMRF Mortgage Acquisition Co	437,084 Shares	438,953	445,354
GMRF Mortgage Acquisition Co	461,963 Shares	469,349	470,195
Goldman Sachs Group Inc	167,000 Shares	207,349	233,526
Goldman Sachs Group Inc	463,000 Shares	457,043	468,848
Goldman Sachs Group Inc	248,000 Shares	243,224	252,090
Goldman Sachs Group Inc	190,000 Shares	192,470	192,696
Graphic Packaging International	225,000 Shares	227,813	240,750
GS Mortgage Securities Corp II	354,000 Shares	378,019	355,388
GS Mortgage Securities Corp II	605,216 Shares	689,024	618,022
GS Mortgage Securities Trust	183,000 Shares	188,490	193,151
GS Mortgage Securities Trust	183,000 Shares	198,555	195,212
Harris Corporation	189,000 Shares	200,039	201,710
HCA Holdings Inc	84,000 Shares	86,940	87,570
HCA Inc	200,000 Shares	209,098	218,634
Healthcare Trust Of Amer	243,000 Shares	242,258	241,335
Hertz Fleet Lease Funding LP	830,000 Shares	829,883	836,001
Hertz Vehicle Financing LLC	640,000 Shares	633,200	640,717
Hollyfrontier Corp	180,000 Shares	193,087	203,063
Homedepot Inc	120,000 Shares	120,099	120,269
Honda Auto Receivables Owner T	615,000 Shares	614,962	614,729
Honda Auto Receivables Owner T	15,934 Shares	15,819	15,921
Honda Auto Receivables Owner T	170,000 Shares	169,988	169,966
Host Hotels & Resorts	213,000 Shares	211,334	214,926
HSBC Holdings PLC	180,000 Shares	187,593	186,689
Hudson Pacific Poperties	217,000 Shares	215,367	215,904
Huntington Bancshares	239,000 Shares	239,578	242,415
Hyundai Auto Receivables Trust	8,592 Shares	8,473	8,586
Hyundai Auto Receivables Trust	50,366 Shares	50,366	50,532
IBM Corp	118,000 Shares	117,549	122,451
IBM Credit Corp	180,000 Shares	179,150	181,647
Indiana Michigan Power	187,000 Shares	188,131	218,409
ING GROEP NV	264,000 Shares	264,586	269,929
Interpublic Group Cos	90,000 Shares	90,793	90,964
Interpublic Group Cos	20,000 Shares	20,530	20,557
Iron Mountain Inc	65,000 Shares	65,244	65,653
Istar Financial Inc	103,000 Shares	136,160	106,734
Johnson & Son Inc	250,000 Shares	316,513	305,235
John Deere Capital Corp	100,000 Shares	98,622	100,016
John Deere Capital Corp	75,000 Shares	74,114	75,035
John Deere Capital Corp	15,000 Shares	15,044	15,073
John Deere Owner Trust	130,000 Shares	130,752	131,335
John Deere Owner Trust	88,941 Shares	88,937	89,230
Jones Lang LaSalle Inc	186,000 Shares	191,306	194,221
JPMorgan Chase Commercial Mor	719,000 Shares	771,465	762,039
JPMorgan Chase Commercial Mor	151,000 Shares	155,530	161,242
JPMorgan Chase & Co	324,000 Shares	331,958	343,476
JPMorgan Chase & Co	225,000 Shares	229,113	229,259
JPMorgan Chase & Co	297,000 Shares	307,603	338,013

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Keysight Technologies	206,000 Shares	\$ 214,536	\$ 224,521
Kimco Realty Corp	214,000 Shares	212,641	216,718
Kinder Morgan Inc	200,000 Shares	215,010	216,998
KKR Group Finance Co III	181,000 Shares	185,296	214,380
Korea East-West Power Co	218,000 Shares	216,156	218,235
Kroger Co	115,000 Shares	115,025	115,712
Lehigh University	395,000 Shares	395,000	383,691
Lions Gate Capital Hold	210,000 Shares	220,500	219,454
Live Nation Entertainment	50,000 Shares	50,000	51,750
Lloyds Banking Group PLC	205,000 Shares	219,949	222,036
Macquarie Bank LTD	175,000 Shares	190,030	184,280
Marathon Petroleum Corp	169,000 Shares	176,183	170,796
MDC Holdings Inc	217,000 Shares	203,980	225,680
Meiji Yasuda Life Insurance	250,000 Shares	271,375	277,188
Mercedes-Benz Auto Receivables Tr	5,866 Shares	5,827	5,863
Mercedes-Benz Auto Receivables Tr	29,618 Shares	29,617	29,641
Mercedes-Benz Auto Receivables Tr	100,000 Shares	101,051	100,984
Merck & Co Inc	135,000 Shares	133,593	154,443
Microchip Technology Inc	145,000 Shares	145,000	148,289
Microsoft Corp	177,000 Shares	200,715	236,477
Midwest Connector Capital	222,000 Shares	221,824	233,064
Mitsubishi UFJ Finance Group	283,000 Shares	294,512	298,135
Morgan Stanley	210,000 Shares	200,506	233,297
Morgan Stanley	180,000 Shares	178,681	181,364
Morgan Stanley BAML Trust	520,000 Shares	535,587	557,658
Morgan Stanley Capital I	230,000 Shares	236,892	238,103
Morgan Stanley Capital I	680,000 Shares	700,360	755,834
MPLX LP	196,000 Shares	205,871	205,886
MPLX LP	75,000 Shares	75,165	75,300
MSCI Inc	45,000 Shares	45,000	45,619
Murphy Oil Corp	220,000 Shares	221,283	231,000
New York University	720,000 Shares	709,315	727,229
Newfield Exploration Co	194,000 Shares	213,429	213,185
Nextera Energy Capital	23,000 Shares	23,104	23,201
Nissan Auto Receivables Owner	80,000 Shares	78,656	79,874
Nissan Auto Receivables Owner	80,911 Shares	80,906	81,183
Noble Energy Inc	190,000 Shares	212,195	211,284
Nucor Corp	201,000 Shares	209,938	228,055
Nustar Logistics LP	142,000 Shares	140,935	143,775
Ohio Edison	171,000 Shares	216,476	239,210
Pepsico Inc	193,000 Shares	190,987	204,887
Physicians Realty LP	252,000 Shares	251,697	269,464
Plains All Amer Pipeline	222,000 Shares	214,945	221,232
PNC Financial Services	219,000 Shares	225,697	233,758
Premier Health Partners	271,000 Shares	271,000	263,634

