

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: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1951</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1951</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1951</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PREMIER HEALTH</u> <u>110 N. MAIN STREET</u> <u>SUITE 1220</u> <u>DAYTON, OH 45402</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1446699</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-499-5417</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1446699</u>	2c Plan Sponsor's telephone number <u>937-499-5417</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-1446699</u>					
2c Plan Sponsor's telephone number <u>937-499-5417</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.	10/14/2021	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 (2020)
v. 200204

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 16067
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 10666 6a(2) 10614 6b 2025 6c 3622 6d 16261 6e 156 6f 16417 6g 6h 364
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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
	a Market value	2a	736544339	
	b Actuarial value	2b	694867051	
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.....	1962	233133389	233133389
	b For terminated vested participants.....	3439	102135354	102135354
	c For active participants	10666	284418050	288952882
	d Total.....	16067	619686793	624221625
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	5.75 %	
6	Target normal cost.....	6	24636415	

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	10/04/2021
Signature of actuary	Date
AON CONSULTING, INC.	20-05569
Type or print name of actuary	Most recent enrollment number
950 MAIN AVENUE SUITE 1600 CLEVELAND, OH 44113	216-430-4732
Firm name	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.
Schedule SB (Form 5500) 2020 v. 200204

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	70901342
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	42912962
10 Interest on line 9 using prior year's actual return of <u>23.86</u> %	0	10239033
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		19082974
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>5.58</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		4553198
c Total available at beginning of current plan year to add to prefunding balance		23636172
d Portion of (c) to be added to prefunding balance		23636172
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	76788167

Part III Funding Percentages

14 Funding target attainment percentage	14	99.01 %
15 Adjusted funding target attainment percentage	15	110.82 %
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	94.85 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.50 %3rd segment:
6.27 %☐ 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** 24636415**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 6142741 Installment 576722**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** 25213137

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	25213137	25213137

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

INDEPENDENT FRANCHISE PARTNERS, LLP

98-0682628

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

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

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

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

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

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

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 51	NONE	824558	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	605142	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	236229	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)

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?
19 25 28 50 51 52 56 62 63 99	TRUSTEE	180606	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	54971	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FROST BROWN TODD LLC

61-0722001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	27043	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)

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	678268	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	14900	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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: S&P 500 FLAGSHIP FUND

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

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>81972429</u>
---------------------------------------	-------------------------------	---

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

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

c EIN-PN <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>64099753</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)**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> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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	5268248	3574204
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	26918000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2955835	3349221
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16330006	24797260
(2) U.S. Government securities	1c(2)	209084341	219520463
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	147993997	216373791
(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)	118574451	146072182
(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)	62320864	85608944
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	151252203	147585609

		(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	740697945 846881674
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	647235 796224
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	3149615 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	3796850 796224
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	736901095 846085450

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)	
	(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)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	60082
	(B) U.S. Government securities	2b(1)(B)	3795996
	(C) Corporate debt instruments	2b(1)(C)	7017783
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	659174
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11533035
(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)	1010182
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1010182
(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)		492130
(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)		111459600
c Other income	2c		19529252
d Total income. Add all income amounts in column (b) and enter total.....	2d		144024199

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	30872285	
(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)		30872285
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)	1059019	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1502512	
(4) Other.....	2i(4)	1406028	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3967559
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34839844

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		109184355
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4321464</u> .			

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH				D Employer Identification Number (EIN) 31-1446699	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3581074 31-6162942					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	543
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2020 v. 200204	

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
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, 2020 and 2019
(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)	12-23
Schedule of Reportable Transactions	24

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit 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, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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, 2020 and 2019 and changes therein for the years then ended, and its financial status as of December 31, 2019 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 accompanying supplemental schedule of assets (held at end of year) as of December 31, 2020 and schedule of reportable transactions for the year ended December 31, 2020 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
September 27, 2021

Premier Health Partners Employees Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2020 and 2019

	2020	2019
Assets		
Investments at fair value:		
Cash	\$ 3,574,204	\$ 5,268,248
Money market fund	24,797,260	16,330,006
Mutual funds	85,608,944	62,320,864
Collateralized mortgage obligation	147,830	398,292
Common collective trust funds	146,072,182	118,574,451
U.S. government and agency securities	197,877,259	194,714,295
Foreign government securities	10,169,021	5,844,056
Municipal bonds	11,474,183	8,525,990
Corporate bond obligations	216,373,791	147,993,997
Limited partnerships	<u>147,437,779</u>	<u>150,853,911</u>
Total investments at fair value	843,532,453	710,824,110
Contributions receivable	-	26,918,000
Due from broker for securities	211,520	-
Accrued interest and dividends	<u>3,137,701</u>	<u>2,955,835</u>
Total assets	<u>846,881,674</u>	<u>740,697,945</u>
Liabilities		
Due to broker for securities	-	3,149,615
Accrued liabilities	<u>796,224</u>	<u>647,235</u>
Total liabilities	<u>796,224</u>	<u>3,796,850</u>
Net assets available for benefits	\$ <u>846,085,450</u>	\$ <u>736,901,095</u>

Premier Health Partners Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions to net assets		
Contributions - Employer	\$ <u>-</u>	\$ <u>26,918,000</u>
Investment income:		
Interest and dividends	13,080,636	14,516,123
Net appreciation in fair value of investments	<u>130,943,563</u>	<u>124,816,350</u>
Total investment income	<u>144,024,199</u>	<u>139,332,473</u>
Total additions	<u>144,024,199</u>	<u>166,250,473</u>
Deductions from net assets		
Benefits paid to participants	30,872,285	29,051,552
PBGC premiums	1,318,538	4,334,190
Administrative expenses	<u>2,649,021</u>	<u>2,516,265</u>
Total deductions	<u>34,839,844</u>	<u>35,902,007</u>
Net change	109,184,355	130,348,466
Net assets available for benefits		
Beginning of year	<u>736,901,095</u>	<u>606,552,629</u>
End of year	\$ <u>846,085,450</u>	\$ <u>736,901,095</u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2020 and 2019

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 2020 and 2019.

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.

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.

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 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.

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

Premier Health Partners

Employees Retirement Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 2 - Summary of Significant Accounting Policies (Continued)

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, 2020 are summarized as follows:

Actuarial cost method	– Standard unit credit
Assumed rate of return	– 3.31 percent
Mortality basis	– Amounts-weighted aggregate rates from the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2019 (healthy and 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.

Premier Health Partners

Employees Retirement Plan

Notes to Financial Statements

December 31, 2020 and 2019

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.

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic which has impacted the financial markets and global economy. The COVID-19 pandemic is on-going and the duration and extent of the related financial impact on the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain and cannot be reasonably estimated at this time.

Accounting Change – Recently issued accounting pronouncement – In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update No. 2018-13, "Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement, (ASU 2018-13)," which amends ASC 820 to add, remove, and modify fair value measurement disclosure requirements. ASU 2018-13 became effective for all entities for fiscal years beginning after December 15, 2019. Certain requirements of the standard should be applied prospectively, while others are required to be adopted retrospectively. Adoption of ASU 2018-13 does not have a material impact on the Plan's financial statements.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 27, 2021, 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, 2020, the most recent actuarial valuations, are as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments	\$ 280,263,411
Other vested participants	<u>526,558,731</u>

Total vested benefits	806,822,142
-----------------------	-------------

Nonvested benefits	<u>4,211,757</u>
--------------------	------------------

Total actuarial present value of accumulated plan benefits	\$ <u>811,033,899</u>
--	-----------------------

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2020 and 2019

Note 3 - Benefits (Continued)

Actuarial Present Value of Accumulated Plan Benefits - January 1, 2019	\$ 676,277,330
Increase (decrease) during the year attributable to:	
Interest accumulation	29,322,567
Benefits paid	(29,051,552)
Change of assumptions	76,395,924
Benefits accumulated	<u>58,089,630</u>
Net change	<u>134,756,569</u>

Actuarial Present Value of Accumulated Plan Benefits - January 1, 2020	\$ <u>811,033,899</u>
---	------------------------------

Significant assumption changes in 2020 were: a change in the discount rate from 4.43 percent to 3.31 percent and a change in the mortality assumption from the RP-2014 blue collar table, projected generationally from 2006 using Scale MP-2018 to the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2019 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.

Note 6 - Fair Value Measurements (Continued)

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.

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, 2020 and 2019.

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, corporate bond obligations, and 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 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.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2020 and 2019

Note 6 - Fair Value Measurements (Continued)

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

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 2020 or 2019.

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, 2020 and 2019.

<u>December 31, 2020</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	\$ 3,574,204	\$ -	\$ -	\$ -	\$ 3,574,204
Money market fund	24,797,260	-	-	-	24,797,260
Mutual funds	85,608,944	-	-	-	85,608,944
U.S. government and agency securities	-	197,877,259	-	-	197,877,259
Foreign government securities	-	10,169,021	-	-	10,169,021
Municipal bonds	-	11,474,183	-	-	11,474,183
Collateralized mortgage obligation	-	147,830	-	-	147,830
Corporate bond obligations	-	216,373,791	-	-	216,373,791
Investments at NAV:					
Common collective trust funds	-	-	-	146,072,182	146,072,182
Limited partnerships	-	-	-	147,437,779	147,437,779
Investments at fair value	\$ <u>113,980,408</u>	\$ <u>436,042,084</u>	\$ <u>-</u>	\$ <u>293,509,961</u>	\$ <u>843,532,453</u>

<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>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2020 and 2019

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, 2020 and 2019.

<u>December 31, 2020</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds	\$ 146,072,182	n/a	Daily
Limited partnerships	147,437,779	n/a	Daily, Monthly, Bi-Monthly, Quarterly
<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

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	U.S. Dollar	Cash		3,574,204	\$ 3,574,204	\$ 3,574,204
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	24,797,260	24,797,260	24,797,260
	DODGE+ COX GLOBAL STOCK FUND	Mutual Fund		2,856,397	34,060,273	37,990,083
	RBC EMERGING MARKETS EQUITY FUND	Mutual Fund		1,110,385	15,854,371	16,067,265
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		338,464	15,289,226	31,551,596
					65,203,870	85,608,944
*	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		85,470	36,785,771	81,972,429
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,909,436	26,794,920	64,099,753
					63,580,691	146,072,182
	STRIP PRINC	U.S. Government & Agency Security	5/15/2045	7,000,000	3,221,960	4,721,640
	STRIP PRINC	U.S. Government & Agency Security	11/15/2045	4,675,000	2,357,930	3,125,284
	STRIP PRINC	U.S. Government & Agency Security	2/15/2046	9,995,000	4,560,219	6,626,785
	STRIP PRINC	U.S. Government & Agency Security	11/15/2046	2,255,000	968,295	1,472,402
	STRIP PRINC	U.S. Government & Agency Security	2/15/2049	4,200,000	2,356,682	2,622,144
	STRIPS	U.S. Government & Agency Security	11/15/2031	11,250,000	7,919,271	9,912,713
	STRIPS	U.S. Government & Agency Security	2/15/2032	21,780,000	15,101,839	19,099,535
	U.S. TREASURY N/B	U.S. Government & Agency Security	10/31/2027	105,000	103,852	104,180
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2030	250,000	249,578	249,180
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2039	5,320,000	7,523,067	8,139,600
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2040	7,800,000	8,975,484	11,178,960
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2040	29,200,000	40,548,828	43,860,444
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2048	12,650,000	12,347,204	16,641,202
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2049	10,130,000	9,832,396	11,592,873
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2050	4,655,000	4,376,691	4,359,687
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2050	57,840,000	53,988,173	54,170,630
					174,431,469	197,877,259
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,678,495
	REPUBLIC OF CHILE	Foreign Government Security	1/25/2050	1,340,000	1,382,332	1,537,663
	REPUBLIC OF COLOMBIA	Foreign Government Security	3/15/2029	135,000	136,203	156,508
	REPUBLIC OF COLOMBIA	Foreign Government Security	1/30/2030	280,000	273,754	293,443
	REPUBLIC OF COLOMBIA	Foreign Government Security	2/26/2044	545,000	581,246	705,775
	REPUBLIC OF PANAMA	Foreign Government Security	7/23/2060	460,000	500,271	541,654
	REPUBLIC OF PERU	Foreign Government Security	6/20/2030	95,000	95,873	105,165
	REPUBLIC OF PHILIPPINES	Foreign Government Security	2/2/2042	285,000	346,042	329,999
	REPUBLIC OF PHILIPPINES	Foreign Government Security	5/5/2045	225,000	226,609	236,961
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	555,000	545,695	776,312
	RFC PRINCIPAL STRIP	Foreign Government Security	4/15/2030	765,000	519,284	679,710
	STATE OF ISRAEL	Foreign Government Security	7/3/2050	230,000	235,446	276,046
	UNITED MEXICAN STATES	Foreign Government Security	4/16/2030	230,000	225,991	248,347
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2032	260,000	258,219	312,910
	UNITED MEXICAN STATES	Foreign Government Security	1/31/2050	975,000	993,113	1,141,969
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2051	95,000	91,414	118,275
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	775,000	738,732	1,029,789
					8,631,009	10,169,021
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	757,931
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	833,330
	CALIFORNIA ST	Municipal Bond	4/1/2039	775,000	1,152,479	1,360,745
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	54,263
	DALLAS CNTY TX HOSP DIST	Municipal Bond	8/15/2044	700,000	972,020	1,029,637
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	265,000	386,132	476,221
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	800,525

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	350,000	471,422	526,463
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	736,995
	MASSACHUSETTS ST TRANSPRTN FUN	Municipal Bond	6/1/2040	290,000	394,461	419,592
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	400,000	580,365	693,656
	NEW JERSEY ST TURNPIKE AUTH	Municipal Bond	1/1/2040	460,000	671,591	771,420
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	765,000	792,568	1,017,710
	TEXAS ST PRIV ACTIVITY BOND SU	Municipal Bond	12/31/2049	160,000	160,000	182,427
	TEXAS ST TRANSPRTN COMMISSIONS	Municipal Bond	4/1/2030	300,000	350,598	386,862
	UNIV OF CALIFORNIA CA REVENUES	Municipal Bond	5/15/2045	270,000	370,459	392,270
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	793,986
	UNIV OF TEXAS TX UNIV REVENUES	Municipal Bond	8/15/2047	200,000	229,512	240,150
					9,816,302	11,474,183
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2036	285,000	325,679	392,023
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	253,000	286,644	375,072
	ABBVIE INC	Corporate Bond Obligation	3/15/2035	55,000	63,886	69,537
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	780,000	795,086	979,735
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	245,000	249,477	301,492
	ABBVIE INC	Corporate Bond Obligation	11/21/2039	310,000	314,609	375,171
	ABBVIE INC	Corporate Bond Obligation	6/15/2044	160,000	190,702	211,766
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	175,000	189,525	222,633
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	45,000	46,656	60,861
	ABBVIE INC	Corporate Bond Obligation	11/21/2049	475,000	491,629	595,564
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	215,000	232,997	254,164
	AEP TEXAS INC	Corporate Bond Obligation	1/15/2050	55,000	61,599	61,596
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	9/15/2049	430,000	431,063	479,231
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	4/1/2050	145,000	148,836	175,798
	AES CORP/THE	Corporate Bond Obligation	1/15/2031	275,000	274,895	278,710
	AETNA INC	Corporate Bond Obligation	11/15/2042	35,000	34,029	41,503
	AGREE LP	Corporate Bond Obligation	10/1/2030	255,000	257,808	270,884
	AIA GROUP LTD	Corporate Bond Obligation	9/16/2040	265,000	267,326	277,821
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	510,000	627,768	768,264
	AIR PRODUCTS + CHEMICALS	Corporate Bond Obligation	5/15/2040	140,000	139,255	150,884
	AIR PRODUCTS + CHEMICALS	Corporate Bond Obligation	5/15/2050	220,000	217,265	241,806
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	2/1/2050	180,000	216,761	223,648
	ALPHABET INC	Corporate Bond Obligation	8/15/2040	315,000	313,019	309,160
	ALPHABET INC	Corporate Bond Obligation	8/15/2050	230,000	228,056	219,519
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2039	155,000	179,129	204,223
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	360,000	356,706	402,322
	ALTRIA GROUP INC	Corporate Bond Obligation	1/31/2044	305,000	359,958	389,820
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2049	690,000	773,587	966,662
	ALTRIA GROUP INC	Corporate Bond Obligation	5/6/2050	195,000	198,003	230,535
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	290,000	300,346	361,766
	AMAZON.COM INC	Corporate Bond Obligation	6/3/2050	510,000	504,782	529,161
	AMEREN ILLINOIS CO	Corporate Bond Obligation	12/1/2047	30,000	33,369	36,782
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	700,000	744,401	952,133
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	430,000	521,690	639,225
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	4/22/2049	185,000	191,454	237,018
	AMERICAN CAMPUS CMNTYS	Corporate Bond Obligation	1/30/2031	250,000	268,756	283,052
	AMERICAN ELECTRIC POWER	Corporate Bond Obligation	3/1/2050	95,000	94,145	100,197
	AMERICAN INTL GROUP	Corporate Bond Obligation	6/30/2030	20,000	21,143	22,917
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2035	40,000	46,019	47,995
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	815,000	885,397	1,044,325
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/10/2045	45,000	59,704	59,473
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	15,000	19,645	20,013
	AMERICAN INTL GROUP	Corporate Bond Obligation	6/30/2050	275,000	347,769	360,077
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2055	25,000	30,854	32,137
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	9/1/2047	105,000	111,201	128,604

