

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan ☒ a single-employer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☒ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension ☐ the DFVC program </div> </div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/1951</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PREMIER HEALTH</u> <u>110 N. MAIN STREET</u> <u>SUITE 100</u> <u>DAYTON, OH 45402</u>
2b	Employer Identification Number (EIN) <u>31-1446699</u>
2c	Plan Sponsor's telephone number <u>937-499-5417</u>
2d	Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/08/2023	STACEY LAWSON
	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 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor STACEY LAWSON, SYSTEM VICE PRESIDENT AND CHIEF HUMAN RESOURCE OFFICER 110 N. MAIN STREET SUITE 100 DAYTON, OH 45402		3b Administrator's EIN 31-1446699																				
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		3c Administrator's telephone number 937-499-5417																				
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN																				
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td>6a(1)</td> <td>10832</td> </tr> <tr> <td>6a(2)</td> <td>9707</td> </tr> <tr> <td>6b</td> <td>2161</td> </tr> <tr> <td>6c</td> <td>4137</td> </tr> <tr> <td>6d</td> <td>16005</td> </tr> <tr> <td>6e</td> <td>163</td> </tr> <tr> <td>6f</td> <td>16168</td> </tr> <tr> <td>6g</td> <td></td> </tr> <tr> <td>6h</td> <td>573</td> </tr> </table>			6a(1)	10832	6a(2)	9707	6b	2161	6c	4137	6d	16005	6e	163	6f	16168	6g		6h	573
6a(1)	10832																					
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6b	2161																					
6c	4137																					
6d	16005																					
6e	163																					
6f	16168																					
6g																						
6h	573																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																			
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) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PREMIER HEALTH</u>	D Employer Identification Number (EIN) <u>31-1446699</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>846085450</u>
b Actuarial value	2b <u>761476905</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>2091</u> (2) Vested Funding Target <u>248783281</u> (3) Total Funding Target <u>248783281</u>
b For terminated vested participants.....	<u>3712</u> <u>109195580</u> <u>109195580</u>
c For active participants	<u>10832</u> <u>294891449</u> <u>299376273</u>
d Total.....	<u>16635</u> <u>652870310</u> <u>657355134</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.60</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>17516002</u>
b Expected plan-related expenses	6b <u>4100000</u>
c Total (line 6a + line 6b)	6c <u>21616002</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/13/2022</u> Date
Signature of actuary		
<u>JASON M. BRAVO</u> Type or print name of actuary		<u>20-05569</u> Most recent enrollment number
<u>AON CONSULTING, INC.</u> Firm name		<u>216-430-4732</u> Telephone number (including area code)
<u>MSC# 17854</u> <u>PO BOX 7505</u> <u>FORT WASHINGTON, PA 19034</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

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	76788167
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	25213137
9 Amount remaining (line 7 minus line 8)	0	51575030
10 Interest on line 9 using prior year's actual return of <u>20.44</u> %	0	10541936
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.75</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	62116966

Part III Funding Percentages

14 Funding target attainment percentage	14	106.38 %
15 Adjusted funding target attainment percentage	15	115.83 %
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	99.01 %
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
12/15/2021	10000000	0			
05/19/2022	4000000	0			
06/22/2022	1000000	0			
07/26/2022	3000000	0			
08/24/2022	2000000	0			
Totals ▶			18(b)	20000000	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	18710890

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: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	21616002	
b Excess assets, if applicable, but not greater than line 31a	31b	21616002	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	7712491	7712491
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	18710890	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	18710890	
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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD
23-1945930

(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

47-2344782

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

ALLSPRING GLOBAL INVESTMENTS, LLC

525 MARKET STREET,
12TH FLOOR
SAN FRANCISCO, CA 94105

(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

RBC GLOBAL ASSET MANAGEMENT INC

50 SOUTH SIXTH STREET
SUITE 2350
MINNEAPOLIS, MN 55402

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

WELLS FARGO INTERNATIONAL EQUI

94-1347393

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

FIR TREE INTL VALUE FUND

500 FIFTH AVENUE, 9TH FLOOR
NEW YORK, NY 10110

(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)

AON 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	761582	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	649079	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LEGAL & GENERAL

71 SOUTH WACKER DRIVE
SUITE 800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	592748	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	418573	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	240951	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	16596	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)

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	15200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 FLAGSHIP FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>102771373</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CTF GLOBAL SELECT CAP</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>20-5853753-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57473729</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)**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.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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	3574204	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	10000000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3349221	3020239
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24797260	41448896
(2) U.S. Government securities	1c(2)	219520463	206857591
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	216373791	196722152
(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)	146072182	160245102
(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)	85608944	98382957
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	147585609	154270835

		(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	846881674 870947772
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	796224 860449
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	796224 860449
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	846085450 870087323

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	20000000
	(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)	20000000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-4816
	(B) U.S. Government securities	2b(1)(B)	3319265
	(C) Corporate debt instruments	2b(1)(C)	7386049
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	768447
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11468945
(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)	6293971
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	6293971
(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)		722169
(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)		978716
c Other income.....	2c		23942333
d Total income. Add all income amounts in column (b) and enter total.....	2d		63406134
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	35270411	
(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)		35270411
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)	2721988	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	1411862	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4133850
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		39404261
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		24001873
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 438978.

<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>2021</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
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	727
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) 2021 v. 201209	

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).....

14a

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).....

14b

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).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 44.4 % Investment-Grade Debt: 51.6 % High-Yield Debt: _____ % Real Estate: _____ % Other: 4.0 %

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, 2021 and 2020
(with Independent Auditors' Report)**

Premier Health Partners Employees Retirement Plan

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the financial statements of the Premier Health Partners Employees Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above, present fairly, in all material respects, the net assets available for benefits of Premier Health Partners Employees Retirement Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Premier Health Partners Employees Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Premier Health Partners Employees Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Premier Health Partners Employees Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Premier Health Partners Employees Retirement Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

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, 2021 and schedule of reportable transactions for the year ended December 31, 2021 are presented for the purposes 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 ERISA. 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
September 22, 2022

Premier Health Partners Employees Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value:		
Cash and cash equivalents	\$ 41,448,896	\$ 28,371,464
Mutual funds	98,382,957	85,608,944
Collateralized mortgage obligation	-	147,830
Common collective trust funds	160,245,102	146,072,182
U.S. government and agency securities	185,882,719	197,877,259
Foreign government securities	9,216,974	10,169,021
Municipal bonds	11,757,898	11,474,183
Corporate bond obligations	196,722,152	216,373,791
Limited partnerships	<u>154,270,835</u>	<u>147,437,779</u>
Total investments at fair value	857,927,533	843,532,453
Contributions receivable	10,000,000	-
Due from broker for securities	81,269	211,520
Accrued interest and dividends	<u>2,938,970</u>	<u>3,137,701</u>
Total assets	<u>870,947,772</u>	<u>846,881,674</u>
Liabilities		
Accrued liabilities	<u>860,449</u>	<u>796,224</u>
Total liabilities	<u>860,449</u>	<u>796,224</u>
Net assets available for benefits	\$ <u>870,087,323</u>	\$ <u>846,085,450</u>

Premier Health Partners Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets		
Contributions - Employer	\$ <u>20,000,000</u>	\$ <u>-</u>
Investment income:		
Interest and dividends	17,762,916	13,080,636
Net appreciation in fair value of investments	<u>25,643,218</u>	<u>130,943,563</u>
Total investment income	<u>43,406,134</u>	<u>144,024,199</u>
Total additions	<u>63,406,134</u>	<u>144,024,199</u>
Deductions from net assets		
Benefits paid to participants	35,270,411	30,872,285
PBGC premiums	1,411,862	1,318,538
Administrative expenses	<u>2,721,988</u>	<u>2,649,021</u>
Total deductions	<u>39,404,261</u>	<u>34,839,844</u>
Net change	24,001,873	109,184,355
Net assets available for benefits		
Beginning of year	<u>846,085,450</u>	<u>736,901,095</u>
End of year	\$ <u><u>870,087,323</u></u>	\$ <u><u>846,085,450</u></u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2021 and 2020

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 2021 and 2020.

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, 2021 and 2020

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, 2021 are summarized as follows:

Actuarial cost method	- Standard unit credit
Assumed rate of return	- 2.64 percent
Mortality basis	- Amounts-weighted aggregate rates from the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2020 (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.

Reclassifications - Certain amounts in the 2020 financial statements have been reclassified to conform to the 2021 presentation.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2021 and 2020

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.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 22, 2022, 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, 2021, the most recent actuarial valuations, are as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments	\$ 312,197,979
Other vested participants	<u>583,904,207</u>
Total vested benefits	896,102,186

Nonvested benefits	<u>4,300,064</u>
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Total actuarial present value of accumulated plan benefits	\$ <u>900,402,250</u>
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Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2021 and 2020

Note 3 - Benefits (Continued)

Actuarial Present Value of Accumulated Plan Benefits - January 1, 2020	\$ <u>811,033,899</u>
Increase (decrease) during the year attributable to:	
Interest accumulation	26,338,445
Benefits paid	(30,872,285)
Change of assumptions	64,097,848
Benefits accumulated	<u>29,804,343</u>
 Net change	 <u>89,368,351</u>

Actuarial Present Value of Accumulated Plan Benefits - January 1, 2021 \$ 900,402,250

Significant assumption changes in 2021 were: a change in the discount rate from 3.31 percent to 2.64 percent and a change in the mortality assumption from the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2019 to the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2020 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, 2021 and 2020.

Cash and cash equivalents: 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, 2021 and 2020

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 2021 or 2020.

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, 2021 and 2020.

<u>December 31, 2021</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 and cash equivalents	\$ 41,448,896	\$ -	\$ -	\$ -	\$ 41,448,896
Mutual funds	98,382,957	-	-	-	98,382,957
U.S. government and agency securities	-	185,882,719	-	-	185,882,719
Foreign government securities	-	9,216,974	-	-	9,216,974
Municipal bonds	-	11,757,898	-	-	11,757,898
Corporate bond obligations	-	196,722,152	-	-	196,722,152
Investments at NAV:					
Common collective trust funds	-	-	-	160,245,102	160,245,102
Limited partnerships	-	-	-	154,270,835	154,270,835
Investments at fair value	\$ <u>139,831,853</u>	\$ <u>403,579,743</u>	\$ <u>-</u>	\$ <u>314,515,937</u>	\$ <u>857,927,533</u>

<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 and cash equivalents	\$ 28,371,464	\$ -	\$ -	\$ -	\$ 28,371,464
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>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2021 and 2020

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, 2021 and 2020.

<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds \$	160,245,102	n/a	Daily
Limited partnerships	154,270,835	n/a	Daily, Monthly, Bi-Monthly, Quarterly
<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

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
*	STATE STREET SHORT TERM INV FD	Cash and Cash Equivalents	12/31/2030	41,448,896	41,448,896	41,448,896
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		3,176,891	38,499,114	45,874,309
	RBC EMERGING MARKETS EQUITY FUND	Mutual Fund		1,142,141	16,273,874	15,361,797
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		342,810	15,748,179	37,146,851
					70,521,167	98,382,957
*	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		83,281	35,843,762	102,771,373
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,520,067	21,695,047	57,473,729
					57,538,809	160,245,102
	STRIP PRINC	U.S. Government & Agency Security	5/15/2045	7,000,000	3,221,960	4,401,110
	STRIP PRINC	U.S. Government & Agency Security	11/15/2045	4,675,000	2,357,930	2,922,389
	STRIP PRINC	U.S. Government & Agency Security	2/15/2046	9,995,000	4,560,219	6,203,996
	STRIP PRINC	U.S. Government & Agency Security	11/15/2046	2,255,000	968,295	1,381,571
	STRIP PRINC	U.S. Government & Agency Security	2/15/2049	4,200,000	2,356,682	2,499,966
	STRIPS	U.S. Government & Agency Security	11/15/2031	11,250,000	7,919,271	9,560,812
	STRIPS	U.S. Government & Agency Security	2/15/2032	21,780,000	15,101,839	18,392,339
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2031	1,890,000	1,859,730	1,866,073
	U.S. TREASURY N/B	U.S. Government & Agency Security	5/15/2037	600,000	898,711	873,354
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2039	5,320,000	7,523,068	7,512,851
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2040	7,800,000	8,975,484	10,280,478
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2040	28,500,000	39,576,767	39,421,200
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2041	2,355,000	2,247,354	2,283,243
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2041	2,295,000	2,309,374	2,321,186
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2048	3,630,000	3,543,111	4,441,777
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2049	7,130,000	6,920,532	7,631,025
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2050	27,455,000	25,626,647	24,050,031
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2050	25,000	212,17	23,292
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2050	(25,000)	(23,449)	(23,292)
	U.S. TREASURY N/B	U.S. Government & Agency Security	2/15/2051	1,235,000	1,191,137	1,221,884
	U.S. TREASURY N/B	U.S. Government & Agency Security	5/15/2051	1,715,000	1,871,362	1,894,269
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2051	32,820,000	32,853,556	33,456,052
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2051	3,205,000	3,285,693	3,267,113
					175,166,290	185,882,719
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,673,361
	PERUSAHAAN PENERBIT SBSN	Foreign Government Security	6/9/2051	125,000	125,000	127,505
	REPUBLIC OF CHILE	Foreign Government Security	1/25/2050	190,000	196,002	196,620
	REPUBLIC OF INDONESIA	Foreign Government Security	1/11/2048	69,000	78,435	78,924
	REPUBLIC OF INDONESIA	Foreign Government Security	10/30/2049	62,000	65,340	65,563
	REPUBLIC OF PANAMA	Foreign Government Security	4/16/2050	491,000	551,463	540,841
	REPUBLIC OF PANAMA	Foreign Government Security	4/29/2053	56,000	59,080	60,117
	REPUBLIC OF PANAMA	Foreign Government Security	4/11/2056	117,000	128,992	128,877
	REPUBLIC OF PANAMA	Foreign Government Security	7/23/2060	471,000	509,408	471,000
	REPUBLIC OF PERU	Foreign Government Security	6/20/2030	90,000	90,827	90,833
	REPUBLIC OF PERU	Foreign Government Security	3/10/2051	155,000	149,744	161,201
	REPUBLIC OF PHILIPPINES	Foreign Government Security	2/2/2042	130,000	157,844	141,630
	REPUBLIC OF PHILIPPINES	Foreign Government Security	5/5/2045	105,000	105,751	103,422
	REPUBLIC OF PHILIPPINES	Foreign Government Security	7/6/2046	720,000	713,873	731,268
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	530,000	521,114	699,970
	RFC PRINCIPAL STRIP	Foreign Government Security	4/15/2030	765,000	519,284	661,320
	STATE OF ISRAEL	Foreign Government Security	1/15/2050	60,000	64,138	64,804
	STATE OF ISRAEL	Foreign Government Security	7/3/2050	165,000	177,292	192,502
	UNITED MEXICAN STATES	Foreign Government Security	4/16/2030	220,000	216,166	225,254
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2032	250,000	248,287	282,625
	UNITED MEXICAN STATES	Foreign Government Security	8/14/2041	220,000	219,864	227,975
	UNITED MEXICAN STATES	Foreign Government Security	1/31/2050	1,115,000	1,147,394	1,181,900
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2051	225,000	245,135	255,040
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	745,000	710,136	854,522
					8,481,354	9,216,974
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	703,190
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	765,155
	CALIFORNIA ST	Municipal Bond	4/1/2039	775,000	1,152,479	1,293,367
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	51,714
	DALLAS CNTY TX HOSP DIST	Municipal Bond	8/15/2044	700,000	972,020	982,583
	LOS ANGELES CA CM NTRY CLG DIST	Municipal Bond	8/1/2049	515,000	828,537	885,203
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	741,347
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	850,000	1,220,812	1,183,787