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Prime Secsrv Brw/Financ	224,000 Shares	\$ 229,631	\$ 242,775
Progress Energy Inc	155,000 Shares	158,288	158,032
Rabobank Nederland	250,000 Shares	262,695	261,403
Radian Group Inc	218,000 Shares	220,329	229,445
Ryder System Inc	75,000 Shares	75,894	75,938
Sabra Health Capital Corp	169,000 Shares	172,004	179,684
Santander Drive Auto Receivabl	430,000 Shares	429,939	433,582
Santander UK PLC	205,000 Shares	202,611	205,109
Saudi Arabian Oil Co	74,000 Shares	73,523	80,926
Sempra Energy	125,000 Shares	124,945	125,008
Sempra Energy	267,000 Shares	259,370	279,199
Smithfield Foods Inc	195,000 Shares	198,605	216,276
Southern Co	85,000 Shares	85,422	85,430
Spirit Realty LP	295,000 Shares	294,384	296,552
Springleaf Finance Corp	217,000 Shares	219,790	226,505
Starwood Property Trust	37,000 Shares	37,555	38,388
Starwood Property Trust	154,000 Shares	154,000	154,963
Store Capital Corp	209,000 Shares	207,777	232,005
Sumitomo Misui Finl Group	260,000 Shares	256,201	264,839
Symetra Finl Corp	195,000 Shares	201,014	206,160
Tenga Inc	200,000 Shares	200,000	203,500
Textron Inc	195,000 Shares	200,185	198,551
Time Warner Inc	191,000 Shares	232,178	234,342
Toronto-Dominion Bank	180,000 Shares	180,457	181,584
Toronto-Dominion Bank	274,000 Shares	271,818	286,577
Toyota Auto Loan Extended Note	540,000 Shares	539,819	548,305
Toyota Auto Receivables Owner	80,113 Shares	79,155	80,065
Toyota Motor Credit Corp	200,000 Shares	198,501	200,000
Transatlantic Holdings	144,000 Shares	197,431	214,168
Trimble Inc	199,000 Shares	207,063	217,398
United Technologies Corp	226,000 Shares	248,767	254,270
U.S. Bancorp	183,000 Shares	191,679	187,273
USAA Auto Owner Trust	21,265 Shares	21,080	21,255
Verizon Communications	278,000 Shares	303,822	335,401
Viacom Inc	232,000 Shares	201,702	245,980
Volkswagen Auto Loan Enhanced	65,308 Shares	199,862	65,427
Volkswagen Auto Loan Enhanced	240,000 Shares	239,965	242,762
Waste Connections Inc	186,000 Shares	185,513	197,078

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Waste Management Inc	171,000 Shares	\$ 167,198	\$ 192,206
Wea Financial LLC	230,000 Shares	229,542	229,315
Wec Energy Group Inc	60,000 Shares	61,191	61,218
Wells Fargo Commercial Mortgage	257,000 Shares	264,702	275,758
Wells Fargo Commercial Mortgage	483,000 Shares	497,470	516,119
Westpac Bank Corp	174,000 Shares	174,358	184,257
Westpac Bank Corp	220,000 Shares	219,929	220,057
WF-RBS Commercial Mortgage Trust	81,011 Shares	88,720	82,573
WF-RBS Commercial Mortgage Trust	225,000 Shares	240,091	228,854
State and Municipal Bonds			
California ST Txbl	630,000 Shares	640,723	644,490
CMWLTH Fing Auth Pa Txbl Ser-A	85,000 Shares	85,000	93,792
Energy N W WA Elec Revenue Txbl	50,000 Shares	49,667	51,108
Houston TX Utility Sys Revenue Txbl	500,000 Shares	528,315	534,960
Illinois ST Sales Tax Revenue Txbl	230,000 Shares	227,813	221,166
New York NY Txbl Ser D	720,000 Shares	718,078	726,552
New York St Txbl Ref Ser B Group 2	435,000 Shares	435,000	435,131
New York St Dorm Auth St Perso Txbl	720,000 Shares	731,369	749,347
New York St Urban Dev Corp Sal	680,000 Shares	680,000	676,797
Seattle WA Txbl Ser B	605,000 Shares	605,000	618,225
Univ of California CA Revenues Txbl	520,000 Shares	529,901	584,560
Commingled Funds			
Wellington CTF DIH	966,019 Shares	13,404,949	11,650,189
Real Estate Investment Fund			
UBS (US) Trumbull Property Income	1,223 Shares	12,654,577	15,802,422
Real Estate Investment Trust Fund			
RREEF America REIT II, INC LLC	121,291 Shares	11,204,639	15,447,463
		358,595,592	419,787,727
Net Cash			
	313,075 Shares	313,075	313,075
Investment Contract With Insurance Company			
Lincoln National Life		4,313,694	4,313,694
		<u>\$ 363,222,361</u>	<u>\$ 424,414,496</u>

* Party-in-interest

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2019

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Value	Net Gain (Loss)
Series of transactions greater than 5 percent						
Blackrock Short-Term Investment Fund	\$ 88,598,425	\$ -	\$ -	\$ 88,598,425	\$ 88,598,425	\$ -
Blackrock Short-Term Investment Fund	-	87,193,142	-	87,193,142	87,193,142	-
Lincoln National Life	24,309,832	-	-	24,309,832	24,309,832	-
Lincoln National Life	-	21,805,247	-	21,805,247	21,805,247	-

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	833.0934	0.0102	8.5219	468.7067
56	897.3788	0.0199	17.8888	1,001.7721
57	973.0610	0.0199	19.3230	1,101.4093
58	1,058.0085	0.0199	21.0617	1,221.5760
59	1,126.9129	0.0199	22.4205	1,322.8093
60	1,180.0958	0.0497	58.7091	3,522.5444
61	1,201.6320	0.0498	59.8339	3,649.8708
62	1,229.7070	0.4850	596.3783	36,975.4575
63	692.8416	0.1450	100.4415	6,327.8152
64	642.2090	0.1453	93.3112	5,971.9138
65	580.6466	1.0000	580.6466	37,742.0278
66	19.0000	1.0000	19.0000	1,254.0000
67	9.0000	1.0000	9.0000	603.0000
68	3.0000	1.0000	3.0000	204.0000
69	3.0000	1.0000	3.0000	207.0000
70	0.0000	1.0000	0.0000	0.0000
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	<u>1.0000</u>	<u>76.0000</u>
Total			1,614.5365	101,720.9030
Weighted Average Retirement Age = 101,720.903 / 1,614.5365				63.00
Rounded Weighted Average Retirement Age				63

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

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

General note: The table presents values rounded to fewer significant digits than used in the calculation. This table calculates the weighted average retirement age for all active persons in the plan

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

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

Eligibility Requirements

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

Compensation

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

Average Final Compensation

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

Vesting Service

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

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

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

Benefit Service

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

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

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

Normal Retirement Date

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

Early Retirement Date

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

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

Eligibility for Disability Pension

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

Accrued Benefit

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

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

42.5% of Final Average Compensation reduced by 12.5% of Final Average Compensation not in excess of the Social Security Covered Compensation, reduced for Benefit Service less than 25 at Normal Retirement. The formula result is then prorated by Benefit Service to Date, over Benefit Service Projected to Age 65.

The Accrued Benefit is no less than 1.1% of Average Final Compensation multiplied by Benefit Service not to exceed 40 years.

