

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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	Filed with authorized/valid electronic signature.	10/09/2023	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 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor STACEY LAWSON, 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 16333
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) 9872
a(2) Total number of active participants at the end of the plan year	6a(2) 9326
b Retired or separated participants receiving benefits	6b 2288
c Other retired or separated participants entitled to future benefits.....	6c 4537
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 16151
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 163
f Total. Add lines 6d and 6e	6f 16314
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 402
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) ☐ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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>2022</u>	
2 Assets:	
a Market value.....	2a <u>869820612</u>
b Actuarial value	2b <u>838944822</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>2248</u> <u>270406730</u> <u>270406730</u>
b For terminated vested participants.....	<u>4213</u> <u>122736386</u> <u>122736386</u>
c For active participants.....	<u>9872</u> <u>290385552</u> <u>294526301</u>
d Total	<u>16333</u> <u>683528668</u> <u>687669417</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>5.42</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>18517105</u>
b Expected plan-related expenses	6b <u>4900000</u>
c Total (line 6a + line 6b)	6c <u>23417105</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>09/19/2023</u>
	Signature of actuary	Date
<u>JASON M. BRAVO</u>	Type or print name of actuary	<u>23-05569</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) 2022
v. 220413

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	62116966
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7712491
9 Amount remaining (line 7 minus line 8)	0	54404475
10 Interest on line 9 using prior year's actual return of <u>5.25</u> %	0	2856235
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		18710890
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>5.60</u> %.....		1047810
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.....		19758700
d Portion of (c) to be added to prefunding balance.....		19758700
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	77019410

Part III Funding Percentages		
14 Funding target attainment percentage	14	110.79 %
15 Adjusted funding target attainment percentage	15	121.99 %
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	106.38 %
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
04/24/2023	1900000	0			
05/29/2023	3300000	0			
06/26/2023	3500000	0			
07/25/2023	4000000	0			
08/25/2023	3500000	0			
09/13/2023	6800000	0			
			Totals ►	18(b)	23000000
				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 21182811
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ 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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? 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**

23417105

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

23417105

32 Amortization installments:**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

35 Balances elected for use to offset funding requirement.....

0

0

0

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**

21182811

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

21182811

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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	
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	
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	
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DGV SOLUTIONS	

47-2344782	
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(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

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

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

VANGUARD

23-1945930

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

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

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

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

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

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	759962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL

71 SOUTH WACKER DRIVE
SUITE 800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	720434	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	430178	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	181293	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	164232	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	33513	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	20131	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PREMIER HEALTH	D Employer Identification Number (EIN) 31-1446699	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71819269
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF GLOBAL SELECT CAP		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 20-5853753-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41863462
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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>PREMIER HEALTH PARTNERS EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PREMIER HEALTH</u>	D Employer Identification Number (EIN) <u>31-1446699</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	10000000
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	3020239
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	41448896
(2) U.S. Government securities		1c(2)	206857591
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	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)	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)	98382957
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	154270835
			126023475

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	870947772	659864635

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	860449	9071540
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	860449	9071540

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	870087323	650793095
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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.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	23000000	
(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)		23000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	132110	
(B) U.S. Government securities	2b(1)(B)	3534273	
(C) Corporate debt instruments	2b(1)(C)	7352667	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	780797	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11799847
(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)	4517834	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4517834
(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)		665917
(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)		-211225555
c Other income	2c		-7138022
d Total income. Add all income amounts in column (b) and enter total	2d		-178379979
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36438837	
(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)		36438837
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)	1180384	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1150612	
(4) Other	2i(4)	2144416	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4475412
j Total expenses. Add all expense amounts in column (b) and enter total	2j		40914249
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-219294228
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 479838.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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.....		3 462
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: 46.3 % Investment-Grade Debt: 53.1 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.6 %

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, 2022 and 2021
(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, 2022 and 2021, 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, 2022 and 2021, 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, 2022 and schedule of reportable transactions for the year ended December 31, 2022 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 26, 2023

Premier Health Partners Employees Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value:		
Cash and cash equivalents	\$ 16,765,172	\$ 41,448,896
Mutual funds	82,734,225	98,382,957
Common collective trust funds	113,682,731	160,245,102
U.S. government and agency securities	134,468,213	185,882,719
Foreign government securities	7,011,609	9,216,974
Municipal bonds	9,385,903	11,757,898
Corporate bond obligations	143,674,513	196,722,152
Limited partnerships	<u>126,023,475</u>	<u>154,270,835</u>
Total investments at fair value	633,745,841	857,927,533
Contributions receivable	23,000,000	10,000,000
Due from broker for securities	-	81,269
Accrued interest and dividends	<u>3,118,794</u>	<u>2,938,970</u>
Total assets	<u>659,864,635</u>	<u>870,947,772</u>
Liabilities		
Due to broker for securities	8,665,279	-
Accrued liabilities	<u>406,261</u>	<u>860,449</u>
Total liabilities	<u>9,071,540</u>	<u>860,449</u>
Net assets available for benefits	\$ <u>650,793,095</u>	\$ <u>870,087,323</u>

Premier Health Partners Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets		
Contributions - Employer	\$ <u>23,000,000</u>	\$ <u>20,000,000</u>
Investment income:		
Interest and dividends	16,317,681	17,762,916
Net appreciation in fair value of investments	<u>-</u>	<u>25,643,218</u>
Total investment income	<u>16,317,681</u>	<u>43,406,134</u>
Total additions	<u>39,317,681</u>	<u>63,406,134</u>
Deductions from net assets		
Benefits paid to participants	36,438,837	35,270,411
Net depreciation in fair value of investments	217,697,660	-
PBGC premiums	2,144,416	1,411,862
Administrative expenses	<u>2,330,996</u>	<u>2,721,988</u>
Total deductions	<u>258,611,909</u>	<u>39,404,261</u>
Net change	(219,294,228)	24,001,873
Net assets available for benefits		
Beginning of year	<u>870,087,323</u>	<u>846,085,450</u>
End of year	\$ <u><u>650,793,095</u></u>	\$ <u><u>870,087,323</u></u>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2022 and 2021

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 2022 and 2021.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments - Benefits are recorded when paid.

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, 2022 and 2021

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, 2022 are summarized as follows:

Actuarial cost method	- Standard unit credit
Assumed rate of return	- 2.95 percent
Mortality basis	- Amounts-weighted aggregate rates from the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2021 (healthy and disabled)

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

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

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2022 and 2021

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 26, 2023, 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, 2022, the most recent actuarial valuations, are as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments	\$ 326,627,366
Other vested participants	<u>555,390,919</u>

Total vested benefits	882,018,285
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Nonvested benefits	<u>3,932,691</u>
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Total actuarial present value of accumulated plan benefits	\$ <u>885,950,976</u>
--	-----------------------

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

Increase (decrease) during the year attributable to:

Interest accumulation	23,308,083
Benefits paid	(35,270,411)
Change of assumptions	(32,248,252)
Benefits accumulated	<u>29,759,306</u>

Net change	<u>(14,451,274)</u>
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Actuarial Present Value of Accumulated Plan Benefits - January 1, 2022	\$ <u>885,950,976</u>
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Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2022 and 2021

Note 3 - Benefits (Continued)

Significant assumption changes in 2022 were: a change in the discount rate from 2.64 percent to 2.95 percent and a change in the mortality assumption from the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2020 to the Pri-2012 mortality study, projected generationally from 2012 using Scale MP-2021 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 dated October 8, 2021, indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Fair Value Measurements

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

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

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

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

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

Note 6 - Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2022 and 2021.

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.

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 2022 or 2021.

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2022 and 2021

Note 6 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2022 and 2021.

<u>December 31, 2022</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	\$ 16,765,172	\$ -	\$ -	\$ -	\$ 16,765,172
Mutual funds	82,734,225	-	-	-	82,734,225
U.S. government and agency securities	-	134,468,213	-	-	134,468,213
Foreign government securities	-	7,011,609	-	-	7,011,609
Municipal bonds	-	9,385,903	-	-	9,385,903
Corporate bond obligations	-	143,674,513	-	-	143,674,513
Investments at NAV:					
Common collective trust funds	-	-	-	113,682,731	113,682,731
Limited partnerships	-	-	-	126,023,475	126,023,475
Investments at fair value	\$ <u>99,499,397</u>	\$ <u>294,540,238</u>	\$ <u>-</u>	\$ <u>239,706,206</u>	\$ <u>633,745,841</u>

<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>

Premier Health Partners Employees Retirement Plan

Notes to Financial Statements December 31, 2022 and 2021

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, 2022 and 2021.