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	681,630
	MASSACHUSETTS ST TRANSPRTN FUN	Municipal Bond	6/1/2040	290,000	394,461	397,720
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	400,000	580,365	675,856
	NEW JERSEY ST TURNPIKE AUTH TU	Municipal Bond	1/1/2040	460,000	671,591	740,476
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	560,000	580,381	742,263
	TEXAS ST PRIV ACTIVITY BOND SU	Municipal Bond	12/31/2049	160,000	160,000	178,998
	TEXAS ST TRANSPRTN COM MISSIONS	Municipal Bond	4/1/2030	300,000	350,598	360,147
	UNIV OF CALIFORNIA CA REVENUES	Municipal Bond	5/15/2045	270,000	370,459	382,001
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	759,699
	UNIV OF TEXAS TX UNIV REVENUES	Municipal Bond	8/15/2047	200,000	229,512	232,762
					10,795,710	11,757,898
	7 ELEVEN INC	Corporate Bond Obligation	2/10/2041	195,000	192,876	179,919
	7 ELEVEN INC	Corporate Bond Obligation	2/10/2051	295,000	293,870	273,595
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2036	275,000	314,252	350,933
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	243,000	275,314	332,230
	ABBVIE INC	Corporate Bond Obligation	3/15/2035	55,000	63,886	66,131
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	745,000	759,409	891,184
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	235,000	239,295	277,023
	ABBVIE INC	Corporate Bond Obligation	11/21/2039	440,000	467,251	504,825
	ABBVIE INC	Corporate Bond Obligation	6/15/2044	155,000	184,743	194,243
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	170,000	184,110	205,586
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	45,000	46,656	58,149
	ABBVIE INC	Corporate Bond Obligation	11/21/2049	1,250,000	1,417,270	1,502,713
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	205,000	222,160	219,180
	AEP TEXAS INC	Corporate Bond Obligation	1/15/2050	55,000	61,599	55,944
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	9/15/2049	140,000	140,346	142,527
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	4/1/2050	80,000	82,117	88,312
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	1/30/2032	480,000	478,195	489,010
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	10/29/2033	245,000	243,947	249,437
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	10/29/2041	660,000	669,240	687,482
	AES CORP/THE	Corporate Bond Obligation	1/15/2031	150,000	149,943	146,147
	AGREE LP	Corporate Bond Obligation	10/1/2030	225,000	228,322	228,582
	AGREE LP	Corporate Bond Obligation	6/15/2033	180,000	178,504	176,540
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	490,000	603,150	681,379
	ALPHABET INC	Corporate Bond Obligation	8/15/2040	300,000	298,113	273,180
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2032	255,000	254,732	242,102
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2039	150,000	173,351	180,297
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2041	645,000	641,201	594,974
	ALTRIA GROUP INC	Corporate Bond Obligation	1/31/2044	290,000	342,255	334,730
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2049	660,000	739,953	823,634
	ALTRIA GROUP INC	Corporate Bond Obligation	5/6/2050	185,000	187,849	190,840
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2051	365,000	362,317	340,224
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	280,000	289,899	329,092
	AMAZON.COM INC	Corporate Bond Obligation	5/12/2041	215,000	214,189	223,267
	AMAZON.COM INC	Corporate Bond Obligation	6/3/2050	490,000	484,987	466,549
	AMAZON.COM INC	Corporate Bond Obligation	5/12/2051	385,000	382,243	411,034
	AMEREN ILLINOIS CO	Corporate Bond Obligation	12/1/2047	30,000	33,369	34,044
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	670,000	712,499	852,240
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	410,000	497,425	575,246
	AMERICAN ELECTRIC POWER	Corporate Bond Obligation	3/1/2050	90,000	89,190	88,366
	AMERICAN HOMES 4 RENT	Corporate Bond Obligation	7/15/2051	55,000	53,879	55,213
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2035	40,000	46,019	44,224
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/10/2035	25,000	30,908	29,817
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	1,030,000	1,149,169	1,268,496
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/10/2045	45,000	59,705	57,660
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	65,000	80,491	82,790
	AMERICAN INTL GROUP	Corporate Bond Obligation	6/30/2050	500,000	620,615	623,260
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2055	45,000	54,112	55,185
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	9/1/2047	100,000	105,905	111,517
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	6/1/2049	150,000	165,336	177,044
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	5/1/2050	105,000	105,744	111,693
	AM GEN INC	Corporate Bond Obligation	2/21/2040	595,000	597,449	610,178
	AM GEN INC	Corporate Bond Obligation	5/1/2045	150,000	159,575	178,990
	AM GEN INC	Corporate Bond Obligation	2/21/2050	175,000	176,711	182,023
	ANALOG DEVICES INC	Corporate Bond Obligation	10/1/2041	245,000	243,106	247,803
	ANALOG DEVICES INC	Corporate Bond Obligation	10/1/2051	340,000	337,188	349,156
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	1,255,000	1,288,849	1,514,547
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,650,000	1,731,156	2,085,501
	ANHEUSER BUSCHINBEV WOR	Corporate Bond Obligation	4/15/2038	500,000	500,670	585,530
	ANHEUSER BUSCHINBEV WOR	Corporate Bond Obligation	4/15/2048	888,000	883,824	1,085,882
	ANHEUSER BUSCHINBEV WOR	Corporate Bond Obligation	1/23/2049	449,000	466,976	621,174

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	ANHEUSER BUSCH IN BEV WOR	Corporate Bond Obligation	4/15/2058	110,000	140,982	136,001
	ANTHEM INC	Corporate Bond Obligation	1/15/2043	20,000	25,188	24,990
	ANTHEM INC	Corporate Bond Obligation	3/15/2051	412,000	422,040	457,299
	APPLE INC	Corporate Bond Obligation	2/8/2041	335,000	334,471	325,097
	APPLE INC	Corporate Bond Obligation	5/4/2043	1,150,000	1,213,122	1,354,217
	APPLE INC	Corporate Bond Obligation	2/9/2045	55,000	61,281	61,374
	APPLE INC	Corporate Bond Obligation	2/23/2046	840,000	931,282	1,101,820
	APPLE INC	Corporate Bond Obligation	8/4/2046	220,000	228,666	260,693
	APPLE INC	Corporate Bond Obligation	9/12/2047	90,000	100,985	105,222
	APPLE INC	Corporate Bond Obligation	9/11/2049	150,000	156,718	154,523
	APPLE INC	Corporate Bond Obligation	2/8/2051	670,000	665,598	658,751
	ASB BANK LIMITED	Corporate Bond Obligation	10/22/2031	420,000	416,205	417,467
	ASTRAZENECA PLC	Corporate Bond Obligation	1/17/2029	230,000	235,861	259,746
	ASTRAZENECA PLC	Corporate Bond Obligation	8/17/2048	235,000	249,071	303,277
	AT+T INC	Corporate Bond Obligation	5/15/2035	871,000	888,428	1,006,179
	AT+T INC	Corporate Bond Obligation	2/15/2039	105,000	147,881	145,805
	AT+T INC	Corporate Bond Obligation	9/15/2053	860,000	876,818	867,654
	AT+T INC	Corporate Bond Obligation	9/15/2055	4,143,000	4,181,140	4,158,039
	AT+T INC	Corporate Bond Obligation	12/1/2057	690,000	690,228	718,331
	AT+T INC	Corporate Bond Obligation	9/15/2059	428,000	447,358	432,233
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/22/2032	85,000	85,000	86,261
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/20/2032	485,000	485,000	487,328
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/23/2040	880,000	901,435	1,010,979
	BANK OF AMERICA CORP	Corporate Bond Obligation	6/19/2041	1,015,000	1,012,962	977,009
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/22/2042	115,000	115,000	120,867
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/15/2050	400,000	417,191	494,844
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/20/2051	10,000	13,261	12,028
	BANK OF AMERICA CORP	Corporate Bond Obligation	7/21/2052	695,000	695,000	697,064
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	495,000	618,673	678,393
	BARRICK GOLD CORP	Corporate Bond Obligation	4/1/2042	210,000	290,838	272,330
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,240,000	1,268,211	1,306,526
	BAT CAPITAL CORP	Corporate Bond Obligation	9/25/2040	165,000	165,000	158,489
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	603,000	596,721	630,629
	BAT CAPITAL CORP	Corporate Bond Obligation	9/25/2050	55,000	52,782	52,868
	BAYCARE HEALTH SYSTEM	Corporate Bond Obligation	11/15/2050	80,000	83,340	94,800
	BAYLOR SCOTT + WHITE HOL	Corporate Bond Obligation	11/15/2050	160,000	160,124	160,070
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	232,000	284,886	312,114
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	210,000	220,905	259,367
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	325,000	335,162	394,387
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2049	195,000	229,974	239,439
	BLACKSTONE HOLDINGS FINA	Corporate Bond Obligation	1/30/2032	240,000	237,842	231,036
	BOEING CO	Corporate Bond Obligation	2/1/2031	123,000	126,845	131,166
	BOEING CO	Corporate Bond Obligation	5/1/2034	305,000	293,754	319,521
	BOEING CO	Corporate Bond Obligation	3/15/2039	305,000	413,579	422,370
	BOEING CO	Corporate Bond Obligation	5/1/2040	1,680,000	1,684,628	2,157,809
	BOEING CO	Corporate Bond Obligation	5/1/2050	1,365,000	1,569,258	1,848,387
	BOEING CO	Corporate Bond Obligation	5/1/2060	500,000	677,235	693,840
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2039	350,000	361,812	418,639
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2049	90,000	94,086	113,991
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/17/2041	250,000	250,000	253,002
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/24/2050	75,000	72,278	73,832
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	11/10/2050	270,000	264,533	254,340
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/4/2051	600,000	564,062	575,922
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	3/17/2052	710,000	710,653	694,785
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/8/2061	280,000	289,584	287,658
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2040	65,000	64,856	61,640
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/15/2047	55,000	65,357	67,746
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	2/20/2048	455,000	560,742	581,081
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2050	153,000	152,250	144,733
	BROADCOM INC	Corporate Bond Obligation	2/15/2041	300,000	298,962	307,806
	BROADCOM INC	Corporate Bond Obligation	2/15/2051	120,000	119,482	125,460
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	215,000	279,912	304,623
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	145,000	185,482	201,269
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/1/2041	165,000	208,147	214,111
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2042	55,000	70,136	66,834
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	105,000	115,146	117,173
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2044	125,000	147,127	157,645
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	360,000	381,383	432,688
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	6/15/2052	275,000	275,757	275,052
	BURLINGTON RESOURCES LLC	Corporate Bond Obligation	10/15/2036	145,000	177,471	197,239
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2031	140,000	139,951	142,741
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2041	155,000	154,191	158,498

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2051	390,000	390,114	401,045
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	9/15/2115	520,000	648,200	773,880
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2040	315,000	316,753	329,118
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2050	310,000	310,508	329,601
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	280,000	316,866	402,100
	CENTERPOINT ENERGY INC	Corporate Bond Obligation	9/1/2049	55,000	58,752	59,405
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	785,000	916,321	1,014,024
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	6/1/2041	125,000	123,909	121,873
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	170,000	178,314	212,000
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	3/1/2050	795,000	821,254	890,106
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2051	135,000	136,068	130,517
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	6/1/2052	485,000	486,398	486,343
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2061	130,000	129,847	122,591
	CI FINANCIAL CORP	Corporate Bond Obligation	6/15/2051	415,000	417,170	449,769
	CIGNA CORP	Corporate Bond Obligation	8/15/2038	345,000	358,601	424,350
	CIGNA CORP	Corporate Bond Obligation	3/15/2040	120,000	119,631	124,312
	CIGNA CORP	Corporate Bond Obligation	7/15/2046	85,000	94,649	107,277
	CIGNA CORP	Corporate Bond Obligation	3/15/2050	200,000	197,888	207,590
	CIGNA CORP	Corporate Bond Obligation	3/15/2051	120,000	119,350	125,474
	CITIGROUP INC	Corporate Bond Obligation	11/5/2030	310,000	311,111	321,923
	CITIGROUP INC	Corporate Bond Obligation	5/1/2032	275,000	275,000	276,427
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	540,000	663,327	716,364
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	350,000	353,830	398,009
	CITIGROUP INC	Corporate Bond Obligation	11/3/2042	305,000	305,000	301,990
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	37,000	43,486	48,279
	CITIGROUP INC	Corporate Bond Obligation	7/23/2048	100,000	128,405	128,404
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2040	410,000	406,473	411,542
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2050	305,000	300,946	297,799
	COCA COLA CO/THE	Corporate Bond Obligation	3/5/2051	120,000	118,082	126,997
	COCA COLA CO/THE	Corporate Bond Obligation	3/15/2051	210,000	208,711	201,510
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	410,000	474,377	542,012
	COM CAST CORP	Corporate Bond Obligation	4/1/2030	170,000	173,632	185,533
	COM CAST CORP	Corporate Bond Obligation	1/15/2033	630,000	662,942	737,258
	COM CAST CORP	Corporate Bond Obligation	8/15/2034	75,000	78,200	88,206
	COM CAST CORP	Corporate Bond Obligation	3/1/2038	390,000	397,759	441,363
	COM CAST CORP	Corporate Bond Obligation	11/1/2047	630,000	649,512	725,350
	COM CAST CORP	Corporate Bond Obligation	11/1/2051	468,000	466,830	453,039
	COM CAST CORP	Corporate Bond Obligation	11/1/2056	2,313,000	2,299,029	2,203,202
	COM CAST CORP	Corporate Bond Obligation	11/1/2063	234,000	232,012	222,073
	COM M ONWEALTH BANK AUST	Corporate Bond Obligation	9/12/2039	165,000	165,129	176,802
	COM M ONWEALTH EDISON CO	Corporate Bond Obligation	10/1/2042	170,000	188,358	191,502
	COM M ONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	365,000	376,013	407,121
	COM M ONWEALTH EDISON CO	Corporate Bond Obligation	6/15/2046	15,000	16,041	16,609
	COM M ONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2050	360,000	362,592	365,224
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	230,000	259,386	316,464
	CONOCOPHILLIPS	Corporate Bond Obligation	10/1/2047	155,000	191,321	204,118
	CONOCOPHILLIPS	Corporate Bond Obligation	8/15/2048	215,000	266,737	281,366
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	135,000	136,901	161,259
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	163,000	160,521	184,788
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	15,000	15,969	19,659
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	10/1/2039	313,000	400,814	390,887
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	10/1/2041	349,000	428,959	414,853
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	6/15/2042	557,000	626,824	658,246
	CONSUMERS ENERGY CO	Corporate Bond Obligation	8/1/2051	145,000	149,325	162,401
	CONSUMERS ENERGY CO	Corporate Bond Obligation	5/1/2060	310,000	288,300	273,284
	CVS HEALTH CORP	Corporate Bond Obligation	8/15/2029	605,000	617,113	645,051
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	600,000	642,695	730,350
	CVS HEALTH CORP	Corporate Bond Obligation	8/21/2040	275,000	274,663	264,869
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	385,000	440,528	500,446
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	1,360,000	1,642,591	1,778,118
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	191,982	230,719	237,741
	DANAHER CORP	Corporate Bond Obligation	12/10/2051	660,000	657,924	650,833
	DEUTSCHE BANK NY	Corporate Bond Obligation	5/28/2032	260,000	260,000	261,986
	DEUTSCHE TELEKOM AG	Corporate Bond Obligation	1/21/2050	130,000	130,497	138,635
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	4/15/2032	10,000	12,962	14,011
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	145,000	154,563	181,876
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	95,000	90,271	114,828
	DHEUROPE FINANCE II	Corporate Bond Obligation	11/15/2039	220,000	222,492	234,852
	DHEUROPE FINANCE II	Corporate Bond Obligation	11/15/2049	120,000	121,847	128,588
	DOMINION ENERGY INC	Corporate Bond Obligation	4/1/2030	190,000	190,772	201,630
	DOMINION ENERGY INC	Corporate Bond Obligation	4/15/2041	475,000	480,960	493,373
	DOMINION ENERGY SOUTH	Corporate Bond Obligation	6/1/2065	145,000	166,751	207,307