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

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

For those employees who irrevocably waived participation in the Plan:

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

Normal Monthly Retirement Pension

Monthly Accrued Benefit as of Normal Retirement Date. The normal form of payment is the 5-year certain and life annuity. 100% of active participants are assumed to elect the normal form of payment. The other optional forms of payment are: Life only, 10-year certain and life annuity, 100%, 75%, 66-2/3% and 50% Joint and Survivor Annuities. The benefit may also be paid as a single lump sum, if the value of the lump sum does not exceed \$10,000 (this limit has been extended to \$35,000, effective October 1, 2019).

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Early Monthly Retirement Pension

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

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

Postponed Monthly Retirement Pension

The greater of:

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

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

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

Surviving Spouse Monthly Pension

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

Postretirement Death Benefit

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

Retirement Pension Disability

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

Actuarial equivalent

The determination of actuarially equivalent annuity benefits for annuity payment forms is based on the 1983 Group Annuity Mortality Table (blended 50% male and 50% female), and interest at the rate of 8.00% per annum, compounded annually.

The determination of actuarially equivalent single sum payments is based on the mortality table prescribed by the Secretary of the Treasury under Section 417(e)(3)(B) of the Code, and the "Applicable Interest Rate" as defined by the Secretary of the Treasury under Section 417(e)(3)(C) of the code.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Summary of Changes from the January 1, 2018 Valuation

Selected deferred vested participants were offered an opportunity to elect a lump sum distribution of pension benefits during 2018 as part of a Lump Sum Window. Approximately 120 participants elected a lump sum from the plan as a result of this Lump Sum Window.

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
American Funds Capital World Growth	735,797 Shares	\$ 32,915,647	\$ 38,460,087
Dodge & Cox Global Stock Fund	2,991,583 Shares	33,834,351	38,023,015
PIMCO Real Return Fund Class Instl	1,457,390 Shares	15,929,645	16,381,061
US Core Fixed Income Fund	5,068,230 Shares	60,601,621	62,010,641
* Money Market Funds			
Blackrock Short-Term Investment Fund	4,109,309 Shares	4,109,309	4,109,309
Common Stocks			
Adobe Inc	3,200 Shares	104,596	1,055,392
Agilent Technologies Inc	7,949 Shares	589,201	678,129
AIA Group LTD USD	123,400 Shares	560,689	1,295,480
Akamai Technologies	11,600 Shares	583,602	1,002,008
Align Technology Inc	5,379 Shares	270,407	1,500,956
Alimentation Couche Inc NPV	29,200 Shares	742,682	927,960
Alphabet Inc Cl A	210 Shares	74,449	281,272
Alphabet Inc Cl C	1,019 Shares	969,635	1,362,423
Alphabet Inc Cl C	561 Shares	197,707	750,068
American International Group, Inc	11,881 Shares	586,852	609,852
Ameriprise Finl Inc	5,286 Shares	281,047	527,226
Ametek Inc Com	10,000 Shares	487,704	1,082,300
Amphenol Corp Cl A	8,835 Shares	198,425	539,288
Applied Materials Inc	2,165 Shares	537,728	440,361
Arista Networks Inc	6,734 Shares	275,627	1,235,420
Autodesk Inc	4,700 Shares	243,480	801,350
Automatic Data Processing Inc	27,927 Shares	597,605	692,031
AXA Equitable Holdings Inc	18,374 Shares	532,901	556,365
Bank of America Corp	23,298 Shares	585,291	820,556
Bank of the Ozarks Inc	17,914 Shares	703,276	546,467
Boeing Co	2,731 Shares	485,878	889,651
Booking Holdings Inc	465 Shares	860,637	954,984
Boston Scientific Corp Com	12,669 Shares	423,321	572,892
Broad Comic Inc	2,942 Shares	877,780	929,731
Cabot Oil & Gas Corp CL A	65,266 Shares	1,124,688	1,136,281
Carmax Inc	5,839 Shares	429,917	511,905
Centene Corp Del	14,732 Shares	747,720	926,201
Cerner Corp Com	12,900 Shares	769,263	946,731
Charles River Laboratories	3,327 Shares	427,649	508,233
Charter Communications Inc	1,173 Shares	495,227	568,999
Cheesecake Factory Inc	4,773 Shares	201,919	185,479
Cisco Systems Inc	21,200 Shares	405,666	1,016,752
Cnooc LTD NPV	486,000 Shares	764,448	808,358
CSL LTD NPV	5,000 Shares	227,016	969,225
Coca Cola Co	10,324 Shares	461,568	571,433

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Cognex Corp	15,091 Shares	\$ 567,488	\$ 845,700
Cognizant Tech Solutions Crp Com	8,300 Shares	451,177	465,132
Colgate Palmolive Co	13,400 Shares	834,796	831,068
Compass Group 11P	7,900 Shares	421,136	543,836
Compass Group 11P	32,900 Shares	576,600	823,742
Core Laboratories N V Com	5,496 Shares	387,310	207,034
Danaher Corp	4,483 Shares	375,287	688,051
Deluxe Corp	8,186 Shares	399,152	408,645
Discovery Communications Inc	12,043 Shares	342,303	367,191
Dolby Laboratories Inc	13,024 Shares	681,397	896,051
Dollar Tree Inc	2,977 Shares	266,727	279,987
Dupont Denemours Inc	5,230 Shares	381,236	335,766
Edwards Lifesciencescorp	7,899 Shares	479,242	1,842,758
Edwards Lifesciencescorp	4,400 Shares	501,086	1,026,476
Electronicarts Inc	7,154 Shares	664,160	769,127
EOG Resources Inc	8,100 Shares	476,215	678,456
Expedia Inc	3,317 Shares	360,529	358,700
Experian PLC USD	18,900 Shares	354,974	638,964
Facebook Inc	6,132 Shares	1,137,939	1,258,593
Factset Reshsys Inc Com	3,899 Shares	445,207	1,046,102
Fanuc Co Jpy Ords	3,800 Shares	610,493	695,462
Fastenal Co	25,300 Shares	710,779	934,835
Garmin Ltd	10,053 Shares	473,948	980,771
Gentex Corp	30,685 Shares	409,834	889,251
Gentherm Inc	7,651 Shares	299,272	339,628
Gilead Sciences Inc	6,600 Shares	684,364	428,868
Graco Inc	9,726 Shares	214,040	505,752
Hexcel Corp New Com	8,317 Shares	392,688	609,719
Home Depot Inc	2,397 Shares	367,757	523,457
Hong Kong and China Gas Co	230,035 Shares	268,386	449,336
Huntington Ingalls Industries	2,374 Shares	526,899	595,589
Industria De Diseno Textil Eur	27,500 Shares	774,412	970,821
Ihs Markit Ltd	5,662 Shares	214,156	426,632
Ingersoll-Rand PLC	4,869 Shares	275,938	647,187
Insperty Inc	3,441 Shares	267,474	296,064
Intuit Com	6,206 Shares	414,860	1,625,538
Intuitivesurgical Inc	2,288 Shares	348,852	1,352,551
Intuitivesurgical Inc	1,770 Shares	245,150	1,046,336
Ipg Photonics Corp	2,593 Shares	346,815	375,778
Jacobs Engr Group Inc	3,962 Shares	221,439	355,906
Jetblue Awys Corp	43,798 Shares	533,607	819,899
Johnson & Johnson	5,800 Shares	393,043	846,046

