

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
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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: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1951</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PREMIER HEALTH</u> <u>110 N. MAIN STREET</u> <u>SUITE 1220</u> <u>DAYTON, OH 45402</u>	2b	Employer Identification Number (EIN) <u>31-1446699</u>
		2c	Plan Sponsor's telephone number <u>937-499-5417</u>
		2d	Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	BILLIE LUCENTE-BAKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor BILLIE LUCENTE-BAKER-SYSTEM VP-HR-PSS 110 N. MAIN STREET SUITE 1220 DAYTON, OH 45402		3b Administrator's EIN 31-1446699 3c Administrator's telephone number 937-499-5417																								
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 16026																								
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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">11080</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">10585</td></tr> <tr><td>6b</td><td style="text-align: right;">1908</td></tr> <tr><td>6c</td><td style="text-align: right;">3356</td></tr> <tr><td>6d</td><td style="text-align: right;">15849</td></tr> <tr><td>6e</td><td style="text-align: right;">137</td></tr> <tr><td>6f</td><td style="text-align: right;">15986</td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td>6g</td><td></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td>6h</td><td style="text-align: right;">388</td></tr> </table>			6a(1)	11080	6a(2)	10585	6b	1908	6c	3356	6d	15849	6e	137	6f	15986			6g				6h	388
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6g																										
6h	388																									
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7																								
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																										
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																									
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																										
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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
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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>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT 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>PREMIER HEALTH</u>	D Employer Identification Number (EIN) <u>31-1446699</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>607303711</u>
b Actuarial value	2b <u>645139528</u>
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.....	<u>1788</u> <u>215902826</u> <u>215902826</u>
b For terminated vested participants.....	<u>3158</u> <u>91954114</u> <u>91954114</u>
c For active participants	<u>11080</u> <u>292345254</u> <u>297500319</u>
d Total.....	<u>16026</u> <u>600202194</u> <u>605357259</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>5.58</u> %
6 Target normal cost.....	6 <u>28013862</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		<u>10/08/2020</u>
	Signature of actuary	Date
<u>JASON M. BRAVO</u>	Type or print name of actuary	<u>20-05569</u>
		Most recent enrollment number
<u>AON CONSULTING, INC.</u>	Firm name	<u>216-430-4732</u>
		Telephone number (including area code)
<u>950 MAIN AVENUE</u> <u>SUITE 1600</u> <u>CLEVELAND, OH 44113</u>	Address of the firm	

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

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)	0	113362038
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	27988380
9 Amount remaining (line 7 minus line 8)	0	85373658
10 Interest on line 9 using prior year's actual return of <u>-6.00</u> %	0	-5122419
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		8193632
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>5.71</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-491618
c Total available at beginning of current plan year to add to prefunding balance		7702014
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	9349897
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	70901342

Part III Funding Percentages		
14 Funding target attainment percentage	14	94.85 %
15 Adjusted funding target attainment percentage	15	106.27 %
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	96.59 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/11/2020	24000000	0			
10/02/2020	2918000	0			
			Totals ▶	18(b)	26918000
				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	24544431
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
0	0	0
		(4) 4th
		0

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**

4

22 Weighted average retirement age**22**

62

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** 28013862**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 31119073 Installment 5435975**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** 33449837**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 27988380 Total balance 27988380**36** Additional cash requirement (line 34 minus line 35) **36** 5461457**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 24544431**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 19082974**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 19082974**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

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

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD
23-2376849

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CANYON PARTNERS LLC
2000 AVENUE OF THE STARS LOS ANGELES, CA 90067

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHATHAM ASSET MANAGEMENT, LLC
80-0060829

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

DGV SOLUTIONS

601 CARLSON PKWY #875
MINNETONKA, MN 55305

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

RIMROCK CAPITAL MANAGEMENT, LLC

02-0565685

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

SANDS CAPITAL MANAGEMENT, LLC

1000 WILSON BLVD. SUITE 3000
ARLINGTON, VA 22209

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

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1019312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL

71 SOUTH WACKER DRIVE
SUITE 800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	671763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	407540	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)

PAVILLION ADVISORY GROUP

227 W MONROE ST
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	171331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST

31-1040228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 51 52 64	TRUSTEE	157798	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLS CAPITAL MANAGEMENT

525 MARKET STREET
10TH FLOOR
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	148359	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERCER

99 HIGH STREET
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	65758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	50027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FROST BROWN TODD LLC

61-0722001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 FLAGSHIP FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>69255441</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CTF GLOBAL SELECT CAP</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>20-5853753-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49319010</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	5268248
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	9000000	26918000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	11976913	2955835
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	20978387	16330006
(2) U.S. Government securities	1c(2)	155897167	209084341
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	120206244	147993997
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	98557843	118574451
(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)	78120235	62320864
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	112905434	151252203

		(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	607642223 740697945
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	1089594 647235
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	0 3149615
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1089594 3796850
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	606552629 736901095

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)	26918000
	(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)	26918000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	334235
	(B) U.S. Government securities	2b(1)(B)	4116520
	(C) Corporate debt instruments	2b(1)(C)	5963529
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	536695
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	10950979
(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)	3014768
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3014768
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		485476
(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)		113784224
c Other income	2c		11097026
d Total income. Add all income amounts in column (b) and enter total	2d		166250473

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29051552	
(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)		29051552
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)	1417271	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1236430	
(4) Other	2i(4)	4196754	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6850455
j Total expenses. Add all expense amounts in column (b) and enter total	2j		35902007

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		130348466
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: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4237077. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u> <u>31-6162942</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>674</u>

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

Part III	Amendments
-----------------	-------------------

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

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

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

For Paperwork Reduction Act Notice, 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	

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

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

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

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

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

Stock: 42.0 % Investment-Grade Debt: 56.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 2.0 %

- 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):

- 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 _____

Premier Health Partners Employees Retirement Plan

**Financial Statements and Supplemental Schedules
December 31, 2019 and 2018
(with Independent Auditors' Report)**

Premier Health Partners Employees Retirement Plan

	Contents
Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-11
Supplemental Schedules	
Schedule of Assets (Held at End of Year)	12-21
Schedule of Reportable Transactions	22

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of the Premier Health Partners Employees Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 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

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

Auditors' Responsibility

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

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

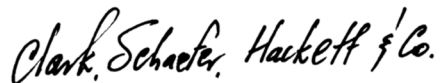
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above, present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2019 and 2018 and changes therein for the years then ended, and its financial status as of December 31, 2018 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2019 and schedule of reportable transactions for the year ended December 31, 2019 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script that reads "Clark, Schaefer, Hackett & Co.".

Dayton, Ohio
October 14, 2020

Premier Health Partners Employees Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments at fair value:		
Cash	\$ 5,268,248	\$ -
Money market fund	16,330,006	20,978,387
Mutual funds	62,320,864	78,120,235
Collateralized mortgage obligation	398,292	-
Common collective trust funds	118,574,451	98,557,843
U.S. government and agency securities	194,714,295	144,468,175
Foreign government securities	5,844,056	4,127,223
Municipal bonds	8,525,990	7,301,769
Corporate bond obligations	147,993,997	120,206,244
Limited partnerships	<u>150,853,911</u>	<u>112,905,434</u>
Total investments at fair value	710,824,110	586,665,310
Contributions receivable	26,918,000	9,000,000
Due from broker for securities	-	9,197,344
Accrued interest and dividends	<u>2,955,835</u>	<u>2,779,569</u>
Total assets	740,697,945	607,642,223
Liabilities		
Due to broker for securities	3,149,615	-
Accrued liabilities	<u>647,235</u>	<u>1,089,594</u>
Total Liabilities	<u>3,796,850</u>	<u>1,089,594</u>
Net assets available for benefits	\$ <u>736,901,095</u>	\$ <u>606,552,629</u>

Premier Health Partners Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions to net assets		
Contributions - Employer	\$ <u>26,918,000</u>	\$ <u>9,000,000</u>
Investment income:		
Interest and dividends	14,516,123	14,275,312
Net appreciation in fair value of investments	<u>124,816,350</u>	<u>-</u>
Total investment income	<u>139,332,473</u>	<u>14,275,312</u>
Total additions	<u>166,250,473</u>	<u>23,275,312</u>
Deductions from net assets		
Net depreciation in fair value of investments	-	54,751,950
Benefits paid to participants	29,051,552	31,085,025
Purchase of annuity contracts (Note 1)	-	28,240,000
PBGC premiums	4,334,190	1,806,014
Administrative expenses	<u>2,516,265</u>	<u>2,987,602</u>
Total deductions	<u>35,902,007</u>	<u>118,870,591</u>
Net change	130,348,466	(95,595,279)
Net assets available for benefits		
Beginning of year	<u>606,552,629</u>	<u>702,147,908</u>
End of year	\$ <u>736,901,095</u>	\$ <u>606,552,629</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Note 1 - Plan Description

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

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

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

Funding - Contributions are made by the Corporation in actuarially determined amounts. The Corporation's policy is to make contributions necessary to satisfy Employee Retirement Income Security Act of 1974 (ERISA) funding standards. All minimum funding requirements were met during 2019 and 2018.

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

During 2018, the Plan purchased a group annuity contract on behalf of the Corporation to pay for certain benefit payments of the Plan. As reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2018, the Plan transferred \$28,240,000 of pension obligation to the Corporation to be paid under the group annuity contract.

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

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

Note 2 - Summary of Significant Accounting Policies

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

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

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

Benefit Payments - Benefits are recorded when paid.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Note 2 - Summary of Significant Accounting Policies (Continued)

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

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

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

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

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

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

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2019 are summarized as follows:

Actuarial cost method	- Standard unit credit
Assumed rate of return	- 4.43 percent
Mortality basis	- 2006 base rates from RP-2014 blue collar table, projected generationally from 2006 using Scale MP-2018 (healthy); 2006 base rates from RP-2014 disabled table, projected generationally from 2006 using Scale MP-2018 (disabled)

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

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

Reclassifications - Certain amounts in the 2018 statements have been reclassified to conform to the 2019 presentation.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 14, 2020, which is the date the financial statements were available to be issued.

Note 3 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of January 1, 2019, the most recent actuarial valuations, are as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments	\$ 227,470,179
Other vested participants	<u>444,921,726</u>

Total vested benefits 672,391,905

Nonvested benefits 3,885,425

Total actuarial present value of accumulated
plan benefits \$ 676,277,330

Actuarial Present Value of Accumulated Plan Benefits - January 1, 2018 \$ 732,571,695

Increase (decrease) during the year attributable to:

Interest accumulation	26,228,642
Benefits paid, including purchase of annuity contracts	(59,325,025)
Change of assumptions	(53,455,453)
Benefits accumulated	<u>30,257,471</u>

Net decrease (56,294,365)

Actuarial Present Value of Accumulated Plan Benefits - January 1, 2019 \$ 676,277,330

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Note 3 - Benefits (Continued)

Significant assumption changes in 2019 were: a change in the discount rate from 3.73 percent to 4.43 percent and a change in the mortality assumption from the Scale MP-2017 plan year mortality table to the Scale MP-2018 plan year mortality table.

Note 4 - Plan Termination

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

Note 5 - Tax Status

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

Note 6 - Fair Value Measurements

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

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

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

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

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Note 6 - Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2019 and 2018.

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

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

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

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

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

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

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers during 2019 or 2018.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Note 6 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2019 and 2018.

<u>December 31, 2019</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Cash	\$ 5,268,248	\$ -	\$ -	\$ -	\$ 5,268,248
Money market fund	16,330,006	-	-	-	16,330,006
Mutual funds	62,320,864	-	-	-	62,320,864
U.S. government and agency securities	-	194,714,295	-	-	194,714,295
Foreign government securities	-	5,844,056	-	-	5,844,056
Municipal bonds	-	8,525,990	-	-	8,525,990
Collateralized mortgage obligation	-	398,292	-	-	398,292
Corporate bond obligations	-	147,993,997	-	-	147,993,997
Investments at NAV:					
Common collective trust funds	-	-	-	118,574,451	118,574,451
Limited partnerships	-	-	-	150,853,911	150,853,911
Investments at fair value	\$ <u>83,919,118</u>	\$ <u>357,476,630</u>	\$ <u>-</u>	\$ <u>269,428,362</u>	\$ <u>710,824,110</u>

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Note 6 - Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2019 and 2018.

<u>December 31, 2019</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds	\$ 118,574,451	n/a	Daily
Limited partnerships	150,853,911	n/a	Daily, Monthly, Bi-Monthly, Quarterly
<u>December 31, 2018</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds	\$ 98,557,843	n/a	Daily, Monthly
Limited partnerships	112,905,434	n/a	Daily, Monthly, Bi-Monthly, Quarterly

Note 7 - Subsequent Events

Subsequent to the date of the financial statements, an outbreak of a novel strain of coronavirus (COVID-19) has disrupted supply chains and affected production and sales across a range of industries. The extent of the impact of COVID-19 on the Plan Sponsor's performance and the Plan's investments will depend on certain developments, including the duration and spread of the outbreak. Impact to the Plan cannot be predicted, and the extent to which COVID-19 may impact the statements of net assets available for benefits is uncertain at this time.