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	180,000	216,856	249,466
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	825,000	847,557	912,153
	DUKE ENERGY CORP	Corporate Bond Obligation	6/15/2051	135,000	135,992	139,394
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	125,000	170,913	180,206
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	10/1/2046	215,000	237,599	226,816
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	8/15/2038	450,000	607,252	634,086
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	7/15/2043	165,000	176,074	206,565
	DUKE ENERGY OHIO INC	Corporate Bond Obligation	2/1/2049	150,000	186,334	179,992
	DUKE ENERGY PROGRESS LLC	Corporate Bond Obligation	5/15/2042	125,000	129,095	145,945
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	280,000	304,017	329,851
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2035	400,000	391,822	451,596
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2038	40,000	41,728	48,450
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2042	45,000	49,638	57,975
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2043	55,000	50,535	60,650
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2043	215,000	222,531	258,404
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2045	225,000	215,039	254,266
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2045	840,000	828,086	964,690
	ENERGY TRANSFER LP	Corporate Bond Obligation	12/15/2045	135,000	139,975	167,924
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2047	475,000	472,252	550,416
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2047	490,000	497,327	574,995
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2048	20,000	21,299	24,847
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2049	135,000	164,722	176,345
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2050	430,000	499,514	494,801
	ENTERGY CORP	Corporate Bond Obligation	6/15/2050	490,000	561,451	527,441
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	6/15/2041	545,000	541,534	559,148
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	3/15/2051	120,000	116,646	117,539
	ENTERGY TEXAS INC	Corporate Bond Obligation	9/30/2049	235,000	261,622	247,876
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	515,000	519,860	619,839
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	15,000	15,515	18,137
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	295,000	297,547	333,899
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	1/31/2050	55,000	62,402	61,654
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	1/31/2051	65,000	68,905	68,193
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2053	205,000	203,299	203,891
	EQUINOR ASA	Corporate Bond Obligation	4/6/2040	355,000	358,983	394,398
	EVEREST REINSURANCE HLDG	Corporate Bond Obligation	10/15/2052	520,000	508,945	506,173
	EXELON CORP	Corporate Bond Obligation	4/1/2032	590,000	799,243	830,891
	EXTRA SPACE STORAGE LP	Corporate Bond Obligation	6/1/2031	25,000	25,482	24,601
	EXTRA SPACE STORAGE LP	Corporate Bond Obligation	3/15/2032	155,000	154,685	150,674
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	3/19/2040	510,000	547,845	602,060
	FEDEX CORP	Corporate Bond Obligation	1/15/2047	65,000	62,006	76,549
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	370,000	489,835	515,114
	FOMENTO ECONOMICO MEX	Corporate Bond Obligation	1/16/2050	385,000	375,880	402,556
	GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,640,000	2,852,855	3,150,470
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	4/1/2040	55,000	58,399	67,159
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	6/1/2041	140,000	143,354	144,004
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	60,000	69,959	70,810
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	385,000	427,796	520,732
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	140,000	155,058	168,734
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	360,000	457,432	492,638
	GENERAL MOTORS FINL CO	Corporate Bond Obligation	6/21/2030	170,000	165,010	181,302
	GEORGIA POWER CO	Corporate Bond Obligation	3/15/2042	225,000	234,118	256,160
	GEORGIA POWER CO	Corporate Bond Obligation	1/30/2050	40,000	41,711	42,527
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	210,000	229,107	254,094
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	125,000	126,663	143,774
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	55,000	56,867	67,050
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	180,000	196,257	228,082
	GLOBAL ATLANTIC FIN CO	Corporate Bond Obligation	6/15/2031	305,000	304,566	301,913
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/7/2030	70,000	74,399	71,173
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	3/15/2030	75,000	83,480	82,561
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	1/27/2032	245,000	245,000	234,901
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/21/2032	450,000	450,000	452,817
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	230,000	271,474	326,117
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	315,000	315,482	360,275
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	180,000	180,701	215,019
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/22/2042	325,000	325,000	337,054
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/21/2042	40,000	40,838	39,768
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	205,000	224,935	261,818
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	295,000	331,267	383,639
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/21/2045	30,000	41,859	38,612
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	220,000	278,965	318,663
	HCA INC	Corporate Bond Obligation	7/15/2051	590,000	587,056	601,487
	HESS CORP	Corporate Bond Obligation	4/1/2047	335,000	432,260	427,979

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	HOM E DEPOT INC	Corporate Bond Obligation	4/15/2040	130,000	130,564	140,943
	HOM E DEPOT INC	Corporate Bond Obligation	3/15/2045	140,000	144,981	174,712
	HOM E DEPOT INC	Corporate Bond Obligation	4/1/2046	255,000	266,042	317,358
	HOM E DEPOT INC	Corporate Bond Obligation	6/15/2047	150,000	157,603	175,241
	HOM E DEPOT INC	Corporate Bond Obligation	12/6/2048	260,000	289,890	336,154
	HOM E DEPOT INC	Corporate Bond Obligation	12/15/2049	145,000	149,622	152,813
	HOM E DEPOT INC	Corporate Bond Obligation	4/15/2050	105,000	105,064	114,509
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	290,000	401,587	450,251
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	315,000	331,640	373,669
	INTEL CORP	Corporate Bond Obligation	12/8/2047	578,000	597,652	658,342
	INTERCONTINENTAL EXCHANGE	Corporate Bond Obligation	9/15/2040	255,000	253,266	245,378
	INTERCONTINENTAL EXCHANGE	Corporate Bond Obligation	9/15/2060	425,000	420,682	439,895
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	11/15/2040	455,000	461,586	462,016
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	9/26/2048	70,000	92,661	89,975
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	12/1/2050	610,000	620,210	639,048
	JBS USA/FOOD/FINANCE	Corporate Bond Obligation	5/15/2032	390,000	384,965	390,000
	JPMORGAN CHASE + CO	Corporate Bond Obligation	10/15/2030	15,000	14,988	15,412
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/4/2032	430,000	429,745	414,159
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2032	135,000	136,596	136,735
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/8/2032	710,000	710,000	713,990
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	425,000	409,933	482,375
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2041	425,000	425,608	440,151
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	90,000	96,606	110,022
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	360,000	372,847	424,958
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	180,000	186,784	211,109
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	100,000	108,651	115,849
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2051	215,000	233,849	222,132
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2052	540,000	552,988	577,811
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	6/1/2041	440,000	441,939	442,376
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	165,000	183,292	203,402
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	11/1/2049	225,000	229,127	240,723
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	6/1/2051	580,000	582,879	596,866
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2038	70,000	72,566	86,603
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2048	60,000	62,890	78,286
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	75,000	91,190	103,769
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	75,000	73,120	84,596
	KINDER MORGAN INC	Corporate Bond Obligation	6/1/2045	75,000	92,628	94,824
	KINDER MORGAN INC	Corporate Bond Obligation	3/1/2048	140,000	166,981	172,921
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	105,000	125,965	125,848
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	10/15/2050	330,000	335,347	365,267
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/15/2060	205,000	203,334	225,069
	LIFE STORAGE LP	Corporate Bond Obligation	10/15/2031	195,000	193,122	191,669
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	290,000	325,536	368,445
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2040	50,000	50,809	52,075
	LYB INT FINANCE III	Corporate Bond Obligation	10/15/2049	630,000	628,710	727,644
	LYB INT FINANCE III	Corporate Bond Obligation	5/1/2050	100,000	99,535	115,578
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2060	80,000	79,662	84,442
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	3/1/2041	80,000	104,561	109,990
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	9/15/2044	105,000	120,789	123,565
	MARTIN MARIETTA	Corporate Bond Obligation	7/15/2051	155,000	153,755	156,798
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	12/31/2099	480,000	658,197	838,627
	MERCK + CO INC	Corporate Bond Obligation	12/10/2051	270,000	269,341	267,165
	MERCK + CO INC	Corporate Bond Obligation	12/10/2061	330,000	329,069	328,284
	METLIFE INC	Corporate Bond Obligation	6/15/2034	405,000	521,865	562,873
	METLIFE INC	Corporate Bond Obligation	12/15/2044	75,000	94,628	97,390
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	990,000	1,014,953	1,130,630
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	122,000	126,116	140,428
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2050	338,000	341,491	329,614
	MICROSOFT CORP	Corporate Bond Obligation	3/17/2052	1,455,000	1,414,515	1,544,803
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2060	530,000	527,069	528,246
	MICROSOFT CORP	Corporate Bond Obligation	3/17/2062	115,000	111,430	123,021
	MINERA MEXICO SA DE CV	Corporate Bond Obligation	1/26/2050	550,000	521,635	600,880
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	3/7/2039	230,000	236,737	271,892
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	7/18/2039	231,000	234,869	261,871
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	390,000	473,117	503,330
	MORGAN STANLEY	Corporate Bond Obligation	7/21/2032	340,000	340,000	332,544
	MORGAN STANLEY	Corporate Bond Obligation	10/20/2032	110,000	109,681	109,883
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	325,000	332,002	370,393
	MORGAN STANLEY	Corporate Bond Obligation	4/22/2042	275,000	275,000	288,104
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	765,000	1,020,731	1,158,944
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	6,148
	MORGAN STANLEY	Corporate Bond Obligation	1/25/2052	750,000	750,140	735,900

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, 2021

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment	(c) Maturity Date	(d) Units	(e) Cost	(f) Current Value
MPLX LP	Corporate Bond Obligation	8/15/2030	465,000	464,595	462,875
MPLX LP	Corporate Bond Obligation	4/15/2038	310,000	299,407	347,154
NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	175,000	180,370	203,436
NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	230,000	238,456	282,631
NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	255,000	347,851	377,109
NEWMONT CORP	Corporate Bond Obligation	4/1/2035	490,000	558,899	636,593
NEWMONT CORP	Corporate Bond Obligation	10/1/2039	255,000	312,732	355,587
NISOURCE INC	Corporate Bond Obligation	5/15/2047	425,000	437,906	500,420
NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	165,000	164,617	202,364
NORFOLK SOUTHERN CORP	Corporate Bond Obligation	5/15/2055	117,000	116,922	118,515
NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	350,000	337,383	377,601
NORTHERN STATES PWR MINN	Corporate Bond Obligation	3/1/2050	225,000	222,961	227,153
NORTHERN STATES PWR MINN	Corporate Bond Obligation	4/1/2052	125,000	124,536	132,438
NORTHROP GRUMMAN CORP	Corporate Bond Obligation	5/1/2040	120,000	127,033	155,684
NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	660,000	740,544	830,188
NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	515,000	534,730	607,298
NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	125,000	126,323	147,571
NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	810,000	904,079	1,035,528
NOVARTIS CAPITAL CORP	Corporate Bond Obligation	8/14/2050	137,000	139,536	138,363
NVIDIA CORP	Corporate Bond Obligation	4/1/2040	180,000	183,091	202,286
NVIDIA CORP	Corporate Bond Obligation	4/1/2050	155,000	157,523	176,695
NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2040	105,000	105,000	98,209
NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2060	65,000	65,000	61,859
OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	140,000	159,980	178,157
OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	620,000	643,594	782,304
OGLETHORPE POWER CORP	Corporate Bond Obligation	8/1/2050	225,000	221,697	240,649
OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	480,000	528,775	612,307
ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	80,000	113,837	115,826
ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	355,000	398,107	441,102
ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	278,000	341,438	371,280
ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	450,000	449,633	511,888
ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	5/15/2050	250,000	259,859	287,378
ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	10/1/2052	477,000	775,502	693,715
ORACLE CORP	Corporate Bond Obligation	7/15/2036	40,000	44,339	42,254
ORACLE CORP	Corporate Bond Obligation	11/15/2037	260,000	264,988	271,461
ORACLE CORP	Corporate Bond Obligation	3/25/2041	210,000	208,585	212,337
ORACLE CORP	Corporate Bond Obligation	5/15/2045	520,000	542,348	548,569
ORACLE CORP	Corporate Bond Obligation	7/15/2046	210,000	218,646	217,963
ORACLE CORP	Corporate Bond Obligation	4/1/2050	125,000	139,768	122,392
ORACLE CORP	Corporate Bond Obligation	3/25/2051	300,000	299,475	311,433
PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	2/1/2031	200,000	199,792	190,512
PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2040	165,000	160,977	152,957
PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	6/1/2041	215,000	214,372	216,372
PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2050	375,000	371,738	347,385
PACIFICORP	Corporate Bond Obligation	10/15/2037	55,000	73,933	76,438
PACIFICORP	Corporate Bond Obligation	1/15/2039	310,000	388,085	424,244
PACIFICORP	Corporate Bond Obligation	3/15/2051	170,000	171,262	176,171
PARAMOUNT GLOBAL	Corporate Bond Obligation	4/30/2036	125,000	136,930	178,908
PARAMOUNT GLOBAL	Corporate Bond Obligation	3/15/2043	120,000	109,097	136,522
PARAMOUNT GLOBAL	Corporate Bond Obligation	9/1/2043	1215,000	1,337,278	1,636,617
PARAMOUNT GLOBAL	Corporate Bond Obligation	5/19/2050	330,000	417,023	420,667
PEPSICO INC	Corporate Bond Obligation	10/21/2041	145,000	144,775	146,705
PEPSICO INC	Corporate Bond Obligation	10/21/2051	475,000	471,922	486,790
PFIZER INC	Corporate Bond Obligation	12/15/2036	340,000	357,288	404,192
PFIZER INC	Corporate Bond Obligation	5/28/2040	100,000	99,379	99,769
PFIZER INC	Corporate Bond Obligation	3/15/2049	100,000	103,688	121,772
PFIZER INC	Corporate Bond Obligation	5/28/2050	180,000	178,533	181,084
PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	215,000	205,477	231,239
PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	78,000	77,614	86,240
PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	87,000	95,507	105,884
PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	218,072	251,913
PHILLIPS 66	Corporate Bond Obligation	3/15/2052	270,000	268,010	269,703
PHILLIPS 66 PARTNERS LP	Corporate Bond Obligation	10/1/2046	215,000	245,339	261,752
POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	315,000	431,683	453,767
POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	250,000	263,704	291,097
PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	385,000	406,485	486,979
PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	7/15/2033	85,000	114,588	110,241
PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2047	140,000	160,935	162,553
PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	175,000	204,509	204,134
PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	3/13/2051	120,000	131,446	136,547
PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	125,000	148,446	154,460
PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	400,000	413,785	449,772