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	6/1/2049	155,000	170,847	205,231
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	5/1/2050	110,000	110,779	130,674
	AMGEN INC	Corporate Bond Obligation	2/21/2040	620,000	622,552	682,502
	AMGEN INC	Corporate Bond Obligation	5/1/2045	155,000	164,895	198,938
	AMGEN INC	Corporate Bond Obligation	2/21/2050	410,000	414,009	458,085
	AMGEN INC	Corporate Bond Obligation	6/15/2051	490,000	530,303	668,380
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	1,135,000	1,130,650	1,441,779
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,475,000	1,504,935	1,917,839
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2038	520,000	520,697	643,864
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2048	928,000	923,636	1,174,291
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/23/2049	469,000	487,776	666,857
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	130,000	134,768	169,508
	ANTHEM INC	Corporate Bond Obligation	1/15/2043	25,000	31,485	32,764
	ANTHEM INC	Corporate Bond Obligation	12/1/2047	370,000	395,532	476,900
	ANTHEM INC	Corporate Bond Obligation	3/1/2048	95,000	98,681	126,554
	APPLE INC	Corporate Bond Obligation	5/4/2043	1,075,000	1,117,233	1,358,155
	APPLE INC	Corporate Bond Obligation	2/9/2045	55,000	61,281	66,749
	APPLE INC	Corporate Bond Obligation	2/23/2046	875,000	970,086	1,243,777
	APPLE INC	Corporate Bond Obligation	8/4/2046	230,000	239,059	295,773
	APPLE INC	Corporate Bond Obligation	9/12/2047	95,000	106,596	119,085
	APPLE INC	Corporate Bond Obligation	9/11/2049	155,000	161,942	173,870
	ASTRAZENECA PLC	Corporate Bond Obligation	1/17/2029	240,000	246,116	285,974
	ASTRAZENECA PLC	Corporate Bond Obligation	8/17/2048	245,000	259,670	327,913
	AT+T INC	Corporate Bond Obligation	5/15/2035	911,000	929,228	1,105,444
	AT+T INC	Corporate Bond Obligation	2/1/2043	310,000	309,851	314,641
	AT+T INC	Corporate Bond Obligation	2/1/2052	115,000	114,933	114,020
	AT+T INC	Corporate Bond Obligation	9/15/2053	1,230,000	1,254,054	1,231,808
	AT+T INC	Corporate Bond Obligation	9/15/2055	3,218,000	3,298,851	3,207,091
	AT+T INC	Corporate Bond Obligation	12/1/2057	490,000	497,502	512,021
	AT+T INC	Corporate Bond Obligation	9/15/2059	448,000	468,263	452,364
	AT+T INC	Corporate Bond Obligation	6/1/2060	230,000	229,020	241,093
	BALTIMORE GAS + ELECTRIC	Corporate Bond Obligation	9/15/2049	520,000	520,927	580,726
	BANCO SANTANDER SA	Corporate Bond Obligation	6/27/2029	225,000	226,469	253,208
	BANCO SANTANDER SA	Corporate Bond Obligation	5/28/2030	165,000	165,000	184,930
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/23/2040	920,000	942,409	1,132,759
	BANK OF AMERICA CORP	Corporate Bond Obligation	6/19/2041	945,000	945,000	984,595
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/15/2050	465,000	484,984	610,066
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/20/2051	60,000	79,565	75,772
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	515,000	643,670	770,285
	BARRICK GOLD CORP	Corporate Bond Obligation	4/1/2042	245,000	339,311	337,933
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,415,000	1,447,193	1,589,498
	BAT CAPITAL CORP	Corporate Bond Obligation	9/25/2040	170,000	170,000	177,317
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	455,000	444,268	505,255
	BAYCARE HEALTH SYSTEM	Corporate Bond Obligation	11/15/2050	85,000	88,549	106,281
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2047	270,000	286,094	354,526
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	242,000	297,165	351,120
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	220,000	231,425	292,677
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	340,000	350,631	448,980
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2049	265,000	312,528	352,026
	BHP BILLITON FIN USA LTD	Corporate Bond Obligation	9/30/2043	95,000	111,558	139,738
	BIAGEN INC	Corporate Bond Obligation	5/1/2050	235,000	229,923	243,679
	BOEING CO	Corporate Bond Obligation	2/1/2028	310,000	309,932	332,583
	BOEING CO	Corporate Bond Obligation	2/1/2031	128,000	132,001	140,081
	BOEING CO	Corporate Bond Obligation	5/1/2034	320,000	308,201	336,941
	BOEING CO	Corporate Bond Obligation	3/15/2039	320,000	433,919	436,154
	BOEING CO	Corporate Bond Obligation	5/1/2040	1,755,000	1,759,834	2,277,499
	BOEING CO	Corporate Bond Obligation	5/1/2050	810,000	839,083	1,116,301

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(c) Maturity Date	(d) Units	(d) Cost	(e) Current Value
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2039	410,000	423,837	522,840
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2049	290,000	303,166	397,868
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/24/2050	520,000	501,521	533,900
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	11/10/2050	430,000	428,659	428,525
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/4/2051	160,000	160,000	163,445
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2040	70,000	69,845	71,812
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/15/2047	60,000	71,299	80,813
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	2/20/2048	475,000	585,390	662,568
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2050	305,000	303,505	311,390
	BRIXMOR OPERATING PART	Corporate Bond Obligation	7/1/2030	80,000	85,738	91,822
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	225,000	292,931	343,192
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	150,000	191,878	222,409
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/1/2041	170,000	214,455	236,895
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2042	60,000	76,512	79,398
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	110,000	120,629	155,111
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2044	130,000	153,012	175,597
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	375,000	397,274	489,784
	BURLINGTON RESOURCES LLC	Corporate Bond Obligation	10/15/2036	150,000	183,591	211,995
	CAMPBELL SOUP CO	Corporate Bond Obligation	3/15/2048	142,000	147,423	189,926
	CAMPBELL SOUP CO	Corporate Bond Obligation	4/24/2050	140,000	134,536	147,867
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	9/15/2115	990,000	1,234,074	1,657,557
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2040	220,000	213,039	241,347
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2050	255,000	246,772	285,350
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	530,000	599,782	784,638
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	820,000	957,176	1,123,441
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	180,000	188,803	235,519
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	3/1/2050	830,000	857,409	991,352
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2051	155,000	156,226	160,961
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2061	135,000	134,841	136,100
	CIGNA CORP	Corporate Bond Obligation	8/15/2038	360,000	374,192	469,022
	CIGNA CORP	Corporate Bond Obligation	3/15/2040	125,000	124,616	137,069
	CIGNA CORP	Corporate Bond Obligation	7/15/2046	90,000	100,216	118,628
	CIGNA CORP	Corporate Bond Obligation	3/15/2050	370,000	366,092	416,342
	CITIGROUP INC	Corporate Bond Obligation	11/5/2030	325,000	326,165	357,926
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	565,000	694,037	800,938
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	365,000	368,994	434,967
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	37,000	43,486	52,204
	CITIGROUP INC	Corporate Bond Obligation	7/23/2048	105,000	134,826	144,945
	CNA FINANCIAL CORP	Corporate Bond Obligation	8/15/2030	200,000	199,740	203,910
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2040	430,000	426,301	458,014
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2050	370,000	365,082	390,428
	COCA COLA CO/THE	Corporate Bond Obligation	3/15/2051	275,000	273,311	283,390
	CODELCO INC	Corporate Bond Obligation	7/17/2042	280,000	263,837	327,233
	CODELCO INC	Corporate Bond Obligation	2/5/2049	95,000	92,299	115,707
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	430,000	497,517	587,427
	COMCAST CORP	Corporate Bond Obligation	4/1/2030	175,000	178,739	202,361
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	655,000	689,249	822,064
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	80,000	83,413	100,263
	COMCAST CORP	Corporate Bond Obligation	3/1/2038	405,000	413,058	495,651
	COMCAST CORP	Corporate Bond Obligation	10/15/2038	380,000	395,576	500,775
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	660,000	680,442	827,587
	COMCAST CORP	Corporate Bond Obligation	10/15/2048	1,395,000	1,480,169	1,949,010
	COMCAST CORP	Corporate Bond Obligation	10/15/2058	116,000	125,147	176,118
	COMCAST CORP	Corporate Bond Obligation	8/15/2062	185,000	178,042	185,205
	COMMONWEALTH BANK AUST	Corporate Bond Obligation	9/12/2039	230,000	230,180	270,710
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	10/1/2042	180,000	199,438	216,599
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	380,000	391,466	447,834

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	6/15/2046	15,000	16,041	17,831
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2050	550,000	553,959	600,165
	CON EDISON CO OF NY INC	Corporate Bond Obligation	12/1/2039	415,000	518,326	569,168
	CONCHO RESOURCES INC	Corporate Bond Obligation	10/1/2047	160,000	197,493	216,357
	CONCHO RESOURCES INC	Corporate Bond Obligation	8/15/2048	225,000	279,143	303,043
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	240,000	270,663	346,207
	CONOCOPHILLIPS	Corporate Bond Obligation	4/15/2029	210,000	270,057	294,286
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	140,000	141,972	176,698
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	168,000	165,445	203,512
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	15,000	15,969	21,105
	CONSUMERS ENERGY CO	Corporate Bond Obligation	8/1/2051	150,000	154,474	183,501
	CONSUMERS ENERGY CO	Corporate Bond Obligation	5/1/2060	185,000	180,546	185,903
	CVS HEALTH CORP	Corporate Bond Obligation	8/15/2029	630,000	642,614	709,525
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	470,000	478,971	595,481
	CVS HEALTH CORP	Corporate Bond Obligation	8/21/2040	285,000	284,651	288,320
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	400,000	457,692	538,544
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	930,000	1,101,001	1,260,410
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	204,660	245,955	251,593
	DEUTSCHE TELEKOM AG	Corporate Bond Obligation	1/21/2050	525,000	527,006	603,440
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	90,000	130,073	142,396
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	4/15/2032	10,000	12,962	14,017
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	110,000	111,803	134,528
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	5/15/2042	80,000	74,095	90,310
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	100,000	95,022	117,788
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2039	230,000	232,605	261,958
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2049	125,000	126,924	148,417
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2032	135,000	133,854	142,610
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2043	430,000	428,946	529,794
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2047	290,000	294,205	376,664
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	5/15/2049	50,000	51,065	65,969
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/15/2055	261,000	264,232	292,137
	DOMINION ENERGY INC	Corporate Bond Obligation	4/1/2030	200,000	200,813	227,820
	DOMINION ENERGY SOUTH	Corporate Bond Obligation	6/1/2065	150,000	172,501	236,386
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	190,000	228,903	285,623
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	860,000	883,514	1,039,129
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	130,000	177,749	201,631
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	8/15/2038	470,000	634,241	721,817
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	7/15/2043	170,000	181,409	231,696
	DUKE ENERGY OHIO INC	Corporate Bond Obligation	2/1/2049	155,000	192,545	200,466
	DUKE ENERGY PROGRESS LLC	Corporate Bond Obligation	5/15/2042	130,000	134,259	160,831
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2035	245,000	262,781	305,045
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	1/22/2044	325,000	357,176	410,345
	ELI LILLY + CO	Corporate Bond Obligation	3/15/2059	31,000	32,735	43,039
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	290,000	314,874	370,852
	EMPOWER FINANCE 2020 LP	Corporate Bond Obligation	3/17/2031	90,000	90,000	92,315
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2029	85,000	93,016	99,243
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2030	10,000	9,782	10,786
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2035	420,000	411,413	462,403
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2038	40,000	41,728	45,952
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2042	45,000	49,638	54,900
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2043	55,000	50,535	58,311
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2043	225,000	232,881	254,871
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2045	270,000	258,023	292,596
	ENERGY TRANSFER LP	Corporate Bond Obligation	12/15/2045	140,000	145,159	165,382
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2047	425,000	409,112	469,570