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

	(b)	(c)			(d)	(e)
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
	U.S. Dollar	Cash		5,268,248	5,268,248	5,268,248
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	16,330,006	16,330,006	16,330,006
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		2,819,290	33,569,717	35,833,177
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		333,724	14,929,067	26,487,687
					48,498,784	62,320,864
*	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		85,470	36,785,771	69,255,441
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,907,892	26,548,386	49,319,010
					63,334,157	118,574,451
	RFCSP STRIP PRINCIPAL	US Government & Agency Security	4/15/2030	765,000	519,284	597,343
	STRIP PRINC	US Government & Agency Security	5/15/2045	7,000,000	3,221,960	3,792,390
	STRIP PRINC	US Government & Agency Security	11/15/2045	4,675,000	2,357,930	2,505,987
	STRIP PRINC	US Government & Agency Security	2/15/2046	9,995,000	4,560,219	5,322,138
	STRIP PRINC	US Government & Agency Security	11/15/2046	2,255,000	968,295	1,180,808
	STRIP PRINC	US Government & Agency Security	2/15/2049	2,500,000	1,163,775	1,240,375
	STRIPS	US Government & Agency Security	2/15/2032	21,780,000	15,101,839	16,741,633
	STRIPS	US Government & Agency Security	11/15/2031	11,250,000	7,919,271	8,708,850
	TREASURY BILL	US Government & Agency Security	3/5/2020	1,225,000	1,220,231	1,221,709
	US TREASURY N/B	US Government & Agency Security	8/15/2049	4,253,400	4,174,408	4,137,750
	US TREASURY N/B	US Government & Agency Security	11/15/2029	405,000	399,787	399,208
	US TREASURY N/B	US Government & Agency Security	2/15/2038	5,000,000	6,057,247	6,660,150
	US TREASURY N/B	US Government & Agency Security	8/15/2039	3,620,000	5,054,876	4,920,521
	US TREASURY N/B	US Government & Agency Security	8/15/2040	7,800,000	8,975,484	9,847,812
	US TREASURY N/B	US Government & Agency Security	11/15/2040	14,200,000	17,223,047	18,824,372
	US TREASURY N/B	US Government & Agency Security	11/15/2044	10,000,000	11,999,950	11,171,900
	US TREASURY N/B	US Government & Agency Security	5/15/2047	12,040,000	12,738,202	13,560,532
	US TREASURY N/B	US Government & Agency Security	11/15/2047	2,815,000	2,762,070	3,026,463
	US TREASURY N/B	US Government & Agency Security	8/15/2048	22,050,000	21,522,201	24,896,655
	US TREASURY N/B	US Government & Agency Security	8/15/2049	58,363,400	52,462,748	52,638,749
	US TREASURY N/B	US Government & Agency Security	2/15/2036	2,500,000	3,255,808	3,318,950
					183,658,632	194,714,295
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,587,681
	AID JORDAN	Foreign Government Security	6/30/2025	240,000	243,818	253,447
	REPUBLIC OF CHILE	Foreign Government Security	1/25/2050	360,000	357,980	373,043
	REPUBLIC OF COLOMBIA	Foreign Government Security	2/26/2044	425,000	445,060	528,063
	REPUBLIC OF COLOMBIA	Foreign Government Security	5/15/2049	415,000	429,261	499,453
	REPUBLIC OF COLOMBIA	Foreign Government Security	3/15/2029	105,000	104,330	116,445
	REPUBLIC OF PANAMA	Foreign Government Security	7/23/2060	140,000	139,915	150,710
	REPUBLIC OF PERU	Foreign Government Security	6/20/2030	210,000	210,000	216,615
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	435,000	403,615	521,869
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	605,000	566,682	715,715
	UNITED MEXICAN STATES	Foreign Government Security	1/31/2050	815,000	823,953	881,015
					5,205,399	5,844,056

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d)	(e)
					Cost	Current Value
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	672,082
	CALIFORNIA ST	Municipal Bond	4/1/2039	775,000	1,152,479	1,243,116
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	752,920
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	49,521
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	265,000	386,132	435,064
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	706,351
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	350,000	471,422	482,517
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	648,955
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	400,000	580,365	627,572
	NEW JERSEY ST TURNPIKE AUTH	Municipal Bond	1/1/2040	460,000	671,591	721,584
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	765,000	792,568	937,584
	TEXAS ST PRIV ACTIVITY BOND SU	Municipal Bond	12/31/2049	160,000	160,000	160,838
	TEXAS ST TRANSPRTN COMMISSIONS	Municipal Bond	4/1/2030	300,000	350,598	361,149
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	726,737
					7,849,850	8,525,990
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2036	225,000	249,172	282,184
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2026	96,000	98,887	104,894
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	630,000	676,118	827,984
	ABBVIE INC	Corporate Bond Obligation	11/21/2039	240,000	239,153	252,254
	ABBVIE INC	Corporate Bond Obligation	11/21/2049	565,000	574,081	599,928
	ABBVIE INC	Corporate Bond Obligation	11/21/2029	200,000	203,933	203,470
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	610,000	600,161	687,989
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	135,000	144,855	144,597
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	195,000	193,937	214,662
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	35,000	34,728	40,437
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	80,000	79,080	83,934
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	9/15/2049	340,000	337,515	328,981
	AETNA INC	Corporate Bond Obligation	11/15/2042	25,000	23,340	25,614
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000	476,175	561,112
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	8/15/2031	115,000	114,838	119,543
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	2/1/2050	40,000	44,152	43,834
	ALLERGAN FUNDING SCS	Corporate Bond Obligation	6/15/2044	160,000	165,431	174,381
	ALLERGAN FUNDING SCS	Corporate Bond Obligation	3/15/2035	55,000	55,609	60,127
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	280,000	277,007	280,137
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2039	35,000	34,918	41,178
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2049	380,000	382,970	460,739
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2047	60,000	59,557	70,611
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	385,000	384,041	437,587
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	550,000	549,489	670,175
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	7/16/2042	15,000	16,909	16,862
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	340,000	402,203	455,559
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	4/22/2049	405,000	409,518	465,086
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	850,000	864,326	980,501
	AMERICAN INTL GROUP	Corporate Bond Obligation	3/15/2029	20,000	19,918	22,265
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	465,000	464,957	560,706
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	6/1/2049	125,000	135,577	141,604
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	9/1/2047	85,000	89,179	90,017
	AMGEN INC	Corporate Bond Obligation	5/1/2045	125,000	129,697	140,069
	AMGEN INC	Corporate Bond Obligation	6/15/2051	380,000	394,642	447,727
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	885,000	845,761	1,025,494
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,250,000	1,166,473	1,482,650
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/23/2049	785,000	782,386	1,019,966
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2048	880,000	859,321	1,007,072
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2038	410,000	404,937	460,586

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000	99,292	112,845
	ANTHEM INC	Corporate Bond Obligation	12/1/2047	220,000	222,192	242,906
	ANTHEM INC	Corporate Bond Obligation	3/1/2048	245,000	245,333	277,286
	APPLE INC	Corporate Bond Obligation	5/4/2043	845,000	848,489	947,355
	APPLE INC	Corporate Bond Obligation	2/23/2046	685,000	723,473	859,504
	APPLE INC	Corporate Bond Obligation	8/4/2046	180,000	180,751	203,004
	APPLE INC	Corporate Bond Obligation	9/12/2047	35,000	34,651	38,987
	ASTRAZENECA PLC	Corporate Bond Obligation	8/17/2048	195,000	195,407	227,891
	ASTRAZENECA PLC	Corporate Bond Obligation	1/17/2029	190,000	188,213	211,065
	AT+T INC	Corporate Bond Obligation	6/15/2044	677,000	670,700	772,457
	AT+T INC	Corporate Bond Obligation	9/1/2040	205,000	205,097	247,429
	AT+T INC	Corporate Bond Obligation	11/15/2046	1,814,000	1,786,073	2,171,975
	AT+T INC	Corporate Bond Obligation	3/1/2039	85,000	86,778	98,041
	AT+T INC	Corporate Bond Obligation	5/15/2035	711,000	710,122	792,289
	AT+T INC	Corporate Bond Obligation	3/1/2041	210,000	223,451	278,414
	AT+T INC	Corporate Bond Obligation	3/9/2049	140,000	133,596	155,473
	AT+T INC	Corporate Bond Obligation	3/9/2048	165,000	152,477	182,292
	AT+T INC	Corporate Bond Obligation	3/1/2037	125,000	131,278	149,348
	AT+T INC	Corporate Bond Obligation	3/1/2047	505,000	501,785	627,346
	BALTIMORE GAS + ELECTRIC	Corporate Bond Obligation	9/15/2049	410,000	406,400	401,853
	BANCO SANTANDER SA	Corporate Bond Obligation	6/27/2029	175,000	175,000	180,362
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/15/2050	475,000	475,000	572,636
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/23/2040	760,000	760,000	862,076
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/22/2030	80,000	80,657	80,703
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/21/2027	1,015,000	955,196	1,058,097
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/5/2029	150,000	148,454	163,466
	BANK OF AMERICA CORP	Corporate Bond Obligation	12/20/2028	355,000	346,818	372,800
	BANK OF AMERICA CORP	Corporate Bond Obligation	7/23/2029	155,000	155,178	172,286
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	405,000	494,675	554,259
	BARCLAYS PLC	Corporate Bond Obligation	1/10/2047	70,000	69,865	82,690
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,135,000	1,163,775	1,149,369
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	430,000	415,092	432,460
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2047	210,000	215,140	250,362
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2027	128,000	120,824	136,218
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	259,503
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	170,000	169,946	202,336
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2049	205,000	241,956	243,228
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	460,000	457,668	544,631
	BHP BILLITON FIN USA LTD	Corporate Bond Obligation	9/30/2043	75,000	84,897	96,053
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	542,631
	BOEING CO	Corporate Bond Obligation	5/1/2034	530,000	530,769	567,953
	BOEING CO	Corporate Bond Obligation	2/1/2050	190,000	191,738	202,069
	BOEING CO	Corporate Bond Obligation	8/1/2059	270,000	267,476	288,409
	BOEING CO	Corporate Bond Obligation	11/1/2048	50,000	53,093	53,119
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2049	230,000	230,986	279,894
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2039	320,000	319,773	376,454
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	7/26/2029	135,000	133,886	144,480
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/15/2047	50,000	58,932	59,666
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	2/20/2048	375,000	456,799	459,495
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	175,000	224,186	245,310
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	90,000	95,617	112,235
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2044	100,000	116,842	119,256
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	330,806
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	295,000	305,305	334,943
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	6/15/2048	80,000	79,796	90,732

Premier Health Partners Employees Retirement Plan

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(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d)	(e)
					Cost	Current Value
	BURLINGTON NORTH SANTA FE	Corporate Bond Obligation	12/15/2048	40,000	47,170	46,094
	BURLINGTON RESOURCES LLC	Corporate Bond Obligation	10/15/2036	120,000	145,022	162,768
	CAMPBELL SOUP CO	Corporate Bond Obligation	3/15/2048	210,000	207,093	243,254
	CAMPBELL SOUP CO	Corporate Bond Obligation	3/15/2028	220,000	236,689	238,856
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	9/15/2115	865,000	1,024,405	1,270,529
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	550,000	597,421	694,381
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	3/1/2050	815,000	829,551	859,418
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	640,000	729,638	805,536
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	265,000	266,258	309,499
	CHUBB INA HOLDINGS INC	Corporate Bond Obligation	11/3/2045	120,000	123,960	145,433
	CIGNA CORP	Corporate Bond Obligation	10/15/2028	65,000	64,914	72,013
	CIGNA CORP	Corporate Bond Obligation	8/15/2038	280,000	279,549	326,598
	CIGNA CORP	Corporate Bond Obligation	12/15/2048	100,000	99,611	119,450
	CIGNA CORP	Corporate Bond Obligation	3/1/2027	140,000	142,754	145,516
	CIGNA CORP	Corporate Bond Obligation	7/15/2046	365,000	399,336	423,670
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	445,000	538,254	599,299
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	27,000	31,276	34,447
	CITIGROUP INC	Corporate Bond Obligation	11/20/2026	50,000	50,255	54,448
	CITIGROUP INC	Corporate Bond Obligation	11/5/2030	330,000	330,159	335,135
	CITIGROUP INC	Corporate Bond Obligation	9/29/2027	45,000	45,539	49,580
	CITIGROUP INC	Corporate Bond Obligation	5/18/2046	50,000	50,729	59,807
	CITIGROUP INC	Corporate Bond Obligation	10/27/2028	45,000	45,006	47,381
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	285,000	283,900	312,235
	CODELCO INC	Corporate Bond Obligation	7/17/2042	220,000	203,520	229,761
	CODELCO INC	Corporate Bond Obligation	2/5/2049	85,000	81,034	91,358
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	340,000	397,350	431,389
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	596,926
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	68,477
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	520,000	522,348	572,900
	COMCAST CORP	Corporate Bond Obligation	3/1/2038	315,000	311,751	349,017
	COMCAST CORP	Corporate Bond Obligation	10/15/2048	1,275,000	1,267,345	1,574,332
	COMCAST CORP	Corporate Bond Obligation	10/15/2058	246,000	246,271	320,592
	COMCAST CORP	Corporate Bond Obligation	10/15/2038	300,000	298,383	357,681
	COMMONWEALTH BANK AUST	Corporate Bond Obligation	9/12/2039	220,000	220,000	220,693
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	319,380
	CON EDISON CO OF NY INC	Corporate Bond Obligation	12/1/2039	325,000	400,371	417,381
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	259,021
	CONOCOPHILLIPS HLDG CO	Corporate Bond Obligation	4/15/2029	300,000	382,305	407,979
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	8/1/2029	210,000	209,910	212,411
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	110,000	109,515	120,040
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	290,000	281,591	303,471
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2028	80,000	79,776	90,038
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	100,000	106,458	121,640
	CREDIT SUISSE GROUP AG	Corporate Bond Obligation	1/9/2028	5,000	4,996	5,441
	CVS HEALTH CORP	Corporate Bond Obligation	8/15/2029	490,000	495,421	498,007
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	260,000	278,619	308,443
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	1,225,000	1,287,391	1,451,662
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	370,000	362,652	420,642
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2028	555,000	591,884	606,304
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	216,425	260,093	267,659
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	240,000	344,814	353,568
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	5/15/2042	20,000	18,196	22,438
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	215,000	241,185	261,464
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	210,000	210,826	243,741
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2039	180,000	179,656	181,553