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	645,000	655,535	693,646
	RAYTHEON TECH CORP	Corporate Bond Obligation	11/16/2038	150,000	154,956	180,780
	RAYTHEON TECH CORP	Corporate Bond Obligation	6/1/2042	1,120,000	1,208,748	1,384,566
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/15/2045	405,000	419,517	471,983
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/4/2047	85,000	81,110	98,360
	RAYTHEON TECH CORP	Corporate Bond Obligation	3/15/2052	880,000	881,911	884,233
	REGENCY CENTERS LP	Corporate Bond Obligation	2/1/2047	30,000	29,445	35,259
	REGENCY CENTERS LP	Corporate Bond Obligation	3/15/2049	410,000	427,228	507,929
	REXFORD INDUSTRIAL REALT	Corporate Bond Obligation	12/1/2030	60,000	57,148	56,992
	REXFORD INDUSTRIAL REALT	Corporate Bond Obligation	9/1/2031	220,000	213,330	207,724
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	170,000	205,918	208,179
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	440,000	519,591	534,618
	ROCHE HOLDINGS INC	Corporate Bond Obligation	12/13/2051	906,000	904,231	889,692
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	130,000	135,903	160,389
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	340,000	346,322	406,898
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	250,000	256,346	303,520
	SALESFORCE INC	Corporate Bond Obligation	7/15/2041	475,000	472,378	474,392
	SALESFORCE INC	Corporate Bond Obligation	7/15/2051	510,000	508,577	519,032
	SALESFORCE INC	Corporate Bond Obligation	7/15/2061	250,000	249,195	257,117
	SAN DIEGO G + E	Corporate Bond Obligation	5/15/2048	40,000	51,166	47,577
	SAN DIEGO G + E	Corporate Bond Obligation	6/15/2049	170,000	183,454	200,865
	SAN DIEGO G + E	Corporate Bond Obligation	4/15/2050	55,000	55,517	57,881
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	225,000	225,142	246,875
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	197,000	198,047	219,149
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	395,000	409,341	460,949
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	165,000	222,144	240,275
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	55,000	51,358	60,406
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	190,000	192,885	220,947
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	135,000	133,301	151,587
	SIM ON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	55,000	63,840	67,743
	SIM ON PROPERTY GROUP LP	Corporate Bond Obligation	11/30/2046	50,000	54,319	59,184
	SIM ON PROPERTY GROUP LP	Corporate Bond Obligation	7/15/2050	430,000	440,518	482,185
	SOUTHERN CAL EDISON	Corporate Bond Obligation	3/1/2029	175,000	201,162	195,097
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	30,000	37,682	38,868
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	250,000	263,034	282,075
	SOUTHERN CAL EDISON	Corporate Bond Obligation	4/1/2047	395,000	414,313	435,531
	SOUTHERN CAL EDISON	Corporate Bond Obligation	2/1/2050	36,000	37,813	38,093
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	375,000	382,382	446,550
	SPIRIT REALTY LP	Corporate Bond Obligation	1/15/2030	310,000	317,082	326,018
	SPIRIT REALTY LP	Corporate Bond Obligation	2/15/2031	815,000	822,091	842,286
	SPIRIT REALTY LP	Corporate Bond Obligation	2/15/2032	285,000	281,723	281,985
	SUN COMMUNITIES	Corporate Bond Obligation	7/15/2031	365,000	371,429	362,029
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	325,000	408,672	453,063
	SUNCOR ENERGY INC	Corporate Bond Obligation	3/4/2051	190,000	189,084	203,921
	SUTTER HEALTH	Corporate Bond Obligation	8/15/2050	175,000	175,000	183,374
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2041	415,000	404,990	405,169
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2051	300,000	288,173	292,995
	T MOBILE USA INC	Corporate Bond Obligation	11/15/2060	170,000	169,567	168,388
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	255,000	249,762	286,702
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/1/2029	172,000	173,548	178,765
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/15/2031	140,000	138,358	137,939
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/15/2041	300,000	298,684	303,480
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	290,000	341,387	379,398
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	210,000	262,967	297,215
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	495,000	647,166	674,408
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	220,000	244,998	274,540
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/15/2042	40,000	40,075	43,608
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	6/29/2041	265,000	267,228	268,464
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	5/29/2050	755,000	769,344	773,898
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	6/29/2060	75,000	78,321	79,539
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	840,000	901,295	986,143
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	280,000	286,362	333,631
	TRANSCONT GAS PIPE LINE	Corporate Bond Obligation	8/15/2041	615,000	671,654	786,960
	TUCSON ELECTRIC POWER CO	Corporate Bond Obligation	6/15/2050	50,000	51,102	57,565
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	255,000	272,691	332,849
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	470,000	486,269	546,789
	UNION PACIFIC CORP	Corporate Bond Obligation	3/20/2060	145,000	146,613	170,716
	UNION PACIFIC CORP	Corporate Bond Obligation	9/16/2062	520,000	527,082	514,051
	UNITEDHEALTHGROUP INC	Corporate Bond Obligation	7/15/2035	295,000	329,838	368,614
	UNITEDHEALTHGROUP INC	Corporate Bond Obligation	5/15/2040	145,000	140,772	147,201
	UNITEDHEALTHGROUP INC	Corporate Bond Obligation	5/15/2041	275,000	275,554	287,820
	UNITEDHEALTHGROUP INC	Corporate Bond Obligation	11/15/2041	340,000	370,574	427,033

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	35,000	35,833	40,794
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	170,000	174,097	195,135
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	480,000	499,190	594,581
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2050	155,000	150,173	157,891
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2051	785,000	815,006	849,237
	US BANCORP	Corporate Bond Obligation	11/3/2036	545,000	545,000	542,902
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	855,000	889,781	1,005,181
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/22/2041	310,000	309,820	324,551
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/22/2051	1,855,000	1,930,513	1,997,575
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	10/30/2056	980,000	1,010,031	927,658
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	12/15/2050	174,000	171,230	160,296
	VISA INC	Corporate Bond Obligation	4/15/2040	90,000	89,689	91,965
	VISA INC	Corporate Bond Obligation	12/14/2045	705,000	763,251	887,151
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	135,000	137,799	167,814
	VODAFONE GROUP PLC	Corporate Bond Obligation	9/17/2050	705,000	716,966	813,683
	WALMART INC	Corporate Bond Obligation	9/22/2041	400,000	400,000	403,288
	WALMART INC	Corporate Bond Obligation	9/22/2051	345,000	343,724	352,745
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	5/13/2040	325,000	325,442	355,937
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	9/1/2049	495,000	470,190	478,937
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	1/13/2051	900,000	934,964	1,017,783
	WELLS FARGO + COM PANY	Corporate Bond Obligation	10/30/2030	485,000	487,093	504,201
	WELLS FARGO + COM PANY	Corporate Bond Obligation	2/11/2031	70,000	68,162	71,460
	WELLS FARGO + COM PANY	Corporate Bond Obligation	1/15/2044	150,000	193,958	202,974
	WELLS FARGO + COM PANY	Corporate Bond Obligation	11/17/2045	60,000	74,851	75,452
	WELLS FARGO + COM PANY	Corporate Bond Obligation	6/14/2046	325,000	325,301	385,174
	WELLS FARGO + COM PANY	Corporate Bond Obligation	12/7/2046	475,000	518,299	592,824
	WELLS FARGO + COM PANY	Corporate Bond Obligation	4/4/2051	535,000	734,786	730,559
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	305,000	337,692	408,346
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	1,100,000	1,398,050	1,597,112
	WESTPAC BANKING CORP	Corporate Bond Obligation	6/3/2031	185,000	184,883	185,499
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/15/2035	35,000	35,000	34,095
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/18/2036	200,000	200,000	197,622
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/18/2041	240,000	240,000	237,864
	WILLIAM S COM PANIES INC	Corporate Bond Obligation	1/15/2031	270,000	322,839	365,175
	WILLIAM S COM PANIES INC	Corporate Bond Obligation	3/15/2031	305,000	303,875	302,929
	WILLIAM S COM PANIES INC	Corporate Bond Obligation	6/24/2044	80,000	86,006	103,834
	WILLIAM S COM PANIES INC	Corporate Bond Obligation	9/15/2045	60,000	62,422	73,738
	WP CAREY INC	Corporate Bond Obligation	4/1/2033	85,000	83,914	80,567
					<u>183,095,816</u>	<u>196,722,152</u>
	ALLSPRING INTERNATIONAL EQUITY	Limited Partnership		141,182	15,000,000	21,159,559
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	12,983,447
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	17,714,000
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	23,238,144
	INDEPENDENT FRAN PRTS GLEQTY	Limited Partnership		24,303,488	24,200,206	57,516,368
	SANDS CAPTLEM G MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	21,659,317
					<u>87,603,491</u>	<u>154,270,835</u>
					<u>Total \$ 634,651,533</u>	<u>\$ 857,927,533</u>

* A party-in-interest as defined by ERISA.

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, 2021

(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					
	146,557,938 units purchased in a series of 249 transactions	\$ 146,557,938	\$ -	\$ 146,557,938	\$ 146,557,938	\$ -
	129,906,303 units sold in a series of 221 transactions	-	129,906,303	129,906,303	129,906,303	-
U.S. Treasury	U.S. TREASURY N/B, maturity date of February 15, 2051					
	52,285,000 units purchased in a series of 129 transactions	48,144,286	-	48,144,286	48,144,286	-
	51,050,000 units sold in a series of 83 transactions	-	50,065,396	46,953,148	50,065,396	3,112,248
U.S. Treasury	U.S. TREASURY N/B, maturity date of May 15, 2051					
	43,930,000 units purchased in a series of 126 transactions	48,487,797	-	48,487,797	48,487,797	-
	42,215,000 units sold in a series of 62 transactions	-	45,901,083	46,616,435	45,901,083	(715,352)
U.S. Treasury	U.S. TREASURY N/B, maturity date of November 15, 2050					
	50,160,000 units purchased in a series of 226 transactions	44,365,819	-	44,365,819	44,365,819	-
	50,160,000 units sold in a series of 118 transactions	-	42,686,595	44,368,051	42,686,595	(1,681,456)
U.S. Treasury	U.S. TREASURY N/B, maturity date of August 15, 2051					
	41,090,000 units purchased in a series of 33 transactions	41,284,811	-	41,284,811	41,284,811	-
	5,065,000 units sold in a series of 52 transactions	-	5,264,388	5,145,562	5,264,388	118,826

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, 2021 to December 31, 2021.
Columns (e) and (f) were excluded as they were not applicable.

* A party-in-interest as defined by ERISA.



Schedule SB Attachment (Form 5500)—2021 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, 2021

Attained Age	Number of Participants, Average Compensation, and Average Cash Balance									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	79	342								
	\$31,097	\$42,591								
		\$1,130								
25-29	74	895	206							
	\$36,600	\$50,065	\$52,726							
		\$2,281	\$5,711							
30-34	67	686	490	134	5					
	\$27,440	\$58,427	\$59,405	\$65,631						
		\$2,724	\$8,451	\$15,200						
35-39	56	532	365	282	113	3				
	\$35,488	\$67,497	\$63,619	\$70,080	\$65,950					
		\$3,233	\$9,275	\$17,024	\$21,711					
40-44	48	389	281	206	170	93	4			
	\$30,405	\$70,467	\$72,416	\$77,146	\$75,270	\$73,925				
		\$3,421	\$10,708	\$18,744	\$25,458	\$31,152				
45-49	31	301	250	205	146	157	65	6		
	\$30,850	\$63,675	\$80,066	\$81,802	\$80,128	\$83,144	\$72,867			
		\$3,143	\$12,018	\$20,515	\$27,112	\$32,424	\$34,766			
50-54	24	268	234	179	145	170	113	76	1	
	\$37,230	\$64,723	\$74,696	\$79,548	\$69,203	\$82,432	\$87,783	\$87,952		
		\$2,966	\$11,181	\$18,590	\$22,350	\$31,411	\$33,365	\$40,190		
55-59	28	219	191	159	185	178	141	126	60	7
	\$34,184	\$61,857	\$70,355	\$73,107	\$71,063	\$71,222	\$81,184	\$87,575	\$70,692	
		\$3,001	\$10,932	\$18,254	\$22,879	\$27,274	\$31,826	\$40,917	\$39,932	
60-64	13	145	144	143	128	199	115	92	82	101
		\$66,488	\$73,686	\$71,476	\$58,472	\$69,404	\$83,509	\$86,242	\$77,456	\$66,415
		\$3,332	\$11,286	\$19,175	\$18,626	\$24,105	\$30,735	\$44,513	\$32,717	\$37,999
65-69	13	51	80	46	49	55	25	22	15	33
		\$87,371	\$86,284	\$82,502	\$58,912	\$64,002	\$93,346	\$72,128		\$81,443
		\$4,039	\$14,711	\$21,326	\$21,139	\$20,919	\$30,473	\$27,973		\$38,568
70+	10	23	23	12	12	7	4	3	1	1
		\$73,311	\$62,081							
		\$3,403	\$10,683							

N-10,832

Schedule SB Attachment (Form 5500)—2021 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 2020), 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	5.36%.
3rd Segment Rate	6.11%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2020), without regard to interest rate stabilization.
1st Segment Rate	2.22%.
2nd Segment Rate	3.38%.
3rd Segment Rate	3.92%.
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.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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:

Termination prior to retirement:

30% immediate lump sum

30% lump sum deferred two years

40% lump sum deferred to age 62

Retirement eligible:

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:

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.