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(c) Maturity Date	(d) Units	(d) Cost	(e) Current Value
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2048	20,000	21,299	23,567
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2049	130,000	141,572	157,243
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2050	65,000	61,843	70,388
	ENTERGY CORP	Corporate Bond Obligation	6/15/2050	255,000	304,779	295,356
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	3/15/2051	125,000	121,506	133,454
	ENTERGY TEXAS INC	Corporate Bond Obligation	9/30/2049	245,000	272,755	282,622
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	535,000	540,049	663,694
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	15,000	15,515	19,092
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	360,000	357,986	422,093
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2049	50,000	51,032	63,108
	EOG RESOURCES INC	Corporate Bond Obligation	4/15/2050	100,000	110,602	135,545
	EQUINOR ASA	Corporate Bond Obligation	12/1/2028	190,000	243,075	255,622
	EQUINOR ASA	Corporate Bond Obligation	4/6/2040	370,000	374,151	443,293
	ESSEX PORTFOLIO LP	Corporate Bond Obligation	9/1/2050	260,000	259,591	249,304
	EVERSOURCE ENERGY	Corporate Bond Obligation	1/15/2050	140,000	164,556	159,397
	EXELON CORP	Corporate Bond Obligation	4/1/2032	615,000	833,109	893,909
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	175,000	187,601	199,342
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	3/19/2040	695,000	746,574	865,518
	FEDEX CORP	Corporate Bond Obligation	1/15/2044	35,000	37,027	47,204
	FEDEX CORP	Corporate Bond Obligation	1/15/2047	95,000	90,623	120,034
	FISERV INC	Corporate Bond Obligation	7/1/2049	465,000	482,839	622,858
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	385,000	509,672	577,527
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	405,000	423,879	519,522
	FOMENTO ECONOMICO MEX	Corporate Bond Obligation	1/16/2050	445,000	434,459	495,196
	FOX CORP	Corporate Bond Obligation	1/25/2039	175,000	183,770	239,981
	FOX CORP	Corporate Bond Obligation	1/25/2049	220,000	240,523	321,583
	GE CAPITAL FUNDING LLC	Corporate Bond Obligation	5/15/2030	95,000	95,039	111,989
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	3,481,000	3,549,347	4,154,748
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	4/1/2040	240,000	254,834	312,410
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/14/2038	355,000	425,102	481,146
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	380,000	491,874	559,390
	GENERAL ELECTRIC CO	Corporate Bond Obligation	5/1/2040	595,000	593,354	703,415
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	65,000	75,789	78,265
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	495,000	550,024	670,176
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	145,000	160,596	174,341
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	125,000	154,277	168,621
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2049	90,000	106,201	121,718
	GENERAL MOTORS FINL CO	Corporate Bond Obligation	6/2/2030	180,000	174,716	200,696
	GEORGIA POWER CO	Corporate Bond Obligation	3/15/2042	235,000	244,523	298,419
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	350,000	381,845	452,109
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	130,000	131,730	157,002
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	60,000	62,036	76,468
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	190,000	207,161	251,826
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/7/2030	155,000	164,740	166,726
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	3/15/2030	205,000	207,434	241,215
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	240,000	283,277	367,238
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/3/2038	330,000	330,505	402,712
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	190,000	190,740	242,894
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	300,000	329,173	415,011
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	310,000	348,111	432,010
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/2/2045	30,000	41,859	41,780
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	230,000	291,645	347,505
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	8/19/2049	55,000	63,089	64,541
	HESS CORP	Corporate Bond Obligation	1/15/2040	30,000	35,602	37,061
	HESS CORP	Corporate Bond Obligation	2/15/2041	150,000	172,180	183,054
	HESS CORP	Corporate Bond Obligation	4/1/2047	75,000	87,941	95,428

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(c) Maturity Date	Units	(d) Cost	(e) Current Value
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2040	135,000	135,585	159,111
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	145,000	150,158	192,753
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	265,000	276,475	351,554
	HOME DEPOT INC	Corporate Bond Obligation	6/15/2047	155,000	162,856	197,950
	HOME DEPOT INC	Corporate Bond Obligation	12/6/2048	270,000	301,039	379,023
	HOME DEPOT INC	Corporate Bond Obligation	12/15/2049	150,000	154,781	173,058
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2050	110,000	110,067	130,908
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	305,000	422,359	484,502
	HUMANA INC	Corporate Bond Obligation	12/1/2042	50,000	54,841	64,087
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	330,000	347,432	426,683
	INTEL CORP	Corporate Bond Obligation	12/8/2047	603,000	623,502	720,621
	INTERCONTINENTALEXCHANGE	Corporate Bond Obligation	9/15/2040	290,000	288,028	297,668
	INTERCONTINENTALEXCHANGE	Corporate Bond Obligation	9/15/2060	600,000	593,904	626,095
	JOHNSON + JOHNSON	Corporate Bond Obligation	3/1/2046	55,000	66,265	70,141
	JPMORGAN CHASE + CO	Corporate Bond Obligation	10/15/2030	255,000	254,794	277,269
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	445,000	429,223	541,930
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2041	445,000	445,637	497,408
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	95,000	101,973	124,420
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	375,000	388,383	475,301
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	550,000	570,729	692,192
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	260,000	282,492	327,777
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2051	225,000	244,725	250,520
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	170,000	188,847	221,411
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	11/1/2049	235,000	239,310	269,190
	KENTUCKY UTILITIES CO	Corporate Bond Obligation	11/1/2040	13,000	15,115	17,955
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2038	105,000	108,849	140,591
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2048	95,000	99,575	134,045
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	155,000	188,460	212,088
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	80,000	77,994	91,569
	KINDER MORGAN INC	Corporate Bond Obligation	6/1/2045	25,000	28,720	32,128
	KINDER MORGAN INC	Corporate Bond Obligation	3/1/2048	85,000	92,879	108,108
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	740,000	932,396	1,069,811
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	15,000	17,231	18,312
	KROGER CO	Corporate Bond Obligation	1/15/2048	55,000	61,558	71,579
	KROGER CO	Corporate Bond Obligation	1/15/2049	255,000	279,017	369,628
	KROGER CO	Corporate Bond Obligation	1/15/2050	137,000	138,586	166,382
	LEXINGTON REALTY TRUST	Corporate Bond Obligation	9/15/2030	165,000	164,273	171,762
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	10/15/2050	640,000	650,370	766,400
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/15/2060	265,000	262,847	316,304
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	3/1/2035	40,000	44,012	48,304
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	365,000	409,726	488,330
	LOWE S COS INC	Corporate Bond Obligation	10/15/2050	255,000	254,750	272,753
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2040	170,000	169,609	179,308
	LYB INT FINANCE III	Corporate Bond Obligation	10/15/2049	660,000	658,649	771,487
	LYB INT FINANCE III	Corporate Bond Obligation	5/1/2050	130,000	129,395	151,494
	LYB INT FINANCE III	Corporate Bond Obligation	4/1/2051	195,000	194,429	213,082
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2060	190,000	189,197	204,058
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	3/1/2041	110,000	143,771	147,686
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	4/1/2048	85,000	91,304	94,223
	MARS INC	Corporate Bond Obligation	4/1/2034	145,000	148,606	174,770
	MARS INC	Corporate Bond Obligation	4/1/2039	145,000	149,530	177,599
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	12/31/2099	500,000	685,622	876,900
	MASTERCARD INC	Corporate Bond Obligation	3/26/2050	85,000	88,392	109,711
	MCDONALD S CORP	Corporate Bond Obligation	7/15/2040	425,000	459,851	563,325
	MCDONALD S CORP	Corporate Bond Obligation	5/26/2045	490,000	511,944	635,868
	MCDONALD S CORP	Corporate Bond Obligation	12/9/2045	50,000	58,049	67,932
	MCDONALD S CORP	Corporate Bond Obligation	9/1/2048	30,000	33,464	39,272

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	MCDONALD S CORP	Corporate Bond Obligation	9/1/2049	95,000	101,783	111,484
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2035	332,000	361,089	447,071
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	171,000	200,407	242,610
	MERCK + CO INC	Corporate Bond Obligation	6/24/2040	215,000	212,861	222,476
	MERCK + CO INC	Corporate Bond Obligation	9/15/2042	195,000	191,669	239,093
	MERCK + CO INC	Corporate Bond Obligation	2/10/2045	190,000	188,445	236,780
	MERCK + CO INC	Corporate Bond Obligation	6/24/2050	95,000	92,763	98,360
	METLIFE INC	Corporate Bond Obligation	6/15/2034	425,000	547,637	646,480
	METLIFE INC	Corporate Bond Obligation	3/1/2045	80,000	80,783	102,572
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	1,035,000	1,061,087	1,274,810
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	265,000	273,941	326,779
	MICROSOFT CORP	Corporate Bond Obligation	2/6/2037	537,000	542,227	704,780
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	845,000	881,738	1,071,452
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2050	353,000	356,646	372,253
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2056	120,000	132,937	164,792
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2060	555,000	551,931	601,454
	MINERA MEXICO SA DE CV	Corporate Bond Obligation	1/26/2050	520,000	483,571	601,385
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	3/7/2039	240,000	247,030	303,427
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	7/18/2039	490,000	498,207	596,845
	MONDELEZ INTERNATIONAL	Corporate Bond Obligation	10/15/2032	160,000	159,624	162,486
	MONDELEZ INTERNATIONAL	Corporate Bond Obligation	9/4/2050	280,000	273,498	284,505
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	480,000	582,298	649,997
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	340,000	347,326	419,043
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	800,000	1,067,431	1,306,536
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	6,681
	MPLX LP	Corporate Bond Obligation	8/15/2030	675,000	674,413	707,407
	MPLX LP	Corporate Bond Obligation	4/15/2038	370,000	357,357	423,213
	MPLX LP	Corporate Bond Obligation	3/1/2047	195,000	191,877	237,214
	MPLX LP	Corporate Bond Obligation	12/1/2047	110,000	107,268	132,908
	MPLX LP	Corporate Bond Obligation	2/15/2049	565,000	568,456	743,998
	NATIONWIDE FINANCIAL SER	Corporate Bond Obligation	11/30/2049	280,000	275,925	311,833
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	450,000	556,598	687,290
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	185,000	190,677	231,922
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	240,000	248,824	319,339
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	265,000	361,493	402,177
	NEWMONT CORP	Corporate Bond Obligation	4/1/2035	510,000	581,711	742,019
	NEWMONT CORP	Corporate Bond Obligation	10/1/2039	265,000	324,996	401,080
	NIKE INC	Corporate Bond Obligation	3/27/2040	125,000	125,971	145,399
	NIKE INC	Corporate Bond Obligation	3/27/2050	60,000	60,507	74,228
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	445,000	458,513	564,576
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2043	35,000	31,271	50,276
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2044	190,000	173,277	267,378
	NOBLE ENERGY INC	Corporate Bond Obligation	8/15/2047	145,000	122,545	206,515
	NOBLE ENERGY INC	Corporate Bond Obligation	10/15/2049	165,000	137,514	215,020
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	170,000	169,606	219,919
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	8/15/2052	557,000	580,342	709,078
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	5/15/2055	502,000	501,666	547,386
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	365,000	351,843	424,280
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	3/1/2050	235,000	232,871	264,981
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	5/1/2040	190,000	201,135	262,618
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	690,000	774,205	920,191
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	540,000	560,688	677,549
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	5/1/2050	100,000	106,949	148,654
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	130,000	131,376	155,971
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	845,000	943,144	1,163,430
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	8/14/2050	142,000	144,629	155,614
	NUTRITION + BIOSCIENCES	Corporate Bond Obligation	11/15/2040	320,000	322,856	343,872

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	NUTRITION + BIOSCIENCES	Corporate Bond Obligation	12/1/2050	440,000	440,665	477,963
	NVIDIA CORP	Corporate Bond Obligation	4/1/2040	190,000	193,263	228,175
	NVIDIA CORP	Corporate Bond Obligation	4/1/2050	160,000	162,605	194,094
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2040	110,000	110,000	107,597
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2060	70,000	70,000	69,096
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	145,000	165,694	179,680
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	645,000	669,546	819,027
	OGLETHORPE POWER CORP	Corporate Bond Obligation	8/1/2050	235,000	231,550	252,536
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	500,000	550,807	618,350
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	85,000	120,952	131,549
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	370,000	414,928	489,965
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	288,000	353,719	411,636
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	470,000	469,617	574,072
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	5/15/2050	260,000	270,254	322,858
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	10/1/2052	497,000	808,018	756,330
	ORACLE CORP	Corporate Bond Obligation	7/15/2036	40,000	44,339	48,302
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	270,000	275,180	326,120
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	545,000	568,422	672,748
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	220,000	229,057	270,041
	ORACLE CORP	Corporate Bond Obligation	4/1/2050	130,000	145,358	151,460
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	2/1/2031	210,000	209,782	210,767
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2040	130,000	129,351	129,748
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2050	430,000	426,259	427,381
	PACIFICORP	Corporate Bond Obligation	10/15/2037	60,000	80,654	89,607
	PACIFICORP	Corporate Bond Obligation	1/15/2039	325,000	406,863	483,340
	PACIFICORP	Corporate Bond Obligation	3/15/2051	175,000	176,300	200,746
	PARKER HANNIFIN CORP	Corporate Bond Obligation	6/14/2049	640,000	646,274	800,986
	PEPSICO INC	Corporate Bond Obligation	3/19/2040	220,000	225,289	263,892
	PEPSICO INC	Corporate Bond Obligation	8/13/2042	445,000	436,063	543,723
	PEPSICO INC	Corporate Bond Obligation	3/19/2050	475,000	487,686	602,742
	PFIZER INC	Corporate Bond Obligation	12/15/2036	355,000	373,051	449,490
	PFIZER INC	Corporate Bond Obligation	5/28/2040	105,000	104,348	112,148
	PFIZER INC	Corporate Bond Obligation	3/15/2049	265,000	274,772	348,297
	PFIZER INC	Corporate Bond Obligation	5/28/2050	190,000	188,452	204,119
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	275,000	262,820	323,799
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	108,000	107,465	132,209
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	352,000	386,419	472,060
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	275,000	278,930	333,174
	PHILLIPS 66	Corporate Bond Obligation	11/15/2044	195,000	225,241	245,946
	PHILLIPS 66 PARTNERS LP	Corporate Bond Obligation	10/1/2046	225,000	256,750	252,117
	PNC BANK NA	Corporate Bond Obligation	10/22/2029	225,000	225,207	247,280
	PNC FINANCIAL SERVICES	Corporate Bond Obligation	4/23/2029	95,000	100,249	109,506
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	330,000	452,239	501,422
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	260,000	274,252	328,156
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	400,000	422,322	536,524
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	130,000	154,384	169,329
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	420,000	434,474	515,399
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	675,000	686,025	788,285
	PUBLIC SERVICE ELECTRIC	Corporate Bond Obligation	3/1/2046	45,000	53,206	55,265
	RAYTHEON TECH CORP	Corporate Bond Obligation	11/16/2038	155,000	160,121	195,447
	RAYTHEON TECH CORP	Corporate Bond Obligation	6/1/2042	1,205,000	1,293,619	1,571,332
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/15/2045	425,000	440,234	538,016
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/4/2047	90,000	85,881	112,117
	RAYTHEON TECH CORP	Corporate Bond Obligation	7/1/2050	400,000	398,668	441,076
	REGENCY CENTERS LP	Corporate Bond Obligation	2/1/2047	30,000	29,445	34,779
	REGENCY CENTERS LP	Corporate Bond Obligation	3/15/2049	430,000	448,069	518,382
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	175,000	211,974	226,422