<u>December 31, 2022</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>
Common collective trust funds	\$ 113,682,731	n/a	Daily
Limited partnerships	126,023,475	n/a	Daily, Monthly, Bi-Monthly, Quarterly
<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

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, 2022

(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	16,765,172	\$ 16,765,172	\$ 16,765,172
	DODGE + COX GLOBAL STOCK FUND	Mutual Fund		3,427,091	41,596,583	43,215,612
	RBC EMERGING MARKETS EQUITY FUND	Mutual Fund		1,157,473	16,448,507	13,114,172
	VANGUARD SMALL CAP INDEX FUND	Mutual Fund		300,289	13,990,435	26,404,441
					72,035,525	82,734,225
*	STATE STREET S + P 500 FLAGSHIP FUND	Common Collective Trust Fund		71,068	30,587,140	71,819,269
	WELLINGTON GLOBAL SELECT	Common Collective Trust Fund		1,526,749	22,134,751	41,863,462
					52,721,891	113,682,731
	STRIP PRINC	U.S. Government & Agency Security	5/15/2045	7,000,000	3,221,960	2,761,360
	STRIP PRINC	U.S. Government & Agency Security	11/15/2045	4,675,000	2,357,930	1,809,459
	STRIP PRINC	U.S. Government & Agency Security	2/15/2046	9,995,000	4,560,219	3,834,682
	STRIP PRINC	U.S. Government & Agency Security	11/15/2046	2,255,000	968,295	844,069
	STRIP PRINC	U.S. Government & Agency Security	2/15/2049	4,200,000	2,356,682	1,486,506
	STRIPS	U.S. Government & Agency Security	11/15/2031	11,250,000	7,919,271	7,873,538
	STRIPS	U.S. Government & Agency Security	2/15/2032	21,780,000	15,101,839	15,085,917
	U.S. TREASURY N/B	U.S. Government & Agency Security	1/31/2027	90,000	89,659	81,257
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2032	1,145,000	1,184,048	1,168,438
	U.S. TREASURY N/B	U.S. Government & Agency Security	5/15/2037	600,000	898,711	670,080
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2040	4,600,000	5,293,234	4,487,162
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2040	26,300,000	36,521,718	26,869,132
	U.S. TREASURY N/B	U.S. Government & Agency Security	2/15/2042	8,025,000	8,096,469	6,127,248
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2042	985,000	981,482	964,374
	U.S. TREASURY N/B	U.S. Government & Agency Security	11/15/2044	5,000,000	4,646,484	4,126,550
	U.S. TREASURY N/B	U.S. Government & Agency Security	5/15/2048	5,500,000	4,820,140	4,622,365
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2048	1,880,000	1,834,999	1,543,800
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2049	3,130,000	3,038,046	2,200,296
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2050	27,455,000	25,626,647	15,255,645
	U.S. TREASURY N/B	U.S. Government & Agency Security	2/15/2052	3,175,000	2,653,049	2,207,863
	U.S. TREASURY N/B	U.S. Government & Agency Security	5/15/2052	2,870,000	2,629,465	2,299,587
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2052	22,730,000	18,502,615	18,727,474
	U.S. TREASURY N/B	U.S. Government & Agency Security	8/15/2052	11,435,000	9,639,722	9,421,411
					162,942,684	134,468,213
	AID ISRAEL	Foreign Government Security	5/15/2023	1,700,000	1,480,785	1,672,120
	PERUSAHAAN PENERBIT SBSN	Foreign Government Security	6/9/2051	125,000	125,000	94,671
	REPUBLIC OF INDONESIA	Foreign Government Security	9/20/2032	235,000	232,227	229,792
	REPUBLIC OF INDONESIA	Foreign Government Security	9/20/2052	95,000	93,620	92,511
	REPUBLIC OF INDONESIA	Foreign Government Security	1/11/2048	69,000	78,435	59,256
	REPUBLIC OF INDONESIA	Foreign Government Security	10/30/2049	62,000	65,341	47,624
	REPUBLIC OF PANAMA	Foreign Government Security	4/16/2050	491,000	551,463	370,135
	REPUBLIC OF PANAMA	Foreign Government Security	7/23/2060	471,000	509,408	303,390
	REPUBLIC OF PANAMA	Foreign Government Security	4/1/2056	117,000	128,993	85,240
	REPUBLIC OF PANAMA	Foreign Government Security	4/29/2053	56,000	59,080	40,421
	REPUBLIC OF PHILIPPINES	Foreign Government Security	7/6/2046	720,000	713,873	524,758
	REPUBLIC OF PHILIPPINES	Foreign Government Security	10/13/2047	190,000	186,367	204,299
	REPUBLIC OF PHILIPPINES	Foreign Government Security	4/13/2033	110,000	110,000	116,369
	REPUBLIC OF PHILIPPINES	Foreign Government Security	2/2/2042	130,000	157,844	105,680
	REPUBLIC OF PHILIPPINES	Foreign Government Security	5/5/2045	105,000	105,751	75,442
	REPUBLICA ORIENT URUGUAY	Foreign Government Security	6/18/2050	530,000	521,114	519,315
	RFC PRINCIPAL STRIP	Foreign Government Security	4/15/2030	765,000	519,284	554,992
	STATE OF ISRAEL	Foreign Government Security	7/3/2050	165,000	177,292	138,777
	STATE OF ISRAEL	Foreign Government Security	1/15/2050	60,000	64,138	46,078
	UNITED MEXICAN STATES	Foreign Government Security	1/31/2050	910,000	936,438	690,854
	UNITED MEXICAN STATES	Foreign Government Security	12/31/2099	745,000	710,136	626,620
	UNITED MEXICAN STATES	Foreign Government Security	8/14/2041	290,000	278,996	223,596
	UNITED MEXICAN STATES	Foreign Government Security	4/27/2051	125,000	136,186	101,449
	UNITED MEXICAN STATES	Foreign Government Security	2/12/2052	120,000	97,043	88,220
					8,038,814	7,011,609
	BAY AREA CA TOLL AUTH TOLL BRI	Municipal Bond	4/1/2049	440,000	595,993	498,824
	CALIFORNIA ST	Municipal Bond	4/1/2039	1,025,000	1,487,949	1,282,921
	CALIFORNIA ST	Municipal Bond	4/1/2034	500,000	709,925	604,030
	CALIFORNIA ST	Municipal Bond	11/1/2040	30,000	44,433	38,435
	DALLAS CNTY TX HOSP DIST	Municipal Bond	8/15/2044	700,000	972,020	741,608
	LOS ANGELES CA CMNTY CLG DIST	Municipal Bond	8/1/2049	715,000	1,081,347	888,852
	LOS ANGELES CA DEPT WTR PWR	Municipal Bond	7/1/2039	525,000	653,819	561,188
	LOS ANGELES CA UNIF SCH DIST	Municipal Bond	7/1/2034	850,000	1,220,812	950,903

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, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(c) Maturity Date	Units	(d) Cost	(e) Current Value
	MASSACHUSETTS ST	Municipal Bond	12/1/2039	500,000	611,120	524,895
	MASSACHUSETTS ST TRANSPRTN FUN	Municipal Bond	6/1/2040	290,000	394,461	299,393
	N TX TOLLWAY AUTH REVENUE	Municipal Bond	1/1/2049	400,000	580,365	474,084
	NEW JERSEY ST TURNPIKE AUTH TU	Municipal Bond	1/1/2040	725,000	1,019,591	898,732
	PORT AUTH OF NEW YORK NEW JE	Municipal Bond	10/1/2062	560,000	580,181	485,934
	TEXAS ST PRIV ACTIVITY BOND SU	Municipal Bond	12/31/2049	160,000	160,000	121,162
	UNIV OF CALIFORNIA CA REVENUES	Municipal Bond	5/15/2045	270,000	370,459	284,580
	UNIV OF TEXAS TX PERMANENT UNI	Municipal Bond	7/1/2039	550,000	669,405	576,554
	UNIV OF TEXAS TX UNIV REVENUES	Municipal Bond	8/15/2047	200,000	229,512	153,808
					11,381,392	9,385,903
	7 ELEVEN INC	Corporate Bond Obligation	2/10/2041	305,000	287,886	201,260
	7 ELEVEN INC	Corporate Bond Obligation	2/10/2051	230,000	229,119	140,820
	ABBOTT LABORATORIES	Corporate Bond Obligation	11/30/2046	243,000	275,314	236,910
	ABBVIE INC	Corporate Bond Obligation	11/21/2049	1,503,000	1,659,832	1,247,325
	ABBVIE INC	Corporate Bond Obligation	5/14/2035	745,000	759,409	690,101
	ABBVIE INC	Corporate Bond Obligation	11/21/2039	580,000	607,386	496,451
	ABBVIE INC	Corporate Bond Obligation	5/14/2036	235,000	239,295	211,610
	ABBVIE INC	Corporate Bond Obligation	5/14/2046	170,000	184,110	146,103
	ABBVIE INC	Corporate Bond Obligation	6/15/2044	155,000	184,743	141,977
	ABBVIE INC	Corporate Bond Obligation	3/15/2035	55,000	63,886	51,429
	ABBVIE INC	Corporate Bond Obligation	11/14/2048	45,000	46,656	40,989
	AEP TEXAS INC	Corporate Bond Obligation	10/1/2047	205,000	222,160	148,951
	AEP TEXAS INC	Corporate Bond Obligation	1/15/2050	55,000	61,599	38,855
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	9/15/2049	140,000	140,346	96,862
	AEP TRANSMISSION CO LLC	Corporate Bond Obligation	4/1/2050	80,000	82,117	61,016
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	10/29/2041	555,000	539,626	392,374
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	1/30/2032	300,000	298,872	234,528
	AERCAP IRELAND CAP/GLOBA	Corporate Bond Obligation	10/29/2033	245,000	243,947	185,757
	AGREE LP	Corporate Bond Obligation	10/1/2030	225,000	228,322	182,653
	AGREE LP	Corporate Bond Obligation	6/15/2033	180,000	178,504	135,481
	AIG SUNAMER GLOB FIN X	Corporate Bond Obligation	3/15/2032	490,000	603,150	521,326
	ALEXANDRIA REAL ESTATE E	Corporate Bond Obligation	3/15/2052	530,000	522,222	377,689
	ALPHABET INC	Corporate Bond Obligation	8/15/2040	300,000	298,113	199,086
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2041	735,000	717,806	487,489
	ALTRIA GROUP INC	Corporate Bond Obligation	5/6/2050	185,000	187,849	130,997
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2051	200,000	198,530	125,264
	ALTRIA GROUP INC	Corporate Bond Obligation	2/14/2049	140,000	156,960	124,492
	ALTRIA GROUP INC	Corporate Bond Obligation	2/4/2032	85,000	84,911	64,123
	AMAZON.COM INC	Corporate Bond Obligation	4/13/2052	760,000	756,823	629,037
	AMAZON.COM INC	Corporate Bond Obligation	6/3/2050	490,000	484,987	308,803
	AMAZON.COM INC	Corporate Bond Obligation	5/12/2051	385,000	382,243	274,201
	AMAZON.COM INC	Corporate Bond Obligation	8/22/2037	280,000	289,989	248,058
	AMAZON.COM INC	Corporate Bond Obligation	5/12/2041	215,000	214,189	160,392
	AMEREN ILLINOIS CO	Corporate Bond Obligation	3/15/2049	670,000	712,499	609,707
	AMEREN ILLINOIS CO	Corporate Bond Obligation	12/1/2052	145,000	144,552	157,450
	AMEREN ILLINOIS CO	Corporate Bond Obligation	12/1/2047	30,000	33,369	23,744
	AMERICA MOVIL SAB DE CV	Corporate Bond Obligation	3/30/2040	410,000	497,425	422,960
	AMERICAN ELECTRIC POWER	Corporate Bond Obligation	3/1/2050	25,000	24,775	16,789
	AMERICAN HOMES 4 RENT	Corporate Bond Obligation	4/15/2052	235,000	226,531	172,236
	AMERICAN HOMES 4 RENT	Corporate Bond Obligation	4/15/2032	165,000	160,903	138,793
	AMERICAN HOMES 4 RENT	Corporate Bond Obligation	7/15/2051	85,000	79,220	52,895
	AMERICAN INTL GROUP	Corporate Bond Obligation	6/30/2050	455,000	564,760	384,862
	AMERICAN INTL GROUP	Corporate Bond Obligation	4/1/2048	65,000	80,491	57,962
	AMERICAN INTL GROUP	Corporate Bond Obligation	7/10/2045	45,000	59,705	40,391
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	6/1/2049	150,000	165,336	123,539
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	5/1/2050	75,000	75,531	55,063
	AMERICAN WATER CAPITAL C	Corporate Bond Obligation	9/1/2047	35,000	37,067	27,240
	AMGEN INC	Corporate Bond Obligation	2/21/2040	595,000	597,449	438,176
	AMGEN INC	Corporate Bond Obligation	5/1/2045	150,000	159,575	125,673
	AMGEN INC	Corporate Bond Obligation	2/22/2032	140,000	139,658	122,273
	AMGEN INC	Corporate Bond Obligation	3/1/2053	118,000	117,979	104,651
	AMGEN INC	Corporate Bond Obligation	2/22/2052	121,000	122,377	95,953
	AMGEN INC	Corporate Bond Obligation	2/21/2050	20,000	20,196	13,903
	ANALOG DEVICES INC	Corporate Bond Obligation	10/1/2041	320,000	311,277	234,202
	ANALOG DEVICES INC	Corporate Bond Obligation	10/1/2051	280,000	277,684	188,681
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2046	1,650,000	1,731,156	1,499,982
	ANHEUSER BUSCH CO/INBEV	Corporate Bond Obligation	2/1/2036	1,255,000	1,288,849	1,185,272
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2048	602,000	599,169	523,108
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	4/15/2038	500,000	500,670	446,955
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/23/2049	449,000	466,976	443,881