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Jones Lang Lasalle Inc	2,927 Shares	\$ 431,660	\$ 509,561
Keyence Co NPV	3,600 Shares	233,764	1,290,899
Kone Corp New NPV	7,800 Shares	417,701	514,776
KKR & Co Inc	19,869 Shares	508,605	579,579
Land Star Sys Inc Com	6,346 Shares	371,940	722,619
LGI Homes Inc	8,782 Shares	570,625	620,448
Liberty Sirius XM Group	9,242 Shares	431,808	446,758
Linde Public Limited Company	2,692 Shares	459,033	573,125
Linde Public Limited Company	4,800 Shares	784,584	1,021,920
L'oreal SA Eur	3,300 Shares	416,823	977,920
LVMH Moet Hennessy Loui Eur	2,000 Shares	353,940	929,878
Manhattan Associates, Inc Com	4,064 Shares	181,782	324,104
Mastercard Inc	4,900 Shares	213,231	1,463,091
Metlife Inc	14,254 Shares	673,156	726,526
MGM Resorts International	20,502 Shares	598,571	682,102
Microchip Technology Inc Com	6,759 Shares	300,480	707,802
Micron Technology Inc	9,573 Shares	376,459	514,836
Microsoft Corp	14,886 Shares	719,946	2,347,522
Microsoft Corp	8,900 Shares	274,139	1,403,530
Middleby Corp Com	9,441 Shares	898,430	1,033,978
Middleby Corp Com	3,570 Shares	474,980	390,986
Morgan Stanley	11,835 Shares	512,929	605,005
Msc Indl Direct Inc Cl A	4,141 Shares	337,711	324,944
Myriad Genetics Inc Com	20,414 Shares	713,565	555,873
Nestle SA CHF	7,000 Shares	438,220	755,484
Nexstar Broadcasting Group Inc	4,276 Shares	416,453	501,361
Nike Inccl B	11,500 Shares	285,636	1,165,065
Nordstrom Inc	13,706 Shares	508,501	560,987
Norfolk Southern Corp	2,311 Shares	434,231	448,634
Novartis AG CHF	8,400 Shares	641,988	797,191
Novo Nordisk AS DKK	17,200 Shares	594,329	995,737
Occidentalpete Corp	11,929 Shares	821,599	491,594
Open Textcorporation	28,856 Shares	502,590	1,271,684
Oracle Corporation	15,100 Shares	491,292	799,998
Paychex Inc	4,075 Shares	169,280	346,620
Pfizer Inc	19,984 Shares	754,522	782,973
Plantronics Inc Com	11,836 Shares	486,521	323,596
Plexus Corp Com	17,551 Shares	644,333	1,350,374
Post Holdings Inc	3,957 Shares	422,454	431,709
Power Intergrations Inc Com	10,573 Shares	603,003	1,045,775
Proto Labs Inc	5,388 Shares	283,150	547,151
Pure Storage Inc	22,274 Shares	359,297	381,108
Ralph Lauren Corporation	2,765 Shares	396,182	324,113
Real Page Inc	12,727 Shares	347,565	684,076
Reckitt Benckiser PLC	7,900 Shares	478,522	641,432
Roche Holdings Ag	3,100 Shares	647,419	1,001,764
Royal Caribbean Cruise	7,124 Shares	394,149	951,125
Schlumberger LTD	11,800 Shares	817,056	474,360
Schwab Charles Corp New	11,743 Shares	508,067	558,497
SGS SA CHF	220 Shares	461,116	602,282
Shinetsu Chemical Co LTD	6,800 Shares	373,019	769,958
Sleep Number Corp	17,902 Shares	533,845	881,494
SMC Corp JPY50	1,200 Shares	392,665	562,095
Southwestern Energy	107,328 Shares	637,891	259,734

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Stamps Com Inc	7,217 Shares	\$ 598,121	\$ 602,764
Starbucks Corp Com	9,837 Shares	507,074	864,869
Stryker Corp	4,600 Shares	248,524	965,724
Super Microcomputer Inc	28,599 Shares	700,104	686,948
Taiwan Semi Conductor Manufactu - ADR	20,100 Shares	292,234	1,167,810
TCF Financial Corp	6,433 Shares	177,700	301,064
Texas Pacld Tr Sub Sh Ctf	529 Shares	347,948	413,265
TJX Companies Inc	32,378 Shares	938,726	1,977,001
TJX Companies Inc	9,652 Shares	298,009	589,351
TJX Companies Inc	16,600 Shares	403,606	1,013,596
Trip Advisor Inc	3,544 Shares	223,698	107,667
Ubiquiti Inc	9,654 Shares	374,065	1,824,413
Ultra Petroleum Corp	69,441 Shares	776,042	7,368
Under Armour Inc	33,391 Shares	592,009	721,246
United Technologies Corp	3,599 Shares	437,166	538,986
Unitedhealthgroup Inc	3,305 Shares	336,646	971,604
Universaldisplay Corp	1,790 Shares	135,117	368,865
Urban Outfitters Incorporated	6,592 Shares	228,196	183,060
Varian Medsys Inc	5,377 Shares	348,338	763,588
Ventas Inc Com	8,868 Shares	542,662	512,038
Viasat Inc	7,914 Shares	476,167	579,265
Visa Inc - Class A Shrs	2,384 Shares	153,360	447,954
Walt Disney Co	6,300 Shares	604,854	911,169
Waters Corp	3,900 Shares	773,041	911,235
Willis Towers Watson	2,039 Shares	280,293	411,756
Xpo Logistics Inc	7,464 Shares	527,996	594,881
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp	224,063 Shares	232,045	228,721
Fed Home LN MTG Corp	364,238 Shares	375,507	371,818
Fed Home LN MTG Corp	975,000 Shares	992,977	1,013,971
Fed Home LN MTG Corp	580,000 Shares	582,078	639,705
Fed Home LN MTG Corp	510,000 Shares	525,275	517,721
Fed Home LN MTG Corp	546,850 Shares	603,586	600,081
Fed Home LN MTG Corp Pool #C91874	251,521 Shares	273,765	268,041