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	460,000	543,209	588,225
	RIO TINTO FIN USA PLC	Corporate Bond Obligation	8/21/2042	150,000	157,243	195,824
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	180,000	188,174	246,775
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	11/15/2049	195,000	194,964	230,523
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	355,000	361,600	430,441
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	260,000	266,600	329,628
	SAN DIEGO G + E	Corporate Bond Obligation	5/15/2048	60,000	76,749	75,450
	SAN DIEGO G + E	Corporate Bond Obligation	6/15/2049	180,000	194,246	224,482
	SAN DIEGO G + E	Corporate Bond Obligation	4/15/2050	60,000	60,564	68,211
	SAUDI ARABIAN OIL CO	Corporate Bond Obligation	4/16/2049	55,000	55,264	66,539
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	235,000	235,148	272,201
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	275,000	276,461	327,671
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	410,000	424,886	512,935
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	170,000	228,876	264,427
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	55,000	51,158	64,167
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	200,000	203,037	251,884
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	140,000	138,238	169,246
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	7/15/2030	310,000	309,900	328,563
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	60,000	69,644	73,412
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	11/30/2046	50,000	54,319	58,064
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	9/13/2049	140,000	138,715	143,382
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	7/15/2050	1,160,000	1,183,471	1,294,119
	SOUTHERN CAL EDISON	Corporate Bond Obligation	3/1/2029	185,000	212,657	218,837
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	30,000	37,683	41,759
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	260,000	273,556	313,261
	SOUTHERN CAL EDISON	Corporate Bond Obligation	4/1/2047	410,000	430,046	481,586
	SOUTHERN CAL EDISON	Corporate Bond Obligation	2/1/2050	36,000	37,813	40,889
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	390,000	397,678	453,551
	SPIRIT REALTY LP	Corporate Bond Obligation	1/15/2030	380,000	388,301	412,121
	SPIRIT REALTY LP	Corporate Bond Obligation	2/15/2031	615,000	612,204	653,536
	STARBUCKS CORP	Corporate Bond Obligation	11/15/2050	269,000	283,046	309,285
	STRYKER CORP	Corporate Bond Obligation	6/15/2050	120,000	119,641	127,354
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	340,000	427,534	476,986
	SUNCOR ENERGY INC	Corporate Bond Obligation	11/15/2047	15,000	15,928	16,792
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	5/15/2045	875,000	862,589	963,909
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	10/1/2047	480,000	457,114	536,323
	SUTTER HEALTH	Corporate Bond Obligation	8/15/2050	185,000	185,000	201,380
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2041	435,000	424,508	450,973
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2051	325,000	315,172	334,370
	T MOBILE USA INC	Corporate Bond Obligation	11/15/2060	180,000	179,541	191,059
	TAKEDA PHARMACEUTICAL	Corporate Bond Obligation	7/9/2040	160,000	160,000	168,850
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	3/8/2047	320,000	331,018	410,179
	TENNESSEE GAS PIPELINE	Corporate Bond Obligation	10/15/2028	135,000	160,923	175,981
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	265,000	259,557	294,290
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/1/2029	182,000	183,638	199,272
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	305,000	359,045	418,680
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	220,000	275,490	326,027
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	515,000	673,314	732,953
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	230,000	256,134	306,995
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/15/2042	40,000	40,075	46,872
	TOTAL CAPITAL INTL SA	Corporate Bond Obligation	6/29/2041	275,000	277,312	297,539
	TOTAL CAPITAL INTL SA	Corporate Bond Obligation	5/29/2050	560,000	563,725	606,906
	TOTAL CAPITAL INTL SA	Corporate Bond Obligation	6/29/2060	185,000	193,193	210,238
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	990,000	1,062,240	1,209,800
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	290,000	296,590	362,796
	TRANSCONT GAS PIPELINE	Corporate Bond Obligation	8/15/2041	640,000	698,957	811,808
	TRUIST BANK	Corporate Bond Obligation	3/11/2030	280,000	276,850	293,765
	TUCSON ELECTRIC POWER CO	Corporate Bond Obligation	6/15/2050	230,000	235,069	281,042

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	TYSON FOODS INC	Corporate Bond Obligation	9/28/2048	290,000	302,319	417,493
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	265,000	283,385	373,393
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	9/6/2029	260,000	259,286	278,494
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	11/15/2032	466,000	616,494	686,134
	UNION ELECTRIC CO	Corporate Bond Obligation	9/15/2042	595,000	610,259	726,257
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	490,000	506,961	599,633
	UNION PACIFIC CORP	Corporate Bond Obligation	3/20/2060	150,000	151,669	185,676
	UNION PACIFIC CORP	Corporate Bond Obligation	9/16/2062	545,000	552,422	569,247
	UNITED PARCEL SERVICE	Corporate Bond Obligation	4/1/2040	145,000	153,387	205,961
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	310,000	346,609	415,400
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2040	150,000	145,626	162,725
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	355,000	386,923	485,377
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	35,000	35,833	44,212
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	175,000	179,218	217,282
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	570,000	592,788	761,144
	US BANCORP	Corporate Bond Obligation	7/22/2030	465,000	462,019	466,107
	VEREIT OPERATING PARTNER	Corporate Bond Obligation	12/15/2032	130,000	128,606	135,935
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	890,000	926,205	1,123,011
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	925,000	1,038,753	1,222,813
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2042	70,000	80,333	83,022
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	869,000	982,701	1,133,246
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	4/15/2049	16,000	18,234	22,180
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/2/2054	238,000	258,107	333,331
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	10/30/2056	1,025,000	1,056,410	1,031,775
	VIACOMCBS INC	Corporate Bond Obligation	4/30/2036	130,000	142,408	188,036
	VIACOMCBS INC	Corporate Bond Obligation	3/15/2043	125,000	113,643	147,684
	VIACOMCBS INC	Corporate Bond Obligation	9/1/2043	1,150,000	1,233,576	1,599,673
	VIACOMCBS INC	Corporate Bond Obligation	5/19/2050	40,000	38,223	51,813
	VIATRIS INC	Corporate Bond Obligation	6/22/2040	215,000	214,553	242,664
	VIATRIS INC	Corporate Bond Obligation	6/22/2050	355,000	354,077	406,720
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	140,000	173,156	211,203
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	12/15/2050	184,000	181,071	185,159
	VISA INC	Corporate Bond Obligation	4/15/2040	95,000	94,672	103,705
	VISA INC	Corporate Bond Obligation	12/14/2045	735,000	795,730	1,006,759
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	140,000	142,902	183,182
	VODAFONE GROUP PLC	Corporate Bond Obligation	9/17/2050	795,000	808,493	984,655
	VULCAN MATERIALS CO	Corporate Bond Obligation	3/1/2048	450,000	461,234	581,382
	WALMART INC	Corporate Bond Obligation	6/28/2038	370,000	382,608	471,979
	WALMART INC	Corporate Bond Obligation	6/29/2048	470,000	511,871	637,814
	WALMART INC	Corporate Bond Obligation	9/24/2049	515,000	514,014	593,790
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	5/13/2040	340,000	340,462	399,667
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	9/1/2049	515,000	489,188	544,860
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	1/13/2051	325,000	325,860	393,413
	WELLS FARGO + COMPANY	Corporate Bond Obligation	10/30/2030	505,000	507,179	550,950
	WELLS FARGO + COMPANY	Corporate Bond Obligation	2/1/2031	75,000	73,031	79,580
	WELLS FARGO + COMPANY	Corporate Bond Obligation	1/15/2044	155,000	200,423	219,682
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/14/2046	500,000	500,463	625,915
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	640,000	698,339	837,594
	WELLS FARGO + COMPANY	Corporate Bond Obligation	4/4/2051	585,000	803,631	831,414
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	320,000	354,299	455,242
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	1,150,000	1,461,598	1,752,543
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/15/2035	140,000	140,000	144,222
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2031	280,000	334,796	380,632
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	6/24/2044	85,000	91,382	110,164
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2045	150,000	147,159	177,128
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	9/15/2045	470,000	488,974	580,901
	WP CAREY INC	Corporate Bond Obligation	2/1/2031	120,000	118,919	124,626
	XCEL ENERGY INC	Corporate Bond Obligation	6/1/2030	155,000	157,411	177,656
					185,700,658	216,373,791

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, 2020

(a)	(b)		(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
	BX TRUST	Collateralized Mortgage Obligation	12/9/2041	135,000	139,043	147,830
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	11,755,826
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	15,613,556
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	19,360,944
	FIR TREE INTL VALUE FUND	Limited Partnership		482,602	165,411	5,248
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	57,143,560
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	23,996,513
	WELLS FARGO INTERNATIONAL EQUI	Limited Partnership		141,182	15,000,000	19,562,132
					97,722,931	147,437,779
Total \$					<u>633,597,437</u>	<u>\$ 843,532,453</u>

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, 2020

(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, maturity date of December 31, 2030					
	194,190,093 units purchased in a series of 257 transactions	\$ 194,190,093	-	194,190,093	194,190,093	-
	185,722,838 units sold in a series of 204 transactions	-	185,722,838	185,722,838	185,722,838	-
U.S. Treasury	U.S. TREASURY N/B, maturity date of November 15, 2049					
	61,870,000 units purchased in a series of 318 transactions	69,069,055	-	69,069,055	69,069,055	-
	61,870,000 units sold in a series of 177 transactions	-	76,569,733	69,069,055	76,569,733	7,500,678
U.S. Treasury	U.S. TREASURY N/B, maturity date of May 15, 2050					
	70,055,000 units purchased in a series of 94 transactions	66,804,739	-	66,804,739	66,804,739	-
	70,055,000 units sold in a series of 118 transactions	-	63,612,369	66,804,739	63,612,369	(3,192,370)
U.S. Treasury	U.S. TREASURY N/B, maturity date of February 15, 2050					
	41,260,000 units purchased in a series of 196 transactions	47,579,945	-	47,579,945	47,579,945	-
	41,260,000 units sold in a series of 180 transactions	-	47,234,700	47,579,945	47,234,700	(345,245)
U.S. Treasury	U.S. TREASURY N/B, maturity date of August 15, 2049					
	6,485,000 units purchased in a series of 106 transactions	6,569,213	-	6,569,213	6,569,213	-
	54,718,400 units sold in a series of 50 transactions	-	57,388,650	53,373,973	57,388,650	4,014,677
U.S. Treasury	U.S. TREASURY N/B, maturity date of August 15, 2050					
	63,310,000 units purchased in a series of 56 transactions	59,132,727	-	59,132,727	59,132,727	-
	815,000 units sold in a series of 9 transactions	-	761,332	767,863	761,332	(6,531)
U.S. Treasury	U.S. TREASURY N/B, maturity date of February 15, 2030					
	20,785,000 units purchased in a series of 124 transactions	22,150,192	-	22,150,192	22,150,192	-
	20,785,000 units sold in a series of 47 transactions	-	22,344,338	22,150,192	22,344,338	194,146

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, 2020 to December 31, 2020.
Columns (e) and (f) were excluded as they were not applicable.

* A party in interest as defined by ERISA



Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	52 \$30,585	324 \$41,000 \$1,220								
25-29	55 \$35,023	910 \$50,298 \$2,366	167 \$56,002 \$5,976	1						
30-34	55 \$31,296	696 \$56,795 \$2,662	469 \$59,362 \$8,512	143 \$65,683 \$13,558	5					
35-39	47 \$56,528	501 \$67,696 \$3,269	342 \$65,642 \$9,247	287 \$67,735 \$15,158	118 \$67,548 \$19,880	8				
40-44	48 \$39,206	352 \$68,737 \$3,438	243 \$81,668 \$11,444	200 \$73,480 \$16,184	183 \$76,511 \$22,628	80 \$74,187 \$25,917	6			
45-49	36 \$31,751	326 \$64,298 \$3,193	244 \$81,053 \$11,912	199 \$84,491 \$17,853	187 \$76,960 \$23,469	155 \$80,939 \$25,958	72 \$74,086 \$28,274	3		
50-54	35 \$34,671	236 \$68,141 \$3,574	213 \$70,017 \$9,855	180 \$75,339 \$15,602	171 \$76,032 \$21,040	145 \$87,067 \$25,640	111 \$86,329 \$29,185	86 \$88,414 \$31,299	3	
55-59	18	228 \$61,246 \$3,092	187 \$72,545 \$10,818	158 \$71,609 \$15,780	227 \$67,706 \$18,871	188 \$75,039 \$22,362	128 \$91,156 \$29,143	136 \$84,827 \$33,027	61 \$79,930 \$38,763	7
60-64	15	152 \$74,006 \$3,542	134 \$78,255 \$11,200	156 \$71,809 \$15,910	171 \$61,730 \$15,767	169 \$74,040 \$19,353	98 \$83,103 \$24,834	89 \$81,880 \$34,153	95 \$78,686 \$24,735	93 \$70,853 \$31,415
65-69	15	58 \$67,157 \$2,915	69 \$93,835 \$14,863	50 \$72,017 \$15,959	58 \$59,010 \$17,758	36 \$65,819 \$19,132	22 \$77,630 \$18,809	21 \$72,396 \$19,844	10	26 \$78,836 \$37,589
70+	8	30 \$41,584 \$2,371	22 \$77,262 \$12,444	12	7	10	2	2	1	3

N-10,666

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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 look-back (as of September 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	5.50%
3rd Segment Rate	6.27%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2019), without regard to interest rate stabilization.
1st Segment Rate	2.79%
2nd Segment Rate	3.92%
3rd Segment Rate	4.38%
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 Participants with Final Average Pay Benefits: Retirement eligible: 100% immediate life annuity Not retirement eligible: 100% life annuity deferred to age 62 Active Participants with Cash Balance Only: <u>Termination Prior to Retirement</u> 30% immediate lump sum 30% lump sum deferred two years 40% lump sum deferred to age 62 <u>Retirement Eligible</u> 30% immediate lump sum 30% lump sum deferred two years 30% lump sum deferred to age 62 10% annuity deferred to age 62 Terminated Vested Participants:

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

	Final average pay benefits: 100% life annuity deferred to age 62 Cash balance benefits: 100% lump sum deferred to age 62
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums other than cash balance accounts.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums other than cash balance accounts.
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26.
Withdrawal Rates	See Table 3.
Disability Rates	See Table 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	2019 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 \$230,000 and the IRC section 401(a)(17) compensation limit of \$285,000.
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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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

2018 Plan Year	6.75%, limited to 6.29%
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	6.50%, limited to 5.94%

Trust Expenses Included in Target Normal Cost

\$4,300,000. 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, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 1

Salary Merit Increase Rates

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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 2

Retirement Rates

Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	9.00%
60	9.00%
61	12.00%
62	18.00%
63	22.00%
64	26.00%
65	32.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
15	25.00%	20.00%	20.00%
16	25.00%	20.00%	20.00%
17	25.00%	20.00%	20.00%
18	25.00%	20.00%	20.00%
19	25.00%	20.00%	20.00%
20	25.00%	20.00%	20.00%
21	25.00%	20.00%	20.00%
22	25.00%	20.00%	20.00%
23	25.00%	20.00%	20.00%
24	25.00%	20.00%	20.00%
25	25.00%	20.00%	18.00%
26	25.00%	20.00%	17.40%
27	25.00%	20.00%	16.80%
28	25.00%	20.00%	16.20%
29	25.00%	20.00%	15.60%
30	25.00%	20.00%	15.00%
31	25.00%	20.00%	14.80%
32	25.00%	20.00%	14.60%
33	25.00%	20.00%	14.40%
34	25.00%	20.00%	14.20%
35	20.00%	15.00%	14.00%
36	20.00%	15.00%	13.60%
37	20.00%	15.00%	13.20%
38	20.00%	15.00%	12.80%
39	20.00%	15.00%	12.40%
40	20.00%	15.00%	12.00%
41	20.00%	15.00%	11.60%
42	20.00%	15.00%	11.20%
43	20.00%	15.00%	10.80%
44	20.00%	15.00%	10.40%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	10.00%
46	20.00%	15.00%	9.80%
47	20.00%	15.00%	9.60%
48	20.00%	15.00%	9.40%
49	20.00%	15.00%	9.20%
50	20.00%	15.00%	9.00%
51	20.00%	15.00%	8.80%
52	20.00%	15.00%	8.60%
53	20.00%	15.00%	8.40%
54	20.00%	15.00%	8.20%
55	0.00%	0.00%	0.00%
56	0.00%	0.00%	0.00%
57	0.00%	0.00%	0.00%
58	0.00%	0.00%	0.00%
59	0.00%	0.00%	0.00%
60	0.00%	0.00%	0.00%
61	0.00%	0.00%	0.00%
62+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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, 2020