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2049	95,000	94,768	96,795
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2043	340,000	325,122	375,591
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	5/15/2049	175,000	176,818	207,450
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2037	165,000	164,835	186,481
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2047	245,000	246,598	285,597
	DOMINION ENERGY SOUTH	Corporate Bond Obligation	6/1/2065	120,000	131,847	156,096
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	207,539
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	670,000	667,315	722,977
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	100,000	132,539	144,301
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	8/15/2038	525,000	691,887	745,915
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	7/15/2043	130,000	129,411	160,384
	DUKE ENERGY PROGRESS LLC	Corporate Bond Obligation	5/15/2042	100,000	99,504	113,192
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	1/22/2044	195,000	206,168	223,876
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2035	195,000	200,169	223,170
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2045	55,000	56,284	64,955
	ELI LILLY + CO	Corporate Bond Obligation	3/15/2059	170,000	168,943	200,794
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	230,000	251,728	266,306
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	2/1/2043	20,000	18,199	20,560
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	10/1/2043	140,000	148,196	156,384
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	4/15/2029	95,000	106,219	106,752
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	3/15/2045	210,000	204,258	221,096
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	3/15/2035	330,000	329,373	346,662
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	12/15/2045	150,000	157,043	173,960
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	4/15/2047	290,000	282,813	309,587
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	480,188
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2025	255,000	258,675	271,771
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	15,000	15,515	17,594
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	280,000	279,601	300,829
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2049	40,000	40,399	46,990
	EQUINOR ASA	Corporate Bond Obligation	12/1/2028	150,000	192,611	195,989
	EXELON CORP	Corporate Bond Obligation	4/1/2032	485,000	638,842	669,785
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	154,460
	FEDEX CORP	Corporate Bond Obligation	1/15/2044	115,000	118,720	126,222
	FEDEX CORP	Corporate Bond Obligation	1/15/2047	75,000	70,706	75,346
	FEDEX CORP	Corporate Bond Obligation	10/17/2048	85,000	88,028	92,927
	FIRSTENERGY CORP	Corporate Bond Obligation	7/15/2047	130,000	129,180	154,652
	FISERV INC	Corporate Bond Obligation	7/1/2049	390,000	391,067	442,759
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	305,000	389,573	422,617
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,961	359,399
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2049	30,000	30,232	30,346
	FORD MOTOR CREDIT CO LLC	Corporate Bond Obligation	5/3/2029	420,000	420,000	432,852
	FOX CORP	Corporate Bond Obligation	1/25/2049	170,000	177,433	216,578
	FOX CORP	Corporate Bond Obligation	1/25/2039	135,000	135,000	165,185
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,281,000	2,345,927	2,440,054
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/14/2038	155,000	186,848	188,412
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	400,962
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	135,000	147,148	151,678
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	675,000	771,264	796,703
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	40,000	35,494	40,920
	GEORGIA POWER CO	Corporate Bond Obligation	3/15/2042	185,000	188,421	203,004
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	50,000	49,638	58,125
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	320,000	332,330	382,118
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	150,000	156,027	180,381
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	100,000	96,000	110,720
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	190,000	215,994	263,935

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d)	(e)
					Cost	Current Value
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	225,000	238,405	272,536
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	240,000	264,662	295,018
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	260,000	256,053	282,563
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/1/2029	30,000	32,837	33,077
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	150,000	146,233	170,931
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	115,000	123,959	131,460
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2035	320,000	344,093	362,067
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	180,000	222,805	252,707
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	137,458
	HOME DEPOT INC	Corporate Bond Obligation	12/6/2048	210,000	226,487	259,419
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	205,000	204,485	241,746
	HOME DEPOT INC	Corporate Bond Obligation	6/15/2047	125,000	128,978	141,466
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	235,000	320,771	343,173
	HSBC HOLDINGS PLC	Corporate Bond Obligation	5/22/2030	30,000	32,240	32,351
	HUMANA INC	Corporate Bond Obligation	12/1/2042	40,000	43,048	45,029
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	260,000	261,873	297,612
	INTEL CORP	Corporate Bond Obligation	12/8/2047	473,000	475,538	520,764
	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	320,000	401,870	463,734
	JPMORGAN CHASE + CO	Corporate Bond Obligation	10/15/2030	290,000	287,076	290,044
	JPMORGAN CHASE + CO	Corporate Bond Obligation	12/1/2027	160,000	153,760	169,045
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/1/2028	340,000	343,251	366,653
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	75,000	78,483	88,643
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	295,000	298,175	337,179
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	345,000	319,790	381,891
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	460,000	449,370	521,231
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	180,000	180,000	202,586
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	11/1/2049	185,000	185,000	185,683
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	130,000	139,042	148,477
	KENTUCKY UTILITIES CO	Corporate Bond Obligation	11/1/2040	18,000	20,929	22,353
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2038	85,000	85,000	100,373
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2048	75,000	75,000	90,364
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	240,000	292,350	317,971
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	60,000	57,429	64,105
	KINDER MORGAN INC	Corporate Bond Obligation	6/1/2045	230,000	245,609	273,721
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	680,000	852,803	937,373
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	15,000	16,488	16,833
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/4/2042	30,000	31,199	32,056
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	2/9/2040	80,000	86,590	97,112
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	10/1/2039	30,000	30,747	31,278
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	10/1/2049	500,000	497,128	527,750
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2046	700,000	653,173	690,039
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	420,000	437,102	466,641
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2045	75,000	73,168	81,446
	KROGER CO	Corporate Bond Obligation	1/15/2049	330,000	345,593	403,141
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	10/15/2050	480,000	492,919	499,277
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	285,000	304,525	342,807
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	3/1/2035	30,000	32,364	32,806
	LOWE'S COS INC	Corporate Bond Obligation	4/5/2049	285,000	291,877	336,494
	LOWE'S COS INC	Corporate Bond Obligation	9/15/2045	205,000	212,015	228,831
	LYB INT FINANCE III	Corporate Bond Obligation	10/15/2049	485,000	485,000	506,214
	MARATHON OIL CORP	Corporate Bond Obligation	10/1/2037	90,000	109,732	114,831
	MARATHON OIL CORP	Corporate Bond Obligation	6/1/2045	135,000	139,842	157,094
	MARATHON OIL CORP	Corporate Bond Obligation	7/15/2027	60,000	60,415	65,257
	MARS INC	Corporate Bond Obligation	4/1/2039	115,000	114,856	127,166
	MARS INC	Corporate Bond Obligation	4/1/2034	115,000	114,577	126,196

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	12/31/2099	390,000	491,069	595,663
	MCDONALD S CORP	Corporate Bond Obligation	7/15/2040	335,000	352,581	392,530
	MCDONALD S CORP	Corporate Bond Obligation	5/26/2045	380,000	385,609	439,455
	MCDONALD S CORP	Corporate Bond Obligation	12/9/2045	40,000	46,170	48,224
	MCDONALD S CORP	Corporate Bond Obligation	9/1/2048	20,000	21,990	22,923
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	171,000	194,024	215,385
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2035	262,000	274,078	310,229
	MERCK + CO INC	Corporate Bond Obligation	9/15/2042	155,000	145,516	166,684
	MERCK + CO INC	Corporate Bond Obligation	2/10/2045	150,000	142,112	165,942
	METLIFE INC	Corporate Bond Obligation	6/15/2034	335,000	423,028	479,231
	METLIFE INC	Corporate Bond Obligation	3/1/2045	60,000	58,956	69,658
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	530,000	526,490	628,453
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	909,051
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2056	145,000	160,632	171,848
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	195,000	192,568	213,722
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	700,000	704,706	791,525
	MICROSOFT CORP	Corporate Bond Obligation	2/6/2037	855,000	863,322	1,011,474
	MINERA MEXICO SA DE CV	Corporate Bond Obligation	1/26/2050	280,000	276,084	284,900
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	3/7/2039	190,000	190,000	218,268
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	7/18/2039	380,000	380,000	416,602
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	465,000	546,780	601,617
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	928,778
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	5,882
	MORGAN STANLEY	Corporate Bond Obligation	1/23/2030	30,000	33,702	33,932
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	270,000	270,000	299,954
	MPLX LP	Corporate Bond Obligation	2/15/2049	425,000	430,207	482,838
	MPLX LP	Corporate Bond Obligation	12/1/2047	90,000	89,153	95,846
	MPLX LP	Corporate Bond Obligation	3/1/2047	155,000	154,539	167,588
	MPLX LP	Corporate Bond Obligation	4/15/2038	290,000	285,698	295,095
	NATIONWIDE FINANCIAL SER	Corporate Bond Obligation	11/30/2049	220,000	218,918	229,284
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	481,607
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	145,000	143,450	163,659
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	190,000	187,448	223,345
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	289,999
	NEWMONT CORP	Corporate Bond Obligation	10/1/2039	205,000	241,040	271,506
	NEWMONT CORP	Corporate Bond Obligation	4/1/2035	400,000	432,008	513,428
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	345,000	344,717	382,771
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2043	35,000	37,390	39,437
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2044	385,000	388,210	428,128
	NOBLE ENERGY INC	Corporate Bond Obligation	10/15/2049	125,000	119,723	126,684
	NOBLE ENERGY INC	Corporate Bond Obligation	8/15/2047	115,000	119,625	127,821
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	170,000	169,606	196,231
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	8/15/2052	627,000	640,679	690,283
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	12/31/2049	365,000	364,292	431,693
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	285,000	262,901	298,406
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	3/1/2050	185,000	181,431	176,742
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	540,000	586,111	652,698
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	420,000	422,477	469,178
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	100,000	100,000	107,577
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	665,000	711,843	810,615
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	8/15/2029	70,000	70,782	71,461
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	8/15/2049	90,000	90,728	92,930
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	8/15/2039	45,000	45,481	45,887
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	5/1/2031	635,000	837,759	826,249
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	9/15/2036	210,000	258,096	257,968

Premier Health Partners Employees Retirement Plan

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					Cost	Current Value
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	7/15/2044	125,000	127,049	126,288
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	4/15/2046	140,000	139,422	141,824
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	2/15/2047	70,000	68,566	68,065
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	115,000	129,285	138,508
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	390,000	421,668	468,753
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	505,000	511,010	594,946
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	65,000	90,370	93,899
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	615,000	727,957	804,887
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	290,000	312,571	347,481
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	370,000	353,032	402,327
	ORACLE CORP	Corporate Bond Obligation	7/8/2034	30,000	35,033	35,099
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	425,000	432,225	480,254
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	170,000	173,087	189,239
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	210,000	209,210	229,522
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	70,151
	PACIFICORP	Corporate Bond Obligation	1/15/2039	255,000	308,207	349,682
	PARKER HANNIFIN CORP	Corporate Bond Obligation	6/14/2049	500,000	495,181	540,795
	PEPSICO INC	Corporate Bond Obligation	8/13/2042	345,000	322,458	370,979
	PETROLEOS MEXICANOS	Corporate Bond Obligation	2/12/2048	75,000	64,302	72,375
	PETROLEOS MEXICANOS	Corporate Bond Obligation	1/23/2030	120,000	119,927	127,961
	PETROLEOS MEXICANOS	Corporate Bond Obligation	1/23/2050	552,000	544,032	602,420
	PETROLEOS MEXICANOS	Corporate Bond Obligation	9/2/2047	175,000	163,555	175,329
	PFIZER INC	Corporate Bond Obligation	3/15/2049	515,000	506,590	592,858
	PFIZER INC	Corporate Bond Obligation	12/15/2036	275,000	278,586	311,891
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/2/2042	215,000	199,610	223,974
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	88,000	85,533	94,525
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	325,000	346,938	388,642
	PHILLIPS 66	Corporate Bond Obligation	11/15/2044	85,000	99,611	102,548
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	252,694
	PNC BANK NA	Corporate Bond Obligation	10/22/2029	175,000	174,270	174,785
	PNC FINANCIAL SERVICES	Corporate Bond Obligation	4/23/2029	310,000	323,511	330,891
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	368,984
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	200,000	204,112	226,038
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	374,582
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	2/25/2050	200,000	199,394	230,570
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	542,000	531,716	591,750
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	330,000	327,476	356,327
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	117,468
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	525,000	519,540	540,640
	REGENCY CENTERS LP	Corporate Bond Obligation	3/15/2049	360,000	373,055	423,803
	REGENCY CENTERS LP	Corporate Bond Obligation	2/1/2047	30,000	29,066	33,981
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	135,000	164,358	158,614
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	360,000	426,757	413,168
	RIO TINTO FIN USA PLC	Corporate Bond Obligation	8/2/2042	120,000	121,158	137,657
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	140,000	138,923	169,673
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	11/15/2049	155,000	153,335	156,473
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	275,000	275,274	309,298
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	200,000	199,785	227,360
	SAN DIEGO G + E	Corporate Bond Obligation	6/15/2049	140,000	147,420	154,987
	SAUDIARABIAN OIL CO	Corporate Bond Obligation	4/16/2049	135,000	133,257	147,635
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	215,000	211,623	225,989
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	185,000	182,998	193,453
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	335,000	442,517	488,963
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/2/2042	45,000	40,674	48,141
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	11/7/2029	510,000	506,399	505,869