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, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	(c) Maturity Date	Units	(d) Cost	(e) Current Value
	ANHEUSER BUSCH INBEV WOR	Corporate Bond Obligation	1/15/2042	65,000	75,755	60,953
	APPLE INC	Corporate Bond Obligation	5/4/2043	1,150,000	1,213,122	991,737
	APPLE INC	Corporate Bond Obligation	2/23/2046	790,000	875,849	747,917
	APPLE INC	Corporate Bond Obligation	2/8/2051	610,000	605,992	402,283
	APPLE INC	Corporate Bond Obligation	2/8/2041	410,000	401,587	289,747
	APPLE INC	Corporate Bond Obligation	8/4/2046	220,000	228,666	186,793
	APPLE INC	Corporate Bond Obligation	9/11/2049	110,000	114,926	77,873
	APPLE INC	Corporate Bond Obligation	9/12/2047	90,000	100,985	74,750
	APPLE INC	Corporate Bond Obligation	2/9/2045	55,000	61,281	44,207
	ASB BANK LIMITED	Corporate Bond Obligation	10/22/2031	180,000	178,374	140,494
	AT+T INC	Corporate Bond Obligation	9/15/2055	3,848,000	3,883,424	2,567,540
	AT+T INC	Corporate Bond Obligation	5/15/2035	871,000	888,428	791,783
	AT+T INC	Corporate Bond Obligation	12/1/2057	690,000	690,228	476,052
	AT+T INC	Corporate Bond Obligation	9/15/2059	428,000	447,358	286,473
	BANK OF AMERICA CORP	Corporate Bond Obligation	6/19/2041	1,490,000	1,390,866	1,002,323
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/23/2040	880,000	901,435	731,685
	BANK OF AMERICA CORP	Corporate Bond Obligation	10/20/2032	305,000	302,984	238,876
	BANK OF AMERICA CORP	Corporate Bond Obligation	4/22/2042	315,000	298,214	230,939
	BANK OF AMERICA CORP	Corporate Bond Obligation	3/15/2050	240,000	250,314	196,846
	BANK OF AMERICA CORP	Corporate Bond Obligation	2/4/2033	210,000	210,000	169,180
	BANK OF AMERICA NA	Corporate Bond Obligation	10/15/2036	495,000	618,673	505,707
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2037	1,240,000	1,268,211	964,100
	BAT CAPITAL CORP	Corporate Bond Obligation	8/15/2047	318,000	314,689	224,689
	BAT CAPITAL CORP	Corporate Bond Obligation	10/19/2032	135,000	134,380	145,203
	BAT CAPITAL CORP	Corporate Bond Obligation	9/25/2040	165,000	165,000	112,038
	BAYCARE HEALTH SYSTEM	Corporate Bond Obligation	11/15/2050	80,000	83,340	63,527
	BAYLOR SCOTT + WHITE HOL	Corporate Bond Obligation	11/15/2050	160,000	160,124	104,278
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	5/15/2037	232,000	284,886	240,700
	BERKSHIRE HATHAWAY ENERG	Corporate Bond Obligation	1/15/2049	210,000	220,905	180,333
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	8/15/2048	325,000	335,162	285,945
	BERKSHIRE HATHAWAY FIN	Corporate Bond Obligation	1/15/2049	155,000	182,800	137,983
	BLACKSTONE HOLDINGS FINA	Corporate Bond Obligation	1/30/2032	225,000	222,977	165,287
	BNP PARIBAS	Corporate Bond Obligation	1/20/2033	55,000	47,166	43,426
	BOEING CO	Corporate Bond Obligation	5/1/2040	1,965,000	1,963,164	1,873,745
	BOEING CO	Corporate Bond Obligation	5/1/2050	1,615,000	1,772,404	1,497,396
	BOEING CO	Corporate Bond Obligation	3/15/2039	305,000	413,579	322,062
	BOEING CO	Corporate Bond Obligation	5/1/2034	305,000	293,754	243,869
	BOEING CO	Corporate Bond Obligation	5/1/2060	180,000	243,805	163,969
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2039	172,000	177,805	154,281
	BOSTON SCIENTIFIC CORP	Corporate Bond Obligation	3/1/2049	30,000	31,362	26,838
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/17/2041	435,000	412,073	322,000
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	3/17/2052	470,000	441,593	309,815
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/8/2061	280,000	289,584	190,299
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	11/10/2050	270,000	264,533	172,373
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	2/24/2050	120,000	111,033	80,036
	BP CAP MARKETS AMERICA	Corporate Bond Obligation	6/4/2051	45,000	38,123	29,628
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	3/15/2052	598,000	596,472	465,160
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	2/20/2048	354,000	436,270	318,299
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	3/15/2042	300,000	298,974	243,495
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2050	203,000	186,063	127,153
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/15/2047	55,000	65,357	48,454
	BRISTOL MYERS SQUIBB CO	Corporate Bond Obligation	11/13/2040	65,000	64,856	44,689
	BROADCOM INC	Corporate Bond Obligation	2/15/2041	385,000	373,950	273,362
	BROADCOM INC	Corporate Bond Obligation	2/15/2051	35,000	34,849	24,163
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2045	360,000	381,383	307,408
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2037	215,000	279,912	232,931
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	6/15/2052	275,000	275,757	183,334
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	3/1/2041	165,000	208,147	160,999
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	5/1/2040	145,000	185,482	151,699
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2044	125,000	147,127	113,011
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	4/1/2044	105,000	115,146	99,113
	BURLINGTN NORTH SANTA FE	Corporate Bond Obligation	9/1/2042	55,000	70,136	49,016
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	9/15/2115	505,000	629,502	506,737
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2051	330,000	330,096	221,856
	CANADIAN PACIFIC RAILWAY	Corporate Bond Obligation	12/2/2041	230,000	225,387	173,397
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2040	395,000	394,260	299,793
	CARRIER GLOBAL CORP	Corporate Bond Obligation	4/5/2050	250,000	250,409	178,265
	CATERPILLAR INC	Corporate Bond Obligation	5/15/2064	280,000	316,866	265,675
	CELANESE US HOLDINGS LLC	Corporate Bond Obligation	7/15/2032	335,000	337,113	318,568
	CENTERPOINT ENER HOUSTON	Corporate Bond Obligation	3/1/2052	160,000	157,915	122,845
	CENTERPOINT ENERGY INC	Corporate Bond Obligation	9/1/2049	55,000	58,752	40,785
	CHARTEL COMM OPT LLC/CAP	Corporate Bond Obligation	10/23/2035	785,000	916,321	765,210