(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, maturity date of December 31, 2030					
	194,190,093 units purchased in a series of 257 transactions	\$ 194,190,093	-	194,190,093	194,190,093	-
	185,722,838 units sold in a series of 204 transactions	-	185,722,838	185,722,838	185,722,838	-
U.S. Treasury	U.S. TREASURY N/B, maturity date of November 15, 2049					
	61,870,000 units purchased in a series of 318 transactions	69,069,055	-	69,069,055	69,069,055	-
	61,870,000 units sold in a series of 177 transactions	-	76,569,733	69,069,055	76,569,733	7,500,678
U.S. Treasury	U.S. TREASURY N/B, maturity date of May 15, 2050					
	70,055,000 units purchased in a series of 94 transactions	66,804,739	-	66,804,739	66,804,739	-
	70,055,000 units sold in a series of 118 transactions	-	63,612,369	66,804,739	63,612,369	(3,192,370)
U.S. Treasury	U.S. TREASURY N/B, maturity date of February 15, 2050					
	41,260,000 units purchased in a series of 196 transactions	47,579,945	-	47,579,945	47,579,945	-
	41,260,000 units sold in a series of 180 transactions	-	47,234,700	47,579,945	47,234,700	(345,245)
U.S. Treasury	U.S. TREASURY N/B, maturity date of August 15, 2049					
	6,485,000 units purchased in a series of 106 transactions	6,569,213	-	6,569,213	6,569,213	-
	54,718,400 units sold in a series of 50 transactions	-	57,388,650	53,373,973	57,388,650	4,014,677
U.S. Treasury	U.S. TREASURY N/B, maturity date of August 15, 2050					
	63,310,000 units purchased in a series of 56 transactions	59,132,727	-	59,132,727	59,132,727	-
	815,000 units sold in a series of 9 transactions	-	761,332	767,863	761,332	(6,531)
U.S. Treasury	U.S. TREASURY N/B, maturity date of February 15, 2030					
	20,785,000 units purchased in a series of 124 transactions	22,150,192	-	22,150,192	22,150,192	-
	20,785,000 units sold in a series of 47 transactions	-	22,344,338	22,150,192	22,344,338	194,146

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, 2020 to December 31, 2020.
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

2020**This Form is Open to Public
Inspection**For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020▶ **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 <u>01</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value		2a	736,544,339
b Actuarial value		2b	694,867,051
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	1,962	233,133,389	233,133,389
b For terminated vested participants	3,439	102,135,354	102,135,354
c For active participants	10,666	284,418,050	288,952,882
d Total	16,067	619,686,793	624,221,625
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	5.75%	
6 Target normal cost	6	24,636,415	

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	10/04/2021
Signature of actuary		Date
Jason M. Bravo		2005569
Type or print name of actuary		Most recent enrollment number
Aon Consulting, Inc.		216-430-4732
Firm name		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) 2020
v. 200204**

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	70,901,342
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	42,912,962
10 Interest on line 9 using prior year's actual return of <u>23.86%</u>	0	10,239,033
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		19,082,974
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>5.58%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		4,553,198
c Total available at beginning of current plan year to add to prefunding balance		23,636,172
d Portion of (c) to be added to prefunding balance		23,636,172
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	76,788,167

Part III | Funding Percentages

14	Funding target attainment percentage.....	14	99.01%
15	Adjusted funding target attainment percentage.....	15	110.82%
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	94.85%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	☐ 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	24,636,415	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	6,142,741	576,722	
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	25,213,137	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	25,213,137	25,213,137
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was first issued on September 30, 2020, reissued on December 3, 2020, and again reissued after the American Rescue Plan Act of 2021 (ARPA) on September 29, 2021.

	Original Certification Date	Revised Certification Date	Revised Certification Date
	9/30/2020	12/3/2020	9/29/2021
Funding Target	\$ 646,250,421	\$ 646,250,421	\$ 624,221,625
Value of Plan Assets	\$ 692,065,483	\$ 694,867,051	\$ 694,867,051
Funding Standard Carryover Balance	\$ 0	\$ 0	\$ 0
Prefunding Balance	\$ 53,151,995	\$ 76,788,167	\$ 76,788,167
Annuities Purchased for NHCEs	\$ 28,240,000	\$ 28,240,000	\$ 28,240,000
Certified AFTAP	106.79%	107.20%	110.82%

The AFTAP was revised to reflect an updated Value of Plan Assets (VPA) and Funding Target. The VPA increased from \$692,065,483 to \$694,867,051 as shown on the 2020 Schedule SB. The increase was due to an update to the contribution as allowed under the CARES Act. The Funding Target decreased from \$646,250,421 to \$624,221,625 due to the application of ARPA discount rates. The AFTAP value was impacted by these updates and increased from 106.79% to 107.20% and finally to 110.82%. The values on the 2020 Schedule SB match those of the revised certification dated September 29, 2021.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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	9.00%	0.7164	3.84
60.5	9.00%	0.6519	3.55
61.5	12.00%	0.5932	4.38
62.5	18.00%	0.5221	5.87
63.5	22.00%	0.4281	5.98
64.5	26.00%	0.3339	5.60
65.5	32.00%	0.2471	5.18
66.5	35.00%	0.1680	3.91
67.5	35.00%	0.1092	2.58
68.5	35.00%	0.0710	1.70
69.5	35.00%	0.0461	1.12
70	100.00%	0.0300	2.10
Weighted Average			61.94

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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 look-back (as of September 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	5.50%
3rd Segment Rate	6.27%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2019), without regard to interest rate stabilization.
1st Segment Rate	2.79%
2nd Segment Rate	3.92%
3rd Segment Rate	4.38%
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 Participants with Final Average Pay Benefits: Retirement eligible: 100% immediate life annuity Not retirement eligible: 100% life annuity deferred to age 62 Active Participants with Cash Balance Only: <u>Termination Prior to Retirement</u> 30% immediate lump sum 30% lump sum deferred two years 40% lump sum deferred to age 62 <u>Retirement Eligible</u> 30% immediate lump sum 30% lump sum deferred two years 30% lump sum deferred to age 62 10% annuity deferred to age 62 Terminated Vested Participants:

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

	Final average pay benefits: 100% life annuity deferred to age 62 Cash balance benefits: 100% lump sum deferred to age 62
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums other than cash balance accounts.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums other than cash balance accounts.
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26.
Withdrawal Rates	See Table 3.
Disability Rates	See Table 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	2019 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 \$230,000 and the IRC section 401(a)(17) compensation limit of \$285,000.
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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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

2018 Plan Year	6.75%, limited to 6.29%
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	6.50%, limited to 5.94%

Trust Expenses Included in Target Normal Cost

\$4,300,000. 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, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 1

Salary Merit Increase Rates

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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 2

Retirement Rates

Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	9.00%
60	9.00%
61	12.00%
62	18.00%
63	22.00%
64	26.00%
65	32.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
15	25.00%	20.00%	20.00%
16	25.00%	20.00%	20.00%
17	25.00%	20.00%	20.00%
18	25.00%	20.00%	20.00%
19	25.00%	20.00%	20.00%
20	25.00%	20.00%	20.00%
21	25.00%	20.00%	20.00%
22	25.00%	20.00%	20.00%
23	25.00%	20.00%	20.00%
24	25.00%	20.00%	20.00%
25	25.00%	20.00%	18.00%
26	25.00%	20.00%	17.40%
27	25.00%	20.00%	16.80%
28	25.00%	20.00%	16.20%
29	25.00%	20.00%	15.60%
30	25.00%	20.00%	15.00%
31	25.00%	20.00%	14.80%
32	25.00%	20.00%	14.60%
33	25.00%	20.00%	14.40%
34	25.00%	20.00%	14.20%
35	20.00%	15.00%	14.00%
36	20.00%	15.00%	13.60%
37	20.00%	15.00%	13.20%
38	20.00%	15.00%	12.80%
39	20.00%	15.00%	12.40%
40	20.00%	15.00%	12.00%
41	20.00%	15.00%	11.60%
42	20.00%	15.00%	11.20%
43	20.00%	15.00%	10.80%
44	20.00%	15.00%	10.40%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	10.00%
46	20.00%	15.00%	9.80%
47	20.00%	15.00%	9.60%
48	20.00%	15.00%	9.40%
49	20.00%	15.00%	9.20%
50	20.00%	15.00%	9.00%
51	20.00%	15.00%	8.80%
52	20.00%	15.00%	8.60%
53	20.00%	15.00%	8.40%
54	20.00%	15.00%	8.20%
55	0.00%	0.00%	0.00%
56	0.00%	0.00%	0.00%
57	0.00%	0.00%	0.00%
58	0.00%	0.00%	0.00%
59	0.00%	0.00%	0.00%
60	0.00%	0.00%	0.00%
61	0.00%	0.00%	0.00%
62+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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	<p>Age 65 and five years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Age 65.</p>
Annual Benefit	<p>Choice One Participants</p> <p>The sum of (a) and (b) below multiplied by credited service after January 1, 1971:</p> <p>(a) 0.90% x final average pay up to a breakpoint.</p> <p>(b) 1.65% x final average pay in excess of the breakpoint.</p> <p>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.</p> <p>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.</p> <p>OR</p> <p>Choice Two Participants</p> <p>Accrued pension account: A cash balance account equal</p>

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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

Minimum Benefit

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

Early Retirement
Eligibility

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

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

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

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

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

Disability Retirement
Eligibility

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

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

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

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

Annual Benefit

Choice One Participants

A benefit, payable at age 65, determined according to the

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

normal retirement benefit formula and assuming pay continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

Choice Two Participants

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

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

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

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

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

Preretirement Spouse's Survivor Annuity
Eligibility

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

Annual Benefit

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

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Supplemental Early Retirement Benefit
Eligibility

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

Benefit

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

Normal Form of Retirement Benefits

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

Optional Form of Retirement Benefits

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

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

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

Annual Cash Balance Credits

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

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

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

Accrued Pension Account Interest

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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.
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	Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.
Member	Any current or former participant who is receiving or is entitled to receive benefits under this plan.
Plan Year	January 1 to December 31.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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.
---------	---

Form of Benefits

Automatic Form for Unmarried Participants	Single life annuity.
---	----------------------

Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
---	---

Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
--------------	---

Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year.
----------------------------------	---

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2020 minimum funding interest rates that are adjusted for ARPA. Via this filing, Premier Health will irrevocably commit the Premier Health Partners Employees Retirement Plan to use of those rates for the 2020 plan year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement age assumption for active participants to better reflect anticipated future experience.
- A change in optional payment form election percentages to better reflect anticipated future experience.
- A change in the withdrawal rates to better reflect anticipated future experience.

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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

Number of Participants, Average Compensation, and Average Cash Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	52 \$30,585	324 \$41,000 \$1,220								
25-29	55 \$35,023	910 \$50,298 \$2,366	167 \$56,002 \$5,976	1						
30-34	55 \$31,296	696 \$56,795 \$2,662	469 \$59,362 \$8,512	143 \$65,683 \$13,558	5					
35-39	47 \$56,528	501 \$67,696 \$3,269	342 \$65,642 \$9,247	287 \$67,735 \$15,158	118 \$67,548 \$19,880	8				
40-44	48 \$39,206	352 \$68,737 \$3,438	243 \$81,668 \$11,444	200 \$73,480 \$16,184	183 \$76,511 \$22,628	80 \$74,187 \$25,917	6			
45-49	36 \$31,751	326 \$64,298 \$3,193	244 \$81,053 \$11,912	199 \$84,491 \$17,853	187 \$76,960 \$23,469	155 \$80,939 \$25,958	72 \$74,086 \$28,274	3		
50-54	35 \$34,671	236 \$68,141 \$3,574	213 \$70,017 \$9,855	180 \$75,339 \$15,602	171 \$76,032 \$21,040	145 \$87,067 \$25,640	111 \$86,329 \$29,185	86 \$88,414 \$31,299	3	
55-59	18	228 \$61,246 \$3,092	187 \$72,545 \$10,818	158 \$71,609 \$15,780	227 \$67,706 \$18,871	188 \$75,039 \$22,362	128 \$91,156 \$29,143	136 \$84,827 \$33,027	61 \$79,930 \$38,763	7
60-64	15	152 \$74,006 \$3,542	134 \$78,255 \$11,200	156 \$71,809 \$15,910	171 \$61,730 \$15,767	169 \$74,040 \$19,353	98 \$83,103 \$24,834	89 \$81,880 \$34,153	95 \$78,686 \$24,735	93 \$70,853 \$31,415
65-69	15	58 \$67,157 \$2,915	69 \$93,835 \$14,863	50 \$72,017 \$15,959	58 \$59,010 \$17,758	36 \$65,819 \$19,132	22 \$77,630 \$18,809	21 \$72,396 \$19,844	10	26 \$78,836 \$37,589
70+	8	30 \$41,584 \$2,371	22 \$77,262 \$12,444	12	7	10	2	2	1	3

N-10,666

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 6,142,741	January 1, 2020	15	\$ 576,722

Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief would have applied starting with the 2022 plan year. This Schedule SB reflects the ARPA shortfall relief effective with the 2020 plan year. Premier Health made that election on May 10, 2021 for the Premier Health Partners Employees Retirement Plan.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was first issued on September 30, 2020, reissued on December 3, 2020, and again reissued after the American Rescue Plan Act of 2021 (ARPA) on September 29, 2021.

	Original Certification Date	Revised Certification Date	Revised Certification Date
	9/30/2020	12/3/2020	9/29/2021
Funding Target	\$ 646,250,421	\$ 646,250,421	\$ 624,221,625
Value of Plan Assets	\$ 692,065,483	\$ 694,867,051	\$ 694,867,051
Funding Standard Carryover Balance	\$ 0	\$ 0	\$ 0
Prefunding Balance	\$ 53,151,995	\$ 76,788,167	\$ 76,788,167
Annuities Purchased for NHCEs	\$ 28,240,000	\$ 28,240,000	\$ 28,240,000
Certified AFTAP	106.79%	107.20%	110.82%

The AFTAP was revised to reflect an updated Value of Plan Assets (VPA) and Funding Target. The VPA increased from \$692,065,483 to \$694,867,051 as shown on the 2020 Schedule SB. The increase was due to an update to the contribution as allowed under the CARES Act. The Funding Target decreased from \$646,250,421 to \$624,221,625 due to the application of ARPA discount rates. The AFTAP value was impacted by these updates and increased from 106.79% to 107.20% and finally to 110.82%. The values on the 2020 Schedule SB match those of the revised certification dated September 29, 2021.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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	9.00%	0.7164	3.84
60.5	9.00%	0.6519	3.55
61.5	12.00%	0.5932	4.38
62.5	18.00%	0.5221	5.87
63.5	22.00%	0.4281	5.98
64.5	26.00%	0.3339	5.60
65.5	32.00%	0.2471	5.18
66.5	35.00%	0.1680	3.91
67.5	35.00%	0.1092	2.58
68.5	35.00%	0.0710	1.70
69.5	35.00%	0.0461	1.12
70	100.00%	0.0300	2.10
Weighted Average			61.94

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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	<p>Age 65 and five years of service.</p> <p>Members with at least one hour of service on or after January 1, 2008: Age 65.</p>
Annual Benefit	<p>Choice One Participants The sum of (a) and (b) below multiplied by credited service after January 1, 1971:</p> <p>(a) 0.90% x final average pay up to a breakpoint.</p> <p>(b) 1.65% x final average pay in excess of the breakpoint.</p> <p>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.</p> <p>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.</p> <p>OR</p> <p>Choice Two Participants Accrued pension account: A cash balance account equal</p>

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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

Minimum Benefit

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

Early Retirement
Eligibility

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

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

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

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

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

Disability Retirement
Eligibility

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

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

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

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

Annual Benefit

Choice One Participants

A benefit, payable at age 65, determined according to the

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

normal retirement benefit formula and assuming pay continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

Choice Two Participants

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

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

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

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

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

Preretirement Spouse's Survivor Annuity
Eligibility

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

Annual Benefit

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

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Supplemental Early Retirement Benefit
Eligibility

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

Benefit

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

Normal Form of Retirement Benefits

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

Optional Form of Retirement Benefits

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

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

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

Annual Cash Balance Credits

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

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

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

Accrued Pension Account Interest

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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.
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	Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.
Member	Any current or former participant who is receiving or is entitled to receive benefits under this plan.
Plan Year	January 1 to December 31.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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.
---------	---

Form of Benefits

Automatic Form for Unmarried Participants	Single life annuity.
---	----------------------

Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
---	---

Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
--------------	---

Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year.
----------------------------------	---

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 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

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2020 minimum funding interest rates that are adjusted for ARPA. Via this filing, Premier Health will irrevocably commit the Premier Health Partners Employees Retirement Plan to use of those rates for the 2020 plan year.