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp Pool #C91875	350,502 Shares	\$ 370,437	\$ 365,721
Fed Home LN MTG Corp Pool #C919906	362,705 Shares	374,962	378,472
Fed Home LN MTG Corp Pool #G18558	395,285 Shares	417,582	411,583
Fed Home LN MTG Corp Pool #G60651	510,309 Shares	539,292	541,070
Fed Home LN MTG Corp Pool #G61816	463,787 Shares	476,722	487,486
Fed Home LN MTG Corp Pool #Q46278	983,431 Shares	997,281	1,021,529
Fed Home LN MTG Corp Pool #Q53670	481,575 Shares	496,737	500,332
Fed Home LN MTG Corp Pool #Q62771	442,638 Shares	456,402	461,791
Fed Home LN MTG Corp Pool #QA3329	963,804 Shares	977,508	978,945
Fed Home LN MTG Corp Pool #QA4336	602,573 Shares	612,600	616,131
Fed Home LN MTG Corp Pool #QA4396	681,509 Shares	675,865	673,999
Fed Home LN MTG Corp Pool #RB5022	268,860 Shares	274,783	275,025
Fed Home LN MTG Corp Pool #ZS4663	443,659 Shares	449,139	462,399
Fed Home LN MTG Corp Pool #ZS4678	290,776 Shares	294,959	303,594
Fed Natl MTG Assn	8 Shares	9	8
Fed Natl MTG Assn	352 Shares	361	352
Fed Natl MTG Assn Pool #AI8401	223,246 Shares	250,872	243,851
Fed Natl MTG Assn Pool #AL6895	778,105 Shares	806,697	819,197
Fed Natl MTG Assn Pool #AN5741	390,000 Shares	376,959	404,173
Fed Natl MTG Assn Pool #AN8575	235,000 Shares	230,291	243,897
Fed Natl MTG Assn Pool #AP0495	761,189 Shares	800,676	802,301
Fed Natl MTG Assn Pool #AS4170	286,442 Shares	306,448	303,500
Fed Natl MTG Assn Pool #AS7568	209,859 Shares	230,878	223,250
Fed Natl MTG Assn Pool #BE3695	752,505 Shares	763,763	781,153
Fed Natl MTG Assn Pool #BM3900	685,475 Shares	708,529	719,605
Fed Natl MTG Assn Pool #BO8851	820,000 Shares	832,044	832,882
Fed Natl MTG Assn Pool #CA2219	520,265 Shares	552,496	557,692
Fed Natl MTG Assn Pool #MA2028	135,749 Shares	148,305	145,961
Fed Natl MTG Assn Pool #MA2158	576,815 Shares	630,351	619,927
Fed Natl MTG Assn Pool #MA2211	584,111 Shares	631,205	621,079
Fed Natl MTG Assn Pool #MA2260	240,914 Shares	253,712	251,252
Fed Natl MTG Assn Pool #MA2279	328,922 Shares	352,974	345,716
Fed Natl MTG Assn Pool #MA3058	379,537 Shares	389,767	397,383
Fed Natl MTG Assn Pool #MA3830	461,294 Shares	463,175	462,207
Fed Natl MTG Assn Pool #711067	186,544 Shares	210,386	207,664
FHLMC Multifamily Structured	500,000 Shares	514,976	529,155
FHLMC Multifamily Structured	245,000 Shares	252,342	259,957
FHLMC Multifamily Structured	280,000 Shares	288,383	295,954
FRESB Multifamily Mortgage Pass-through	131,415 Shares	132,018	131,172
FRESB Multifamily Mortgage Pass-through	508,286 Shares	505,260	529,995
U.S. Treasury Bond	4,232,000 Shares	4,261,547	4,328,193
U.S. Treasury Note	405,000 Shares	401,788	401,886
U.S. Treasury Note	21,700 Shares	22,190	22,212
U.S. Treasury Note	265,100 Shares	284,203	281,152
U.S. Treasury Note	715,000 Shares	714,191	717,317
U.S. Treasury Note	565,000 Shares	567,991	567,955
U.S. Treasury Note	710,000 Shares	714,452	715,410
U.S. Treasury Note	283,300 Shares	287,189	287,615
U.S. Treasury Note	385,000 Shares	388,068	388,219
U.S. Treasury Note	210,000 Shares	208,708	210,435
U.S. Treasury Note	540,000 Shares	534,914	540,443
U.S. Treasury Note	710,000 Shares	716,802	715,992
U.S. Treasury Note	570,000 Shares	574,182	574,497

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Abbvie Inc	232,000 Shares	\$ 231,724	\$ 236,213
Abbvie Inc	145,000 Shares	143,490	145,218
Abbvie Inc	250,000 Shares	248,055	288,835
Albemarle Corp	170,000 Shares	200,088	194,954
Alexandria Real Estate E	199,000 Shares	198,867	212,038
Ally Financial Inc	126,000 Shares	129,013	128,835
Amerada Hess Corp	92,000 Shares	113,424	120,230
American Campus Communities	75,000 Shares	75,737	75,623
American Express Credit	180,000 Shares	177,971	180,218
American Express Credit Accoun	220,000 Shares	216,571	219,989
American Homes 4 Rent	144,000 Shares	143,991	153,397
American Honda Finance	160,000 Shares	157,685	159,994
American Honda Finance	105,000 Shares	104,964	105,381
American Tower Trust I	230,000 Shares	227,775	240,442
Americredit Automobile Receiva	705,000 Shares	691,120	711,211
Americredit Automobile Receiva	335,000 Shares	334,940	335,784
Ameriprise Financial Inc	90,000 Shares	91,952	92,063
Ameriprise Financial Inc	35,000 Shares	36,234	35,224
Amphenol Corp	180,000 Shares	178,318	180,023
Anheuser Busch Inbev Wor	167,000 Shares	180,331	228,079
Anheuser Busch Inbev Wor	183,000 Shares	195,612	212,128
Antero Midstream Part	204,000 Shares	210,120	179,394
Apache Corp	202,000 Shares	201,672	211,290
Ari Fleet Lease Trust	725,000 Shares	724,763	730,053
Aspen Insurance Hldg Ltd	261,000 Shares	273,141	280,972
Assurant Inc	33,000 Shares	33,015	33,004
AT&T Inc	180,000 Shares	177,714	180,612
AT&T Inc	225,000 Shares	202,480	254,642
AT&T Inc	236,000 Shares	240,130	256,803
AT&T Inc	213,000 Shares	211,294	219,663
Avis Budget Rental Car Funding	515,000 Shares	514,918	523,817
Bacardi LTD	207,000 Shares	219,892	223,247
Bank of America Corp	537,000 Shares	529,997	554,232
Bank of America Corp	270,000 Shares	267,739	271,966
Bank of America Corp	248,000 Shares	239,474	260,435
Bank of America Credit Card Tr	230,000 Shares	226,413	230,023
Bank of Montreal	307,000 Shares	309,109	320,017
Bank of Montreal	225,000 Shares	230,159	229,406
Bank of Nova Scotia	205,000 Shares	201,275	206,154
Barclays PLC	207,000 Shares	217,810	218,261
Bat Capital Corp	229,000 Shares	188,197	230,310
Becton Dickinson & Co	219,000 Shares	228,805	233,060
Becton Dickinson & Co	192,000 Shares	192,470	192,094
BMW Vehicle Owner Trust	140,000 Shares	141,389	141,106
BNP Paribas	205,000 Shares	211,710	211,503