Premier Health Partners Employees Retirement Plan

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	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	3/1/2050	840,000	833,368	609,798
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	6/1/2052	300,000	275,629	188,349
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2048	170,000	178,314	139,177
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	6/1/2041	210,000	199,612	136,834
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2051	115,000	115,910	69,928
	CHARTER COMM OPT LLC/CAP	Corporate Bond Obligation	4/1/2061	45,000	44,947	26,026
	CI FINANCIAL CORP	Corporate Bond Obligation	6/15/2051	395,000	375,265	232,801
	CITIGROUP INC	Corporate Bond Obligation	6/15/2032	540,000	663,327	568,652
	CITIGROUP INC	Corporate Bond Obligation	1/24/2039	350,000	353,830	289,282
	CITIGROUP INC	Corporate Bond Obligation	11/3/2042	305,000	305,000	210,474
	CITIGROUP INC	Corporate Bond Obligation	5/1/2032	165,000	165,000	130,263
	CITIGROUP INC	Corporate Bond Obligation	5/6/2044	37,000	43,486	33,320
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2040	485,000	475,396	353,410
	COCA COLA CO/THE	Corporate Bond Obligation	6/1/2050	115,000	113,472	76,173
	COCA COLA CO/THE	Corporate Bond Obligation	3/15/2051	60,000	59,632	38,820
	COLUMBIA PIPELINE GROUP	Corporate Bond Obligation	6/1/2045	410,000	474,377	395,240
	COMCAST CORP	Corporate Bond Obligation	11/1/2056	1,903,000	1,891,506	1,176,872
	COMCAST CORP	Corporate Bond Obligation	1/15/2033	555,000	584,020	523,121
	COMCAST CORP	Corporate Bond Obligation	11/1/2047	630,000	649,512	503,294
	COMCAST CORP	Corporate Bond Obligation	11/1/2051	563,000	549,225	361,587
	COMCAST CORP	Corporate Bond Obligation	3/1/2038	390,000	397,759	336,090
	COMCAST CORP	Corporate Bond Obligation	11/1/2063	234,000	232,012	141,490
	COMCAST CORP	Corporate Bond Obligation	8/15/2034	75,000	78,200	69,241
	COMMONWEALTH BANK AUST	Corporate Bond Obligation	9/12/2039	165,000	165,129	120,547
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2045	365,000	376,013	283,809
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	3/1/2050	360,000	362,592	247,021
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	10/1/2042	170,000	188,358	138,045
	COMMONWEALTH EDISON CO	Corporate Bond Obligation	6/15/2046	15,000	16,041	11,393
	CON EDISON CO OF NY INC	Corporate Bond Obligation	11/15/2052	200,000	198,780	214,108
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	3/15/2052	420,000	404,087	330,179
	CONOCOPHILLIPS COMPANY	Corporate Bond Obligation	3/15/2062	255,000	248,747	200,736
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	2/15/2048	163,000	160,521	129,821
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	5/9/2047	135,000	136,901	113,609
	CONSTELLATION BRANDS INC	Corporate Bond Obligation	11/15/2048	15,000	15,969	14,052
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	6/15/2042	557,000	626,824	536,681
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	10/1/2039	368,000	455,859	375,364
	CONSTELLATION EN GEN LLC	Corporate Bond Obligation	10/1/2041	349,000	428,959	338,631
	CONSUMERS ENERGY CO	Corporate Bond Obligation	5/1/2060	310,000	288,300	173,513
	CONSUMERS ENERGY CO	Corporate Bond Obligation	8/1/2051	145,000	149,325	109,207
	CONSUMERS ENERGY CO	Corporate Bond Obligation	9/1/2052	105,000	104,925	89,833
	COREBRIDGE FINANCIAL INC	Corporate Bond Obligation	4/5/2032	370,000	369,452	323,147
	COREBRIDGE FINANCIAL INC	Corporate Bond Obligation	4/5/2052	340,000	340,495	269,477
	COREBRIDGE FINANCIAL INC	Corporate Bond Obligation	4/5/2042	105,000	104,972	86,137
	CREDIT SUISSE GROUP AG	Corporate Bond Obligation	11/15/2033	360,000	365,802	368,593
	CSX CORP	Corporate Bond Obligation	11/15/2052	510,000	506,690	442,736
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2038	600,000	642,695	546,558
	CVS HEALTH CORP	Corporate Bond Obligation	7/20/2045	385,000	440,528	350,893
	CVS HEALTH CORP	Corporate Bond Obligation	8/21/2040	275,000	274,663	189,989
	CVS HEALTH CORP	Corporate Bond Obligation	3/25/2048	119,000	143,727	106,807
	CVS PASS THROUGH TRUST	Corporate Bond Obligation	1/10/2032	178,318	214,298	185,588
	DANAHER CORP	Corporate Bond Obligation	12/10/2051	630,000	628,018	416,279
	DANAHER CORP	Corporate Bond Obligation	10/1/2050	65,000	57,670	41,452
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	7/15/2041	145,000	154,563	135,275
	DEVON ENERGY CORPORATION	Corporate Bond Obligation	6/15/2045	95,000	90,271	82,025
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2039	290,000	292,374	231,179
	DH EUROPE FINANCE II	Corporate Bond Obligation	11/15/2049	120,000	121,847	90,618
	DIAMONDBACK ENERGY INC	Corporate Bond Obligation	3/15/2033	260,000	258,887	263,892
	DOMINION ENERGY INC	Corporate Bond Obligation	4/15/2041	475,000	480,960	351,581
	DOMINION ENERGY INC	Corporate Bond Obligation	8/15/2052	90,000	88,921	77,729
	DOMINION ENERGY SOUTH	Corporate Bond Obligation	6/1/2065	145,000	166,751	131,892
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	6/1/2045	825,000	847,557	640,043
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	4/15/2038	180,000	216,856	189,653
	DUKE ENERGY CAROLINAS	Corporate Bond Obligation	3/15/2052	145,000	144,546	108,289
	DUKE ENERGY CORP	Corporate Bond Obligation	6/15/2051	105,000	105,772	72,897
	DUKE ENERGY CORP	Corporate Bond Obligation	9/1/2046	30,000	23,915	22,259
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	10/1/2046	215,000	237,599	154,409
	DUKE ENERGY FLORIDA LLC	Corporate Bond Obligation	6/15/2038	125,000	170,913	137,105
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	8/15/2038	450,000	607,252	484,007
	DUKE ENERGY INDIANA LLC	Corporate Bond Obligation	7/15/2043	165,000	176,074	152,457
	DUKE ENERGY OHIO INC	Corporate Bond Obligation	2/1/2049	150,000	186,334	122,277
	DUKE ENERGY PROGRESS LLC	Corporate Bond Obligation	5/15/2042	125,000	129,095	104,924
	ELEVANCE HEALTH INC	Corporate Bond Obligation	3/15/2051	297,000	304,238	222,005

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, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	ELEVANCE HEALTH INC	Corporate Bond Obligation	1/15/2043	20,000	25,188	18,125
	EMERA US FINANCE LP	Corporate Bond Obligation	6/15/2046	240,000	260,586	185,174
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2045	840,000	828,086	712,354
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2047	490,000	497,327	415,059
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2047	475,000	472,252	395,195
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2035	400,000	391,822	356,200
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/15/2033	215,000	214,766	210,347
	ENERGY TRANSFER LP	Corporate Bond Obligation	10/1/2043	215,000	222,531	197,536
	ENERGY TRANSFER LP	Corporate Bond Obligation	4/15/2049	210,000	238,507	195,273
	ENERGY TRANSFER LP	Corporate Bond Obligation	12/15/2045	210,000	203,403	194,300
	ENERGY TRANSFER LP	Corporate Bond Obligation	5/15/2050	205,000	229,540	163,781
	ENERGY TRANSFER LP	Corporate Bond Obligation	3/15/2045	155,000	148,124	128,290
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2043	55,000	50,535	45,460
	ENERGY TRANSFER LP	Corporate Bond Obligation	2/1/2042	45,000	49,638	44,477
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2038	40,000	41,728	36,620
	ENERGY TRANSFER LP	Corporate Bond Obligation	6/15/2048	40,000	44,929	36,058
	ENTERGY CORP	Corporate Bond Obligation	6/15/2050	490,000	561,451	360,772
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	6/15/2041	545,000	541,534	404,706
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	9/15/2052	100,000	99,457	89,728
	ENTERGY LOUISIANA LLC	Corporate Bond Obligation	3/15/2051	120,000	116,646	76,772
	ENTERGY TEXAS INC	Corporate Bond Obligation	9/30/2049	235,000	261,622	168,608
	ENTERGY TEXAS INC	Corporate Bond Obligation	9/15/2052	155,000	154,110	141,692
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	3/15/2044	515,000	519,860	453,942
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2052	445,000	318,842	291,586
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2048	295,000	297,547	236,711
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	2/15/2053	255,000	209,157	169,621
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	1/31/2051	65,000	68,905	46,859
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	1/31/2050	55,000	62,402	43,245
	ENTERPRISE PRODUCTS OPER	Corporate Bond Obligation	5/15/2046	15,000	15,515	13,043
	EXELON CORP	Corporate Bond Obligation	4/1/2032	590,000	799,243	668,948
	EXTRA SPACE STORAGE LP	Corporate Bond Obligation	3/15/2032	155,000	154,685	117,290
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	3/19/2040	625,000	677,995	562,363
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	4/15/2051	345,000	360,288	259,726
	EXXON MOBIL CORPORATION	Corporate Bond Obligation	8/16/2049	160,000	156,939	114,344
	FEDEX CORP	Corporate Bond Obligation	1/15/2047	65,000	62,006	51,836
	FIRSTENERGY TRANSMISSION	Corporate Bond Obligation	7/15/2044	195,000	198,932	181,395
	FIRSTENERGY TRANSMISSION	Corporate Bond Obligation	4/1/2049	120,000	109,579	97,098
	FLORIDA POWER + LIGHT CO	Corporate Bond Obligation	2/1/2038	370,000	489,815	393,062
	FOMENTO ECONOMICO MEX	Corporate Bond Obligation	1/16/2050	385,000	375,880	270,004
	FREEPORT MCMORAN INC	Corporate Bond Obligation	3/15/2043	952,000	1,068,517	858,742
	FREEPORT MCMORAN INC	Corporate Bond Obligation	11/14/2034	80,000	94,948	75,550
	GE HEALTHCARE TECH INC	Corporate Bond Obligation	11/22/2052	265,000	265,000	281,459
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	6/1/2041	140,000	143,354	103,530
	GENERAL DYNAMICS CORP	Corporate Bond Obligation	4/1/2040	55,000	58,399	50,179
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2036	385,000	427,796	377,069
	GENERAL MOTORS CO	Corporate Bond Obligation	10/2/2043	360,000	457,432	332,831
	GENERAL MOTORS CO	Corporate Bond Obligation	10/15/2032	185,000	184,545	171,865
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2038	140,000	155,058	120,775
	GENERAL MOTORS CO	Corporate Bond Obligation	4/1/2035	60,000	69,959	51,666
	GEORGIA POWER CO	Corporate Bond Obligation	3/15/2042	225,000	234,118	193,192
	GEORGIA POWER CO	Corporate Bond Obligation	1/30/2050	40,000	41,711	29,780
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2035	210,000	229,107	199,464
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2046	220,000	235,309	197,985
	GILEAD SCIENCES INC	Corporate Bond Obligation	9/1/2036	125,000	126,663	110,183
	GILEAD SCIENCES INC	Corporate Bond Obligation	3/1/2047	55,000	49,567	45,426
	GILEAD SCIENCES INC	Corporate Bond Obligation	2/1/2045	35,000	36,188	30,792
	GLOBAL ATLANTIC FIN CO	Corporate Bond Obligation	6/15/2031	305,000	304,566	223,779
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	2/24/2043	545,000	544,855	400,455
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/31/2038	315,000	315,482	258,984
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	10/1/2037	230,000	271,474	245,415
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/22/2042	325,000	325,000	234,101
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/8/2044	205,000	224,935	181,245
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	4/23/2039	180,000	180,701	155,525
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	5/22/2045	150,000	168,441	134,733
	GOLDMAN SACHS GROUP INC	Corporate Bond Obligation	7/21/2042	40,000	40,838	27,201
	HALLIBURTON CO	Corporate Bond Obligation	11/15/2045	60,000	59,804	53,127
	HARTFORD FINL SVCS GRP	Corporate Bond Obligation	3/30/2040	220,000	278,965	229,051
	HCA INC	Corporate Bond Obligation	3/15/2052	635,000	611,265	494,221
	HCA INC	Corporate Bond Obligation	6/15/2049	260,000	235,042	221,445
	HCA INC	Corporate Bond Obligation	6/15/2039	235,000	214,598	210,273
	HCA INC	Corporate Bond Obligation	3/15/2042	80,000	78,741	63,697
	HCA INC	Corporate Bond Obligation	7/15/2051	85,000	84,576	54,533