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	U.S. Dollar	Cash		3,574,204	\$ 3,574,204	\$ 3,574,204
*	STATE STREET SHORT TERM INV FD	Money Market Fund	12/31/2030	24,797,260	24,797,260	24,797,260
	DODGE+ COX GLOBAL STOCK FUND	Mutual Fund		2,856,397	34,060,273	37,990,083
	RBC EMERGING MARKETS EQUITY FUND	Mutual Fund		1,110,385	15,854,371	16,067,265
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		338,464	15,289,226	31,551,596
					65,203,870	85,608,944
*	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		85,470	36,785,771	81,972,429
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,909,436	26,794,920	64,099,753
					63,580,691	146,072,182
	STRIP PRINC	U.S. Government & Agency Security	5/15/2045	7,000,000	3,221,960	4,721,640
	STRIP PRINC	U.S. Government & Agency Security	11/15/2045	4,675,000	2,357,930	3,125,284
	STRIP PRINC	U.S. Government & Agency Security	2/15/2046	9,995,000	4,560,219	6,626,785
	STRIP PRINC	U.S. Government & Agency Security	11/15/2046	2,255,000	968,295	1,472,402
	STRIP PRINC	U.S. Government & Agency Security	2/15/2049	4,200,000	2,356,682	2,622,144
	STRIPS	U.S. Government & Agency Security	11/15/2031	11,250,000	7,919,271	9,912,713
	STRIPS	U.S. Government & Agency Security	2/15/2032	21,780,000	15,101,839	19,099,535
	U.S. TREASURY N/B	U.S. Government & Agency Security	10/31/2027	105,000	103,852	104,180
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2030	250,000	249,578	249,180
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2039	5,320,000	7,523,067	8,139,600
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2040	7,800,000	8,975,484	11,178,960
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2040	29,200,000	40,548,828	43,860,444
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2048	12,650,000	12,347,204	16,641,202
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2049	10,130,000	9,832,396	11,592,873
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2050	4,655,000	4,376,691	4,359,687
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2050	57,840,000	53,988,173	54,170,630
					174,431,469	197,877,259
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,678,495
	REPUBLIC OF CHILE	Foreign Government Security	1/25/2050	1,340,000	1,382,332	1,537,663
	REPUBLIC OF COLOMBIA	Foreign Government Security	3/15/2029	135,000	136,203	156,508
	REPUBLIC OF COLOMBIA	Foreign Government Security	1/30/2030	280,000	273,754	293,443
	REPUBLIC OF COLOMBIA	Foreign Government Security	2/26/2044	545,000	581,246	705,775
	REPUBLIC OF PANAMA	Foreign Government Security	7/23/2060	460,000	500,271	541,654
	REPUBLIC OF PERU	Foreign Government Security	6/20/2030	95,000	95,873	105,165
	REPUBLIC OF PHILIPPINES	Foreign Government Security	2/2/2042	285,000	346,042	329,999
	REPUBLIC OF PHILIPPINES	Foreign Government Security	5/5/2045	225,000	226,609	236,961
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	555,000	545,695	776,312
	RFC PRINCIPAL STRIP	Foreign Government Security	4/15/2030	765,000	519,284	679,710
	STATE OF ISRAEL	Foreign Government Security	7/3/2050	230,000	235,446	276,046
	UNITED MEXICAN STATES	Foreign Government Security	4/16/2030	230,000	225,991	248,347
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2032	260,000	258,219	312,910
	UNITED MEXICAN STATES	Foreign Government Security	1/31/2050	975,000	993,113	1,141,969
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2051	95,000	91,414	118,275
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	775,000	738,732	1,029,789
					8,631,009	10,169,021
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	757,931
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	833,330
	CALIFORNIA ST	Municipal Bond	4/1/2039	775,000	1,152,479	1,360,745
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	54,263
	DALLAS CNTY TX HOSP DIST	Municipal Bond	8/15/2044	700,000	972,020	1,029,637
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	265,000	386,132	476,221
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	800,525

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	350,000	471,422	526,463
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	736,995
	MASSACHUSETTS ST TRANSPRTN FUN	Municipal Bond	6/1/2040	290,000	394,461	419,592
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	400,000	580,365	693,656
	NEW JERSEY ST TURNPIKE AUTH	Municipal Bond	1/1/2040	460,000	671,591	771,420
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	765,000	792,568	1,017,710
	TEXAS ST PRIV ACTIVITY BOND SU	Municipal Bond	12/31/2049	160,000	160,000	182,427
	TEXAS ST TRANSPRTN COMMISSIONS	Municipal Bond	4/1/2030	300,000	350,598	386,862
	UNIV OF CALIFORNIA CA REVENUES	Municipal Bond	5/15/2045	270,000	370,459	392,270
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	793,986
	UNIV OF TEXAS TX UNIV REVENUES	Municipal Bond	8/15/2047	200,000	229,512	240,150
					9,816,302	11,474,183
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2036	285,000	325,679	392,023
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	253,000	286,644	375,072
	ABBVIE INC	Corporate Bond Obligation	3/15/2035	55,000	63,886	69,537
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	780,000	795,086	979,735
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	245,000	249,477	301,492
	ABBVIE INC	Corporate Bond Obligation	11/21/2039	310,000	314,609	375,171
	ABBVIE INC	Corporate Bond Obligation	6/15/2044	160,000	190,702	211,766
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	175,000	189,525	222,633
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	45,000	46,656	60,861
	ABBVIE INC	Corporate Bond Obligation	11/21/2049	475,000	491,629	595,564
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	215,000	232,997	254,164
	AEP TEXAS INC	Corporate Bond Obligation	1/15/2050	55,000	61,599	61,596
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	9/15/2049	430,000	431,063	479,231
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	4/1/2050	145,000	148,836	175,798
	AES CORP/THE	Corporate Bond Obligation	1/15/2031	275,000	274,895	278,710
	AETNA INC	Corporate Bond Obligation	11/15/2042	35,000	34,029	41,503
	AGREE LP	Corporate Bond Obligation	10/1/2030	255,000	257,808	270,884
	AIA GROUP LTD	Corporate Bond Obligation	9/16/2040	265,000	267,326	277,821
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	510,000	627,768	768,264
	AIR PRODUCTS + CHEMICALS	Corporate Bond Obligation	5/15/2040	140,000	139,255	150,884
	AIR PRODUCTS + CHEMICALS	Corporate Bond Obligation	5/15/2050	220,000	217,265	241,806
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	2/1/2050	180,000	216,761	223,648
	ALPHABET INC	Corporate Bond Obligation	8/15/2040	315,000	313,019	309,160
	ALPHABET INC	Corporate Bond Obligation	8/15/2050	230,000	228,056	219,519
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2039	155,000	179,129	204,223
	ALTRIA GROUP INC	Corporate Bond Obligation	8/9/2042	360,000	356,706	402,322
	ALTRIA GROUP INC	Corporate Bond Obligation	1/31/2044	305,000	359,958	389,820
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2049	690,000	773,587	966,662
	ALTRIA GROUP INC	Corporate Bond Obligation	5/6/2050	195,000	198,003	230,535
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	290,000	300,346	361,766
	AMAZON.COM INC	Corporate Bond Obligation	6/3/2050	510,000	504,782	529,161
	AMEREN ILLINOIS CO	Corporate Bond Obligation	12/1/2047	30,000	33,369	36,782
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	700,000	744,401	952,133
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	430,000	521,690	639,225
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	4/22/2049	185,000	191,454	237,018
	AMERICAN CAMPUS CMNTYS	Corporate Bond Obligation	1/30/2031	250,000	268,756	283,052
	AMERICAN ELECTRIC POWER	Corporate Bond Obligation	3/1/2050	95,000	94,145	100,197
	AMERICAN INTL GROUP	Corporate Bond Obligation	6/30/2030	20,000	21,143	22,917
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2035	40,000	46,019	47,995
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	815,000	885,397	1,044,325
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/10/2045	45,000	59,704	59,473
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	15,000	19,645	20,013
	AMERICAN INTL GROUP	Corporate Bond Obligation	6/30/2050	275,000	347,769	360,077
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2055	25,000	30,854	32,137
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	9/1/2047	105,000	111,201	128,604

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	6/1/2049	155,000	170,847	205,231
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	5/1/2050	110,000	110,779	130,674
	AMGEN INC	Corporate Bond Obligation	2/21/2040	620,000	622,552	682,502
	AMGEN INC	Corporate Bond Obligation	5/1/2045	155,000	164,895	198,938
	AMGEN INC	Corporate Bond Obligation	2/21/2050	410,000	414,009	458,085
	AMGEN INC	Corporate Bond Obligation	6/15/2051	490,000	530,303	668,380
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	1,135,000	1,130,650	1,441,779
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,475,000	1,504,935	1,917,839
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2038	520,000	520,697	643,864
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2048	928,000	923,636	1,174,291
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/23/2049	469,000	487,776	666,857
	ANTHEM INC	Corporate Bond Obligation	5/15/2042	130,000	134,768	169,508
	ANTHEM INC	Corporate Bond Obligation	1/15/2043	25,000	31,485	32,764
	ANTHEM INC	Corporate Bond Obligation	12/1/2047	370,000	395,532	476,900
	ANTHEM INC	Corporate Bond Obligation	3/1/2048	95,000	98,681	126,554
	APPLE INC	Corporate Bond Obligation	5/4/2043	1,075,000	1,117,233	1,358,155
	APPLE INC	Corporate Bond Obligation	2/9/2045	55,000	61,281	66,749
	APPLE INC	Corporate Bond Obligation	2/23/2046	875,000	970,086	1,243,777
	APPLE INC	Corporate Bond Obligation	8/4/2046	230,000	239,059	295,773
	APPLE INC	Corporate Bond Obligation	9/12/2047	95,000	106,596	119,085
	APPLE INC	Corporate Bond Obligation	9/11/2049	155,000	161,942	173,870
	ASTRAZENECA PLC	Corporate Bond Obligation	1/17/2029	240,000	246,116	285,974
	ASTRAZENECA PLC	Corporate Bond Obligation	8/17/2048	245,000	259,670	327,913
	AT+T INC	Corporate Bond Obligation	5/15/2035	911,000	929,228	1,105,444
	AT+T INC	Corporate Bond Obligation	2/1/2043	310,000	309,851	314,641
	AT+T INC	Corporate Bond Obligation	2/1/2052	115,000	114,933	114,020
	AT+T INC	Corporate Bond Obligation	9/15/2053	1,230,000	1,254,054	1,231,808
	AT+T INC	Corporate Bond Obligation	9/15/2055	3,218,000	3,298,851	3,207,091
	AT+T INC	Corporate Bond Obligation	12/1/2057	490,000	497,502	512,021
	AT+T INC	Corporate Bond Obligation	9/15/2059	448,000	468,263	452,364
	AT+T INC	Corporate Bond Obligation	6/1/2060	230,000	229,020	241,093
	BALTIMORE GAS + ELECTRIC	Corporate Bond Obligation	9/15/2049	520,000	520,927	580,726
	BANCO SANTANDER SA	Corporate Bond Obligation	6/27/2029	225,000	226,469	253,208
	BANCO SANTANDER SA	Corporate Bond Obligation	5/28/2030	165,000	165,000	184,930
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/23/2040	920,000	942,409	1,132,759
	BANK OF AMERICA CORP	Corporate Bond Obligation	6/19/2041	945,000	945,000	984,595
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/15/2050	465,000	484,984	610,066
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/20/2051	60,000	79,565	75,772
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	515,000	643,670	770,285
	BARRICK GOLD CORP	Corporate Bond Obligation	4/1/2042	245,000	339,311	337,933
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,415,000	1,447,193	1,589,498
	BAT CAPITAL CORP	Corporate Bond Obligation	9/25/2040	170,000	170,000	177,317
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	455,000	444,268	505,255
	BAYCARE HEALTH SYSTEM	Corporate Bond Obligation	11/15/2050	85,000	88,549	106,281
	BECTON DICKINSON AND CO	Corporate Bond Obligation	6/6/2047	270,000	286,094	354,526
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	242,000	297,165	351,120
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	220,000	231,425	292,677
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	340,000	350,631	448,980
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2049	265,000	312,528	352,026
	BHP BILLITON FIN USA LTD	Corporate Bond Obligation	9/30/2043	95,000	111,558	139,738
	BIAGEN INC	Corporate Bond Obligation	5/1/2050	235,000	229,923	243,679
	BOEING CO	Corporate Bond Obligation	2/1/2028	310,000	309,932	332,583
	BOEING CO	Corporate Bond Obligation	2/1/2031	128,000	132,001	140,081
	BOEING CO	Corporate Bond Obligation	5/1/2034	320,000	308,201	336,941
	BOEING CO	Corporate Bond Obligation	3/15/2039	320,000	433,919	436,154
	BOEING CO	Corporate Bond Obligation	5/1/2040	1,755,000	1,759,834	2,277,499
	BOEING CO	Corporate Bond Obligation	5/1/2050	810,000	839,083	1,116,301