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d)	(e)
					Cost	Current Value
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	11/7/2049	425,000	418,600	419,811
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	400,000	402,037	468,044
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	160,000	157,694	182,338
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	110,000	105,910	120,970
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	165,000	163,681	198,215
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	9/13/2049	35,000	33,822	34,056
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	20,000	24,778	24,624
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	219,730
	SOUTHERN CAL EDISON	Corporate Bond Obligation	4/1/2047	320,000	332,762	336,912
	SOUTHERN COPPER CORP	Corporate Bond Obligation	4/23/2045	160,000	174,621	200,579
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	285,000	285,419	323,800
	SUMITOMO MITSUI FINL GRP	Corporate Bond Obligation	7/16/2029	135,000	135,000	137,765
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	270,000	347,271	384,661
	SUNCOR ENERGY INC	Corporate Bond Obligation	11/15/2047	15,000	15,928	16,374
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	5/15/2045	685,000	690,660	736,683
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	10/1/2047	480,000	457,348	521,894
	TARGET CORP	Corporate Bond Obligation	7/1/2042	350,000	342,601	400,376
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	430,000	458,262	528,212
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	5/15/2047	315,000	313,548	358,294
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	3/8/2047	250,000	250,000	296,728
	TENNESSEE GAS PIPELINE	Corporate Bond Obligation	10/15/2028	325,000	387,524	416,670
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	205,000	203,190	218,040
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/1/2029	100,000	99,454	98,924
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	235,000	274,170	288,284
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	170,000	210,443	221,763
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/15/2042	30,000	29,789	30,671
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	405,000	534,723	511,718
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	180,000	197,754	206,599
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	720,000	765,631	821,290
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	230,000	230,853	262,770
	TRANSCONT GAS PIPELINE	Corporate Bond Obligation	8/15/2041	500,000	537,250	588,840
	TYSON FOODS INC	Corporate Bond Obligation	9/28/2048	230,000	230,221	289,607
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	205,000	204,131	256,857
	UBS GROUP AG	Corporate Bond Obligation	3/23/2028	135,000	135,443	147,546
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	11/15/2032	415,000	537,649	565,545
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	9/6/2029	350,000	346,847	339,945
	UNION ELECTRIC CO	Corporate Bond Obligation	9/15/2042	465,000	462,652	507,236
	UNION PACIFIC CORP	Corporate Bond Obligation	3/1/2049	300,000	297,891	346,668
	UNION PACIFIC CORP	Corporate Bond Obligation	3/20/2060	120,000	119,879	121,756
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	545,000	556,910	578,997
	UNION PACIFIC CORP	Corporate Bond Obligation	9/10/2038	210,000	209,683	240,780
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	945,000	981,190	1,132,979
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	335,000	334,538	384,252
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/4/2047	170,000	152,436	195,016
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	11/16/2048	25,000	24,521	31,330
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	11/16/2038	125,000	124,775	147,921
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	25,000	24,533	27,527
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	328,039
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	240,000	260,969	291,533
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	135,000	133,753	145,311
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2028	55,000	54,905	60,692
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	530,000	528,795	616,109
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	877,431
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/2/2054	188,000	189,023	242,518
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	904,000	993,180	1,084,755

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/16/2037	565,000	560,650	709,600
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	4/15/2049	125,000	136,204	160,265
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	700,000	698,026	817,117
	VIACOMCBS INC	Corporate Bond Obligation	4/30/2036	100,000	107,454	133,904
	VIACOMCBS INC	Corporate Bond Obligation	3/15/2043	95,000	86,127	100,725
	VIACOMCBS INC	Corporate Bond Obligation	9/1/2043	835,000	894,329	1,046,180
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	152,677
	VISA INC	Corporate Bond Obligation	12/14/2045	575,000	592,557	706,853
	VODAFONE GROUP PLC	Corporate Bond Obligation	9/17/2050	625,000	630,641	652,375
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	110,000	107,914	127,388
	VULCAN MATERIALS CO	Corporate Bond Obligation	3/1/2048	350,000	349,605	394,020
	VULCAN MATERIALS CO	Corporate Bond Obligation	6/15/2047	30,000	32,944	32,985
	WALMART INC	Corporate Bond Obligation	9/24/2049	330,000	325,142	328,792
	WALMART INC	Corporate Bond Obligation	6/29/2048	385,000	385,835	456,356
	WALMART INC	Corporate Bond Obligation	6/28/2038	290,000	286,993	335,948
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	9/1/2049	495,000	479,036	467,290
	WELLS FARGO + COMPANY	Corporate Bond Obligation	1/15/2044	135,000	175,892	177,910
	WELLS FARGO + COMPANY	Corporate Bond Obligation	10/30/2030	395,000	395,232	397,745
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/14/2046	415,000	403,565	473,357
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	795,000	857,544	954,716
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	331,260
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,431	1,302,696
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2031	220,000	263,914	287,129
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	6/24/2044	65,000	69,570	77,035
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2045	120,000	117,187	129,568
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	4/15/2040	85,000	95,564	105,460
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	9/15/2045	250,000	259,418	278,750
					132,882,055	147,993,997
	VARIOUS BANKS	Collateralized Mortgage Obligation	9/15/2062	97,000	99,907	99,892
	VARIOUS BANKS	Collateralized Mortgage Obligation	10/17/2052	157,000	161,706	159,548
	BX TRUST	Collateralized Mortgage Obligation	12/9/2041	135,000	139,043	138,852
					400,656	398,292
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	12,108,169
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	12,660,098
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	18,002,192
	FIR TREE INTL VALUE FUND	Limited Partnership		620,957	212,832	212,832
	WELLS FARGO INTERNATIONAL EQUITY	Limited Partnership		141,182	15,000,000	16,291,923
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	50,074,879
	RIMROCK HIGH INC PLUS CAYMAN	Limited Partnership		37,339	10,000,000	10,769,492
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	15,464,776
	SF GLOBAL EMERGING MARKETS EQU	Limited Partnership		973,128	12,400,000	15,269,550
					120,170,352	150,853,911
Total					\$ 583,598,139	\$ 710,824,110

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	151,032,984 units purchased in a series of 267 transactions	\$ 151,032,984	-	151,032,984	151,032,984	-
	163,434,636 units sold in a series of 197 transactions	-	163,434,636	163,434,636	163,434,636	-
U.S Treasury	US TREASURY N/B, maturity date of February 15, 2029					
	20,840,000 units purchased in 54 transactions	20,788,193	-	20,788,193	20,788,193	-
	20,840,000 units sold in a series of 22 transactions	-	20,852,829	20,788,193	20,852,829	64,636
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2048					
	18,790,000 units purchased in 50 transactions	18,657,935	-	18,657,935	18,657,935	-
	66,710,000 units sold in a series of 67 transactions	-	66,715,545	62,482,446	66,715,545	4,233,099
U.S Treasury	US TREASURY N/B, maturity date of November 15, 2048					
	59,520,000 units purchased in 134 transactions	64,109,293	-	64,109,293	64,109,293	-
	59,520,000 units sold in a series of 150 transactions	-	65,608,894	64,109,293	65,608,894	1,499,601
U.S Treasury	US TREASURY N/B, maturity date of February 15, 2049					
	58,515,000 units purchased in 136 transactions	60,719,091	-	60,719,091	60,719,091	-
	58,515,000 units sold in a series of 109 transactions	-	68,537,101	60,719,091	68,537,101	7,818,010
U.S Treasury	US TREASURY N/B, maturity date of May 15, 2049					
	60,505,000 units purchased in 119 transactions	69,787,221	-	69,787,221	69,787,221	-
	60,505,000 units sold in a series of 109 transactions	-	67,023,855	69,787,221	67,023,855	(2,763,366)
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2049					
	60,263,400 units purchased in 53 transactions	58,492,310	-	58,492,310	58,492,310	-
	1,900,000 units sold in a series of 26 transactions	-	1,872,864	1,855,154	1,872,864	17,710

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (i), (ii) or (iv) transactions from January 1, 2019 to December 31, 2019.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA



Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	53 \$27,142	354 \$41,173	2							
25-29	70 \$31,416	985 \$50,329	183 \$56,226	2						
30-34	57 \$57,008	678 \$54,768	476 \$58,736	155 \$60,043	5					
35-39	40 \$46,365	495 \$63,438	352 \$69,033	285 \$67,506	121 \$69,565	7				
40-44	29 \$36,703	349 \$70,850	261 \$80,866	207 \$70,867	195 \$73,498	80 \$71,493	3			
45-49	41 \$36,249	351 \$61,964	282 \$76,397	189 \$75,511	205 \$74,865	160 \$75,933	66 \$73,723	9		
50-54	32 \$30,107	245 \$65,083	225 \$67,878	208 \$75,462	198 \$74,279	146 \$85,851	119 \$83,629	82 \$85,707		
55-59	20 \$33,577	248 \$62,465	207 \$71,375	179 \$66,194	258 \$66,587	188 \$78,357	110 \$90,058	124 \$80,824	72 \$85,831	15
60-64	16 \$63,615	161 \$71,899	153 \$63,945	157 \$64,687	200 \$76,305	156 \$73,349	99 \$85,725	96 \$76,329	109 \$70,569	90
65-69	9 \$55,070	49 \$95,428	62 \$61,662	47 \$67,609	46 \$76,591	26 \$67,643	25	15	19	33 \$90,444
70+	7 \$37,619	29 \$81,719	22	10	8	8	1	2	1	1

N-11080

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Salary Increases	
Minimum Funding Target Normal Cost	2.25%, plus rates in Table 1
Maximum Tax Expected Benefit Increase	2.25%, plus rates in Table 1
Cash Balance Interest Crediting Rate	4.01% (PHP) 3.79% (UVMC; Good Sam) 3.36% (Atrium pre-2003) 2.45% (Atrium post-2002)
Cash Balance Annuity Conversion Rate	N/A
Optional Payment Form Election Percentage	Active Cash Balance Participants: 50% immediate lump sum 50% deferred lump sum at age 55 Term Vested Cash Balance Participants: 100% deferred lump sum at age 62 Legacy Final Average Pay Participants: 100% life annuity at age 62.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Optional Payment Form	Same as funding interest rates above for lump
Conversion Interest Rate	sums other than cash balance accounts.
Optional Payment Form	Current 417(e) table for lump sums other than cash
Conversion Mortality	balance accounts.
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2018-02
Withdrawal Rates	See Table 3
Disability Rates	See Tables 4–5
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2018 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$225,000 and the IRC section 401(a)(17) compensation limit of \$280,000.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets

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

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

Expected Return on Assets

2016 Plan Year

6.75%, limited to 6.48%

2017 Plan Year

6.75%, limited to 6.29%

2018 Plan Year

6.75%, limited to 6.11%

Trust Expenses Included in Target Normal Cost

\$7,300,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 1

Salary Scale

Age	Rate	Age	Rate
15	5.25%	45	1.25%
16	5.25%	46	1.25%
17	5.25%	47	1.25%
18	5.25%	48	1.25%
19	5.25%	49	1.25%
20	5.25%	50	1.00%
21	5.25%	51	1.00%
22	5.25%	52	1.00%
23	5.25%	53	1.00%
24	5.25%	54	1.00%
25	2.25%	55	0.75%
26	2.25%	56	0.75%
27	2.25%	57	0.75%
28	2.25%	58	0.75%
29	2.25%	59	0.75%
30	2.00%	60	0.50%
31	2.00%	61	0.50%
32	2.00%	62	0.50%
33	2.00%	63	0.50%
34	2.00%	64	0.50%
35	1.75%	65	0.00%
36	1.75%	66	0.00%
37	1.75%	67	0.00%
38	1.75%	68	0.00%
39	1.75%	69	0.00%
40	1.50%	70+	0.00%
41	1.50%		
42	1.50%		
43	1.50%		
44	1.50%		

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 3—Page 1 of 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 3—Page 2 of 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 4

Disability Rates—Atrium Disability Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 5