Premier Health Partners Employees Retirement Plan

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	HESS CORP	Corporate Bond Obligation	4/1/2047	465,000	569,500	443,917
	HESS CORP	Corporate Bond Obligation	1/15/2040	50,000	51,035	48,976
	HOME DEPOT INC	Corporate Bond Obligation	9/15/2052	545,000	539,515	523,113
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2052	675,000	621,514	521,046
	HOME DEPOT INC	Corporate Bond Obligation	12/6/2048	260,000	289,890	235,765
	HOME DEPOT INC	Corporate Bond Obligation	4/1/2046	255,000	266,042	220,784
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2040	205,000	206,342	163,221
	HOME DEPOT INC	Corporate Bond Obligation	6/15/2047	185,000	186,094	152,079
	HOME DEPOT INC	Corporate Bond Obligation	4/15/2050	180,000	159,206	132,125
	HOME DEPOT INC	Corporate Bond Obligation	3/15/2045	140,000	144,981	125,084
	HOME DEPOT INC	Corporate Bond Obligation	12/15/2049	85,000	87,709	60,184
	HSBC BANK USA NA	Corporate Bond Obligation	1/15/2039	290,000	401,587	312,414
	INDIANA MICHIGAN POWER	Corporate Bond Obligation	8/15/2048	315,000	331,640	255,415
	INTEL CORP	Corporate Bond Obligation	8/5/2052	655,000	637,292	579,452
	INTEL CORP	Corporate Bond Obligation	8/5/2062	340,000	339,245	298,272
	INTEL CORP	Corporate Bond Obligation	12/8/2047	383,000	396,022	287,028
	INTEL CORP	Corporate Bond Obligation	3/25/2050	135,000	107,024	117,165
	INTERCONTINENTALEXCHANGE	Corporate Bond Obligation	12/1/2040	255,000	253,266	176,994
	INTERCONTINENTALEXCHANGE	Corporate Bond Obligation	9/15/2060	175,000	173,222	108,335
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	11/15/2040	550,000	547,239	392,326
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	12/1/2050	550,000	559,206	372,290
	INTL FLAVOR + FRAGRANCES	Corporate Bond Obligation	9/26/2048	110,000	129,306	93,402
	INVITATION HOMES OP	Corporate Bond Obligation	4/15/2032	30,000	27,974	26,247
	JBS USA/FOOD/FINANCE	Corporate Bond Obligation	12/1/2052	865,000	858,516	823,316
	JBS USA/FOOD/FINANCE	Corporate Bond Obligation	2/2/2052	540,000	540,663	381,737
	JBS USA/FOOD/FINANCE	Corporate Bond Obligation	5/15/2032	390,000	384,965	299,072
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2041	500,000	497,739	363,365
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2038	425,000	409,933	352,750
	JPMORGAN CHASE + CO	Corporate Bond Obligation	2/4/2032	430,000	429,745	328,916
	JPMORGAN CHASE + CO	Corporate Bond Obligation	7/24/2048	360,000	372,847	283,950
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2052	255,000	243,755	172,334
	JPMORGAN CHASE + CO	Corporate Bond Obligation	4/22/2051	215,000	233,849	140,866
	JPMORGAN CHASE + CO	Corporate Bond Obligation	11/15/2048	180,000	186,784	140,400
	JPMORGAN CHASE + CO	Corporate Bond Obligation	1/23/2049	100,000	108,651	76,618
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	6/1/2051	580,000	582,879	395,009
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	6/1/2041	440,000	441,939	318,811
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	11/1/2049	225,000	229,127	162,500
	KAISER FOUNDATION HOSPIT	Corporate Bond Obligation	5/1/2047	165,000	183,292	139,791
	KEURIG DR PEPPER INC	Corporate Bond Obligation	4/15/2052	92,000	91,178	76,657
	KINDER MORGAN ENER PART	Corporate Bond Obligation	1/15/2038	75,000	91,190	79,352
	KINDER MORGAN ENER PART	Corporate Bond Obligation	11/1/2042	75,000	73,120	61,958
	KINDER MORGAN INC	Corporate Bond Obligation	2/15/2046	245,000	263,676	207,787
	KINDER MORGAN INC	Corporate Bond Obligation	8/1/2050	295,000	204,502	190,455
	KINDER MORGAN INC	Corporate Bond Obligation	8/1/2052	145,000	144,162	130,149
	KINDER MORGAN INC	Corporate Bond Obligation	3/1/2048	100,000	119,272	86,284
	KINDER MORGAN INC	Corporate Bond Obligation	6/1/2045	75,000	92,628	68,386
	KINDER MORGAN INC	Corporate Bond Obligation	2/15/2051	55,000	39,577	37,882
	KLA CORP	Corporate Bond Obligation	7/15/2052	315,000	317,296	292,556
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	10/1/2049	644,000	597,537	559,018
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2050	460,000	440,314	439,622
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	7/15/2045	400,000	393,849	369,044
	KRAFT HEINZ FOODS CO	Corporate Bond Obligation	6/1/2046	90,000	71,174	73,134
	LIBERTY MUTUAL GROUP INC	Corporate Bond Obligation	5/15/2060	115,000	114,065	75,317
	LLOYDS BANKING GROUP PLC	Corporate Bond Obligation	8/1/2033	285,000	285,000	261,684
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	9/15/2041	290,000	325,536	267,908
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	11/15/2054	200,000	198,360	209,552
	LOCKHEED MARTIN CORP	Corporate Bond Obligation	11/15/2063	155,000	153,665	166,405
	LOWE'S COS INC	Corporate Bond Obligation	4/15/2053	790,000	782,578	756,267
	LOWE'S COS INC	Corporate Bond Obligation	4/1/2062	235,000	234,824	182,689
	LOWE'S COS INC	Corporate Bond Obligation	4/1/2052	145,000	144,901	114,956
	LYB INT FINANCE III	Corporate Bond Obligation	10/15/2049	490,000	488,997	364,369
	LYB INT FINANCE III	Corporate Bond Obligation	10/1/2060	80,000	79,662	51,814
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	9/15/2044	105,000	120,789	87,675
	MARATHON PETROLEUM CORP	Corporate Bond Obligation	3/1/2041	80,000	104,561	82,178
	MASS INSTITUTE OF TECH	Corporate Bond Obligation	12/31/2099	480,000	658,197	496,406
	MERCK + CO INC	Corporate Bond Obligation	6/24/2040	80,000	71,307	55,652
	META PLATFORMS INC	Corporate Bond Obligation	8/15/2052	960,000	949,111	762,864
	META PLATFORMS INC	Corporate Bond Obligation	8/15/2062	130,000	129,763	104,303
	METLIFE INC	Corporate Bond Obligation	6/15/2034	405,000	521,865	449,647
	METLIFE INC	Corporate Bond Obligation	12/15/2044	75,000	94,628	68,573
	MICROSOFT CORP	Corporate Bond Obligation	2/12/2035	925,000	948,314	835,525
	MICROSOFT CORP	Corporate Bond Obligation	3/17/2052	1,085,000	1,034,047	767,638