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Boeing Co	70,000 Shares	\$ 69,997	\$ 70,396
Bp Capital Markets Plc	160,000 Shares	164,840	165,002
Bristol Myers Squibb Company	237,000 Shares	248,561	304,021
Burlington North Santa Fe	149,000 Shares	165,430	182,524
California Institue of	178,000 Shares	178,153	198,591
Capital Auto Receivable Asset	750,000 Shares	752,637	750,143
Capital Auto Receivable Asset	625,000 Shares	624,860	630,469
Capital One Financial Co	235,000 Shares	241,098	244,750
Capital One Financial Co	185,000 Shares	188,389	188,365
Capital One Multi-asset Execut	145,000 Shares	144,558	144,552
Capital One Multi-asset Execut	759,000 Shares	758,798	744,974
Capital One Prime Auto Receiva	159,170 Shares	159,648	159,640
Cargill Inc	166,000 Shares	163,565	185,958
Carlyle Finance LLC	198,000 Shares	197,830	235,646
Caterpillar Finl Service	145,000 Shares	148,234	148,306
CBRE Services Inc	182,000 Shares	193,582	204,837
CD 2016-CD2 MTG TR	416,000 Shares	428,469	442,453
CD 2017-CD3 MTG TR	495,000 Shares	509,833	529,868
Cenovus Energy Inc	210,000 Shares	200,476	222,489
Centene Corp	75,000 Shares	74,370	77,156
Centerpoint Energy Inc	65,000 Shares	66,789	66,703
CFCRE Commercial Mortgage Trust	255,000 Shares	262,648	274,533
Chase Issuance Trust	230,000 Shares	226,083	229,947
Chase Issuance Trust	495,000 Shares	494,917	493,985
Cheniere Corpus Christi Hldgs LLC	75,000 Shares	74,370	102,122
Cintas Coporation No. 2	205,000 Shares	203,940	222,405
Citibank Credit Card Issuance	220,000 Shares	216,279	219,989
Citigroup Commercial Mortgage Trust	579,000 Shares	596,337	622,923
Citigroup Commercial Mortgage Trust	479,000 Shares	493,557	493,394
Citigroup Inc	158,000 Shares	153,603	163,939
Citigroup Inc	134,000 Shares	135,994	136,625
Citigroup Inc	195,000 Shares	195,152	195,606
Citizens Bank NA/RI	266,000 Shares	265,965	268,224
CMS Energy Corp	213,000 Shares	233,447	240,247
CNH Equipment Trust	82,179 Shares	82,238	82,351
Coca Cola	216,000 Shares	215,922	210,570
Comcast Corp	216,000 Shares	224,113	230,383
Comcast Corp	163,000 Shares	162,892	194,340

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Comm Mortgage Trust	719,000 Shares	\$ 786,631	\$ 758,804
Comm Mortgage Trust	129,000 Shares	135,880	136,910
Comm Mortgage Trust	700,000 Shares	744,105	741,923
Comm Mortgage Trust	500,000 Shares	514,964	529,795
Commercial Mortgage Pass-through	132,000 Shares	141,936	136,087
Commscope Tech LLC	247,000 Shares	216,743	232,180
Conagra Brands Inc	210,000 Shares	201,592	249,402
Consolidated Edison Co	75,000 Shares	75,269	75,203
Constellation Brands Inc	204,000 Shares	222,450	222,927
Cott Corp	92,000 Shares	93,380	96,140
Credit Suisse	143,000 Shares	145,615	143,134
Credit Suisse Group AG	289,000 Shares	289,000	289,827
Crown Castle International Corp	199,000 Shares	206,943	216,176
CVS Health Corp	285,000 Shares	289,842	305,659
Daimler Finance NA LLC	200,000 Shares	200,000	201,500
Darling Ingredients Inc	57,000 Shares	58,710	60,634
Dbubs Mortgage Trust	114,479 Shares	128,283	116,169
Dbubs Mortgage Trust	148,000 Shares	163,257	151,086
DH Europe Finance	223,000 Shares	222,709	224,924
Diamond Sports	72,000 Shares	72,540	72,832
Discover Card Execution Note T	195,000 Shares	191,740	195,018
Discover Card Execution Note T	715,000 Shares	714,656	727,312
Discovery Communications	200,000 Shares	203,366	233,140
Dominion Energy Inc	208,000 Shares	208,558	214,275
Dowdupont Inc	150,000 Shares	151,485	152,079
Duke Energy Progress LLC	244,000 Shares	244,486	255,956
Duke University	215,000 Shares	215,000	219,717
EMC Corp	139,000 Shares	139,000	141,780
Entergy Mississippi Inc	202,000 Shares	201,034	206,765
Enterprise Fleet Financing LLC	788,000 Shares	787,762	805,754
Enterprise Fleet Financing LLC	590,000 Shares	589,947	597,092
Enterprise Products Oper	140,000 Shares	143,727	140,316
Enterprise Products Oper	160,000 Shares	186,975	206,493
Erac USA Finance Company	124,000 Shares	119,850	132,494
Fifth Third Auto Trust	40,860 Shares	40,383	40,823
Fifth Third Auto Trust	105,666 Shares	405,660	105,999
Fiserv Inc	211,000 Shares	211,382	218,522
Florida Power & Light Co	130,000 Shares	130,004	130,004
FMC Corp	217,000 Shares	217,335	224,374
Ford Credit Auto Owner Trust	95,000 Shares	94,991	94,931
Ford Credit Auto Owner Trust	97,088 Shares	95,946	97,134
Ford Credit Auto Owner Trust/F	610,000 Shares	609,786	633,961