Disability Rates—MedAmerica Disability Rates

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

Premier Health Partners Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1446699, Plan No. 001 Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* State Street	State Street Bank + Trust Co Short Term Inv Fund					
	151,032,984 units purchased in a series of 267 transactions	\$ 151,032,984	-	151,032,984	151,032,984	-
	163,434,636 units sold in a series of 197 transactions	-	163,434,636	163,434,636	163,434,636	-
U.S Treasury	US TREASURY N/B, maturity date of February 15, 2029					
	20,840,000 units purchased in 54 transactions	20,788,193	-	20,788,193	20,788,193	-
	20,840,000 units sold in a series of 22 transactions	-	20,852,829	20,788,193	20,852,829	64,636
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2048					
	18,790,000 units purchased in 50 transactions	18,657,935	-	18,657,935	18,657,935	-
	66,710,000 units sold in a series of 67 transactions	-	66,715,545	62,482,446	66,715,545	4,233,099
U.S Treasury	US TREASURY N/B, maturity date of November 15, 2048					
	59,520,000 units purchased in 134 transactions	64,109,293	-	64,109,293	64,109,293	-
	59,520,000 units sold in a series of 150 transactions	-	65,608,894	64,109,293	65,608,894	1,499,601
U.S Treasury	US TREASURY N/B, maturity date of February 15, 2049					
	58,515,000 units purchased in 136 transactions	60,719,091	-	60,719,091	60,719,091	-
	58,515,000 units sold in a series of 109 transactions	-	68,537,101	60,719,091	68,537,101	7,818,010
U.S Treasury	US TREASURY N/B, maturity date of May 15, 2049					
	60,505,000 units purchased in 119 transactions	69,787,221	-	69,787,221	69,787,221	-
	60,505,000 units sold in a series of 109 transactions	-	67,023,855	69,787,221	67,023,855	(2,763,366)
U.S Treasury	US TREASURY N/B, maturity date of August 15, 2049					
	60,263,400 units purchased in 53 transactions	58,492,310	-	58,492,310	58,492,310	-
	1,900,000 units sold in a series of 26 transactions	-	1,872,864	1,855,154	1,872,864	17,710

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (i), (ii) or (iv) transactions from January 1, 2019 to December 31, 2019.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 Premier Health Partners Employees Retirement Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Premier Health Partners		D Employer Identification Number (EIN) 31-1446699
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019			
2 Assets:			
a Market value.....		2a	607,303,711
b Actuarial value.....		2b	645,139,528
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1,788	215,902,826	215,902,826
b For terminated vested participants.....	3,158	91,954,114	91,954,114
c For active participants.....	11,080	292,345,254	297,500,319
d Total.....	16,026	600,202,194	605,357,259
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	5.58%	
6 Target normal cost.....	6	28,013,862	

Statement by Enrolled Actuary

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

SIGN HERE	Jason M. Bravo Signature of actuary	10/08/2020 Date
Jason M. Bravo Type or print name of actuary		2005569 Most recent enrollment number
Aon Consulting, Inc. Firm name		216-430-4732 Telephone number (including area code)
950 Main Avenue Suite 1600 Cleveland OH 44113 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).....	0	113,362,038
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	27,988,380
9 Amount remaining (line 7 minus line 8).....	0	85,373,658
10 Interest on line 9 using prior year's actual return of <u>-6.00%</u>	0	-5,122,419
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		8,193,632
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>5.71%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		-491,618
c Total available at beginning of current plan year to add to prefunding balance.....		7,702,014
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	9,349,897
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	70,901,342

Part III Funding Percentages

14 Funding target attainment percentage.....	14	94.85%
15 Adjusted funding target attainment percentage.....	15	106.27%
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	96.59%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/11/2020	24,000,000	0			
10/02/2020	2,918,000	0			
Totals ▶			18(b)	26,918,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	24,544,431

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ 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	28,013,862
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		31,119,073	5,435,975
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	33,449,837
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	27,988,380	27,988,380
36 Additional cash requirement (line 34 minus line 35).....		36	5,461,457
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	24,544,431
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	19,082,974
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	19,082,974
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.58%	Days to Discount to 1/1/2019 at 5.40%	Interest Adjusted Contribution
September 11, 2020	\$ 24,000,000	619	0	\$ 21,890,928
October 2, 2020	<u>2,918,000</u>	623	17	<u>2,653,503</u>
Total Contribution	\$ 26,918,000			\$ 24,544,431

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Salary Increases	
Minimum Funding Target Normal Cost	2.25%, plus rates in Table 1
Maximum Tax Expected Benefit Increase	2.25%, plus rates in Table 1
Cash Balance Interest Crediting Rate	4.01% (PHP) 3.79% (UVMC; Good Sam) 3.36% (Atrium pre-2003) 2.45% (Atrium post-2002)
Cash Balance Annuity Conversion Rate	N/A
Optional Payment Form Election Percentage	Active Cash Balance Participants: 50% immediate lump sum 50% deferred lump sum at age 55 Term Vested Cash Balance Participants: 100% deferred lump sum at age 62 Legacy Final Average Pay Participants: 100% life annuity at age 62.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Optional Payment Form
Conversion Interest Rate

Same as funding interest rates above for lump sums other than cash balance accounts.

Optional Payment Form
Conversion Mortality

Current 417(e) table for lump sums other than cash balance accounts.

Retirement Age
Active Participants
Terminated Vested Participants

See Table 2
Age 62

Mortality Rates
Healthy and Disabled

2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2018-02

Withdrawal Rates

See Table 3

Disability Rates

See Tables 4–5

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit

It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.

Valuation Compensation

2018 Pensionable earnings rolled forward one year with the salary increase assumption.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$225,000 and the IRC section 401(a)(17) compensation limit of \$280,000.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

For ERISA Requirements

Valuation of Plan Assets

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

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

Expected Return on Assets

2016 Plan Year

6.75%, limited to 6.48%

2017 Plan Year

6.75%, limited to 6.29%

2018 Plan Year

6.75%, limited to 6.11%

Trust Expenses Included in Target Normal Cost

\$7,300,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 1
Salary Scale

Age	Rate	Age	Rate
15	5.25%	45	1.25%
16	5.25%	46	1.25%
17	5.25%	47	1.25%
18	5.25%	48	1.25%
19	5.25%	49	1.25%
20	5.25%	50	1.00%
21	5.25%	51	1.00%
22	5.25%	52	1.00%
23	5.25%	53	1.00%
24	5.25%	54	1.00%
25	2.25%	55	0.75%
26	2.25%	56	0.75%
27	2.25%	57	0.75%
28	2.25%	58	0.75%
29	2.25%	59	0.75%
30	2.00%	60	0.50%
31	2.00%	61	0.50%
32	2.00%	62	0.50%
33	2.00%	63	0.50%
34	2.00%	64	0.50%
35	1.75%	65	0.00%
36	1.75%	66	0.00%
37	1.75%	67	0.00%
38	1.75%	68	0.00%
39	1.75%	69	0.00%
40	1.50%	70+	0.00%
41	1.50%		
42	1.50%		
43	1.50%		
44	1.50%		

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 2

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 3—Page 1 of 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 3—Page 2 of 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 4

Disability Rates—Atrium Disability Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Table 5

Disability Rates—MedAmerica Disability Rates

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Med America

History of Plan

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

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

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

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

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

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Choice Two Participants

Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Minimum Benefit

The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.

Early Retirement
Eligibility

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

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

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

Annual Benefit

Choice One Participants

The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age.

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Disability Retirement
Eligibility

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

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

Members with at least one hour of service on or after January 1, 2008: Three years of vesting service.

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.

All employees who were participants prior to January 1, 1976, are considered fully vested.

Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Preretirement Spouse's Survivor Annuity
Eligibility

All vested participants who have not yet begun receiving benefit payments.

Annual Benefit

An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.

Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

lump sum equal to the value of the accrued pension account.

Supplemental Early Retirement Benefit
Eligibility

Choice One participants who are age 60 with 10 or more years of vesting service.

Benefit

A benefit, payable until Social Security normal retirement age, equal to \$10 times years of credited service (up to 20 years).

Normal Form of Retirement Benefits

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

Optional Form of Retirement Benefits

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

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

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

Annual Cash Balance Credits

For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows:

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

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

Accrued Pension Account Interest

The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

	August preceding the plan year as of which the interest is being credited.
Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.
Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.
Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	<p>Monthly average of a participant’s compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.</p>
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ Without regard to the age increase factor; and▪ As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year’s credit can be earned in the year of hire or termination.
Credited Service	Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Atrium Medical Center

Effective Date and Plan Year

Original plan: January 1, 1998 (for restated plan).

Restated plan: January 1, 2008.

Plan year: January 1, through December 31.

Status of the Plan

The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

Covered Employees

A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.

Participation

All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.

Employee Contributions

None.

Vesting Service

An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).

Credited Service

An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.

Pensionable Earnings

Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).

Accrued Benefit

Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially equivalent value of the December 31, 1997, accrued benefit under the prior plan.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Normal Retirement

Eligibility

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

Old Plan Benefit

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

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

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

Benefits for participants with the old plan benefit were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

New Plan Benefit

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Benefits for participants with the new plan benefit were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Early Retirement
Eligibility

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

Benefit

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

Late Retirement
Eligibility

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

Benefit

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

Deferred Vested
Eligibility

Completion of three years of vesting service.

Benefit

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

Disability
Eligibility

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

Benefit

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

Preretirement Death
Eligibility

If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.
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Form of Benefits

Automatic Form for Unmarried Participants	Single life annuity.
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Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
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Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
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Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year.
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	Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.
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Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DB Plan)

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefit Service

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

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

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

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

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

Accrued Benefit

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

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

Normal Retirement Benefit
Eligibility

Age 65.

Monthly Benefit

The accrued benefit.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Early Retirement Benefit
Eligibility

Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.

Monthly Benefit

The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.

Late Retirement Benefit
Eligibility

Any age after normal retirement age.

Monthly Benefit

The accrued benefit.

Disability Retirement Benefit
Eligibility

Completion of five years of vesting service and permanent and total disability at any age.

Monthly Benefit

The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.

Termination Benefit
Eligibility

Upon termination of employment prior to retirement after completion of at least five years of vesting service.

Monthly Benefit

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit
Eligibility

100% vested and married for at least one year.

Monthly Benefit

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.

Optional Forms of Payments

Life annuity;
Joint and survivor with 50%, 66⅔%, 75% or 100% continuation;
5 year or 10 year certain and continuous.

The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefits Available as Lump Sums

This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available.

The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DC Participants)

Participation

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

Benefit

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

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Good Samaritan Hospital

Participation

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

Benefit

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

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in salary increase assumption applicable to the minimum funding target normal cost to better reflect anticipated future experience.
- An update to the optional payment form elections based on whether participants only have cash balance benefits or whether they also have a frozen FAP annuity
- For Atrium cash balance benefits, the interest crediting rate for benefits earned prior to 2003 was updated from 2.80% to 3.36%, and the interest crediting rate for benefits earned after 2002 was updated from 1.23% to 2.45%.

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	53 \$27,142	354 \$41,173	2							
25-29	70 \$31,416	985 \$50,329	183 \$56,226	2						
30-34	57 \$57,008	678 \$54,768	476 \$58,736	155 \$60,043	5					
35-39	40 \$46,365	495 \$63,438	352 \$69,033	285 \$67,506	121 \$69,565	7				
40-44	29 \$36,703	349 \$70,850	261 \$80,866	207 \$70,867	195 \$73,498	80 \$71,493	3			
45-49	41 \$36,249	351 \$61,964	282 \$76,397	189 \$75,511	205 \$74,865	160 \$75,933	66 \$73,723	9		
50-54	32 \$30,107	245 \$65,083	225 \$67,878	208 \$75,462	198 \$74,279	146 \$85,851	119 \$83,629	82 \$85,707		
55-59	20 \$33,577	248 \$62,465	207 \$71,375	179 \$66,194	258 \$66,587	188 \$78,357	110 \$90,058	124 \$80,824	72 \$85,831	15
60-64	16 \$63,615	161 \$71,899	153 \$63,945	157 \$64,687	200 \$76,305	156 \$73,349	99 \$85,725	96 \$76,329	109 \$70,569	90
65-69	9 \$55,070	49 \$95,428	62 \$61,662	47 \$67,609	46 \$76,591	26 \$67,643	25	15	19	33 \$90,444
70+	7 \$37,619	29 \$81,719	22	10	8	8	1	2	1	1

N-11080

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 17,315,399	January 1, 2018	6	\$ 3,193,047
Shortfall	\$ 13,803,674	January 1, 2019	7	\$ 2,242,928

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.58%	Days to Discount to 1/1/2019 at 5.40%	Interest Adjusted Contribution
September 11, 2020	\$ 24,000,000	619	0	\$ 21,890,928
October 2, 2020	2,918,000	623	17	2,653,503
Total Contribution	\$ 26,918,000			\$ 24,544,431

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Med America

History of Plan

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

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

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

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

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Choice Two Participants

Accrued pension account: A cash balance account equal to the sum of the annual cash balance credits and the accrued pension account interest. Plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Minimum Benefit

The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.

Early Retirement
Eligibility

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

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

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

Annual Benefit

Choice One Participants

The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond 10 years by which the commencement of benefits precedes attainment of Social Security normal retirement age.

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Disability Retirement
Eligibility

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

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

Members with at least one hour of service on or after January 1, 2008: Three years of vesting service.

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

Accrued pension account, plus, any final average pay pension accrued benefit as described above relating to pre-2008 plan participation.

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.

All employees who were participants prior to January 1, 1976, are considered fully vested.

Vested terminations can receive benefits prior to Social Security normal retirement age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security normal retirement age will receive an actuarial increase to their benefit.

Preretirement Spouse's Survivor Annuity
Eligibility

All vested participants who have not yet begun receiving benefit payments.

Annual Benefit

An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.

Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the accrued pension account. Beneficiaries of single Choice Two participants will automatically be paid an immediate

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

lump sum equal to the value of the accrued pension account.

Supplemental Early Retirement Benefit
Eligibility

Choice One participants who are age 60 with 10 or more years of vesting service.

Benefit

A benefit, payable until Social Security normal retirement age, equal to \$10 times years of credited service (up to 20 years).