100% during 2021 for Environmental & Nutrition Services group.

Terminated Vested Participants

Age 62.

Mortality Rates

Healthy and Disabled

2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.

Withdrawal Rates

See Table 3.

100% during 2021 for Environmental & Nutrition

Schedule SB Attachment (Form 5500)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

	Services group.
Disability Rates	See Tables 4–5.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2020 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 \$290,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>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).</p>
Expected Return on Assets	
2019 Plan Year	6.50%, limited to 6.11%.
2020 Plan Year	6.50%, limited to 6.27%.
2021 Plan Year	5.65%, limited to 6.11%.
Trust Expenses Included in Target Normal Cost	\$4,100,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest \$100,000.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2021.

Schedule SB Attachment (Form 5500)—2021 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)—2021 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)—2021 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)—2021 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)—2021 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)—2021 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%			

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- 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) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1951
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) PREMIER HEALTH 110 N. MAIN STREET SUITE 100 DAYTON OH 45402	2b Employer Identification Number (EIN) 31-1446699 2c Plan Sponsor's telephone number 937-499-5417 2d Business code (see instructions) 622000

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

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

SIGN HERE	<i>Stacey M Lawson</i>	2/8/23	STACEY LAWSON
	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 (2021)
v. 201209

3a Plan administrator's name and address ☐ Same as Plan Sponsor STACEY LAWSON, SYSTEM VICE PRESIDENT AND CHIEF HUMAN RESOURCE OFFICER 110 N. MAIN STREET SUITE 100 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 16,635
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 10,832
a(2) Total number of active participants at the end of the plan year	6a(2) 9,707
b Retired or separated participants receiving benefits.....	6b 2,161
c Other retired or separated participants entitled to future benefits	6c 4,137
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 16,005
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 163
f Total. Add lines 6d and 6e	6f 16,168
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 573
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) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

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, 2021

(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					
	146,557,938 units purchased in a series of 249 transactions	\$ 146,557,938	\$ -	\$ 146,557,938	\$ 146,557,938	\$ -
	129,906,303 units sold in a series of 221 transactions	-	129,906,303	129,906,303	129,906,303	-
U.S. Treasury	U.S. TREASURY N/B, maturity date of February 15, 2051					
	52,285,000 units purchased in a series of 129 transactions	48,144,286	-	48,144,286	48,144,286	-
	51,050,000 units sold in a series of 83 transactions	-	50,065,396	46,953,148	50,065,396	3,112,248
U.S. Treasury	U.S. TREASURY N/B, maturity date of May 15, 2051					
	43,930,000 units purchased in a series of 126 transactions	48,487,797	-	48,487,797	48,487,797	-
	42,215,000 units sold in a series of 62 transactions	-	45,901,083	46,616,435	45,901,083	(715,352)
U.S. Treasury	U.S. TREASURY N/B, maturity date of November 15, 2050					
	50,160,000 units purchased in a series of 226 transactions	44,365,819	-	44,365,819	44,365,819	-
	50,160,000 units sold in a series of 118 transactions	-	42,686,595	44,368,051	42,686,595	(1,681,456)
U.S. Treasury	U.S. TREASURY N/B, maturity date of August 15, 2051					
	41,090,000 units purchased in a series of 33 transactions	41,284,811	-	41,284,811	41,284,811	-
	5,065,000 units sold in a series of 52 transactions	-	5,264,388	5,145,562	5,264,388	118,826

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, 2021 to December 31, 2021.
Columns (e) and (f) were excluded as they were not applicable.

* A party-in-interest as defined by ERISA.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
► 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>2021</u>			
2 Assets:			
a Market value	2a	846,085,450	
b Actuarial value	2b	761,476,905	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,091	248,783,281	248,783,281
b For terminated vested participants	3,712	109,195,580	109,195,580
c For active participants	10,832	294,891,449	299,376,273
d Total	16,635	652,870,310	657,355,134
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	5.60%	
6 Target normal cost			
a Present value of current plan year accruals	6a	17,516,002	
b Expected plan-related expenses	6b	4,100,000	
c Total (line 6a + line 6b)	6c	21,616,002	

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

SIGN HERE	 Signature of actuary	<u>09/13/2022</u> Date
	Jason M. Bravo Type or print name of actuary	<u>2005569</u> Most recent enrollment number
	Aon Consulting, Inc. Firm name	<u>216-430-4732</u> Telephone number (including area code)
	MSC# 17854 PO Box 7505 Fort Washington PA 19034 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	76,788,167
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	25,213,137
9 Amount remaining (line 7 minus line 8)	0	51,575,030
10 Interest on line 9 using prior year's actual return of <u>20.44%</u>	0	10,541,936
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.75%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	62,116,966

Part III Funding Percentages

14 Funding target attainment percentage	14	106.38%
15 Adjusted funding target attainment percentage	15	115.83%
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	99.01%
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
12/15/2021	10,000,000	0			
05/19/2022	4,000,000	0			
06/22/2022	1,000,000	0			
07/26/2022	3,000,000	0			
08/24/2022	2,000,000	0			
Totals ▶			18(b)	20,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	18,710,890

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:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....☒

Yes

☐

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....☐

Yes

☒

No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....☒

Yes

☐

No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

21,616,002

b Excess assets, if applicable, but not greater than line 31a**31b**

21,616,002

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

7,712,491

7,712,491

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**

18,710,890

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

18,710,890

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)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date	Amount	Days to Discount to 1/1/2021 at 5.60%	Interest Adjusted Contribution
December 15, 2021	\$ 10,000,000	348	\$ 9,493,760
May 19, 2022	4,000,000	503	3,710,643
June 22, 2022	1,000,000	537	922,964
July 26, 2022	3,000,000	571	2,754,874
August 24, 2022	<u>2,000,000</u>	600	<u>1,828,649</u>
Total Contribution	\$ 20,000,000		\$ 18,710,890

Schedule SB Attachment (Form 5500)—2021 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)—2021 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 2020), 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	5.36%.
3rd Segment Rate	6.11%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2020), without regard to interest rate stabilization.
1st Segment Rate	2.22%.
2nd Segment Rate	3.38%.
3rd Segment Rate	3.92%.
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.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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:

Termination prior to retirement:

30% immediate lump sum

30% lump sum deferred two years

40% lump sum deferred to age 62

Retirement eligible:

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:

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.
100% during 2021 for Environmental & Nutrition Services group.

Terminated Vested Participants

Age 62.

Mortality Rates
Healthy and Disabled

2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Withdrawal Rates	See Table 3. 100% during 2021 for Environmental & Nutrition Services group.
Disability Rates	See Tables 4–5.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2020 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 \$290,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>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).</p>
Expected Return on Assets	
2019 Plan Year	6.50%, limited to 6.11%.
2020 Plan Year	6.50%, limited to 6.27%.
2021 Plan Year	5.65%, limited to 6.11%.
Trust Expenses Included in Target Normal Cost	\$4,100,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC

Schedule SB Attachment (Form 5500)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
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premiums for the current year, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2021.

Schedule SB Attachment (Form 5500)—2021 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)—2021 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)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
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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)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
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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)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
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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)—2021 Plan Year
Premier Health Partners Employees Retirement Plan
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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%			

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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.

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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.

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

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Choice Two Participants

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

Minimum Benefit

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

Early Retirement
Eligibility

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

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

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

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

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

Disability Retirement
Eligibility

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

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

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

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

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Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

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

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

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

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

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

Preretirement Spouse's Survivor Annuity
Eligibility

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

Annual Benefit

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

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

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

Supplemental Early Retirement Benefit
Eligibility

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

Benefit

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

Normal Form of Retirement Benefits

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

Optional Form of Retirement Benefits

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

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

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

Annual Cash Balance Credits

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

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

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

Accrued Pension Account Interest

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

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

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	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.

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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.

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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%

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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.

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

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

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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.

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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.

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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).

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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.

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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.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following plan change:

- Due to the sale of the Environmental & Nutrition Services group in January 2021, 100% termination and retirement rates are assumed for active participants in this group during 2021.

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.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

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	79	342								
	\$31,097	\$42,591								
		\$1,130								
25-29	74	895	206							
	\$36,600	\$50,065	\$52,726							
		\$2,281	\$5,711							
30-34	67	686	490	134	5					
	\$27,440	\$58,427	\$59,405	\$65,631						
		\$2,724	\$8,451	\$15,200						
35-39	56	532	365	282	113	3				
	\$35,488	\$67,497	\$63,619	\$70,080	\$65,950					
		\$3,233	\$9,275	\$17,024	\$21,711					
40-44	48	389	281	206	170	93	4			
	\$30,405	\$70,467	\$72,416	\$77,146	\$75,270	\$73,925				
		\$3,421	\$10,708	\$18,744	\$25,458	\$31,152				
45-49	31	301	250	205	146	157	65	6		
	\$30,850	\$63,675	\$80,066	\$81,802	\$80,128	\$83,144	\$72,867			
		\$3,143	\$12,018	\$20,515	\$27,112	\$32,424	\$34,766			
50-54	24	268	234	179	145	170	113	76	1	
	\$37,230	\$64,723	\$74,696	\$79,548	\$69,203	\$82,432	\$87,783	\$87,952		
		\$2,966	\$11,181	\$18,590	\$22,350	\$31,411	\$33,365	\$40,190		
55-59	28	219	191	159	185	178	141	126	60	7
	\$34,184	\$61,857	\$70,355	\$73,107	\$71,063	\$71,222	\$81,184	\$87,575	\$70,692	
		\$3,001	\$10,932	\$18,254	\$22,879	\$27,274	\$31,826	\$40,917	\$39,932	
60-64	13	145	144	143	128	199	115	92	82	101
		\$66,488	\$73,686	\$71,476	\$58,472	\$69,404	\$83,509	\$86,242	\$77,456	\$66,415
		\$3,332	\$11,286	\$19,175	\$18,626	\$24,105	\$30,735	\$44,513	\$32,717	\$37,999
65-69	13	51	80	46	49	55	25	22	15	33
		\$87,371	\$86,284	\$82,502	\$58,912	\$64,002	\$93,346	\$72,128		\$81,443
		\$4,039	\$14,711	\$21,326	\$21,139	\$20,919	\$30,473	\$27,973		\$38,568
70+	10	23	23	12	12	7	4	3	1	1
		\$73,311	\$62,081							
		\$3,403	\$10,683							

N-10,832

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date	Amount	Days to Discount to 1/1/2021 at 5.60%	Interest Adjusted Contribution
December 15, 2021	\$ 10,000,000	348	\$ 9,493,760
May 19, 2022	4,000,000	503	3,710,643
June 22, 2022	1,000,000	537	922,964
July 26, 2022	3,000,000	571	2,754,874
August 24, 2022	<u>2,000,000</u>	600	<u>1,828,649</u>
Total Contribution	\$ 20,000,000		\$ 18,710,890

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

The average retirement age shown in line 22 has been calculated by 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

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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.

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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.

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

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Choice Two Participants

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

Minimum Benefit

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

Early Retirement
Eligibility

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

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

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

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

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

Disability Retirement
Eligibility

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

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

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

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

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Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

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

Vested Deferred Retirement
Eligibility

Three years of vesting service.

Annual Benefit

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

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

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

Preretirement Spouse's Survivor Annuity
Eligibility

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

Annual Benefit

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

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

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

Supplemental Early Retirement Benefit
Eligibility

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

Benefit

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

Normal Form of Retirement Benefits

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

Optional Form of Retirement Benefits

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

Source of Contributions

100% employer-paid since January 1, 1976.

Definitions

Actuarial Equivalence

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

Annual Cash Balance Credits

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

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

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

Accrued Pension Account Interest

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

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

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	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.

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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.

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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%

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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.

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

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

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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.

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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.

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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).

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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.

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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.