Premier Health Partners Employees Retirement Plan

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	MICROSOFT CORP	Corporate Bond Obligation	6/1/2060	530,000	527,069	336,237
	MICROSOFT CORP	Corporate Bond Obligation	8/8/2036	182,000	179,311	161,012
	MICROSOFT CORP	Corporate Bond Obligation	6/1/2050	98,000	99,012	64,489
	MICROSOFT CORP	Corporate Bond Obligation	3/17/2062	50,000	48,448	34,546
	MINERA MEXICO SA DE CV	Corporate Bond Obligation	1/26/2050	550,000	521,635	415,250
	MONONGAHELA POWER CO	Corporate Bond Obligation	12/15/2043	390,000	473,117	375,679
	MORGAN STANLEY	Corporate Bond Obligation	7/24/2042	765,000	1,020,731	829,742
	MORGAN STANLEY	Corporate Bond Obligation	7/22/2038	325,000	332,002	273,637
	MORGAN STANLEY	Corporate Bond Obligation	4/22/2042	155,000	153,996	114,697
	MORGAN STANLEY	Corporate Bond Obligation	1/25/2052	75,000	75,014	46,178
	MORGAN STANLEY	Corporate Bond Obligation	1/22/2047	35,000	26,671	29,619
	MORGAN STANLEY	Corporate Bond Obligation	1/27/2045	5,000	4,908	4,238
	MPLX LP	Corporate Bond Obligation	4/15/2038	575,000	566,381	484,363
	MPLX LP	Corporate Bond Obligation	3/14/2052	210,000	185,850	171,536
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2038	250,000	263,517	222,348
	NESTLE HOLDINGS INC	Corporate Bond Obligation	9/24/2048	175,000	181,434	147,306
	NEVADA POWER CO	Corporate Bond Obligation	7/1/2037	255,000	347,851	279,952
	NEVADA POWER CO	Corporate Bond Obligation	5/1/2053	165,000	164,046	175,852
	NEWMONT CORP	Corporate Bond Obligation	4/1/2035	185,000	211,013	187,054
	NISOURCE INC	Corporate Bond Obligation	5/15/2047	425,000	437,906	355,355
	NORFOLK SOUTHERN CORP	Corporate Bond Obligation	6/15/2045	165,000	164,617	142,440
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	8/15/2042	350,000	337,383	271,803
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	6/1/2052	175,000	172,713	158,548
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	3/1/2050	225,000	222,961	153,893
	NORTHERN STATES PWR MINN	Corporate Bond Obligation	4/1/2052	125,000	124,536	88,871
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	6/1/2043	660,000	740,544	609,748
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	10/15/2047	515,000	534,730	426,770
	NORTHROP GRUMMAN CORP	Corporate Bond Obligation	5/1/2040	120,000	127,033	116,633
	NORTHWELL HEALTHCARE INC	Corporate Bond Obligation	11/1/2047	125,000	126,323	99,281
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	5/6/2044	850,000	943,531	788,707
	NOVARTIS CAPITAL CORP	Corporate Bond Obligation	8/14/2050	52,000	52,963	35,966
	NSTAR ELECTRIC CO	Corporate Bond Obligation	9/15/2052	210,000	209,187	202,868
	NVIDIA CORP	Corporate Bond Obligation	4/1/2040	235,000	238,843	190,305
	NVIDIA CORP	Corporate Bond Obligation	4/1/2050	115,000	116,872	86,797
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2040	105,000	105,000	69,172
	NY + PRESBYTERIAN HOSPIT	Corporate Bond Obligation	8/1/2060	65,000	65,000	36,786
	OGLETHORPE POWER CORP	Corporate Bond Obligation	10/1/2048	620,000	643,594	530,106
	OGLETHORPE POWER CORP	Corporate Bond Obligation	9/1/2050	480,000	528,775	410,515
	OGLETHORPE POWER CORP	Corporate Bond Obligation	4/1/2047	270,000	268,801	214,358
	OGLETHORPE POWER CORP	Corporate Bond Obligation	8/1/2050	225,000	221,697	161,354
	OGLETHORPE POWER CORP	Corporate Bond Obligation	11/1/2040	140,000	159,980	126,262
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	10/1/2052	477,000	775,502	481,007
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	4/1/2045	450,000	449,633	361,764
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	12/1/2041	355,000	398,107	323,196
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	6/1/2042	278,000	341,438	276,468
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	5/15/2050	250,000	259,859	197,100
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	9/15/2052	110,000	109,487	106,164
	ONCOR ELECTRIC DELIVERY	Corporate Bond Obligation	1/15/2033	80,000	113,837	92,882
	ORACLE CORP	Corporate Bond Obligation	11/9/2052	1,330,000	1,380,280	1,422,874
	ORACLE CORP	Corporate Bond Obligation	3/25/2041	735,000	597,101	542,570
	ORACLE CORP	Corporate Bond Obligation	5/15/2045	520,000	542,348	392,168
	ORACLE CORP	Corporate Bond Obligation	3/25/2051	480,000	359,132	341,971
	ORACLE CORP	Corporate Bond Obligation	11/9/2032	270,000	269,525	282,587
	ORACLE CORP	Corporate Bond Obligation	11/15/2037	260,000	264,988	205,865
	ORACLE CORP	Corporate Bond Obligation	7/15/2046	210,000	218,646	153,035
	ORACLE CORP	Corporate Bond Obligation	11/15/2047	120,000	93,461	87,708
	ORACLE CORP	Corporate Bond Obligation	4/1/2050	105,000	76,174	70,693
	ORACLE CORP	Corporate Bond Obligation	7/15/2036	40,000	44,339	32,708
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2040	285,000	265,583	192,965
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	6/1/2041	240,000	231,926	177,653
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	8/1/2050	275,000	272,608	170,808
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	2/1/2031	200,000	199,792	155,178
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	7/1/2050	125,000	93,495	96,855
	PACIFIC GAS + ELECTRIC	Corporate Bond Obligation	7/1/2040	65,000	48,494	50,802
	PACIFICORP	Corporate Bond Obligation	1/15/2039	310,000	388,085	322,416
	PACIFICORP	Corporate Bond Obligation	3/15/2051	170,000	171,262	122,079
	PACIFICORP	Corporate Bond Obligation	10/15/2037	55,000	73,933	58,571
	PARAMOUNT GLOBAL	Corporate Bond Obligation	9/1/2043	1,175,000	1,293,252	975,708
	PARAMOUNT GLOBAL	Corporate Bond Obligation	4/30/2036	125,000	136,930	121,359
	PARAMOUNT GLOBAL	Corporate Bond Obligation	3/15/2043	65,000	62,638	44,760
	PECO ENERGY CO	Corporate Bond Obligation	8/15/2052	180,000	179,257	158,328
	PEPSICO INC	Corporate Bond Obligation	10/2/2051	265,000	263,283	183,255