Normal Form of Retirement Benefits

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

Optional Form of Retirement Benefits

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

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

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

Annual Cash Balance Credits

For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two participant and earns a year of benefit service, his accrued pension account shall be credited with a cash balance credit determined as follows:

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

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

Accrued Pension Account Interest

The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

	August preceding the plan year as of which the interest is being credited.
Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.
Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.
Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	<p>Monthly average of a participant’s compensation for the period of the five consecutive calendar years during which he received the largest total amount of compensation within the 10 (15, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two participants, final average pay is determined immediately prior to the date on which the participant becomes a Choice Two participant.</p>
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security normal retirement age.
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ Without regard to the age increase factor; and▪ As if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year’s credit can be earned in the year of hire or termination.
Credited Service	Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Atrium Medical Center

Effective Date and Plan Year

Original plan: January 1, 1998 (for restated plan).

Restated plan: January 1, 2008.

Plan year: January 1, through December 31.

Status of the Plan

The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

Covered Employees

A person who is eligible to be a participant in the plan if and after he meets all of the participation requirements.

Participation

All covered employees of the employer are eligible to participate in the plan on the first day of the month following completion of one year of service, but after attainment of age 21.

Employee Contributions

None.

Vesting Service

An employee shall receive one year of vesting service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit).

Credited Service

An employee shall receive one year of credited service for each calendar year that he or she is credited with at least 832 hours of service (1,000 hours if hired after January 1, 2006 or if employee participates in the new plan benefit). If an employee participates in the new plan then they must be a participant to receive credited service.

Pensionable Earnings

Total annual earnings as shown in box 1 of IRS Form W-2 (excluding sign-on or referral bonuses, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and severance pay) plus amounts considered elective contributions that are not included in federal income tax purposes under IRS Code sections 125, 402(e)(3), 402(h), and/or 132(f)(4).

Accrued Benefit

Actuarial equivalent of cash balance account at normal retirement. This cannot be less than the actuarially equivalent value of the December 31, 1997, accrued benefit under the prior plan.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Normal Retirement

Eligibility

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

Old Plan Benefit

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

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

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

Benefits for participants with the old plan benefit were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

New Plan Benefit

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

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

Benefits for participants with the new plan benefit were frozen on December 31, 2017, with future benefits earned under the MedAmerica Choice Two formula.

Early Retirement
Eligibility

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

Benefit

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

Late Retirement
Eligibility

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

Benefit

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

Deferred Vested
Eligibility

Completion of three years of vesting service.

Benefit

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

Disability
Eligibility

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

Benefit

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

Preretirement Death
Eligibility

If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefit	A one-time payment equal to the participant's cash balance account. A surviving spouse also has the option of receiving a life only monthly benefit that is actuarially equivalent to the participant's cash balance as of the date of death.
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Form of Benefits

Automatic Form for Unmarried Participants	Single life annuity.
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Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
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Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
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Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year.
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	Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.
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Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DB Plan)

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefit Service

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

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

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

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

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

Accrued Benefit

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

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

Normal Retirement Benefit
Eligibility

Age 65.

Monthly Benefit

The accrued benefit.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Early Retirement Benefit
Eligibility

Age 55 and five years of vesting service. Dettmer participants prior to December 31, 1986 are eligible at age 50 and 10 years of vesting service.

Monthly Benefit

The accrued benefit at normal retirement, or early retirement reduced by 5/9 of 1% for each of the first 60 months and by 5/18 of 1% for each of the next 120 months that early retirement date precedes normal retirement.

Late Retirement Benefit
Eligibility

Any age after normal retirement age.

Monthly Benefit

The accrued benefit.

Disability Retirement Benefit
Eligibility

Completion of five years of vesting service and permanent and total disability at any age.

Monthly Benefit

The accrued benefit as of date of disability payable at normal retirement, or a reduced amount at early retirement.

Termination Benefit
Eligibility

Upon termination of employment prior to retirement after completion of at least five years of vesting service.

Monthly Benefit

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit
Eligibility

100% vested and married for at least one year.

Monthly Benefit

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% joint and survivor annuity form of payment.

Optional Forms of Payments

Life annuity;
Joint and survivor with 50%, 66⅔%, 75% or 100% continuation;
5 year or 10 year certain and continuous.

The conversion factors are based on the 1984 Unisex Pension table and 7.50% interest.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Benefits Available as Lump Sums

This plan pays small benefit amounts (less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is between \$1,000 and \$5,000. Lump sums over \$5,000 are not available.

The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC section 417(e).

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Upper Valley Medical Center (Prior DC Participants)

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Good Samaritan Hospital

Participation

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

Benefit

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

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

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

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

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

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

	(b)	(c)			(d)	(e)
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
	U.S. Dollar	Cash		5,268,248	5,268,248	5,268,248
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	16,330,006	16,330,006	16,330,006
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		2,819,290	33,569,717	35,833,177
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		333,724	14,929,067	26,487,687
					48,498,784	62,320,864
*	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		85,470	36,785,771	69,255,441
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,907,892	26,548,386	49,319,010
					63,334,157	118,574,451
	RFCSP STRIP PRINCIPAL	US Government & Agency Security	4/15/2030	765,000	519,284	597,343
	STRIP PRINC	US Government & Agency Security	5/15/2045	7,000,000	3,221,960	3,792,390
	STRIP PRINC	US Government & Agency Security	11/15/2045	4,675,000	2,357,930	2,505,987
	STRIP PRINC	US Government & Agency Security	2/15/2046	9,995,000	4,560,219	5,322,138
	STRIP PRINC	US Government & Agency Security	11/15/2046	2,255,000	968,295	1,180,808
	STRIP PRINC	US Government & Agency Security	2/15/2049	2,500,000	1,163,775	1,240,375
	STRIPS	US Government & Agency Security	2/15/2032	21,780,000	15,101,839	16,741,633
	STRIPS	US Government & Agency Security	11/15/2031	11,250,000	7,919,271	8,708,850
	TREASURY BILL	US Government & Agency Security	3/5/2020	1,225,000	1,220,231	1,221,709
	US TREASURY N/B	US Government & Agency Security	8/15/2049	4,253,400	4,174,408	4,137,750
	US TREASURY N/B	US Government & Agency Security	11/15/2029	405,000	399,787	399,208
	US TREASURY N/B	US Government & Agency Security	2/15/2038	5,000,000	6,057,247	6,660,150
	US TREASURY N/B	US Government & Agency Security	8/15/2039	3,620,000	5,054,876	4,920,521
	US TREASURY N/B	US Government & Agency Security	8/15/2040	7,800,000	8,975,484	9,847,812
	US TREASURY N/B	US Government & Agency Security	11/15/2040	14,200,000	17,223,047	18,824,372
	US TREASURY N/B	US Government & Agency Security	11/15/2044	10,000,000	11,999,950	11,171,900
	US TREASURY N/B	US Government & Agency Security	5/15/2047	12,040,000	12,738,202	13,560,532
	US TREASURY N/B	US Government & Agency Security	11/15/2047	2,815,000	2,762,070	3,026,463
	US TREASURY N/B	US Government & Agency Security	8/15/2048	22,050,000	21,522,201	24,896,655
	US TREASURY N/B	US Government & Agency Security	8/15/2049	58,363,400	52,462,748	52,638,749
	US TREASURY N/B	US Government & Agency Security	2/15/2036	2,500,000	3,255,808	3,318,950
					183,658,632	194,714,295
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,587,681
	AID JORDAN	Foreign Government Security	6/30/2025	240,000	243,818	253,447
	REPUBLIC OF CHILE	Foreign Government Security	1/25/2050	360,000	357,980	373,043
	REPUBLIC OF COLOMBIA	Foreign Government Security	2/26/2044	425,000	445,060	528,063
	REPUBLIC OF COLOMBIA	Foreign Government Security	5/15/2049	415,000	429,261	499,453
	REPUBLIC OF COLOMBIA	Foreign Government Security	3/15/2029	105,000	104,330	116,445
	REPUBLIC OF PANAMA	Foreign Government Security	7/23/2060	140,000	139,915	150,710
	REPUBLIC OF PERU	Foreign Government Security	6/20/2030	210,000	210,000	216,615
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	435,000	403,615	521,869
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	605,000	566,682	715,715
	UNITED MEXICAN STATES	Foreign Government Security	1/31/2050	815,000	823,953	881,015
					5,205,399	5,844,056

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d)	(e)
					Cost	Current Value
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	672,082
	CALIFORNIA ST	Municipal Bond	4/1/2039	775,000	1,152,479	1,243,116
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	752,920
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	49,521
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	265,000	386,132	435,064
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	706,351
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	350,000	471,422	482,517
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	648,955
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	400,000	580,365	627,572
	NEW JERSEY ST TURNPIKE AUTH	Municipal Bond	1/1/2040	460,000	671,591	721,584
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	765,000	792,568	937,584
	TEXAS ST PRIV ACTIVITY BOND SU	Municipal Bond	12/31/2049	160,000	160,000	160,838
	TEXAS ST TRANSPRTN COMMISSIONS	Municipal Bond	4/1/2030	300,000	350,598	361,149
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	726,737
					7,849,850	8,525,990
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2036	225,000	249,172	282,184
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2026	96,000	98,887	104,894
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	630,000	676,118	827,984
	ABBVIE INC	Corporate Bond Obligation	11/21/2039	240,000	239,153	252,254
	ABBVIE INC	Corporate Bond Obligation	11/21/2049	565,000	574,081	599,928
	ABBVIE INC	Corporate Bond Obligation	11/21/2029	200,000	203,933	203,470
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	610,000	600,161	687,989
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	135,000	144,855	144,597
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	195,000	193,937	214,662
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	35,000	34,728	40,437
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	80,000	79,080	83,934
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	9/15/2049	340,000	337,515	328,981
	AETNA INC	Corporate Bond Obligation	11/15/2042	25,000	23,340	25,614
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	400,000	476,175	561,112
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	8/15/2031	115,000	114,838	119,543
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	2/1/2050	40,000	44,152	43,834
	ALLERGAN FUNDING SCS	Corporate Bond Obligation	6/15/2044	160,000	165,431	174,381
	ALLERGAN FUNDING SCS	Corporate Bond Obligation	3/15/2035	55,000	55,609	60,127
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	280,000	277,007	280,137
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2039	35,000	34,918	41,178
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2049	380,000	382,970	460,739
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2047	60,000	59,557	70,611
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	385,000	384,041	437,587
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	550,000	549,489	670,175
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	7/16/2042	15,000	16,909	16,862
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	340,000	402,203	455,559
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	4/22/2049	405,000	409,518	465,086
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	850,000	864,326	980,501
	AMERICAN INTL GROUP	Corporate Bond Obligation	3/15/2029	20,000	19,918	22,265
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	465,000	464,957	560,706
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	6/1/2049	125,000	135,577	141,604
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	9/1/2047	85,000	89,179	90,017
	AMGEN INC	Corporate Bond Obligation	5/1/2045	125,000	129,697	140,069
	AMGEN INC	Corporate Bond Obligation	6/15/2051	380,000	394,642	447,727
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	885,000	845,761	1,025,494
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,250,000	1,166,473	1,482,650
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/23/2049	785,000	782,386	1,019,966
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2048	880,000	859,321	1,007,072
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2038	410,000	404,937	460,586

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity	Units	(d) Cost	(e) Current Value
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	100,000	99,292	112,845
	ANTHEM INC	Corporate Bond Obligation	12/1/2047	220,000	222,192	242,906
	ANTHEM INC	Corporate Bond Obligation	3/1/2048	245,000	245,333	277,286
	APPLE INC	Corporate Bond Obligation	5/4/2043	845,000	848,489	947,355
	APPLE INC	Corporate Bond Obligation	2/23/2046	685,000	723,473	859,504
	APPLE INC	Corporate Bond Obligation	8/4/2046	180,000	180,751	203,004
	APPLE INC	Corporate Bond Obligation	9/12/2047	35,000	34,651	38,987
	ASTRAZENECA PLC	Corporate Bond Obligation	8/17/2048	195,000	195,407	227,891
	ASTRAZENECA PLC	Corporate Bond Obligation	1/17/2029	190,000	188,213	211,065
	AT+T INC	Corporate Bond Obligation	6/15/2044	677,000	670,700	772,457
	AT+T INC	Corporate Bond Obligation	9/1/2040	205,000	205,097	247,429
	AT+T INC	Corporate Bond Obligation	11/15/2046	1,814,000	1,786,073	2,171,975
	AT+T INC	Corporate Bond Obligation	3/1/2039	85,000	86,778	98,041
	AT+T INC	Corporate Bond Obligation	5/15/2035	711,000	710,122	792,289
	AT+T INC	Corporate Bond Obligation	3/1/2041	210,000	223,451	278,414
	AT+T INC	Corporate Bond Obligation	3/9/2049	140,000	133,596	155,473
	AT+T INC	Corporate Bond Obligation	3/9/2048	165,000	152,477	182,292
	AT+T INC	Corporate Bond Obligation	3/1/2037	125,000	131,278	149,348
	AT+T INC	Corporate Bond Obligation	3/1/2047	505,000	501,785	627,346
	BALTIMORE GAS + ELECTRIC	Corporate Bond Obligation	9/15/2049	410,000	406,400	401,853
	BANCO SANTANDER SA	Corporate Bond Obligation	6/27/2029	175,000	175,000	180,362
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/15/2050	475,000	475,000	572,636
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/23/2040	760,000	760,000	862,076
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/22/2030	80,000	80,657	80,703
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/21/2027	1,015,000	955,196	1,058,097
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/5/2029	150,000	148,454	163,466
	BANK OF AMERICA CORP	Corporate Bond Obligation	12/20/2028	355,000	346,818	372,800
	BANK OF AMERICA CORP	Corporate Bond Obligation	7/23/2029	155,000	155,178	172,286
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	405,000	494,675	554,259
	BARCLAYS PLC	Corporate Bond Obligation	1/10/2047	70,000	69,865	82,690
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,135,000	1,163,775	1,149,369
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	430,000	415,092	432,460
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2047	210,000	215,140	250,362
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2027	128,000	120,824	136,218
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	192,000	229,841	259,503
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	170,000	169,946	202,336
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2049	205,000	241,956	243,228
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	460,000	457,668	544,631
	BHP BILLITON FIN USA LTD	Corporate Bond Obligation	9/30/2043	75,000	84,897	96,053
	BOEING CO	Corporate Bond Obligation	3/15/2039	370,000	527,918	542,631
	BOEING CO	Corporate Bond Obligation	5/1/2034	530,000	530,769	567,953
	BOEING CO	Corporate Bond Obligation	2/1/2050	190,000	191,738	202,069
	BOEING CO	Corporate Bond Obligation	8/1/2059	270,000	267,476	288,409
	BOEING CO	Corporate Bond Obligation	11/1/2048	50,000	53,093	53,119
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2049	230,000	230,986	279,894
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2039	320,000	319,773	376,454
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	7/26/2029	135,000	133,886	144,480
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/15/2047	50,000	58,932	59,666
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	2/20/2048	375,000	456,799	459,495
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	175,000	224,186	245,310
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	90,000	95,617	112,235
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2044	100,000	116,842	119,256
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	245,000	308,607	330,806
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	295,000	305,305	334,943
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	6/15/2048	80,000	79,796	90,732