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
*	STATE STREET SHORT TERM INV FD	Cash and Cash Equivalents	12/31/2030	41,448,896	41,448,896	41,448,896
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		3,176,891	38,499,114	45,874,309
	RBC EMERGING MARKETS EQUITY FUND	Mutual Fund		142,141	16,273,874	15,361,797
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		342,810	15,748,179	37,146,851
					70,521,167	98,382,957
*	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		83,281	35,843,762	102,771,373
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,520,067	21,695,047	57,473,729
					57,538,809	160,245,102
	STRIP PRINC	U.S. Government & Agency Security	5/15/2045	7,000,000	3,221,960	4,401,110
	STRIP PRINC	U.S. Government & Agency Security	11/15/2045	4,675,000	2,357,930	2,922,389
	STRIP PRINC	U.S. Government & Agency Security	2/15/2046	9,995,000	4,560,219	6,203,996
	STRIP PRINC	U.S. Government & Agency Security	11/15/2046	2,255,000	968,295	1,381,571
	STRIP PRINC	U.S. Government & Agency Security	2/15/2049	4,200,000	2,356,682	2,499,966
	STRIPS	U.S. Government & Agency Security	11/15/2031	11,250,000	7,919,271	9,560,812
	STRIPS	U.S. Government & Agency Security	2/15/2032	21,780,000	15,101,839	18,392,339
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2031	1,890,000	1,859,730	1,866,073
	U.S. TREASURY N/B	U.S. Government & Agency Security	5/15/2037	600,000	898,711	873,354
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2039	5,320,000	7,523,068	7,512,851
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2040	7,800,000	8,975,484	10,280,478
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2040	28,500,000	39,576,767	39,421,200
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2041	2,355,000	2,247,354	2,283,243
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2041	2,295,000	2,309,374	2,321,186
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2048	3,630,000	3,543,111	4,441,777
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2049	7,130,000	6,920,532	7,631,025
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2050	27,455,000	25,626,647	24,050,031
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2050	25,000	21,217	23,292
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2050	(25,000)	(23,449)	(23,292)
	U.S. TREASURY N/B	U.S. Government & Agency Security	2/15/2051	1,235,000	1,191,137	1,221,884
	U.S. TREASURY N/B	U.S. Government & Agency Security	5/15/2051	1,715,000	1,871,362	1,894,269
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2051	32,820,000	32,853,556	33,456,052
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2051	3,205,000	3,285,693	3,267,113
					175,166,290	185,882,719
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,673,361
	PERUSAHAAN PENERBIT SBSN	Foreign Government Security	6/9/2051	125,000	125,000	127,505
	REPUBLIC OF CHILE	Foreign Government Security	1/25/2050	190,000	196,002	196,620
	REPUBLIC OF INDONESIA	Foreign Government Security	1/11/2048	69,000	78,435	78,924
	REPUBLIC OF INDONESIA	Foreign Government Security	10/30/2049	62,000	65,340	65,563
	REPUBLIC OF PANAMA	Foreign Government Security	4/16/2050	491,000	551,463	540,841
	REPUBLIC OF PANAMA	Foreign Government Security	4/29/2053	56,000	59,080	60,117
	REPUBLIC OF PANAMA	Foreign Government Security	4/11/2056	117,000	128,992	128,877
	REPUBLIC OF PANAMA	Foreign Government Security	7/23/2060	471,000	509,408	471,000
	REPUBLIC OF PERU	Foreign Government Security	6/20/2030	90,000	90,827	90,833
	REPUBLIC OF PERU	Foreign Government Security	3/10/2051	155,000	149,744	161,201
	REPUBLIC OF PHILIPPINES	Foreign Government Security	2/2/2042	130,000	157,844	141,630
	REPUBLIC OF PHILIPPINES	Foreign Government Security	5/5/2045	105,000	105,751	103,422
	REPUBLIC OF PHILIPPINES	Foreign Government Security	7/6/2046	720,000	713,873	731,268
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	530,000	521,114	699,870
	RFC PRINCIPAL STRIP	Foreign Government Security	4/15/2030	765,000	519,284	661,320
	STATE OF ISRAEL	Foreign Government Security	1/15/2050	60,000	64,138	64,804
	STATE OF ISRAEL	Foreign Government Security	7/3/2050	165,000	177,292	192,502
	UNITED MEXICAN STATES	Foreign Government Security	4/16/2030	220,000	216,166	225,254
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2032	250,000	248,287	282,625
	UNITED MEXICAN STATES	Foreign Government Security	8/14/2041	220,000	219,864	227,975
	UNITED MEXICAN STATES	Foreign Government Security	1/31/2050	115,000	1147,394	1,181,900
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2051	225,000	245,135	255,040
	UNITED MEXICAN STATES	Foreign Government Security	10/12/2099	745,000	710,136	854,522
					8,481,354	9,216,974
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	703,190
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	765,155
	CALIFORNIA ST	Municipal Bond	4/1/2039	775,000	1,152,479	1,293,367
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	51,714
	DALLAS CNTY TX HOSP DIST	Municipal Bond	8/15/2044	700,000	972,020	982,583
	LOS ANGELES CA CM NTY CLG DIST	Municipal Bond	8/1/2049	515,000	828,537	885,203
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	741,347
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	850,000	1,220,812	1,183,787

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	681,630
	MASSACHUSETTS ST TRANSPRTN FUN	Municipal Bond	6/1/2040	290,000	394,461	397,720
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	400,000	580,365	675,856
	NEW JERSEY ST TURNPIKE AUTH TU	Municipal Bond	1/1/2040	460,000	671,591	740,476
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	560,000	580,181	742,263
	TEXAS ST PRIV ACTIVITY BOND SU	Municipal Bond	12/31/2049	160,000	160,000	178,998
	TEXAS ST TRANSPRTN COM MISSIONS	Municipal Bond	4/1/2030	300,000	350,598	360,147
	UNIV OF CALIFORNIA CA REVENUES	Municipal Bond	5/15/2045	270,000	370,459	382,001
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	759,699
	UNIV OF TEXAS TX UNIV REVENUES	Municipal Bond	8/15/2047	200,000	229,512	232,762
					10,795,710	11,757,898
	7 ELEVEN INC	Corporate Bond Obligation	2/10/2041	195,000	192,876	179,919
	7 ELEVEN INC	Corporate Bond Obligation	2/10/2051	295,000	293,870	273,595
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2036	275,000	314,252	350,933
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	243,000	275,314	332,230
	ABBVIE INC	Corporate Bond Obligation	3/15/2035	55,000	63,886	66,131
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	745,000	759,409	891,184
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	235,000	239,295	277,023
	ABBVIE INC	Corporate Bond Obligation	11/21/2039	440,000	467,251	504,825
	ABBVIE INC	Corporate Bond Obligation	6/15/2044	155,000	184,743	194,243
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	170,000	184,110	205,586
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	45,000	46,656	58,149
	ABBVIE INC	Corporate Bond Obligation	11/21/2049	1,250,000	1,417,270	1,502,713
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	205,000	222,160	219,180
	AEP TEXAS INC	Corporate Bond Obligation	1/15/2050	55,000	61,599	55,944
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	9/15/2049	140,000	140,346	142,527
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	4/1/2050	80,000	82,117	88,312
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	1/30/2032	480,000	478,195	489,010
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	10/29/2033	245,000	243,947	249,437
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	10/29/2041	660,000	669,240	687,482
	AES CORP/THE	Corporate Bond Obligation	1/15/2031	150,000	149,943	146,147
	AGREE LP	Corporate Bond Obligation	10/1/2030	225,000	228,322	228,582
	AGREE LP	Corporate Bond Obligation	6/15/2033	180,000	178,504	176,540
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	490,000	603,150	681,379
	ALPHABET INC	Corporate Bond Obligation	8/15/2040	300,000	298,113	273,180
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2032	255,000	254,732	242,102
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2039	150,000	173,351	180,297
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2041	645,000	641,201	594,974
	ALTRIA GROUP INC	Corporate Bond Obligation	1/31/2044	290,000	342,255	334,730
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2049	660,000	739,953	823,634
	ALTRIA GROUP INC	Corporate Bond Obligation	5/6/2050	185,000	187,849	190,840
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2051	365,000	362,317	340,224
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	280,000	289,899	329,092
	AMAZON.COM INC	Corporate Bond Obligation	5/12/2041	215,000	214,189	223,267
	AMAZON.COM INC	Corporate Bond Obligation	6/3/2050	490,000	484,987	466,549
	AMAZON.COM INC	Corporate Bond Obligation	5/12/2051	385,000	382,243	411,034
	AMEREN ILLINOIS CO	Corporate Bond Obligation	12/1/2047	30,000	33,369	34,044
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	670,000	712,499	852,240
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	410,000	497,425	575,246
	AMERICAN ELECTRIC POWER	Corporate Bond Obligation	3/1/2050	90,000	89,190	88,366
	AMERICAN HOMES 4 RENT	Corporate Bond Obligation	7/15/2051	55,000	53,879	55,213
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2035	40,000	46,019	44,224
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/10/2035	25,000	30,908	29,817
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/16/2044	1,030,000	1,149,169	1,268,496
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/10/2045	45,000	59,705	57,660
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	65,000	80,491	82,790
	AMERICAN INTL GROUP	Corporate Bond Obligation	6/30/2050	500,000	620,615	623,260
	AMERICAN INTL GROUP	Corporate Bond Obligation	1/15/2055	45,000	54,112	55,185
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	9/1/2047	100,000	105,905	111,517
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	6/1/2049	150,000	165,336	177,044
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	5/1/2050	105,000	105,744	111,693
	AM GEN INC	Corporate Bond Obligation	2/21/2040	595,000	597,449	610,178
	AM GEN INC	Corporate Bond Obligation	5/1/2045	150,000	159,575	178,990
	AM GEN INC	Corporate Bond Obligation	2/21/2050	175,000	176,711	182,023
	ANALOG DEVICES INC	Corporate Bond Obligation	10/1/2041	245,000	243,106	247,803
	ANALOG DEVICES INC	Corporate Bond Obligation	10/1/2051	340,000	337,188	349,156
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	1,255,000	1,288,849	1,514,547
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,650,000	1,731,156	2,085,501
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2038	500,000	500,670	585,530
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2048	888,000	883,824	1,085,882
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/23/2049	449,000	466,976	621,174

Premier Health Partners Employees Retirement Plan

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	ANHEUSER BUSCH IN BEV WOR	Corporate Bond Obligation	4/15/2058	110,000	140,982	136,001
	ANTHEM INC	Corporate Bond Obligation	1/15/2043	20,000	25,188	24,990
	ANTHEM INC	Corporate Bond Obligation	3/15/2051	412,000	422,040	457,299
	APPLE INC	Corporate Bond Obligation	2/8/2041	335,000	334,471	325,097
	APPLE INC	Corporate Bond Obligation	5/4/2043	1,150,000	1,213,122	1,354,217
	APPLE INC	Corporate Bond Obligation	2/9/2045	55,000	61,281	61,374
	APPLE INC	Corporate Bond Obligation	2/23/2046	840,000	931,282	1,101,820
	APPLE INC	Corporate Bond Obligation	8/4/2046	220,000	228,666	260,693
	APPLE INC	Corporate Bond Obligation	9/12/2047	90,000	100,985	105,222
	APPLE INC	Corporate Bond Obligation	9/11/2049	150,000	156,718	154,523
	APPLE INC	Corporate Bond Obligation	2/8/2051	670,000	665,598	658,751
	ASB BANK LIMITED	Corporate Bond Obligation	10/22/2031	420,000	416,205	417,467
	ASTRAZENECA PLC	Corporate Bond Obligation	1/17/2029	230,000	235,861	259,746
	ASTRAZENECA PLC	Corporate Bond Obligation	8/17/2048	235,000	249,071	303,277
	AT+T INC	Corporate Bond Obligation	5/15/2035	871,000	888,428	1,006,179
	AT+T INC	Corporate Bond Obligation	2/15/2039	105,000	147,881	145,805
	AT+T INC	Corporate Bond Obligation	9/15/2053	860,000	876,818	867,654
	AT+T INC	Corporate Bond Obligation	9/15/2055	4,143,000	4,181,140	4,158,039
	AT+T INC	Corporate Bond Obligation	12/1/2057	690,000	690,228	718,331
	AT+T INC	Corporate Bond Obligation	9/15/2059	428,000	447,358	432,233
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/22/2032	85,000	85,000	86,261
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/20/2032	485,000	485,000	487,328
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/23/2040	880,000	901,435	1,010,979
	BANK OF AMERICA CORP	Corporate Bond Obligation	6/19/2041	1,015,000	1,012,962	977,009
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/22/2042	115,000	115,000	120,867
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/15/2050	400,000	417,191	494,844
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/20/2051	10,000	13,261	12,028
	BANK OF AMERICA CORP	Corporate Bond Obligation	7/21/2052	695,000	695,000	697,064
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	495,000	618,673	678,393
	BARRICK GOLD CORP	Corporate Bond Obligation	4/1/2042	210,000	290,838	272,330
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,240,000	1,268,211	1,306,526
	BAT CAPITAL CORP	Corporate Bond Obligation	9/25/2040	165,000	165,000	158,489
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	603,000	596,721	630,629
	BAT CAPITAL CORP	Corporate Bond Obligation	9/25/2050	55,000	52,782	52,868
	BAYCARE HEALTH SYSTEM	Corporate Bond Obligation	11/15/2050	80,000	83,340	94,800
	BAYLOR SCOTT + WHITE HOL	Corporate Bond Obligation	11/15/2050	160,000	160,124	160,070
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	232,000	284,886	312,114
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	210,000	220,905	259,367
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	325,000	335,162	394,387
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2049	195,000	229,974	239,439
	BLACKSTONE HOLDINGS FINA	Corporate Bond Obligation	1/30/2032	240,000	237,842	231,036
	BOEING CO	Corporate Bond Obligation	2/1/2031	123,000	126,845	131,166
	BOEING CO	Corporate Bond Obligation	5/1/2034	305,000	293,754	319,521
	BOEING CO	Corporate Bond Obligation	3/15/2039	305,000	413,579	422,370
	BOEING CO	Corporate Bond Obligation	5/1/2040	1,680,000	1,684,628	2,157,809
	BOEING CO	Corporate Bond Obligation	5/1/2050	1,365,000	1,569,258	1,848,387
	BOEING CO	Corporate Bond Obligation	5/1/2060	500,000	677,235	693,840
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2039	350,000	361,812	418,639
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2049	90,000	94,086	113,991
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/17/2041	250,000	250,000	253,002
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/24/2050	75,000	72,278	73,832
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	11/10/2050	270,000	264,533	254,340
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/4/2051	600,000	564,062	575,922
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	3/17/2052	710,000	710,653	694,785
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/8/2061	280,000	289,584	287,658
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2040	65,000	64,856	61,640
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/15/2047	55,000	65,357	67,746
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	2/20/2048	455,000	560,742	581,081
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2050	153,000	152,250	144,733
	BROADCOM INC	Corporate Bond Obligation	2/15/2041	300,000	298,962	307,806
	BROADCOM INC	Corporate Bond Obligation	2/15/2051	120,000	119,482	125,460
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	215,000	279,912	304,623
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	145,000	185,482	201,269
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/1/2041	165,000	208,147	214,111
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2042	55,000	70,136	66,834
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	105,000	115,146	137,173
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2044	125,000	147,127	157,645
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	360,000	381,383	432,688
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	6/15/2052	275,000	275,757	275,052
	BURLINGTON RESOURCES LLC	Corporate Bond Obligation	10/15/2036	145,000	177,471	197,239
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2031	140,000	139,951	142,741
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2041	155,000	154,191	158,498