Premier Health Partners Employees Retirement Plan

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	PEPSICO INC	Corporate Bond Obligation	10/21/2041	215,000	210,271	159,089
	PFIZER INC	Corporate Bond Obligation	12/15/2036	340,000	357,288	310,070
	PFIZER INC	Corporate Bond Obligation	5/28/2040	225,000	208,917	162,693
	PFIZER INC	Corporate Bond Obligation	3/15/2049	100,000	103,688	86,377
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	8/21/2042	215,000	205,477	163,226
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	3/4/2043	78,000	77,614	61,630
	PHILIP MORRIS INTL INC	Corporate Bond Obligation	11/15/2043	52,000	57,085	45,459
	PHILLIPS 66	Corporate Bond Obligation	11/15/2034	215,000	218,072	200,591
	PHILLIPS 66	Corporate Bond Obligation	10/1/2046	215,000	209,382	190,284
	PHILLIPS 66	Corporate Bond Obligation	3/15/2052	270,000	268,010	186,311
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	11/15/2037	315,000	431,683	344,925
	POTOMAC ELECTRIC POWER	Corporate Bond Obligation	3/15/2043	250,000	263,704	211,098
	PPL ELECTRIC UTILITIES	Corporate Bond Obligation	7/15/2043	385,000	406,485	350,978
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2049	125,000	138,254	97,348
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	7/15/2033	85,000	114,588	86,972
	PRUDENTIAL FINANCIAL INC	Corporate Bond Obligation	12/7/2047	95,000	109,206	75,650
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	6/15/2046	645,000	655,535	473,288
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	3/15/2043	400,000	413,785	319,428
	PUBLIC SERVICE COLORADO	Corporate Bond Obligation	8/15/2041	125,000	148,446	109,581
	RAYTHEON TECH CORP	Corporate Bond Obligation	6/1/2042	1,185,000	1,283,113	1,065,694
	RAYTHEON TECH CORP	Corporate Bond Obligation	3/15/2052	820,000	821,781	555,919
	RAYTHEON TECH CORP	Corporate Bond Obligation	11/16/2038	150,000	154,956	136,248
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/15/2045	155,000	160,556	129,216
	RAYTHEON TECH CORP	Corporate Bond Obligation	5/4/2047	85,000	81,110	69,702
	REGENCY CENTERS LP	Corporate Bond Obligation	3/15/2049	410,000	427,228	326,077
	REGENCY CENTERS LP	Corporate Bond Obligation	2/1/2047	30,000	29,445	23,041
	REXFORD INDUSTRIAL REALT	Corporate Bond Obligation	9/1/2031	400,000	349,448	306,504
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	8/15/2045	440,000	519,591	374,792
	REYNOLDS AMERICAN INC	Corporate Bond Obligation	9/15/2043	170,000	205,918	151,628
	ROCHE HOLDINGS INC	Corporate Bond Obligation	12/13/2051	756,000	754,524	489,578
	ROGERS COMMUNICATIONS IN	Corporate Bond Obligation	3/15/2044	130,000	135,903	111,372
	S+P GLOBAL INC	Corporate Bond Obligation	3/1/2062	100,000	98,211	77,204
	S+P GLOBAL INC	Corporate Bond Obligation	3/1/2052	65,000	63,959	50,157
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2038	340,000	346,322	305,082
	SABAL TRAIL TRANS	Corporate Bond Obligation	5/1/2048	320,000	322,483	266,090
	SALESFORCE INC	Corporate Bond Obligation	7/15/2041	550,000	541,959	392,552
	SALESFORCE INC	Corporate Bond Obligation	7/15/2051	395,000	388,751	258,891
	SALESFORCE INC	Corporate Bond Obligation	7/15/2061	205,000	204,340	130,171
	SAN DIEGO G + E	Corporate Bond Obligation	6/15/2049	170,000	183,454	138,355
	SAN DIEGO G + E	Corporate Bond Obligation	4/15/2050	55,000	55,517	39,310
	SAN DIEGO G + E	Corporate Bond Obligation	5/15/2048	40,000	51,166	33,348
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2038	225,000	225,142	184,509
	SEMPRA ENERGY	Corporate Bond Obligation	2/1/2048	77,000	77,409	60,005
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/11/2035	395,000	409,341	366,224
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	12/15/2038	165,000	222,144	181,413
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	5/10/2046	190,000	192,885	154,928
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	9/12/2046	135,000	133,301	105,720
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	8/21/2042	55,000	51,158	44,230
	SHELL INTERNATIONAL FIN	Corporate Bond Obligation	11/26/2051	35,000	33,595	23,699
	SIMON PROPERTY GROUP LP	Corporate Bond Obligation	11/30/2046	41,000	44,541	32,741
	SOUTHERN CAL EDISON	Corporate Bond Obligation	4/1/2047	395,000	414,313	308,681
	SOUTHERN CAL EDISON	Corporate Bond Obligation	9/1/2040	250,000	263,034	213,478
	SOUTHERN CAL EDISON	Corporate Bond Obligation	2/1/2050	121,000	95,724	88,369
	SOUTHERN CAL EDISON	Corporate Bond Obligation	1/15/2034	30,000	37,683	31,329
	SOUTHERN NATURAL GAS	Corporate Bond Obligation	3/15/2047	375,000	382,382	304,234
	SPIRIT REALTY LP	Corporate Bond Obligation	2/15/2031	765,000	771,656	610,761
	SPIRIT REALTY LP	Corporate Bond Obligation	1/15/2030	310,000	317,082	258,255
	SUN COMMUNITIES OPER LP	Corporate Bond Obligation	4/15/2032	475,000	472,222	418,347
	SUN COMMUNITIES OPER LP	Corporate Bond Obligation	7/15/2031	390,000	395,833	307,835
	SUNCOR ENERGY INC	Corporate Bond Obligation	5/15/2038	325,000	408,672	340,441
	SUNCOR ENERGY INC	Corporate Bond Obligation	3/4/2051	190,000	189,084	136,485
	SUTTER HEALTH	Corporate Bond Obligation	8/15/2050	175,000	175,000	118,610
	T MOBILE USA INC	Corporate Bond Obligation	2/15/2041	500,000	480,500	352,810
	T MOBILE USA INC	Corporate Bond Obligation	9/15/2062	165,000	163,881	159,629
	TARGET CORP	Corporate Bond Obligation	1/15/2052	115,000	114,254	78,868
	TEXAS EASTERN TRANSMISSI	Corporate Bond Obligation	1/15/2048	255,000	249,762	204,485
	THERMO FISHER SCIENTIFIC	Corporate Bond Obligation	10/15/2041	300,000	298,684	220,788
	TIME WARNER CABLE LLC	Corporate Bond Obligation	6/15/2039	495,000	647,166	468,765
	TIME WARNER CABLE LLC	Corporate Bond Obligation	5/1/2037	290,000	341,387	276,097
	TIME WARNER CABLE LLC	Corporate Bond Obligation	7/1/2038	210,000	262,967	208,314
	TIME WARNER CABLE LLC	Corporate Bond Obligation	11/15/2040	220,000	244,998	191,671
	TIME WARNER CABLE LLC	Corporate Bond Obligation	9/15/2042	40,000	40,075	29,284

Premier Health Partners Employees Retirement Plan

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	5/29/2050	830,000	836,827	586,163
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	6/29/2041	320,000	319,578	238,374
	TOTALENERGIES CAP INTL	Corporate Bond Obligation	6/29/2060	75,000	78,321	52,204
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/1/2034	840,000	901,295	765,475
	TRANSCANADA PIPELINES	Corporate Bond Obligation	5/15/2038	280,000	286,362	249,567
	TRANSCANADA PIPELINES	Corporate Bond Obligation	3/15/2049	120,000	151,336	108,791
	TRANSCONT GAS PIPE LINE	Corporate Bond Obligation	8/15/2041	615,000	671,654	582,965
	TUCSON ELECTRIC POWER CO	Corporate Bond Obligation	6/15/2050	50,000	51,102	37,921
	UBS AG LONDON	Corporate Bond Obligation	6/26/2048	255,000	272,691	214,695
	UBS GROUP AG	Corporate Bond Obligation	8/5/2033	440,000	440,000	407,299
	UBS GROUP AG	Corporate Bond Obligation	2/1/2033	30,000	25,322	23,186
	UNION PACIFIC CORP	Corporate Bond Obligation	10/1/2051	440,000	455,230	350,016
	UNION PACIFIC CORP	Corporate Bond Obligation	9/16/2062	520,000	527,082	334,017
	UNION PACIFIC CORP	Corporate Bond Obligation	2/14/2053	205,000	199,856	153,926
	UNION PACIFIC CORP	Corporate Bond Obligation	8/15/2039	95,000	95,786	78,434
	UNION PACIFIC CORP	Corporate Bond Obligation	2/14/2042	80,000	79,896	63,586
	UNION PACIFIC CORP	Corporate Bond Obligation	3/20/2060	70,000	70,779	54,074
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	2/15/2053	700,000	698,718	755,839
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	6/15/2048	480,000	499,190	414,605
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	2/15/2063	285,000	281,637	309,265
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	7/15/2035	295,000	329,838	285,997
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2041	350,000	348,079	263,001
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2052	260,000	248,316	239,977
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2051	215,000	223,218	153,841
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2047	170,000	174,097	135,176
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2040	145,000	140,772	105,196
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2062	95,000	94,069	88,909
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	5/15/2050	120,000	116,263	81,182
	UNITEDHEALTH GROUP INC	Corporate Bond Obligation	10/15/2042	35,000	35,833	29,523
	US BANCORP	Corporate Bond Obligation	11/3/2036	545,000	545,000	414,729
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/22/2051	1,385,000	1,441,381	986,605
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	8/10/2033	855,000	889,781	800,015
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	10/30/2056	865,000	891,507	527,737
	VERIZON COMMUNICATIONS	Corporate Bond Obligation	3/22/2041	685,000	670,897	515,052
	VICI PROPERTIES LP	Corporate Bond Obligation	5/15/2052	385,000	359,965	340,559
	VICI PROPERTIES LP	Corporate Bond Obligation	5/15/2032	250,000	249,448	231,488
	VIRGINIA ELEC + POWER CO	Corporate Bond Obligation	12/15/2050	174,000	171,230	103,139
	VISA INC	Corporate Bond Obligation	12/14/2045	705,000	763,251	643,566
	VISA INC	Corporate Bond Obligation	4/15/2040	90,000	89,689	68,176
	VODAFONE GROUP PLC	Corporate Bond Obligation	9/17/2050	245,000	249,158	186,830
	VODAFONE GROUP PLC	Corporate Bond Obligation	5/30/2038	135,000	137,799	124,231
	WALMART INC	Corporate Bond Obligation	9/22/2041	600,000	577,613	437,730
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	1/13/2051	775,000	805,107	590,116
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	9/1/2049	495,000	470,190	327,393
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	5/13/2040	380,000	367,800	305,904
	WALT DISNEY COMPANY/THE	Corporate Bond Obligation	3/23/2040	90,000	79,763	84,081
	WARNERMEDIA HOLDINGS INC	Corporate Bond Obligation	3/15/2042	580,000	580,000	443,746
	WARNERMEDIA HOLDINGS INC	Corporate Bond Obligation	3/15/2052	135,000	135,000	98,141
	WELLS FARGO + COMPANY	Corporate Bond Obligation	4/25/2053	1,095,000	1,078,185	927,147
	WELLS FARGO + COMPANY	Corporate Bond Obligation	12/7/2046	475,000	518,299	397,789
	WELLS FARGO + COMPANY	Corporate Bond Obligation	6/14/2046	325,000	325,301	261,050
	WELLS FARGO + COMPANY	Corporate Bond Obligation	7/25/2033	195,000	198,582	185,158
	WELLS FARGO + COMPANY	Corporate Bond Obligation	1/15/2044	150,000	193,958	145,424
	WELLS FARGO + COMPANY	Corporate Bond Obligation	4/4/2051	75,000	103,007	66,066
	WELLS FARGO + COMPANY	Corporate Bond Obligation	11/17/2045	50,000	62,376	43,044
	WELLS FARGO BANK NA	Corporate Bond Obligation	1/15/2038	1,100,000	1,398,050	1,188,429
	WELLS FARGO BANK NA	Corporate Bond Obligation	2/1/2037	305,000	337,692	307,547
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/18/2036	260,000	243,868	193,302
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/18/2041	240,000	240,000	158,309
	WESTPAC BANKING CORP	Corporate Bond Obligation	8/10/2033	110,000	110,000	102,709
	WESTPAC BANKING CORP	Corporate Bond Obligation	11/15/2035	35,000	35,000	26,014
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	1/15/2031	270,000	322,839	295,537
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	6/24/2044	80,000	86,006	76,166
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	10/15/2051	105,000	76,891	71,458
	WILLIAMS COMPANIES INC	Corporate Bond Obligation	9/15/2045	60,000	62,422	52,462
					180,663,557	143,674,513