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	BURLINGTON NORTH SANTA FE	Corporate Bond Obligation	12/15/2048	40,000	47,170	46,094
	BURLINGTON RESOURCES LLC	Corporate Bond Obligation	10/15/2036	120,000	145,022	162,768
	CAMPBELL SOUP CO	Corporate Bond Obligation	3/15/2048	210,000	207,093	243,254
	CAMPBELL SOUP CO	Corporate Bond Obligation	3/15/2028	220,000	236,689	238,856
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	9/15/2115	865,000	1,024,405	1,270,529
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	550,000	597,421	694,381
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	3/1/2050	815,000	829,551	859,418
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	640,000	729,638	805,536
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	265,000	266,258	309,499
	CHUBB INA HOLDINGS INC	Corporate Bond Obligation	11/3/2045	120,000	123,960	145,433
	CIGNA CORP	Corporate Bond Obligation	10/15/2028	65,000	64,914	72,013
	CIGNA CORP	Corporate Bond Obligation	8/15/2038	280,000	279,549	326,598
	CIGNA CORP	Corporate Bond Obligation	12/15/2048	100,000	99,611	119,450
	CIGNA CORP	Corporate Bond Obligation	3/1/2027	140,000	142,754	145,516
	CIGNA CORP	Corporate Bond Obligation	7/15/2046	365,000	399,336	423,670
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	445,000	538,254	599,299
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	27,000	31,276	34,447
	CITIGROUP INC	Corporate Bond Obligation	11/20/2026	50,000	50,255	54,448
	CITIGROUP INC	Corporate Bond Obligation	11/5/2030	330,000	330,159	335,135
	CITIGROUP INC	Corporate Bond Obligation	9/29/2027	45,000	45,539	49,580
	CITIGROUP INC	Corporate Bond Obligation	5/18/2046	50,000	50,729	59,807
	CITIGROUP INC	Corporate Bond Obligation	10/27/2028	45,000	45,006	47,381
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	285,000	283,900	312,235
	CODELCO INC	Corporate Bond Obligation	7/17/2042	220,000	203,520	229,761
	CODELCO INC	Corporate Bond Obligation	2/5/2049	85,000	81,034	91,358
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	340,000	397,350	431,389
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	515,000	523,224	596,926
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	60,000	59,774	68,477
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	520,000	522,348	572,900
	COMCAST CORP	Corporate Bond Obligation	3/1/2038	315,000	311,751	349,017
	COMCAST CORP	Corporate Bond Obligation	10/15/2048	1,275,000	1,267,345	1,574,332
	COMCAST CORP	Corporate Bond Obligation	10/15/2058	246,000	246,271	320,592
	COMCAST CORP	Corporate Bond Obligation	10/15/2038	300,000	298,383	357,681
	COMMONWEALTH BANK AUST	Corporate Bond Obligation	9/12/2039	220,000	220,000	220,693
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	300,000	300,000	319,380
	CON EDISON CO OF NY INC	Corporate Bond Obligation	12/1/2039	325,000	400,371	417,381
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	190,000	204,942	259,021
	CONOCOPHILLIPS HLDG CO	Corporate Bond Obligation	4/15/2029	300,000	382,305	407,979
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	8/1/2029	210,000	209,910	212,411
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	110,000	109,515	120,040
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	290,000	281,591	303,471
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2028	80,000	79,776	90,038
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	100,000	106,458	121,640
	CREDIT SUISSE GROUP AG	Corporate Bond Obligation	1/9/2028	5,000	4,996	5,441
	CVS HEALTH CORP	Corporate Bond Obligation	8/15/2029	490,000	495,421	498,007
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	260,000	278,619	308,443
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	1,225,000	1,287,391	1,451,662
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	370,000	362,652	420,642
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2028	555,000	591,884	606,304
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	216,425	260,093	267,659
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	240,000	344,814	353,568
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	5/15/2042	20,000	18,196	22,438
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	215,000	241,185	261,464
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	210,000	210,826	243,741
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2039	180,000	179,656	181,553

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2049	95,000	94,768	96,795
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2043	340,000	325,122	375,591
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	5/15/2049	175,000	176,818	207,450
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2037	165,000	164,835	186,481
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2047	245,000	246,598	285,597
	DOMINION ENERGY SOUTH	Corporate Bond Obligation	6/1/2065	120,000	131,847	156,096
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	150,000	171,854	207,539
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	670,000	667,315	722,977
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	100,000	132,539	144,301
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	8/15/2038	525,000	691,887	745,915
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	7/15/2043	130,000	129,411	160,384
	DUKE ENERGY PROGRESS LLC	Corporate Bond Obligation	5/15/2042	100,000	99,504	113,192
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	1/22/2044	195,000	206,168	223,876
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2035	195,000	200,169	223,170
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2045	55,000	56,284	64,955
	ELI LILLY + CO	Corporate Bond Obligation	3/15/2059	170,000	168,943	200,794
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	230,000	251,728	266,306
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	2/1/2043	20,000	18,199	20,560
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	10/1/2043	140,000	148,196	156,384
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	4/15/2029	95,000	106,219	106,752
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	3/15/2045	210,000	204,258	221,096
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	3/15/2035	330,000	329,373	346,662
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	12/15/2045	150,000	157,043	173,960
	ENERGY TRANSFER OPERATNG	Corporate Bond Obligation	4/15/2047	290,000	282,813	309,587
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	415,000	413,419	480,188
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2025	255,000	258,675	271,771
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	15,000	15,515	17,594
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	280,000	279,601	300,829
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2049	40,000	40,399	46,990
	EQUINOR ASA	Corporate Bond Obligation	12/1/2028	150,000	192,611	195,989
	EXELON CORP	Corporate Bond Obligation	4/1/2032	485,000	638,842	669,785
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	135,000	145,306	154,460
	FEDEX CORP	Corporate Bond Obligation	1/15/2044	115,000	118,720	126,222
	FEDEX CORP	Corporate Bond Obligation	1/15/2047	75,000	70,706	75,346
	FEDEX CORP	Corporate Bond Obligation	10/17/2048	85,000	88,028	92,927
	FIRSTENERGY CORP	Corporate Bond Obligation	7/15/2047	130,000	129,180	154,652
	FISERV INC	Corporate Bond Obligation	7/1/2049	390,000	391,067	442,759
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	305,000	389,573	422,617
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	315,000	313,961	359,399
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2049	30,000	30,232	30,346
	FORD MOTOR CREDIT CO LLC	Corporate Bond Obligation	5/3/2029	420,000	420,000	432,852
	FOX CORP	Corporate Bond Obligation	1/25/2049	170,000	177,433	216,578
	FOX CORP	Corporate Bond Obligation	1/25/2039	135,000	135,000	165,185
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,281,000	2,345,927	2,440,054
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/14/2038	155,000	186,848	188,412
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	300,000	401,330	400,962
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	135,000	147,148	151,678
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	675,000	771,264	796,703
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	40,000	35,494	40,920
	GEORGIA POWER CO	Corporate Bond Obligation	3/15/2042	185,000	188,421	203,004
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	50,000	49,638	58,125
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	320,000	332,330	382,118
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	150,000	156,027	180,381
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	100,000	96,000	110,720
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	190,000	215,994	263,935

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d)	(e)
					Cost	Current Value
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	225,000	238,405	272,536
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	240,000	264,662	295,018
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	260,000	256,053	282,563
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/1/2029	30,000	32,837	33,077
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	150,000	146,233	170,931
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	115,000	123,959	131,460
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2035	320,000	344,093	362,067
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	180,000	222,805	252,707
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	115,000	113,214	137,458
	HOME DEPOT INC	Corporate Bond Obligation	12/6/2048	210,000	226,487	259,419
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	205,000	204,485	241,746
	HOME DEPOT INC	Corporate Bond Obligation	6/15/2047	125,000	128,978	141,466
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	235,000	320,771	343,173
	HSBC HOLDINGS PLC	Corporate Bond Obligation	5/22/2030	30,000	32,240	32,351
	HUMANA INC	Corporate Bond Obligation	12/1/2042	40,000	43,048	45,029
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	260,000	261,873	297,612
	INTEL CORP	Corporate Bond Obligation	12/8/2047	473,000	475,538	520,764
	JPMORGAN CHASE + CO	Corporate Bond Obligation	5/15/2038	320,000	401,870	463,734
	JPMORGAN CHASE + CO	Corporate Bond Obligation	10/15/2030	290,000	287,076	290,044
	JPMORGAN CHASE + CO	Corporate Bond Obligation	12/1/2027	160,000	153,760	169,045
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/1/2028	340,000	343,251	366,653
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	75,000	78,483	88,643
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	295,000	298,175	337,179
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	345,000	319,790	381,891
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	460,000	449,370	521,231
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	180,000	180,000	202,586
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	11/1/2049	185,000	185,000	185,683
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	130,000	139,042	148,477
	KENTUCKY UTILITIES CO	Corporate Bond Obligation	11/1/2040	18,000	20,929	22,353
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2038	85,000	85,000	100,373
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2048	75,000	75,000	90,364
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	240,000	292,350	317,971
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	60,000	57,429	64,105
	KINDER MORGAN INC	Corporate Bond Obligation	6/1/2045	230,000	245,609	273,721
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	680,000	852,803	937,373
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	15,000	16,488	16,833
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/4/2042	30,000	31,199	32,056
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	2/9/2040	80,000	86,590	97,112
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	10/1/2039	30,000	30,747	31,278
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	10/1/2049	500,000	497,128	527,750
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2046	700,000	653,173	690,039
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2035	420,000	437,102	466,641
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2045	75,000	73,168	81,446
	KROGER CO	Corporate Bond Obligation	1/15/2049	330,000	345,593	403,141
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	10/15/2050	480,000	492,919	499,277
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	285,000	304,525	342,807
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	3/1/2035	30,000	32,364	32,806
	LOWE'S COS INC	Corporate Bond Obligation	4/5/2049	285,000	291,877	336,494
	LOWE'S COS INC	Corporate Bond Obligation	9/15/2045	205,000	212,015	228,831
	LYB INT FINANCE III	Corporate Bond Obligation	10/15/2049	485,000	485,000	506,214
	MARATHON OIL CORP	Corporate Bond Obligation	10/1/2037	90,000	109,732	114,831
	MARATHON OIL CORP	Corporate Bond Obligation	6/1/2045	135,000	139,842	157,094
	MARATHON OIL CORP	Corporate Bond Obligation	7/15/2027	60,000	60,415	65,257
	MARS INC	Corporate Bond Obligation	4/1/2039	115,000	114,856	127,166
	MARS INC	Corporate Bond Obligation	4/1/2034	115,000	114,577	126,196