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(c) Maturity Date	(d) Units	(d) Cost	(e) Current Value
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2039	410,000	423,837	522,840
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2049	290,000	303,166	397,868
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/24/2050	520,000	501,521	533,900
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	11/10/2050	430,000	428,659	428,525
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/4/2051	160,000	160,000	163,445
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2040	70,000	69,845	71,812
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/15/2047	60,000	71,299	80,813
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	2/20/2048	475,000	585,390	662,568
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2050	305,000	303,505	311,390
	BRIXMOR OPERATING PART	Corporate Bond Obligation	7/1/2030	80,000	85,738	91,822
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	225,000	292,931	343,192
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	150,000	191,878	222,409
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/1/2041	170,000	214,455	236,895
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2042	60,000	76,512	79,398
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	110,000	120,629	155,111
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2044	130,000	153,012	175,597
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	375,000	397,274	489,784
	BURLINGTON RESOURCES LLC	Corporate Bond Obligation	10/15/2036	150,000	183,591	211,995
	CAMPBELL SOUP CO	Corporate Bond Obligation	3/15/2048	142,000	147,423	189,926
	CAMPBELL SOUP CO	Corporate Bond Obligation	4/24/2050	140,000	134,536	147,867
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	9/15/2115	990,000	1,234,074	1,657,557
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2040	220,000	213,039	241,347
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2050	255,000	246,772	285,350
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	530,000	599,782	784,638
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	820,000	957,176	1,123,441
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	180,000	188,803	235,519
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	3/1/2050	830,000	857,409	991,352
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2051	155,000	156,226	160,961
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2061	135,000	134,841	136,100
	CIGNA CORP	Corporate Bond Obligation	8/15/2038	360,000	374,192	469,022
	CIGNA CORP	Corporate Bond Obligation	3/15/2040	125,000	124,616	137,069
	CIGNA CORP	Corporate Bond Obligation	7/15/2046	90,000	100,216	118,628
	CIGNA CORP	Corporate Bond Obligation	3/15/2050	370,000	366,092	416,342
	CITIGROUP INC	Corporate Bond Obligation	11/5/2030	325,000	326,165	357,926
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	565,000	694,037	800,938
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	365,000	368,994	434,967
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	37,000	43,486	52,204
	CITIGROUP INC	Corporate Bond Obligation	7/23/2048	105,000	134,826	144,945
	CNA FINANCIAL CORP	Corporate Bond Obligation	8/15/2030	200,000	199,740	203,910
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2040	430,000	426,301	458,014
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2050	370,000	365,082	390,428
	COCA COLA CO/THE	Corporate Bond Obligation	3/15/2051	275,000	273,311	283,390
	CODELCO INC	Corporate Bond Obligation	7/17/2042	280,000	263,837	327,233
	CODELCO INC	Corporate Bond Obligation	2/5/2049	95,000	92,299	115,707
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	430,000	497,517	587,427
	COMCAST CORP	Corporate Bond Obligation	4/1/2030	175,000	178,739	202,361
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	655,000	689,249	822,064
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	80,000	83,413	100,263
	COMCAST CORP	Corporate Bond Obligation	3/1/2038	405,000	413,058	495,651
	COMCAST CORP	Corporate Bond Obligation	10/15/2038	380,000	395,576	500,775
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	660,000	680,442	827,587
	COMCAST CORP	Corporate Bond Obligation	10/15/2048	1,395,000	1,480,169	1,949,010
	COMCAST CORP	Corporate Bond Obligation	10/15/2058	116,000	125,147	176,118
	COMCAST CORP	Corporate Bond Obligation	8/15/2062	185,000	178,042	185,205
	COMMONWEALTH BANK AUST	Corporate Bond Obligation	9/12/2039	230,000	230,180	270,710
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	10/1/2042	180,000	199,438	216,599
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	380,000	391,466	447,834

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	6/15/2046	15,000	16,041	17,831
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2050	550,000	553,959	600,165
	CON EDISON CO OF NY INC	Corporate Bond Obligation	12/1/2039	415,000	518,326	569,168
	CONCHO RESOURCES INC	Corporate Bond Obligation	10/1/2047	160,000	197,493	216,357
	CONCHO RESOURCES INC	Corporate Bond Obligation	8/15/2048	225,000	279,143	303,043
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	240,000	270,663	346,207
	CONOCOPHILLIPS	Corporate Bond Obligation	4/15/2029	210,000	270,057	294,286
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	140,000	141,972	176,698
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	168,000	165,445	203,512
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	15,000	15,969	21,105
	CONSUMERS ENERGY CO	Corporate Bond Obligation	8/1/2051	150,000	154,474	183,501
	CONSUMERS ENERGY CO	Corporate Bond Obligation	5/1/2060	185,000	180,546	185,903
	CVS HEALTH CORP	Corporate Bond Obligation	8/15/2029	630,000	642,614	709,525
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	470,000	478,971	595,481
	CVS HEALTH CORP	Corporate Bond Obligation	8/21/2040	285,000	284,651	288,320
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	400,000	457,692	538,544
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	930,000	1,101,001	1,260,410
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	204,660	245,955	251,593
	DEUTSCHE TELEKOM AG	Corporate Bond Obligation	1/21/2050	525,000	527,006	603,440
	DEUTSCHE TELEKOM INT FIN	Corporate Bond Obligation	6/15/2030	90,000	130,073	142,396
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	4/15/2032	10,000	12,962	14,017
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	110,000	111,803	134,528
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	5/15/2042	80,000	74,095	90,310
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	100,000	95,022	117,788
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2039	230,000	232,605	261,958
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2049	125,000	126,924	148,417
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2032	135,000	133,854	142,610
	DIAGEO CAPITAL PLC	Corporate Bond Obligation	4/29/2043	430,000	428,946	529,794
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/20/2047	290,000	294,205	376,664
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	5/15/2049	50,000	51,065	65,969
	DISCOVERY COMMUNICATIONS	Corporate Bond Obligation	9/15/2055	261,000	264,232	292,137
	DOMINION ENERGY INC	Corporate Bond Obligation	4/1/2030	200,000	200,813	227,820
	DOMINION ENERGY SOUTH	Corporate Bond Obligation	6/1/2065	150,000	172,501	236,386
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	190,000	228,903	285,623
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	860,000	883,514	1,039,129
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	130,000	177,749	201,631
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	8/15/2038	470,000	634,241	721,817
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	7/15/2043	170,000	181,409	231,696
	DUKE ENERGY OHIO INC	Corporate Bond Obligation	2/1/2049	155,000	192,545	200,466
	DUKE ENERGY PROGRESS LLC	Corporate Bond Obligation	5/15/2042	130,000	134,259	160,831
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	10/13/2035	245,000	262,781	305,045
	ELECTRICITE DE FRANCE SA	Corporate Bond Obligation	1/22/2044	325,000	357,176	410,345
	ELI LILLY + CO	Corporate Bond Obligation	3/15/2059	31,000	32,735	43,039
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	290,000	314,874	370,852
	EMPOWER FINANCE 2020 LP	Corporate Bond Obligation	3/17/2031	90,000	90,000	92,315
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2029	85,000	93,016	99,243
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2030	10,000	9,782	10,786
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2035	420,000	411,413	462,403
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2038	40,000	41,728	45,952
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2042	45,000	49,638	54,900
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2043	55,000	50,535	58,311
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2043	225,000	232,881	254,871
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2045	270,000	258,023	292,596
	ENERGY TRANSFER LP	Corporate Bond Obligation	12/15/2045	140,000	145,159	165,382
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2047	425,000	409,112	469,570

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(c) Maturity Date	(d) Units	(d) Cost	(e) Current Value
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2048	20,000	21,299	23,567
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2049	130,000	141,572	157,243
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2050	65,000	61,843	70,388
	ENTERGY CORP	Corporate Bond Obligation	6/15/2050	255,000	304,779	295,356
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	3/15/2051	125,000	121,506	133,454
	ENTERGY TEXAS INC	Corporate Bond Obligation	9/30/2049	245,000	272,755	282,622
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	535,000	540,049	663,694
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	15,000	15,515	19,092
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	360,000	357,986	422,093
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/1/2049	50,000	51,032	63,108
	EOG RESOURCES INC	Corporate Bond Obligation	4/15/2050	100,000	110,602	135,545
	EQUINOR ASA	Corporate Bond Obligation	12/1/2028	190,000	243,075	255,622
	EQUINOR ASA	Corporate Bond Obligation	4/6/2040	370,000	374,151	443,293
	ESSEX PORTFOLIO LP	Corporate Bond Obligation	9/1/2050	260,000	259,591	249,304
	EVERSOURCE ENERGY	Corporate Bond Obligation	1/15/2050	140,000	164,556	159,397
	EXELON CORP	Corporate Bond Obligation	4/1/2032	615,000	833,109	893,909
	EXELON GENERATION CO LLC	Corporate Bond Obligation	6/15/2042	175,000	187,601	199,342
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	3/19/2040	695,000	746,574	865,518
	FEDEX CORP	Corporate Bond Obligation	1/15/2044	35,000	37,027	47,204
	FEDEX CORP	Corporate Bond Obligation	1/15/2047	95,000	90,623	120,034
	FISERV INC	Corporate Bond Obligation	7/1/2049	465,000	482,839	622,858
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	385,000	509,672	577,527
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	10/1/2044	405,000	423,879	519,522
	FOMENTO ECONOMICO MEX	Corporate Bond Obligation	1/16/2050	445,000	434,459	495,196
	FOX CORP	Corporate Bond Obligation	1/25/2039	175,000	183,770	239,981
	FOX CORP	Corporate Bond Obligation	1/25/2049	220,000	240,523	321,583
	GE CAPITAL FUNDING LLC	Corporate Bond Obligation	5/15/2030	95,000	95,039	111,989
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	3,481,000	3,549,347	4,154,748
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	4/1/2040	240,000	254,834	312,410
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/14/2038	355,000	425,102	481,146
	GENERAL ELECTRIC CO	Corporate Bond Obligation	1/10/2039	380,000	491,874	559,390
	GENERAL ELECTRIC CO	Corporate Bond Obligation	5/1/2040	595,000	593,354	703,415
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	65,000	75,789	78,265
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	495,000	550,024	670,176
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	145,000	160,596	174,341
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	125,000	154,277	168,621
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2049	90,000	106,201	121,718
	GENERAL MOTORS FINL CO	Corporate Bond Obligation	6/2/2030	180,000	174,716	200,696
	GEORGIA POWER CO	Corporate Bond Obligation	3/15/2042	235,000	244,523	298,419
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	350,000	381,845	452,109
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	130,000	131,730	157,002
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	60,000	62,036	76,468
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	190,000	207,161	251,826
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/7/2030	155,000	164,740	166,726
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	3/15/2030	205,000	207,434	241,215
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	240,000	283,277	367,238
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/3/2038	330,000	330,505	402,712
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	190,000	190,740	242,894
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	300,000	329,173	415,011
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	310,000	348,111	432,010
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/2/2045	30,000	41,859	41,780
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	230,000	291,645	347,505
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	8/19/2049	55,000	63,089	64,541
	HESS CORP	Corporate Bond Obligation	1/15/2040	30,000	35,602	37,061
	HESS CORP	Corporate Bond Obligation	2/15/2041	150,000	172,180	183,054
	HESS CORP	Corporate Bond Obligation	4/1/2047	75,000	87,941	95,428

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(c) Maturity Date	(d) Units	(d) Cost	(e) Current Value
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2040	135,000	135,585	159,111
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	145,000	150,158	192,753
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	265,000	276,475	351,554
	HOME DEPOT INC	Corporate Bond Obligation	6/15/2047	155,000	162,856	197,950
	HOME DEPOT INC	Corporate Bond Obligation	12/6/2048	270,000	301,039	379,023
	HOME DEPOT INC	Corporate Bond Obligation	12/15/2049	150,000	154,781	173,058
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2050	110,000	110,067	130,908
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	305,000	422,359	484,502
	HUMANA INC	Corporate Bond Obligation	12/1/2042	50,000	54,841	64,087
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	330,000	347,432	426,683
	INTEL CORP	Corporate Bond Obligation	12/8/2047	603,000	623,502	720,621
	INTERCONTINENTALEXCHANGE	Corporate Bond Obligation	9/15/2040	290,000	288,028	297,668
	INTERCONTINENTALEXCHANGE	Corporate Bond Obligation	9/15/2060	600,000	593,904	626,095
	JOHNSON + JOHNSON	Corporate Bond Obligation	3/1/2046	55,000	66,265	70,141
	JPMORGAN CHASE + CO	Corporate Bond Obligation	10/15/2030	255,000	254,794	277,269
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	445,000	429,223	541,930
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2041	445,000	445,637	497,408
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	95,000	101,973	124,420
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	375,000	388,383	475,301
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	550,000	570,729	692,192
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	260,000	282,492	327,777
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2051	225,000	244,725	250,520
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	170,000	188,847	221,411
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	11/1/2049	235,000	239,310	269,190
	KENTUCKY UTILITIES CO	Corporate Bond Obligation	11/1/2040	13,000	15,115	17,955
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2038	105,000	108,849	140,591
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2048	95,000	99,575	134,045
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	155,000	188,460	212,088
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	80,000	77,994	91,569
	KINDER MORGAN INC	Corporate Bond Obligation	6/1/2045	25,000	28,720	32,128
	KINDER MORGAN INC	Corporate Bond Obligation	3/1/2048	85,000	92,879	108,108
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	1/15/2032	740,000	932,396	1,069,811
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	15,000	17,231	18,312
	KROGER CO	Corporate Bond Obligation	1/15/2048	55,000	61,558	71,579
	KROGER CO	Corporate Bond Obligation	1/15/2049	255,000	279,017	369,628
	KROGER CO	Corporate Bond Obligation	1/15/2050	137,000	138,586	166,382
	LEXINGTON REALTY TRUST	Corporate Bond Obligation	9/15/2030	165,000	164,273	171,762
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	10/15/2050	640,000	650,370	766,400
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/15/2060	265,000	262,847	316,304
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	3/1/2035	40,000	44,012	48,304
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	365,000	409,726	488,330
	LOWE S COS INC	Corporate Bond Obligation	10/15/2050	255,000	254,750	272,753
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2040	170,000	169,609	179,308
	LYB INT FINANCE III	Corporate Bond Obligation	10/15/2049	660,000	658,649	771,487
	LYB INT FINANCE III	Corporate Bond Obligation	5/1/2050	130,000	129,395	151,494
	LYB INT FINANCE III	Corporate Bond Obligation	4/1/2051	195,000	194,429	213,082
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2060	190,000	189,197	204,058
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	3/1/2041	110,000	143,771	147,686
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	4/1/2048	85,000	91,304	94,223
	MARS INC	Corporate Bond Obligation	4/1/2034	145,000	148,606	174,770
	MARS INC	Corporate Bond Obligation	4/1/2039	145,000	149,530	177,599
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	12/31/2099	500,000	685,622	876,900
	MASTERCARD INC	Corporate Bond Obligation	3/26/2050	85,000	88,392	109,711
	MCDONALD S CORP	Corporate Bond Obligation	7/15/2040	425,000	459,851	563,325
	MCDONALD S CORP	Corporate Bond Obligation	5/26/2045	490,000	511,944	635,868
	MCDONALD S CORP	Corporate Bond Obligation	12/9/2045	50,000	58,049	67,932
	MCDONALD S CORP	Corporate Bond Obligation	9/1/2048	30,000	33,464	39,272