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
GE Capital INTL Funding	294,000 Shares	\$ 293,853	\$ 294,238
General Dynamics Corp	160,000 Shares	159,928	160,555
General Motors Finl Co	193,000 Shares	198,731	200,100
Gilead Sciences Inc	115,000 Shares	114,379	115,163
GM Financial Securitized Term	110,759 Shares	110,749	111,065
GM Financial Securitized Term	165,000 Shares	167,810	167,813
GMRF Mortgage Acquisition Co	152,166 Shares	153,574	152,714
GMRF Mortgage Acquisition Co	437,084 Shares	438,953	445,354
GMRF Mortgage Acquisition Co	461,963 Shares	469,349	470,195
Goldman Sachs Group Inc	167,000 Shares	207,349	233,526
Goldman Sachs Group Inc	463,000 Shares	457,043	468,848
Goldman Sachs Group Inc	248,000 Shares	243,224	252,090
Goldman Sachs Group Inc	190,000 Shares	192,470	192,696
Graphic Packaging International	225,000 Shares	227,813	240,750
GS Mortgage Securities Corp II	354,000 Shares	378,019	355,388
GS Mortgage Securities Corp II	605,216 Shares	689,024	618,022
GS Mortgage Securities Trust	183,000 Shares	188,490	193,151
GS Mortgage Securities Trust	183,000 Shares	198,555	195,212
Harris Corporation	189,000 Shares	200,039	201,710
HCA Holdings Inc	84,000 Shares	86,940	87,570
HCA Inc	200,000 Shares	209,098	218,634
Healthcare Trust Of Amer	243,000 Shares	242,258	241,335
Hertz Fleet Lease Funding LP	830,000 Shares	829,883	836,001
Hertz Vehicle Financing LLC	640,000 Shares	633,200	640,717
Hollyfrontier Corp	180,000 Shares	193,087	203,063
Homedepot Inc	120,000 Shares	120,099	120,269
Honda Auto Receivables Owner T	615,000 Shares	614,962	614,729
Honda Auto Receivables Owner T	15,934 Shares	15,819	15,921
Honda Auto Receivables Owner T	170,000 Shares	169,988	169,966
Host Hotels & Resorts	213,000 Shares	211,334	214,926
HSBC Holdings PLC	180,000 Shares	187,593	186,689
Hudson Pacific Poperties	217,000 Shares	215,367	215,904
Huntington Bancshares	239,000 Shares	239,578	242,415
Hyundai Auto Receivables Trust	8,592 Shares	8,473	8,586
Hyundai Auto Receivables Trust	50,366 Shares	50,366	50,532
IBM Corp	118,000 Shares	117,549	122,451
IBM Credit Corp	180,000 Shares	179,150	181,647
Indiana Michigan Power	187,000 Shares	188,131	218,409
ING GROEP NV	264,000 Shares	264,586	269,929
Interpublic Group Cos	90,000 Shares	90,793	90,964
Interpublic Group Cos	20,000 Shares	20,530	20,557
Iron Mountain Inc	65,000 Shares	65,244	65,653
Istar Financial Inc	103,000 Shares	136,160	106,734
Johnson & Son Inc	250,000 Shares	316,513	305,235
John Deere Capital Corp	100,000 Shares	98,622	100,016
John Deere Capital Corp	75,000 Shares	74,114	75,035
John Deere Capital Corp	15,000 Shares	15,044	15,073
John Deere Owner Trust	130,000 Shares	130,752	131,335
John Deere Owner Trust	88,941 Shares	88,937	89,230
Jones Lang LaSalle Inc	186,000 Shares	191,306	194,221
JPMorgan Chase Commercial Mor	719,000 Shares	771,465	762,039
JPMorgan Chase Commercial Mor	151,000 Shares	155,530	161,242
JPMorgan Chase & Co	324,000 Shares	331,958	343,476
JPMorgan Chase & Co	225,000 Shares	229,113	229,259
JPMorgan Chase & Co	297,000 Shares	307,603	338,013

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Keysight Technologies	206,000 Shares	\$ 214,536	\$ 224,521
Kimco Realty Corp	214,000 Shares	212,641	216,718
Kinder Morgan Inc	200,000 Shares	215,010	216,998
KKR Group Finance Co III	181,000 Shares	185,296	214,380
Korea East-West Power Co	218,000 Shares	216,156	218,235
Kroger Co	115,000 Shares	115,025	115,712
Lehigh University	395,000 Shares	395,000	383,691
Lions Gate Capital Hold	210,000 Shares	220,500	219,454
Live Nation Entertainment	50,000 Shares	50,000	51,750
Lloyds Banking Group PLC	205,000 Shares	219,949	222,036
Macquarie Bank LTD	175,000 Shares	190,030	184,280
Marathon Petroleum Corp	169,000 Shares	176,183	170,796
MDC Holdings Inc	217,000 Shares	203,980	225,680
Meiji Yasuda Life Insurance	250,000 Shares	271,375	277,188
Mercedes-Benz Auto Receivables Tr	5,866 Shares	5,827	5,863
Mercedes-Benz Auto Receivables Tr	29,618 Shares	29,617	29,641
Mercedes-Benz Auto Receivables Tr	100,000 Shares	101,051	100,984
Merck & Co Inc	135,000 Shares	133,593	154,443
Microchip Technology Inc	145,000 Shares	145,000	148,289
Microsoft Corp	177,000 Shares	200,715	236,477
Midwest Connector Capital	222,000 Shares	221,824	233,064
Mitsubishi UFJ Finance Group	283,000 Shares	294,512	298,135
Morgan Stanley	210,000 Shares	200,506	233,297
Morgan Stanley	180,000 Shares	178,681	181,364
Morgan Stanley BAML Trust	520,000 Shares	535,587	557,658
Morgan Stanley Capital I	230,000 Shares	236,892	238,103
Morgan Stanley Capital I	680,000 Shares	700,360	755,834
MPLX LP	196,000 Shares	205,871	205,886
MPLX LP	75,000 Shares	75,165	75,300
MSCI Inc	45,000 Shares	45,000	45,619
Murphy Oil Corp	220,000 Shares	221,283	231,000
New York University	720,000 Shares	709,315	727,229
Newfield Exploration Co	194,000 Shares	213,429	213,185
Nextera Energy Capital	23,000 Shares	23,104	23,201
Nissan Auto Receivables Owner	80,000 Shares	78,656	79,874
Nissan Auto Receivables Owner	80,911 Shares	80,906	81,183
Noble Energy Inc	190,000 Shares	212,195	211,284
Nucor Corp	201,000 Shares	209,938	228,055
Nustar Logistics LP	142,000 Shares	140,935	143,775
Ohio Edison	171,000 Shares	216,476	239,210
Pepsico Inc	193,000 Shares	190,987	204,887
Physicians Realty LP	252,000 Shares	251,697	269,464
Plains All Amer Pipeline	222,000 Shares	214,945	221,232
PNC Financial Services	219,000 Shares	225,697	233,758
Premier Health Partners	271,000 Shares	271,000	263,634