Premier Health Partners Employees Retirement Plan

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	MASS INSTITUTE OF TECH	Corporate Bond Obligation	12/31/2099	390,000	491,069	595,663
	MCDONALD S CORP	Corporate Bond Obligation	7/15/2040	335,000	352,581	392,530
	MCDONALD S CORP	Corporate Bond Obligation	5/26/2045	380,000	385,609	439,455
	MCDONALD S CORP	Corporate Bond Obligation	12/9/2045	40,000	46,170	48,224
	MCDONALD S CORP	Corporate Bond Obligation	9/1/2048	20,000	21,990	22,923
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	171,000	194,024	215,385
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2035	262,000	274,078	310,229
	MERCK + CO INC	Corporate Bond Obligation	9/15/2042	155,000	145,516	166,684
	MERCK + CO INC	Corporate Bond Obligation	2/10/2045	150,000	142,112	165,942
	METLIFE INC	Corporate Bond Obligation	6/15/2034	335,000	423,028	479,231
	METLIFE INC	Corporate Bond Obligation	3/1/2045	60,000	58,956	69,658
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2055	530,000	526,490	628,453
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	825,000	811,697	909,051
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2056	145,000	160,632	171,848
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	195,000	192,568	213,722
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	700,000	704,706	791,525
	MICROSOFT CORP	Corporate Bond Obligation	2/6/2037	855,000	863,322	1,011,474
	MINERA MEXICO SA DE CV	Corporate Bond Obligation	1/26/2050	280,000	276,084	284,900
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	3/7/2039	190,000	190,000	218,268
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	7/18/2039	380,000	380,000	416,602
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	465,000	546,780	601,617
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	630,000	820,974	928,778
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	5,882
	MORGAN STANLEY	Corporate Bond Obligation	1/23/2030	30,000	33,702	33,932
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	270,000	270,000	299,954
	MPLX LP	Corporate Bond Obligation	2/15/2049	425,000	430,207	482,838
	MPLX LP	Corporate Bond Obligation	12/1/2047	90,000	89,153	95,846
	MPLX LP	Corporate Bond Obligation	3/1/2047	155,000	154,539	167,588
	MPLX LP	Corporate Bond Obligation	4/15/2038	290,000	285,698	295,095
	NATIONWIDE FINANCIAL SER	Corporate Bond Obligation	11/30/2049	220,000	218,918	229,284
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	350,000	416,955	481,607
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	145,000	143,450	163,659
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	190,000	187,448	223,345
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	205,000	275,813	289,999
	NEWMONT CORP	Corporate Bond Obligation	10/1/2039	205,000	241,040	271,506
	NEWMONT CORP	Corporate Bond Obligation	4/1/2035	400,000	432,008	513,428
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	345,000	344,717	382,771
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2043	35,000	37,390	39,437
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2044	385,000	388,210	428,128
	NOBLE ENERGY INC	Corporate Bond Obligation	10/15/2049	125,000	119,723	126,684
	NOBLE ENERGY INC	Corporate Bond Obligation	8/15/2047	115,000	119,625	127,821
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	170,000	169,606	196,231
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	8/15/2052	627,000	640,679	690,283
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	12/31/2049	365,000	364,292	431,693
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	285,000	262,901	298,406
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	3/1/2050	185,000	181,431	176,742
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	540,000	586,111	652,698
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	420,000	422,477	469,178
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	100,000	100,000	107,577
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	665,000	711,843	810,615
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	8/15/2029	70,000	70,782	71,461
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	8/15/2049	90,000	90,728	92,930
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	8/15/2039	45,000	45,481	45,887
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	5/1/2031	635,000	837,759	826,249
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	9/15/2036	210,000	258,096	257,968

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d)	(e)
					Cost	Current Value
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	7/15/2044	125,000	127,049	126,288
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	4/15/2046	140,000	139,422	141,824
	OCCIDENTAL PETROLEUM COR	Corporate Bond Obligation	2/15/2047	70,000	68,566	68,065
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	115,000	129,285	138,508
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	390,000	421,668	468,753
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	505,000	511,010	594,946
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	65,000	90,370	93,899
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	615,000	727,957	804,887
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	290,000	312,571	347,481
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	370,000	353,032	402,327
	ORACLE CORP	Corporate Bond Obligation	7/8/2034	30,000	35,033	35,099
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	425,000	432,225	480,254
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	170,000	173,087	189,239
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	210,000	209,210	229,522
	PACIFICORP	Corporate Bond Obligation	10/15/2037	50,000	66,780	70,151
	PACIFICORP	Corporate Bond Obligation	1/15/2039	255,000	308,207	349,682
	PARKER HANNIFIN CORP	Corporate Bond Obligation	6/14/2049	500,000	495,181	540,795
	PEPSICO INC	Corporate Bond Obligation	8/13/2042	345,000	322,458	370,979
	PETROLEOS MEXICANOS	Corporate Bond Obligation	2/12/2048	75,000	64,302	72,375
	PETROLEOS MEXICANOS	Corporate Bond Obligation	1/23/2030	120,000	119,927	127,961
	PETROLEOS MEXICANOS	Corporate Bond Obligation	1/23/2050	552,000	544,032	602,420
	PETROLEOS MEXICANOS	Corporate Bond Obligation	9/21/2047	175,000	163,555	175,329
	PFIZER INC	Corporate Bond Obligation	3/15/2049	515,000	506,590	592,858
	PFIZER INC	Corporate Bond Obligation	12/15/2036	275,000	278,586	311,891
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	215,000	199,610	223,974
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	88,000	85,533	94,525
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	325,000	346,938	388,642
	PHILLIPS 66	Corporate Bond Obligation	11/15/2044	85,000	99,611	102,548
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	212,300	252,694
	PNC BANK NA	Corporate Bond Obligation	10/22/2029	175,000	174,270	174,785
	PNC FINANCIAL SERVICES	Corporate Bond Obligation	4/23/2029	310,000	323,511	330,891
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	260,000	349,747	368,984
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	200,000	204,112	226,038
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	310,000	308,035	374,582
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	2/25/2050	200,000	199,394	230,570
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	542,000	531,716	591,750
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	330,000	327,476	356,327
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	100,000	115,147	117,468
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	525,000	519,540	540,640
	REGENCY CENTERS LP	Corporate Bond Obligation	3/15/2049	360,000	373,055	423,803
	REGENCY CENTERS LP	Corporate Bond Obligation	2/1/2047	30,000	29,066	33,981
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	135,000	164,358	158,614
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	360,000	426,757	413,168
	RIO TINTO FIN USA PLC	Corporate Bond Obligation	8/21/2042	120,000	121,158	137,657
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	140,000	138,923	169,673
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	11/15/2049	155,000	153,335	156,473
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	275,000	275,274	309,298
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	200,000	199,785	227,360
	SAN DIEGO G + E	Corporate Bond Obligation	6/15/2049	140,000	147,420	154,987
	SAUDIARABIAN OIL CO	Corporate Bond Obligation	4/16/2049	135,000	133,257	147,635
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	215,000	211,623	225,989
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	185,000	182,998	193,453
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	335,000	442,517	488,963
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	45,000	40,674	48,141
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	11/7/2029	510,000	506,399	505,869

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d)	(e)
					Cost	Current Value
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	11/7/2049	425,000	418,600	419,811
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	400,000	402,037	468,044
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	160,000	157,694	182,338
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	110,000	105,910	120,970
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	165,000	163,681	198,215
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	9/13/2049	35,000	33,822	34,056
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	20,000	24,778	24,624
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	200,000	204,444	219,730
	SOUTHERN CAL EDISON	Corporate Bond Obligation	4/1/2047	320,000	332,762	336,912
	SOUTHERN COPPER CORP	Corporate Bond Obligation	4/23/2045	160,000	174,621	200,579
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	285,000	285,419	323,800
	SUMITOMO MITSUI FINL GRP	Corporate Bond Obligation	7/16/2029	135,000	135,000	137,765
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	270,000	347,271	384,661
	SUNCOR ENERGY INC	Corporate Bond Obligation	11/15/2047	15,000	15,928	16,374
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	5/15/2045	685,000	690,660	736,683
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	10/1/2047	480,000	457,348	521,894
	TARGET CORP	Corporate Bond Obligation	7/1/2042	350,000	342,601	400,376
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	9/15/2044	430,000	458,262	528,212
	TEACHERS INSUR + ANNUITY	Corporate Bond Obligation	5/15/2047	315,000	313,548	358,294
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	3/8/2047	250,000	250,000	296,728
	TENNESSEE GAS PIPELINE	Corporate Bond Obligation	10/15/2028	325,000	387,524	416,670
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	205,000	203,190	218,040
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/1/2029	100,000	99,454	98,924
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	235,000	274,170	288,284
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	170,000	210,443	221,763
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/15/2042	30,000	29,789	30,671
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	405,000	534,723	511,718
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	180,000	197,754	206,599
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	720,000	765,631	821,290
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	230,000	230,853	262,770
	TRANSCONT GAS PIPELINE	Corporate Bond Obligation	8/15/2041	500,000	537,250	588,840
	TYSON FOODS INC	Corporate Bond Obligation	9/28/2048	230,000	230,221	289,607
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	205,000	204,131	256,857
	UBS GROUP AG	Corporate Bond Obligation	3/23/2028	135,000	135,443	147,546
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	11/15/2032	415,000	537,649	565,545
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	9/6/2029	350,000	346,847	339,945
	UNION ELECTRIC CO	Corporate Bond Obligation	9/15/2042	465,000	462,652	507,236
	UNION PACIFIC CORP	Corporate Bond Obligation	3/1/2049	300,000	297,891	346,668
	UNION PACIFIC CORP	Corporate Bond Obligation	3/20/2060	120,000	119,879	121,756
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	545,000	556,910	578,997
	UNION PACIFIC CORP	Corporate Bond Obligation	9/10/2038	210,000	209,683	240,780
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	6/1/2042	945,000	981,190	1,132,979
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/15/2045	335,000	334,538	384,252
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	5/4/2047	170,000	152,436	195,016
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	11/16/2048	25,000	24,521	31,330
	UNITED TECHNOLOGIES CORP	Corporate Bond Obligation	11/16/2038	125,000	124,775	147,921
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	25,000	24,533	27,527
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	275,000	288,698	328,039
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	240,000	260,969	291,533
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	135,000	133,753	145,311
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2028	55,000	54,905	60,692
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	530,000	528,795	616,109
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	725,000	789,323	877,431
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/2/2054	188,000	189,023	242,518
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	904,000	993,180	1,084,755

Premier Health Partners Employees Retirement Plan

Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Line 4i EIN 31-1446699, Plan No. 001 December 31, 2019

(a)	Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/16/2037	565,000	560,650	709,600
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	4/15/2049	125,000	136,204	160,265
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	700,000	698,026	817,117
	VIACOMCBS INC	Corporate Bond Obligation	4/30/2036	100,000	107,454	133,904
	VIACOMCBS INC	Corporate Bond Obligation	3/15/2043	95,000	86,127	100,725
	VIACOMCBS INC	Corporate Bond Obligation	9/1/2043	835,000	894,329	1,046,180
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	110,000	130,424	152,677
	VISA INC	Corporate Bond Obligation	12/14/2045	575,000	592,557	706,853
	VODAFONE GROUP PLC	Corporate Bond Obligation	9/17/2050	625,000	630,641	652,375
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	110,000	107,914	127,388
	VULCAN MATERIALS CO	Corporate Bond Obligation	3/1/2048	350,000	349,605	394,020
	VULCAN MATERIALS CO	Corporate Bond Obligation	6/15/2047	30,000	32,944	32,985
	WALMART INC	Corporate Bond Obligation	9/24/2049	330,000	325,142	328,792
	WALMART INC	Corporate Bond Obligation	6/29/2048	385,000	385,835	456,356
	WALMART INC	Corporate Bond Obligation	6/28/2038	290,000	286,993	335,948
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	9/1/2049	495,000	479,036	467,290
	WELLS FARGO + COMPANY	Corporate Bond Obligation	1/15/2044	135,000	175,892	177,910
	WELLS FARGO + COMPANY	Corporate Bond Obligation	10/30/2030	395,000	395,232	397,745
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/14/2046	415,000	403,565	473,357
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	795,000	857,544	954,716
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	250,000	262,215	331,260
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	900,000	1,114,431	1,302,696
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2031	220,000	263,914	287,129
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	6/24/2044	65,000	69,570	77,035
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2045	120,000	117,187	129,568
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	4/15/2040	85,000	95,564	105,460
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	9/15/2045	250,000	259,418	278,750
					132,882,055	147,993,997
	VARIOUS BANKS	Collateralized Mortgage Obligation	9/15/2062	97,000	99,907	99,892
	VARIOUS BANKS	Collateralized Mortgage Obligation	10/17/2052	157,000	161,706	159,548
	BX TRUST	Collateralized Mortgage Obligation	12/9/2041	135,000	139,043	138,852
					400,656	398,292
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	12,108,169
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	12,660,098
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	18,002,192
	FIR TREE INTL VALUE FUND	Limited Partnership		620,957	212,832	212,832
	WELLS FARGO INTERNATIONAL EQUITY	Limited Partnership		141,182	15,000,000	16,291,923
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	50,074,879
	RIMROCK HIGH INC PLUS CAYMAN	Limited Partnership		37,339	10,000,000	10,769,492
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	15,464,776
	SF GLOBAL EMERGING MARKETS EQU	Limited Partnership		973,128	12,400,000	15,269,550
					120,170,352	150,853,911
Total					\$ 583,598,139	\$ 710,824,110

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 17,315,399	January 1, 2018	6	\$ 3,193,047
Shortfall	\$ 13,803,674	January 1, 2019	7	\$ 2,242,928

Schedule SB Attachment (Form 5500)—2019 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 31-1446699 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in salary increase assumption applicable to the minimum funding target normal cost to better reflect anticipated future experience.
- An update to the optional payment form elections based on whether participants only have cash balance benefits or whether they also have a frozen FAP annuity
- For Atrium cash balance benefits, the interest crediting rate for benefits earned prior to 2003 was updated from 2.80% to 3.36%, and the interest crediting rate for benefits earned after 2002 was updated from 1.23% to 2.45%.

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