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	MCDONALD S CORP	Corporate Bond Obligation	9/1/2049	95,000	101,783	111,484
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2035	332,000	361,089	447,071
	MEDTRONIC INC	Corporate Bond Obligation	3/15/2045	171,000	200,407	242,610
	MERCK + CO INC	Corporate Bond Obligation	6/24/2040	215,000	212,861	222,476
	MERCK + CO INC	Corporate Bond Obligation	9/15/2042	195,000	191,669	239,093
	MERCK + CO INC	Corporate Bond Obligation	2/10/2045	190,000	188,445	236,780
	MERCK + CO INC	Corporate Bond Obligation	6/24/2050	95,000	92,763	98,360
	METLIFE INC	Corporate Bond Obligation	6/15/2034	425,000	547,637	646,480
	METLIFE INC	Corporate Bond Obligation	3/1/2045	80,000	80,783	102,572
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	1,035,000	1,061,087	1,274,810
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	265,000	273,941	326,779
	MICROSOFT CORP	Corporate Bond Obligation	2/6/2037	537,000	542,227	704,780
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2046	845,000	881,738	1,071,452
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2050	353,000	356,646	372,253
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2056	120,000	132,937	164,792
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2060	555,000	551,931	601,454
	MINERA MEXICO SA DE CV	Corporate Bond Obligation	1/26/2050	520,000	483,571	601,385
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	3/7/2039	240,000	247,030	303,427
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	7/18/2039	490,000	498,207	596,845
	MONDELEZ INTERNATIONAL	Corporate Bond Obligation	10/15/2032	160,000	159,624	162,486
	MONDELEZ INTERNATIONAL	Corporate Bond Obligation	9/4/2050	280,000	273,498	284,505
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	480,000	582,298	649,997
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	340,000	347,326	419,043
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	800,000	1,067,431	1,306,536
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	6,681
	MPLX LP	Corporate Bond Obligation	8/15/2030	675,000	674,413	707,407
	MPLX LP	Corporate Bond Obligation	4/15/2038	370,000	357,357	423,213
	MPLX LP	Corporate Bond Obligation	3/1/2047	195,000	191,877	237,214
	MPLX LP	Corporate Bond Obligation	12/1/2047	110,000	107,268	132,908
	MPLX LP	Corporate Bond Obligation	2/15/2049	565,000	568,456	743,998
	NATIONWIDE FINANCIAL SER	Corporate Bond Obligation	11/30/2049	280,000	275,925	311,833
	NBCUNIVERSAL MEDIA LLC	Corporate Bond Obligation	4/1/2041	450,000	556,598	687,290
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	185,000	190,677	231,922
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	240,000	248,824	319,339
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	265,000	361,493	402,177
	NEWMONT CORP	Corporate Bond Obligation	4/1/2035	510,000	581,711	742,019
	NEWMONT CORP	Corporate Bond Obligation	10/1/2039	265,000	324,996	401,080
	NIKE INC	Corporate Bond Obligation	3/27/2040	125,000	125,971	145,399
	NIKE INC	Corporate Bond Obligation	3/27/2050	60,000	60,507	74,228
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	445,000	458,513	564,576
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2043	35,000	31,271	50,276
	NOBLE ENERGY INC	Corporate Bond Obligation	11/15/2044	190,000	173,277	267,378
	NOBLE ENERGY INC	Corporate Bond Obligation	8/15/2047	145,000	122,545	206,515
	NOBLE ENERGY INC	Corporate Bond Obligation	10/15/2049	165,000	137,514	215,020
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	170,000	169,606	219,919
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	8/15/2052	557,000	580,342	709,078
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	5/15/2055	502,000	501,666	547,386
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	365,000	351,843	424,280
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	3/1/2050	235,000	232,871	264,981
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	5/1/2040	190,000	201,135	262,618
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	690,000	774,205	920,191
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	540,000	560,688	677,549
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	5/1/2050	100,000	106,949	148,654
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	130,000	131,376	155,971
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	845,000	943,144	1,163,430
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	8/14/2050	142,000	144,629	155,614
	NUTRITION + BIOSCIENCES	Corporate Bond Obligation	11/15/2040	320,000	322,856	343,872

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	NUTRITION + BIOSCIENCES	Corporate Bond Obligation	12/1/2050	440,000	440,665	477,963
	NVIDIA CORP	Corporate Bond Obligation	4/1/2040	190,000	193,263	228,175
	NVIDIA CORP	Corporate Bond Obligation	4/1/2050	160,000	162,605	194,094
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2040	110,000	110,000	107,597
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2060	70,000	70,000	69,096
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	145,000	165,694	179,680
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	645,000	669,546	819,027
	OGLETHORPE POWER CORP	Corporate Bond Obligation	8/1/2050	235,000	231,550	252,536
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	500,000	550,807	618,350
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	85,000	120,952	131,549
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	370,000	414,928	489,965
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	288,000	353,719	411,636
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	470,000	469,617	574,072
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	5/15/2050	260,000	270,254	322,858
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	10/1/2052	497,000	808,018	756,330
	ORACLE CORP	Corporate Bond Obligation	7/15/2036	40,000	44,339	48,302
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	270,000	275,180	326,120
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	545,000	568,422	672,748
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	220,000	229,057	270,041
	ORACLE CORP	Corporate Bond Obligation	4/1/2050	130,000	145,358	151,460
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	2/1/2031	210,000	209,782	210,767
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2040	130,000	129,351	129,748
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2050	430,000	426,259	427,381
	PACIFICORP	Corporate Bond Obligation	10/15/2037	60,000	80,654	89,607
	PACIFICORP	Corporate Bond Obligation	1/15/2039	325,000	406,863	483,340
	PACIFICORP	Corporate Bond Obligation	3/15/2051	175,000	176,300	200,746
	PARKER HANNIFIN CORP	Corporate Bond Obligation	6/14/2049	640,000	646,274	800,986
	PEPSICO INC	Corporate Bond Obligation	3/19/2040	220,000	225,289	263,892
	PEPSICO INC	Corporate Bond Obligation	8/13/2042	445,000	436,063	543,723
	PEPSICO INC	Corporate Bond Obligation	3/19/2050	475,000	487,686	602,742
	PFIZER INC	Corporate Bond Obligation	12/15/2036	355,000	373,051	449,490
	PFIZER INC	Corporate Bond Obligation	5/28/2040	105,000	104,348	112,148
	PFIZER INC	Corporate Bond Obligation	3/15/2049	265,000	274,772	348,297
	PFIZER INC	Corporate Bond Obligation	5/28/2050	190,000	188,452	204,119
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	275,000	262,820	323,799
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	108,000	107,465	132,209
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	352,000	386,419	472,060
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	275,000	278,930	333,174
	PHILLIPS 66	Corporate Bond Obligation	11/15/2044	195,000	225,241	245,946
	PHILLIPS 66 PARTNERS LP	Corporate Bond Obligation	10/1/2046	225,000	256,750	252,117
	PNC BANK NA	Corporate Bond Obligation	10/22/2029	225,000	225,207	247,280
	PNC FINANCIAL SERVICES	Corporate Bond Obligation	4/23/2029	95,000	100,249	109,506
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	330,000	452,239	501,422
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	260,000	274,252	328,156
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	400,000	422,322	536,524
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	130,000	154,384	169,329
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	420,000	434,474	515,399
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	675,000	686,025	788,285
	PUBLIC SERVICE ELECTRIC	Corporate Bond Obligation	3/1/2046	45,000	53,206	55,265
	RAYTHEON TECH CORP	Corporate Bond Obligation	11/16/2038	155,000	160,121	195,447
	RAYTHEON TECH CORP	Corporate Bond Obligation	6/1/2042	1,205,000	1,293,619	1,571,332
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/15/2045	425,000	440,234	538,016
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/4/2047	90,000	85,881	112,117
	RAYTHEON TECH CORP	Corporate Bond Obligation	7/1/2050	400,000	398,668	441,076
	REGENCY CENTERS LP	Corporate Bond Obligation	2/1/2047	30,000	29,445	34,779
	REGENCY CENTERS LP	Corporate Bond Obligation	3/15/2049	430,000	448,069	518,382
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	175,000	211,974	226,422

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, 2020

(a)	(b)	(c)	Units	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Cost	Current Value
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	543,209	588,225
	RIO TINTO FIN USA PLC	Corporate Bond Obligation	8/21/2042	157,243	195,824
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	188,174	246,775
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	11/15/2049	194,964	230,523
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	361,600	430,441
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	266,600	329,628
	SAN DIEGO G + E	Corporate Bond Obligation	5/15/2048	76,749	75,450
	SAN DIEGO G + E	Corporate Bond Obligation	6/15/2049	194,246	224,482
	SAN DIEGO G + E	Corporate Bond Obligation	4/15/2050	60,564	68,211
	SAUDI ARABIAN OIL CO	Corporate Bond Obligation	8/21/2049	55,264	66,539
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	235,148	272,201
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	276,461	327,671
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	424,886	512,935
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	228,876	264,427
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	51,158	64,167
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	203,037	251,884
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	138,238	169,246
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	7/15/2030	309,900	328,563
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	69,644	73,412
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	11/30/2046	54,319	58,064
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	9/13/2049	138,715	143,382
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	7/15/2050	1,183,471	1,294,119
	SOUTHERN CAL EDISON	Corporate Bond Obligation	3/1/2029	212,657	218,837
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	37,683	41,759
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	273,556	313,261
	SOUTHERN CAL EDISON	Corporate Bond Obligation	4/1/2047	430,046	481,586
	SOUTHERN CAL EDISON	Corporate Bond Obligation	2/1/2050	37,813	40,889
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	397,678	453,551
	SPIRIT REALTY LP	Corporate Bond Obligation	1/15/2030	388,301	412,121
	SPIRIT REALTY LP	Corporate Bond Obligation	2/15/2031	612,204	653,536
	STARBUCKS CORP	Corporate Bond Obligation	11/15/2050	283,046	309,285
	STRYKER CORP	Corporate Bond Obligation	6/15/2050	119,641	127,354
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	427,534	476,986
	SUNCOR ENERGY INC	Corporate Bond Obligation	11/15/2047	15,928	16,792
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	5/15/2045	862,589	963,909
	SUNOCO LOGISTICS PARTNER	Corporate Bond Obligation	10/1/2047	457,114	536,323
	SUTTER HEALTH	Corporate Bond Obligation	8/15/2050	185,000	201,380
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2041	424,508	450,973
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2051	315,172	334,370
	T MOBILE USA INC	Corporate Bond Obligation	11/15/2060	179,541	191,059
	TAKEDA PHARMACEUTICAL	Corporate Bond Obligation	7/9/2040	160,000	168,850
	TELEFONICA EMISIONES SAU	Corporate Bond Obligation	3/8/2047	331,018	410,179
	TENNESSEE GAS PIPELINE	Corporate Bond Obligation	10/15/2028	160,923	175,981
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	259,557	294,290
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/1/2029	183,638	199,272
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	359,045	418,680
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	275,490	326,027
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	673,314	732,953
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	256,134	306,995
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/15/2042	40,075	46,872
	TOTAL CAPITAL INTL SA	Corporate Bond Obligation	6/29/2041	277,312	297,539
	TOTAL CAPITAL INTL SA	Corporate Bond Obligation	5/29/2050	563,725	606,906
	TOTAL CAPITAL INTL SA	Corporate Bond Obligation	6/29/2060	193,193	210,238
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	1,062,240	1,209,800
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	296,590	362,796
	TRANSCONT GAS PIPELINE	Corporate Bond Obligation	8/15/2041	698,957	811,808
	TRUIST BANK	Corporate Bond Obligation	3/11/2030	276,850	293,765
	TUCSON ELECTRIC POWER CO	Corporate Bond Obligation	6/15/2050	235,069	281,042

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	TYSON FOODS INC	Corporate Bond Obligation	9/28/2048	290,000	302,319	417,493
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	265,000	283,385	373,393
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	9/6/2029	260,000	259,286	278,494
	UNILEVER CAPITAL CORP	Corporate Bond Obligation	11/15/2032	466,000	616,494	686,134
	UNION ELECTRIC CO	Corporate Bond Obligation	9/15/2042	595,000	610,259	726,257
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	490,000	506,961	599,633
	UNION PACIFIC CORP	Corporate Bond Obligation	3/20/2060	150,000	151,669	185,676
	UNION PACIFIC CORP	Corporate Bond Obligation	9/16/2062	545,000	552,422	569,247
	UNITED PARCEL SERVICE	Corporate Bond Obligation	4/1/2040	145,000	153,387	205,961
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	310,000	346,609	415,400
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2040	150,000	145,626	162,725
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	11/15/2041	355,000	386,923	485,377
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	35,000	35,833	44,212
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	175,000	179,218	217,282
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	570,000	592,788	761,144
	US BANCORP	Corporate Bond Obligation	7/22/2030	465,000	462,019	466,107
	VEREIT OPERATING PARTNER	Corporate Bond Obligation	12/15/2032	130,000	128,606	135,935
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	890,000	926,205	1,123,011
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2041	925,000	1,038,753	1,222,813
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	11/1/2042	70,000	80,333	83,022
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	9/15/2048	869,000	982,701	1,133,246
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	4/15/2049	16,000	18,234	22,180
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/2/2054	238,000	258,107	333,331
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	10/30/2056	1,025,000	1,056,410	1,031,775
	VIACOMCBS INC	Corporate Bond Obligation	4/30/2036	130,000	142,408	188,036
	VIACOMCBS INC	Corporate Bond Obligation	3/15/2043	125,000	113,643	147,684
	VIACOMCBS INC	Corporate Bond Obligation	9/1/2043	1,150,000	1,233,576	1,599,673
	VIACOMCBS INC	Corporate Bond Obligation	5/19/2050	40,000	38,223	51,813
	VIATRIS INC	Corporate Bond Obligation	6/22/2040	215,000	214,553	242,664
	VIATRIS INC	Corporate Bond Obligation	6/22/2050	355,000	354,077	406,720
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	11/30/2037	140,000	173,156	211,203
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	12/15/2050	184,000	181,071	185,159
	VISA INC	Corporate Bond Obligation	4/15/2040	95,000	94,672	103,705
	VISA INC	Corporate Bond Obligation	12/14/2045	735,000	795,730	1,006,759
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	140,000	142,902	183,182
	VODAFONE GROUP PLC	Corporate Bond Obligation	9/17/2050	795,000	808,493	984,655
	VULCAN MATERIALS CO	Corporate Bond Obligation	3/1/2048	450,000	461,234	581,382
	WALMART INC	Corporate Bond Obligation	6/28/2038	370,000	382,608	471,979
	WALMART INC	Corporate Bond Obligation	6/29/2048	470,000	511,871	637,814
	WALMART INC	Corporate Bond Obligation	9/24/2049	515,000	514,014	593,790
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	5/13/2040	340,000	340,462	399,667
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	9/1/2049	515,000	489,188	544,860
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	1/13/2051	325,000	325,860	393,413
	WELLS FARGO + COMPANY	Corporate Bond Obligation	10/30/2030	505,000	507,179	550,950
	WELLS FARGO + COMPANY	Corporate Bond Obligation	2/1/2031	75,000	73,031	79,580
	WELLS FARGO + COMPANY	Corporate Bond Obligation	1/15/2044	155,000	200,423	219,682
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/14/2046	500,000	500,463	625,915
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	640,000	698,339	837,594
	WELLS FARGO + COMPANY	Corporate Bond Obligation	4/4/2051	585,000	803,631	831,414
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	320,000	354,299	455,242
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	1,150,000	1,461,598	1,752,543
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/15/2035	140,000	140,000	144,222
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2031	280,000	334,796	380,632
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	6/24/2044	85,000	91,382	110,164
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2045	150,000	147,159	177,128
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	9/15/2045	470,000	488,974	580,901
	WP CAREY INC	Corporate Bond Obligation	2/1/2031	120,000	118,919	124,626
	XCEL ENERGY INC	Corporate Bond Obligation	6/1/2030	155,000	157,411	177,656
					185,700,658	216,373,791

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, 2020

(a)	(b)		(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
	BX TRUST	Collateralized Mortgage Obligation	12/9/2041	135,000	139,043	147,830
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	11,755,826
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	15,613,556
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	19,360,944
	FIR TREE INTL VALUE FUND	Limited Partnership		482,602	165,411	5,248
	INDEPENDENT FRAN PRTS GL EQTY	Limited Partnership		34,300,000	34,154,235	57,143,560
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	23,996,513
	WELLS FARGO INTERNATIONAL EQUI	Limited Partnership		141,182	15,000,000	19,562,132
					97,722,931	147,437,779
Total \$					<u>633,597,437</u>	<u>\$ 843,532,453</u>

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 6,142,741	January 1, 2020	15	\$ 576,722

Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief would have applied starting with the 2022 plan year. This Schedule SB reflects the ARPA shortfall relief effective with the 2020 plan year. Premier Health made that election on May 10, 2021 for the Premier Health Partners Employees Retirement Plan.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement age assumption for active participants to better reflect anticipated future experience.
- A change in optional payment form election percentages to better reflect anticipated future experience.
- A change in the withdrawal rates to better reflect anticipated future experience.

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.