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2051	390,000	390,114	401,045
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	9/15/2115	520,000	648,200	773,880
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2040	315,000	316,753	329,118
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2050	310,000	310,508	329,601
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	280,000	316,866	402,100
	CENTERPOINT ENERGY INC	Corporate Bond Obligation	9/1/2049	55,000	58,752	59,405
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	785,000	916,321	1,014,024
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	6/1/2041	125,000	123,909	121,873
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	170,000	178,314	212,000
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	3/1/2050	795,000	821,254	890,106
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2051	135,000	136,068	130,517
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	6/1/2052	485,000	486,398	486,343
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2061	130,000	129,847	122,591
	CI FINANCIAL CORP	Corporate Bond Obligation	6/15/2051	415,000	417,170	449,769
	CIGNA CORP	Corporate Bond Obligation	8/15/2038	345,000	358,601	424,350
	CIGNA CORP	Corporate Bond Obligation	3/15/2040	120,000	119,631	124,312
	CIGNA CORP	Corporate Bond Obligation	7/15/2046	85,000	94,649	107,277
	CIGNA CORP	Corporate Bond Obligation	3/15/2050	200,000	197,888	207,590
	CIGNA CORP	Corporate Bond Obligation	3/15/2051	120,000	119,350	125,474
	CITIGROUP INC	Corporate Bond Obligation	11/5/2030	310,000	311,111	321,923
	CITIGROUP INC	Corporate Bond Obligation	5/1/2032	275,000	275,000	276,427
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	540,000	663,327	716,364
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	350,000	353,830	398,009
	CITIGROUP INC	Corporate Bond Obligation	11/3/2042	305,000	305,000	301,990
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	37,000	43,486	48,279
	CITIGROUP INC	Corporate Bond Obligation	7/23/2048	100,000	128,405	128,404
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2040	410,000	406,473	411,542
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2050	305,000	300,946	297,799
	COCA COLA CO/THE	Corporate Bond Obligation	3/5/2051	120,000	118,082	126,997
	COCA COLA CO/THE	Corporate Bond Obligation	3/15/2051	210,000	208,711	201,510
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	410,000	474,377	542,012
	COM CAST CORP	Corporate Bond Obligation	4/1/2030	170,000	173,632	185,533
	COM CAST CORP	Corporate Bond Obligation	1/15/2033	630,000	662,942	737,258
	COM CAST CORP	Corporate Bond Obligation	8/15/2034	75,000	78,200	88,206
	COM CAST CORP	Corporate Bond Obligation	3/1/2038	390,000	397,759	441,363
	COM CAST CORP	Corporate Bond Obligation	11/1/2047	630,000	649,512	725,350
	COM CAST CORP	Corporate Bond Obligation	11/1/2051	468,000	466,830	453,039
	COM CAST CORP	Corporate Bond Obligation	11/1/2056	2,313,000	2,299,029	2,203,202
	COM CAST CORP	Corporate Bond Obligation	11/1/2063	234,000	232,012	222,073
	COM M ONWEALTH BANK AUST	Corporate Bond Obligation	9/12/2039	165,000	165,129	176,802
	COM M ONWEALTH EDISON CO	Corporate Bond Obligation	10/1/2042	170,000	188,358	191,502
	COM M ONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	365,000	376,013	407,121
	COM M ONWEALTH EDISON CO	Corporate Bond Obligation	6/15/2046	15,000	16,041	16,609
	COM M ONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2050	360,000	362,592	365,224
	CONOCOPHILLIPS	Corporate Bond Obligation	5/15/2038	230,000	259,386	316,464
	CONOCOPHILLIPS	Corporate Bond Obligation	10/1/2047	155,000	191,321	204,118
	CONOCOPHILLIPS	Corporate Bond Obligation	8/15/2048	215,000	266,737	281,366
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	135,000	136,901	161,259
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	163,000	160,521	184,788
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	15,000	15,969	19,659
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	10/1/2039	313,000	400,814	390,887
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	10/1/2041	349,000	428,959	414,853
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	6/15/2042	557,000	626,824	658,246
	CONSUMERS ENERGY CO	Corporate Bond Obligation	8/1/2051	145,000	149,325	162,401
	CONSUMERS ENERGY CO	Corporate Bond Obligation	5/1/2060	310,000	288,300	273,284
	CVS HEALTH CORP	Corporate Bond Obligation	8/15/2029	605,000	617,113	645,051
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	600,000	642,695	730,350
	CVS HEALTH CORP	Corporate Bond Obligation	8/21/2040	275,000	274,663	264,869
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	385,000	440,528	500,446
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	1,360,000	1,642,591	1,778,118
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	191,982	230,719	237,741
	DANAHER CORP	Corporate Bond Obligation	12/10/2051	660,000	657,924	650,833
	DEUTSCHE BANK NY	Corporate Bond Obligation	5/28/2032	260,000	260,000	261,986
	DEUTSCHE TELEKOM AG	Corporate Bond Obligation	1/21/2050	130,000	130,497	138,635
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	4/15/2032	10,000	12,962	14,011
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	145,000	154,563	181,876
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	95,000	90,271	114,828
	DHEUROPE FINANCE II	Corporate Bond Obligation	11/15/2039	220,000	222,492	234,852
	DHEUROPE FINANCE II	Corporate Bond Obligation	11/15/2049	120,000	121,847	128,588
	DOMINION ENERGY INC	Corporate Bond Obligation	4/1/2030	190,000	190,772	201,630
	DOMINION ENERGY INC	Corporate Bond Obligation	4/15/2041	475,000	480,960	493,373
	DOMINION ENERGY SOUTH	Corporate Bond Obligation	6/1/2065	145,000	166,751	207,307

Premier Health Partners Employees Retirement Plan

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(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment	(c) Maturity Date	(d) Units	(e) Cost	(f) Current Value
DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	180,000	216,856	249,466
DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	825,000	847,557	912,153
DUKE ENERGY CORP	Corporate Bond Obligation	6/15/2051	135,000	135,992	139,394
DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	125,000	170,913	180,206
DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	10/1/2046	215,000	237,599	226,816
DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	8/15/2038	450,000	607,252	634,086
DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	7/15/2043	165,000	176,074	206,565
DUKE ENERGY OHIO INC	Corporate Bond Obligation	2/1/2049	150,000	186,334	179,992
DUKE ENERGY PROGRESS LLC	Corporate Bond Obligation	5/15/2042	125,000	129,095	145,945
EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	280,000	304,017	329,851
ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2035	400,000	391,822	451,596
ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2038	40,000	41,728	48,450
ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2042	45,000	49,638	57,975
ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2043	55,000	50,535	60,650
ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2043	215,000	222,531	258,404
ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2045	225,000	215,039	254,266
ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2045	840,000	828,086	964,690
ENERGY TRANSFER LP	Corporate Bond Obligation	12/15/2045	135,000	139,975	167,924
ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2047	475,000	472,252	550,436
ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2047	490,000	497,327	574,995
ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2048	20,000	21,299	24,847
ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2049	135,000	164,722	176,345
ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2050	430,000	499,514	494,801
ENTERGY CORP	Corporate Bond Obligation	6/15/2050	490,000	561,451	527,441
ENTERGY LOUISIANA LLC	Corporate Bond Obligation	6/15/2041	545,000	541,534	559,148
ENTERGY LOUISIANA LLC	Corporate Bond Obligation	3/15/2051	120,000	116,646	117,539
ENTERGY TEXAS INC	Corporate Bond Obligation	9/30/2049	235,000	261,622	247,876
ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	515,000	519,860	619,839
ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	15,000	15,515	18,137
ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	295,000	297,547	333,899
ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	1/31/2050	55,000	62,402	61,654
ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	1/31/2051	65,000	68,905	68,193
ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2053	205,000	203,299	203,891
EQUINOR ASA	Corporate Bond Obligation	4/6/2040	355,000	358,983	394,398
EVEREST REINSURANCE HLDG	Corporate Bond Obligation	10/15/2052	520,000	508,945	506,173
EXELON CORP	Corporate Bond Obligation	4/1/2032	590,000	799,243	830,891
EXTRA SPACE STORAGE LP	Corporate Bond Obligation	6/1/2031	25,000	25,482	24,601
EXTRA SPACE STORAGE LP	Corporate Bond Obligation	3/15/2032	155,000	154,685	150,674
EXXON MOBIL CORPORATION	Corporate Bond Obligation	3/19/2040	510,000	547,845	602,060
FEDEX CORP	Corporate Bond Obligation	1/15/2047	65,000	62,006	76,549
FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	370,000	489,835	515,114
FOMENTO ECONOMICO MEX	Corporate Bond Obligation	1/16/2050	385,000	375,880	402,556
GE CAPITAL INTL FUNDING	Corporate Bond Obligation	11/15/2035	2,640,000	2,852,855	3,150,470
GENERAL DYNAMICS CORP	Corporate Bond Obligation	4/1/2040	55,000	58,399	67,159
GENERAL DYNAMICS CORP	Corporate Bond Obligation	6/1/2041	140,000	143,354	144,004
GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	60,000	69,959	70,810
GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	385,000	427,796	520,732
GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	140,000	155,058	168,734
GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	360,000	457,432	492,638
GENERAL MOTORS FINL CO	Corporate Bond Obligation	6/21/2030	170,000	165,010	181,302
GEORGIA POWER CO	Corporate Bond Obligation	3/15/2042	225,000	234,118	256,160
GEORGIA POWER CO	Corporate Bond Obligation	1/30/2050	40,000	41,711	42,527
GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	210,000	229,107	254,094
GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	125,000	126,663	143,774
GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	55,000	56,867	67,050
GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	180,000	196,257	228,082
GLOBAL ATLANTIC FIN CO	Corporate Bond Obligation	6/15/2031	305,000	304,566	301,913
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/7/2030	70,000	74,399	71,173
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	3/15/2030	75,000	83,480	82,561
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	1/27/2032	245,000	245,000	234,901
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/21/2032	450,000	450,000	452,817
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	230,000	271,474	326,117
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	315,000	315,482	360,275
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	180,000	180,701	215,019
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/22/2042	325,000	325,000	337,054
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/21/2042	40,000	40,838	39,768
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	205,000	224,935	261,818
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	295,000	331,267	383,639
GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/21/2045	30,000	41,859	38,612
HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	220,000	278,965	318,663
HCA INC	Corporate Bond Obligation	7/15/2051	590,000	587,056	601,487
HESS CORP	Corporate Bond Obligation	4/1/2047	335,000	432,260	427,979

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	HOM E DEPOT INC	Corporate Bond Obligation	4/15/2040	130,000	130,564	140,943
	HOM E DEPOT INC	Corporate Bond Obligation	3/15/2045	140,000	144,981	174,712
	HOM E DEPOT INC	Corporate Bond Obligation	4/1/2046	255,000	266,042	317,358
	HOM E DEPOT INC	Corporate Bond Obligation	6/15/2047	150,000	157,603	175,241
	HOM E DEPOT INC	Corporate Bond Obligation	12/6/2048	260,000	289,890	336,154
	HOM E DEPOT INC	Corporate Bond Obligation	12/15/2049	145,000	149,622	152,813
	HOM E DEPOT INC	Corporate Bond Obligation	4/15/2050	105,000	105,064	114,509
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	290,000	401,587	450,251
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	315,000	331,640	373,669
	INTEL CORP	Corporate Bond Obligation	12/8/2047	578,000	597,652	658,342
	INTERCONTINENTAL EXCHANGE	Corporate Bond Obligation	9/15/2040	255,000	253,266	245,378
	INTERCONTINENTAL EXCHANGE	Corporate Bond Obligation	9/15/2060	425,000	420,682	419,895
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	11/15/2040	455,000	461,586	462,016
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	9/26/2048	70,000	92,661	89,975
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	12/1/2050	610,000	620,210	639,048
	JBS USA/FOOD/FINANCE	Corporate Bond Obligation	5/15/2032	390,000	384,965	390,000
	JPMORGAN CHASE + CO	Corporate Bond Obligation	10/15/2030	15,000	14,988	15,412
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/4/2032	430,000	429,745	414,159
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2032	135,000	136,596	136,735
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/8/2032	710,000	710,000	713,990
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	425,000	409,933	482,375
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2041	425,000	425,608	440,151
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/22/2048	90,000	96,606	110,022
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	360,000	372,847	424,958
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	180,000	186,784	211,109
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	100,000	108,651	115,849
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2051	215,000	233,849	222,132
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2052	540,000	552,988	577,811
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	6/1/2041	440,000	441,939	442,376
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	165,000	183,292	203,402
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	11/1/2049	225,000	229,127	240,723
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	6/1/2051	580,000	582,879	596,866
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2038	70,000	72,566	86,603
	KEURIG DR PEPPER INC	Corporate Bond Obligation	5/25/2048	60,000	62,890	78,286
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	75,000	91,190	103,769
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	75,000	73,120	84,596
	KINDER MORGAN INC	Corporate Bond Obligation	6/1/2045	75,000	92,628	94,824
	KINDER MORGAN INC	Corporate Bond Obligation	3/1/2048	140,000	166,981	172,921
	KINDER MORGAN INC/DELAWA	Corporate Bond Obligation	2/15/2046	105,000	125,965	125,848
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	10/15/2050	330,000	335,347	365,267
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/15/2060	205,000	203,334	225,069
	LIFE STORAGE LP	Corporate Bond Obligation	10/15/2031	195,000	193,122	191,669
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	290,000	325,536	368,445
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2040	50,000	50,809	52,075
	LYB INT FINANCE III	Corporate Bond Obligation	10/15/2049	630,000	628,710	727,644
	LYB INT FINANCE III	Corporate Bond Obligation	5/1/2050	100,000	99,535	115,578
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2060	80,000	79,662	84,442
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	3/1/2041	80,000	104,561	109,990
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	9/15/2044	105,000	120,789	123,565
	MARTIN MARIETTA	Corporate Bond Obligation	7/15/2051	155,000	153,755	156,798
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	12/31/2099	480,000	658,197	838,627
	MERCK + CO INC	Corporate Bond Obligation	12/10/2051	270,000	269,341	267,165
	MERCK + CO INC	Corporate Bond Obligation	12/10/2061	330,000	329,069	328,284
	METLIFE INC	Corporate Bond Obligation	6/15/2034	405,000	521,865	562,873
	METLIFE INC	Corporate Bond Obligation	12/15/2044	75,000	94,628	97,390
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	990,000	1,014,953	1,130,630
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	122,000	126,116	140,428
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2050	338,000	341,491	329,614
	MICROSOFT CORP	Corporate Bond Obligation	3/17/2052	1,455,000	1,414,535	1,544,803
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2060	530,000	527,069	528,246
	MICROSOFT CORP	Corporate Bond Obligation	3/17/2062	115,000	111,430	123,021
	MINERA MEXICO SA DE CV	Corporate Bond Obligation	1/26/2050	550,000	521,635	600,880
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	3/7/2039	230,000	236,737	271,892
	MITSUBISHI UFJ FIN GRP	Corporate Bond Obligation	7/18/2039	231,000	234,869	261,871
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	390,000	473,117	503,330
	MORGAN STANLEY	Corporate Bond Obligation	7/21/2032	340,000	340,000	332,544
	MORGAN STANLEY	Corporate Bond Obligation	10/20/2032	110,000	109,681	109,883
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	325,000	332,002	370,393
	MORGAN STANLEY	Corporate Bond Obligation	4/22/2042	275,000	275,000	288,104
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	765,000	1,020,731	1,158,944
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	6,148
	MORGAN STANLEY	Corporate Bond Obligation	1/25/2052	750,000	750,140	735,900