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Prime Secsrv Brw/Financ	224,000 Shares	\$ 229,631	\$ 242,775
Progress Energy Inc	155,000 Shares	158,288	158,032
Rabobank Nederland	250,000 Shares	262,695	261,403
Radian Group Inc	218,000 Shares	220,329	229,445
Ryder System Inc	75,000 Shares	75,894	75,938
Sabra Health Capital Corp	169,000 Shares	172,004	179,684
Santander Drive Auto Receivabl	430,000 Shares	429,939	433,582
Santander UK PLC	205,000 Shares	202,611	205,109
Saudi Arabian Oil Co	74,000 Shares	73,523	80,926
Sempra Energy	125,000 Shares	124,945	125,008
Sempra Energy	267,000 Shares	259,370	279,199
Smithfield Foods Inc	195,000 Shares	198,605	216,276
Southern Co	85,000 Shares	85,422	85,430
Spirit Realty LP	295,000 Shares	294,384	296,552
Springleaf Finance Corp	217,000 Shares	219,790	226,505
Starwood Property Trust	37,000 Shares	37,555	38,388
Starwood Property Trust	154,000 Shares	154,000	154,963
Store Capital Corp	209,000 Shares	207,777	232,005
Sumitomo Misui Finl Group	260,000 Shares	256,201	264,839
Symetra Finl Corp	195,000 Shares	201,014	206,160
Tenga Inc	200,000 Shares	200,000	203,500
Textron Inc	195,000 Shares	200,185	198,551
Time Warner Inc	191,000 Shares	232,178	234,342
Toronto-Dominion Bank	180,000 Shares	180,457	181,584
Toronto-Dominion Bank	274,000 Shares	271,818	286,577
Toyota Auto Loan Extended Note	540,000 Shares	539,819	548,305
Toyota Auto Receivables Owner	80,113 Shares	79,155	80,065
Toyota Motor Credit Corp	200,000 Shares	198,501	200,000
Transatlantic Holdings	144,000 Shares	197,431	214,168
Trimble Inc	199,000 Shares	207,063	217,398
United Technologies Corp	226,000 Shares	248,767	254,270
U.S. Bancorp	183,000 Shares	191,679	187,273
USAA Auto Owner Trust	21,265 Shares	21,080	21,255
Verizon Communications	278,000 Shares	303,822	335,401
Viacom Inc	232,000 Shares	201,702	245,980
Volkswagen Auto Loan Enhanced	65,308 Shares	199,862	65,427
Volkswagen Auto Loan Enhanced	240,000 Shares	239,965	242,762
Waste Connections Inc	186,000 Shares	185,513	197,078

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2019

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Waste Management Inc	171,000 Shares	\$ 167,198	\$ 192,206
Wea Financial LLC	230,000 Shares	229,542	229,315
Wec Energy Group Inc	60,000 Shares	61,191	61,218
Wells Fargo Commercial Mortgage	257,000 Shares	264,702	275,758
Wells Fargo Commercial Mortgage	483,000 Shares	497,470	516,119
Westpac Bank Corp	174,000 Shares	174,358	184,257
Westpac Bank Corp	220,000 Shares	219,929	220,057
WF-RBS Commercial Mortgage Trust	81,011 Shares	88,720	82,573
WF-RBS Commercial Mortgage Trust	225,000 Shares	240,091	228,854
State and Municipal Bonds			
California ST Txbl	630,000 Shares	640,723	644,490
CMWLTH Fing Auth Pa Txbl Ser-A	85,000 Shares	85,000	93,792
Energy N W WA Elec Revenue Txbl	50,000 Shares	49,667	51,108
Houston TX Utility Sys Revenue Txbl	500,000 Shares	528,315	534,960
Illinois ST Sales Tax Revenue Txbl	230,000 Shares	227,813	221,166
New York NY Txbl Ser D	720,000 Shares	718,078	726,552
New York St Txbl Ref Ser B Group 2	435,000 Shares	435,000	435,131
New York St Dorm Auth St Perso Txbl	720,000 Shares	731,369	749,347
New York St Urban Dev Corp Sal	680,000 Shares	680,000	676,797
Seattle WA Txbl Ser B	605,000 Shares	605,000	618,225
Univ of California CA Revenues Txbl	520,000 Shares	529,901	584,560
Commingled Funds			
Wellington CTF DIH	966,019 Shares	13,404,949	11,650,189
Real Estate Investment Fund			
UBS (US) Trumbull Property Income	1,223 Shares	12,654,577	15,802,422
Real Estate Investment Trust Fund			
RREEF America REIT II, INC LLC	121,291 Shares	11,204,639	15,447,463
		358,595,592	419,787,727
Net Cash			
	313,075 Shares	313,075	313,075
Investment Contract With Insurance Company			
Lincoln National Life		4,313,694	4,313,694
		<u>\$ 363,222,361</u>	<u>\$ 424,414,496</u>

* Party-in-interest

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

Summary of Changes from the January 1, 2018 Valuation

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

Current Year:	6.50% for 2019, and 3.50% 2020+
Prior Year:	4.70% for 2018 and 2019, and 3.50% 2020+

Authorization for BKD, LLP to Electronically Sign Form 5500

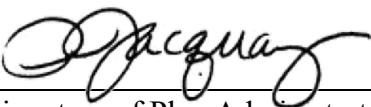
Please note the following terms and conditions if you choose to authorize **BKD, LLP** to electronically sign Form 5500 on your behalf:

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

Please mark one selection:

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

PARKVIEW HEALTH SYSTEMS EMPLOYEE PENSION PLAN



Signature of Plan Administrator

10/13/20

Date

Dena Jacquay

Name of Plan Administrator

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2019</div> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2019 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here ☐ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information											
1a Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; padding: 2px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 07/01/1958</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 35-1972384</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number 260-373-4000</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 622000</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 07/01/1958		2b Employer Identification Number (EIN) 35-1972384		2c Plan Sponsor's telephone number 260-373-4000		2d Business code (see instructions) 622000	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 07/01/1958											
2b Employer Identification Number (EIN) 35-1972384											
2c Plan Sponsor's telephone number 260-373-4000											
2d Business code (see instructions) 622000											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PARKVIEW HEALTH SYSTEM, INC. 10501 CORPORATE DRIVE FORT WAYNE IN 46845											

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

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

SIGN HERE	 Signature of plan administrator	10/13/20 Date	Dena Jacquay Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/13/20 Date	Dena Jacquay Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4886
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2040
a(2) Total number of active participants at the end of the plan year	6a(2) 1934
b Retired or separated participants receiving benefits	6b 1992
c Other retired or separated participants entitled to future benefits	6c 745
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 4671
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 156
f Total. Add lines 6d and 6e.	6f 4827
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0.
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h 7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information		
1 Enter the valuation date: Month 01 Day 01 Year 2019			
2 Assets:			
a Market value.....		2a	385,191,952
b Actuarial value		2b	385,191,952
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	2,040	203,815,746	203,815,746
b For terminated vested participants	815	24,402,527	24,402,527
c For active participants	2,040	152,468,874	152,777,712
d Total	4,895	380,687,147	380,995,985
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....	5	5.55%	
6 Target normal cost	6	10,278,804	

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		10/06/2020
TIMOTHY J. MAXSON	Signature of actuary T J M	Date 2006697
BUCK GLOBAL, LLC	Type or print name of actuary	Most recent enrollment number 260-426-7800
110 W. BERRY ST., SUITE 1300	Firm name	Telephone number (including area code)
FORT WAYNE IN 46802-2317	Address of the firm	

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).....	32,661,496	13,723,027
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).....	32,661,496	13,723,027
10 Interest on line 9 using prior year's actual return of <u>-2.66%</u>	-868,796	-365,033
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		7,925,281
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.72%</u>		453,326
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		8,378,607
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	21,281,600	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	10,511,100	13,357,994

Part III Funding Percentages

14 Funding target attainment percentage	14	94.83%
15 Adjusted funding target attainment percentage.....	15	101.10%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.32%
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	10,278,804
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	10,278,804
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	10,278,804
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	10,278,804
40 Unpaid minimum required contributions for all years		40	10,278,804

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