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	MPLX LP	Corporate Bond Obligation	8/15/2030	465,000	464,595	462,875
	MPLX LP	Corporate Bond Obligation	4/15/2038	310,000	299,407	347,154
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	175,000	180,370	203,436
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	230,000	238,456	282,631
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	255,000	347,851	377,109
	NEWMONT CORP	Corporate Bond Obligation	4/1/2035	490,000	558,899	636,593
	NEWMONT CORP	Corporate Bond Obligation	10/1/2039	255,000	312,732	355,587
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	425,000	437,906	500,420
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	165,000	164,617	202,364
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	5/15/2055	117,000	116,922	118,515
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	350,000	337,383	377,601
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	3/1/2050	225,000	222,961	227,153
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	4/1/2052	125,000	124,536	132,438
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	5/1/2040	120,000	127,033	155,684
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	660,000	740,544	830,188
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	515,000	534,730	607,298
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	125,000	126,323	147,571
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	810,000	904,079	1,035,528
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	8/14/2050	137,000	139,536	138,363
	NVIDIA CORP	Corporate Bond Obligation	4/1/2040	180,000	183,091	202,286
	NVIDIA CORP	Corporate Bond Obligation	4/1/2050	155,000	157,523	176,695
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2040	105,000	105,000	98,209
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2060	65,000	65,000	61,859
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	140,000	159,980	178,157
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	620,000	643,594	782,304
	OGLETHORPE POWER CORP	Corporate Bond Obligation	8/1/2050	225,000	221,697	240,649
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	480,000	528,775	612,307
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	80,000	113,837	115,826
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	355,000	398,107	441,102
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	278,000	341,438	371,280
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	450,000	449,633	511,888
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	5/15/2050	250,000	259,859	287,378
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	10/1/2052	477,000	775,502	693,715
	ORACLE CORP	Corporate Bond Obligation	7/15/2036	40,000	44,339	42,254
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	260,000	264,988	271,461
	ORACLE CORP	Corporate Bond Obligation	3/25/2041	210,000	208,585	212,337
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	520,000	542,348	548,569
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	210,000	218,646	217,963
	ORACLE CORP	Corporate Bond Obligation	4/1/2050	125,000	139,768	122,392
	ORACLE CORP	Corporate Bond Obligation	3/25/2051	300,000	299,475	311,433
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	2/1/2031	200,000	199,792	190,512
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2040	165,000	160,977	152,957
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	6/1/2041	215,000	214,372	216,372
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2050	375,000	371,738	347,385
	PACIFICORP	Corporate Bond Obligation	10/15/2037	55,000	73,933	76,438
	PACIFICORP	Corporate Bond Obligation	1/15/2039	310,000	388,085	424,244
	PACIFICORP	Corporate Bond Obligation	3/15/2051	170,000	171,262	176,171
	PARAMOUNT GLOBAL	Corporate Bond Obligation	4/30/2036	125,000	136,930	178,908
	PARAMOUNT GLOBAL	Corporate Bond Obligation	3/15/2043	120,000	109,097	136,522
	PARAMOUNT GLOBAL	Corporate Bond Obligation	9/1/2043	1215,000	1,337,278	1,636,617
	PARAMOUNT GLOBAL	Corporate Bond Obligation	5/19/2050	330,000	417,023	420,667
	PEPSICO INC	Corporate Bond Obligation	10/21/2041	145,000	144,775	146,705
	PEPSICO INC	Corporate Bond Obligation	10/21/2051	475,000	471,922	486,790
	PFIZER INC	Corporate Bond Obligation	12/15/2036	340,000	357,288	404,192
	PFIZER INC	Corporate Bond Obligation	5/28/2040	100,000	99,379	99,769
	PFIZER INC	Corporate Bond Obligation	3/15/2049	100,000	103,688	121,772
	PFIZER INC	Corporate Bond Obligation	5/28/2050	180,000	178,533	181,084
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	215,000	205,477	231,239
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	78,000	77,614	86,240
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	87,000	95,507	105,884
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	218,072	251,913
	PHILLIPS 66	Corporate Bond Obligation	3/15/2052	270,000	268,010	269,703
	PHILLIPS 66 PARTNERS LP	Corporate Bond Obligation	10/1/2046	215,000	245,339	261,752
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	315,000	431,683	453,767
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	250,000	263,704	291,097
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	385,000	406,485	486,979
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	7/15/2033	85,000	114,588	110,241
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2047	140,000	160,935	162,553
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	175,000	204,509	204,134
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	3/13/2051	120,000	131,446	136,547
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	125,000	148,446	154,460
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	400,000	413,785	449,772

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Maturity Date	(e) Units	(f) Cost	(g) Current Value
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	645,000	655,535	693,646
	RAYTHEON TECH CORP	Corporate Bond Obligation	11/16/2038	150,000	154,956	180,780
	RAYTHEON TECH CORP	Corporate Bond Obligation	6/1/2042	1,120,000	1,208,748	1,384,566
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/15/2045	405,000	419,517	471,983
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/4/2047	85,000	81,110	98,360
	RAYTHEON TECH CORP	Corporate Bond Obligation	3/15/2052	880,000	881,911	884,233
	REGENCY CENTERS LP	Corporate Bond Obligation	2/1/2047	30,000	29,445	35,259
	REGENCY CENTERS LP	Corporate Bond Obligation	3/15/2049	410,000	427,228	507,929
	REXFORD INDUSTRIAL REALT	Corporate Bond Obligation	12/1/2030	60,000	57,148	56,992
	REXFORD INDUSTRIAL REALT	Corporate Bond Obligation	9/1/2031	220,000	213,330	207,724
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	170,000	205,918	208,179
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	440,000	519,591	534,618
	ROCHE HOLDINGS INC	Corporate Bond Obligation	12/13/2051	906,000	904,231	889,692
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	130,000	135,903	160,389
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	340,000	346,322	406,898
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	250,000	256,346	303,520
	SALESFORCE INC	Corporate Bond Obligation	7/15/2041	475,000	472,378	474,392
	SALESFORCE INC	Corporate Bond Obligation	7/15/2051	510,000	508,577	519,032
	SALESFORCE INC	Corporate Bond Obligation	7/15/2061	250,000	249,195	257,117
	SAN DIEGO G + E	Corporate Bond Obligation	5/15/2048	40,000	51,166	47,577
	SAN DIEGO G + E	Corporate Bond Obligation	6/15/2049	170,000	183,454	200,865
	SAN DIEGO G + E	Corporate Bond Obligation	4/15/2050	55,000	55,517	57,881
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	225,000	225,142	246,875
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	197,000	198,047	219,149
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	395,000	409,341	460,949
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	165,000	222,144	240,275
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	55,000	51,158	60,406
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	190,000	192,885	220,947
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	135,000	133,301	151,587
	SIM ON PROPERTY GROUP LP	Corporate Bond Obligation	3/15/2042	55,000	63,840	67,743
	SIM ON PROPERTY GROUP LP	Corporate Bond Obligation	11/30/2046	50,000	54,319	59,184
	SIM ON PROPERTY GROUP LP	Corporate Bond Obligation	7/15/2050	430,000	440,518	482,185
	SOUTHERN CAL EDISON	Corporate Bond Obligation	3/1/2029	175,000	201,162	195,097
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	30,000	37,682	38,868
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	250,000	263,034	282,075
	SOUTHERN CAL EDISON	Corporate Bond Obligation	4/1/2047	395,000	414,313	435,531
	SOUTHERN CAL EDISON	Corporate Bond Obligation	2/1/2050	36,000	37,813	38,093
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	375,000	382,382	446,550
	SPIRIT REALTY LP	Corporate Bond Obligation	1/15/2030	310,000	317,082	326,018
	SPIRIT REALTY LP	Corporate Bond Obligation	2/15/2031	815,000	822,091	842,286
	SPIRIT REALTY LP	Corporate Bond Obligation	2/15/2032	285,000	281,723	281,985
	SUN COMMUNITIES	Corporate Bond Obligation	7/15/2031	365,000	371,429	362,029
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	325,000	408,672	453,063
	SUNCOR ENERGY INC	Corporate Bond Obligation	3/4/2051	190,000	189,084	203,921
	SUTTER HEALTH	Corporate Bond Obligation	8/15/2050	175,000	175,000	183,374
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2041	415,000	404,990	405,169
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2051	300,000	288,173	292,995
	T MOBILE USA INC	Corporate Bond Obligation	11/15/2060	170,000	169,567	168,388
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	255,000	249,762	286,702
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/1/2029	172,000	173,548	178,765
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/15/2031	140,000	138,358	137,939
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/15/2041	300,000	298,684	303,480
	TIM WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	290,000	341,387	379,398
	TIM WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	210,000	262,967	297,215
	TIM WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	495,000	647,166	674,408
	TIM WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	220,000	244,998	274,540
	TIM WARNER CABLE LLC	Corporate Bond Obligation	9/15/2042	40,000	40,075	43,608
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	6/29/2041	265,000	267,228	268,464
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	5/29/2050	755,000	769,344	773,898
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	6/29/2060	75,000	78,321	79,539
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	840,000	901,295	986,143
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	280,000	286,362	333,631
	TRANSCONT GAS PIPE LINE	Corporate Bond Obligation	8/15/2041	615,000	671,654	786,960
	TUCSON ELECTRIC POWER CO	Corporate Bond Obligation	6/15/2050	50,000	51,102	57,565
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	255,000	272,691	332,849
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	470,000	486,269	546,789
	UNION PACIFIC CORP	Corporate Bond Obligation	3/20/2060	145,000	146,613	170,716
	UNION PACIFIC CORP	Corporate Bond Obligation	9/16/2062	520,000	527,082	514,051
	UNITEDHEALTHGROUP INC	Corporate Bond Obligation	7/15/2035	295,000	329,838	368,614
	UNITEDHEALTHGROUP INC	Corporate Bond Obligation	5/15/2040	145,000	140,772	147,201
	UNITEDHEALTHGROUP INC	Corporate Bond Obligation	5/15/2041	275,000	275,554	287,820
	UNITEDHEALTHGROUP INC	Corporate Bond Obligation	11/15/2041	340,000	370,574	427,033

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, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	35,000	35,833	40,794
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	170,000	174,097	195,135
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	480,000	499,190	594,581
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2050	155,000	150,173	157,891
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2051	785,000	815,006	849,237
	US BANCORP	Corporate Bond Obligation	11/3/2036	545,000	545,000	542,902
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	855,000	889,781	1,005,181
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/22/2041	310,000	309,820	324,551
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/22/2051	1,855,000	1,930,513	1,997,575
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	10/30/2056	980,000	1,010,031	927,658
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	12/15/2050	174,000	171,230	160,296
	VISA INC	Corporate Bond Obligation	4/15/2040	90,000	89,689	91,965
	VISA INC	Corporate Bond Obligation	12/14/2045	705,000	763,251	887,151
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	135,000	137,799	167,814
	VODAFONE GROUP PLC	Corporate Bond Obligation	9/17/2050	705,000	716,966	813,683
	WALMART INC	Corporate Bond Obligation	9/22/2041	400,000	400,000	403,288
	WALMART INC	Corporate Bond Obligation	9/22/2051	345,000	343,724	352,745
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	5/13/2040	325,000	325,442	355,937
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	9/1/2049	495,000	470,190	478,937
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	1/13/2051	900,000	934,964	1,017,783
	WELLS FARGO + COM PANY	Corporate Bond Obligation	10/30/2030	485,000	487,093	504,201
	WELLS FARGO + COM PANY	Corporate Bond Obligation	2/11/2031	70,000	68,162	71,460
	WELLS FARGO + COM PANY	Corporate Bond Obligation	1/15/2044	150,000	193,958	202,974
	WELLS FARGO + COM PANY	Corporate Bond Obligation	11/17/2045	60,000	74,851	75,452
	WELLS FARGO + COM PANY	Corporate Bond Obligation	6/14/2046	325,000	325,301	385,174
	WELLS FARGO + COM PANY	Corporate Bond Obligation	12/7/2046	475,000	518,299	592,824
	WELLS FARGO + COM PANY	Corporate Bond Obligation	4/4/2051	535,000	734,786	730,559
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	305,000	337,692	408,346
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	1,100,000	1,398,050	1,597,112
	WESTPAC BANKING CORP	Corporate Bond Obligation	6/3/2031	185,000	184,883	185,499
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/15/2035	35,000	35,000	34,095
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/18/2036	200,000	200,000	197,622
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/18/2041	240,000	240,000	237,864
	WILLIAM S COM PANIES INC	Corporate Bond Obligation	1/15/2031	270,000	322,839	365,175
	WILLIAM S COM PANIES INC	Corporate Bond Obligation	3/15/2031	305,000	303,875	302,929
	WILLIAM S COM PANIES INC	Corporate Bond Obligation	6/24/2044	80,000	86,006	103,834
	WILLIAM S COM PANIES INC	Corporate Bond Obligation	9/15/2045	60,000	62,422	73,738
	WP CAREY INC	Corporate Bond Obligation	4/1/2033	85,000	83,914	80,567
					183,095,816	196,722,152
	ALLSPRING INTERNATIONAL EQUITY	Limited Partnership		141,182	15,000,000	21,159,559
	CANYON VALUE REALIZATION FUND	Limited Partnership		1,213	10,000,000	12,983,447
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership		30,723	10,000,000	17,714,000
	DGV ENHANCED U.S EQUITY	Limited Partnership		16,000,000	16,000,000	23,238,144
	INDEPENDENT FRAN PRTS GLEQTY	Limited Partnership		24,303,488	24,200,206	57,516,368
	SANDS CAPTLEM G MKT GTH FEEDER	Limited Partnership		12,403,196	12,403,285	21,659,317
					87,603,491	154,270,835
					Total \$ 634,651,533	\$ 857,927,533

* A party-in-interest as defined by ERISA.

Schedule SB Attachment (Form 5500)—2021 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 plan change:

- Due to the sale of the Environmental & Nutrition Services group in January 2021, 100% termination and retirement rates are assumed for active participants in this group during 2021.

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.