Premier Health Partners Employees Retirement Plan

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	ALLSPRING INTERNATIONAL EQUITY	Limited Partnership			141,182		15,000,000		16,470,742
	CANYON VALUE REALIZATION FUND	Limited Partnership			1,213		10,000,000		12,351,388
	CHATHAM HIGH YIELD OFFSHORE	Limited Partnership			30,723		10,000,000		19,498,995
	DGV ENHANCED U.S. EQUITY	Limited Partnership			16,000,000		16,000,000		20,331,872
	INDEPENDENT FRAN PARTS GL EQTY	Limited Partnership			20,303,571		20,217,287		46,448,906
	SANDS CAPTL EMG MKT GTH FEEDER	Limited Partnership			12,403,196		12,403,285		10,921,572
							83,620,572		126,023,475
Total						\$	588,169,607	\$	633,745,841

* 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, 2022

(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					
	176,438,757 units purchased in a series of 249 transactions	\$ 176,438,757	\$ -	\$ 176,438,757	\$ 176,438,757	\$ -
	211,672,728 units sold in a series of 267 transactions	-	211,672,728	211,672,728	211,672,728	-
U.S. Treasury	U.S. TREASURY N/B, maturity date of November 15, 2051					
	66,570,000 units purchased in a series of 221 transactions	58,651,711	-	58,651,711	58,651,711	-
	66,570,000 units sold in a series of 157 transactions	-	52,198,239	58,651,710	52,198,239	(6,453,471)
U.S. Treasury	U.S. TREASURY N/B, maturity date of May 15, 2052					
	57,500,000 units purchased in a series of 184 transactions	55,321,901	-	55,321,901	55,321,901	-
	54,630,000 units sold in a series of 167 transactions	-	44,210,773	48,529,714	44,210,773	(4,318,941)
U.S. Treasury	U.S. TREASURY N/B, maturity date of February 15, 2052					
	58,285,000 units purchased in a series of 203 transactions	48,659,111	-	48,659,111	48,659,111	-
	55,110,000 units sold in a series of 157 transactions	-	44,523,688	46,006,063	44,523,688	(1,482,375)
U.S. Treasury	U.S. TREASURY N/B, maturity date of August 15, 2051					
	8,660,000 units purchased in a series of 61 transactions	8,426,581	-	8,426,581	8,426,581	-
	44,685,000 units sold in a series of 62 transactions	-	41,845,389	44,565,830	41,845,389	(2,720,441)

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, 2022 to December 31, 2022.
Columns (e) and (f) were excluded as they were not applicable.

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2022**

**Premier Health
Premier Health Partners Employees Retirement Plan
Active Employees**

EIN: 31-1446699 PN: 001

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	80	312								
	\$39,336	\$50,249								
	\$96	\$1,366								
25-29	49	761	186							
	\$36,391	\$56,564	\$61,700							
		\$2,446	\$6,398							
30-34	62	608	455	126	1					
	\$31,573	\$65,551	\$65,732	\$68,701						
		\$2,975	\$8,778	\$15,121						
35-39	47	464	347	285	107	5				
	\$21,192	\$75,122	\$75,776	\$76,711	\$75,558					
	\$309	\$3,595	\$10,326	\$18,703	\$24,570					
40-44	24	354	301	217	163	93	3			
	\$40,182	\$82,030	\$79,631	\$81,272	\$86,436	\$80,085				
		\$3,982	\$10,787	\$19,098	\$30,241	\$34,131				
45-49	32	233	241	168	137	154	53	2		
	\$25,136	\$75,218	\$90,012	\$92,311	\$89,891	\$93,639	\$85,707			
	\$1,052	\$3,435	\$12,879	\$22,266	\$27,151	\$39,533	\$41,211			
50-54	24	232	226	179	131	175	120	62	2	
	\$26,680	\$70,791	\$73,638	\$94,825	\$81,393	\$90,207	\$92,786	\$86,481		
		\$3,280	\$10,772	\$22,741	\$25,368	\$37,249	\$42,258	\$44,190		
55-59	12	172	195	150	132	170	117	122	53	5
		\$73,937	\$75,321	\$81,445	\$79,228	\$76,819	\$91,289	\$89,907	\$85,043	
		\$3,496	\$10,908	\$20,888	\$27,195	\$30,666	\$36,017	\$47,614	\$41,296	
60-64	10	131	126	122	132	171	117	88	83	80
		\$74,378	\$78,938	\$80,520	\$66,358	\$73,510	\$89,758	\$96,770	\$84,026	\$78,278
		\$3,876	\$12,534	\$20,796	\$22,126	\$29,813	\$35,438	\$53,794	\$42,855	\$46,019
65-69	12	40	64	47	43	60	38	17	14	34
		\$92,648	\$85,992	\$88,751	\$82,043	\$72,282	\$86,202			\$79,527
		\$5,424	\$15,183	\$24,384	\$32,793	\$25,415	\$32,430			\$43,523
70+	9	24	16	17	9	8	5	1	1	4
		\$86,717								
		\$5,703								

N-9,872

Schedule SB Attachment (Form 5500)—2022 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 2021), 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	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2021), without regard to interest rate stabilization.
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Salary Increases	
Minimum Funding Target Normal Cost	2.25%, plus rates in Table 1
Maximum Tax Expected Benefit Increase	2.25%, plus rates in Table 1
Cash Balance Interest Crediting Rate	4.01% (PHP) 3.79% (UVMC; Good Sam) 3.36% (Atrium pre-2003) 2.45% (Atrium post-2002)
Cash Balance Annuity Conversion Rate	N/A
Optional Payment Form Election Percentage	Active Participants with Final Average Pay Benefits: Retirement eligible: 100% immediate life annuity Not retirement eligible: 100% life annuity deferred to age 62 Active Participants with Cash Balance Only: 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

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 3
Disability Rates	See Tables 4–5
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2021 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 \$245,000 and the IRC section 401(a)(17)

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

compensation limit of \$305,000.

Valuation of Plan Assets

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

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

Expected Return on Assets

2020 Plan Year	6.50%, limited to 6.27%
2021 Plan Year	5.65%
2022 Plan Year	5.87%

Trust Expenses Included in Target Normal Cost

\$4,900,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 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)—2022 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)—2022 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)—2022 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)—2022 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)—2022 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**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- 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>	10/9/23	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 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor STACEY LAWSON, 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 16,333
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 9,872 6a(2) 9,326 6b 2,288 6c 4,537 6d 16,151 6e 163 6f 16,314 6g 6h 402
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

Plan Name	Premier Health Partners Employees Retirement Plan
Plan Sponsor EIN	31-1446699
ERISA Plan No.	001
Plan Year End	12/31/2022

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

SCHEDULE SB (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>	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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► **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>2022</u>			
2 Assets:			
a Market value.....	2a	869,820,612	
b Actuarial value.....	2b	838,944,822	
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.....	2,248	270,406,730	270,406,730
b For terminated vested participants.....	4,213	122,736,386	122,736,386
c For active participants.....	9,872	290,385,552	294,526,301
d Total.....	16,333	683,528,668	687,669,417
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	5.42%	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	18,517,105	
b Expected plan-related expenses.....	6b	4,900,000	
c Total (line 6a + line 6b).....	6c	23,417,105	

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	<div style="text-align: center;"> Jason M. Bravo Signature of actuary </div>	<div style="text-align: center;"> 09/19/2023 Date 2305569 Most recent enrollment number 216-430-4732 Telephone number (including area code) </div>
<div style="text-align: center;"> Jason M. Bravo Type or print name of actuary Aon Consulting, Inc. Firm name </div>		
<div style="text-align: center;"> MSC# 17854 PO Box 7505 Fort Washington PA 19034 Address of the firm </div>		

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) 2022
v. 220413

Part II	Beginning of Year Carryover and Prefunding Balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	62,116,966
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,712,491
9	Amount remaining (line 7 minus line 8)	0	54,404,475
10	Interest on line 9 using prior year's actual return of <u>5.25</u> %	0	2,856,235
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18,710,890
	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>5.60</u> %		1,047,810
	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		19,758,700
	d Portion of (c) to be added to prefunding balance		19,758,700
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	77,019,410

Part III | Funding Percentages

14	Funding target attainment percentage.....	14	110.79 %
15	Adjusted funding target attainment percentage	15	121.99 %
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	106.38 %
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		
04/24/2023	1,900,000	0					
05/29/2023	3,300,000	0					
06/26/2023	3,500,000	0					
07/25/2023	4,000,000	0					
08/25/2023	3,500,000	0					
09/13/2023	6,800,000	0					
			Totals ►	18(b)	23,000,000	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	21,182,811

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

Frequency distribution of end of quarter of this past year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ 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 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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	23,417,105	
b Excess assets, if applicable, but not greater than line 31a	31b	23,417,105	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	21,182,811	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	21,182,811	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2022

Date	Amount	Days to Discount to 1/1/2022 at 5.42%	Interest Adjusted Contribution
April 24, 2023	\$ 1,900,000	478	\$ 1,773,103
May 29, 2023	3,300,000	513	3,064,052
June 26, 2023	3,500,000	541	3,236,620
July 25, 2023	4,000,000	570	3,683,515
August 25, 2023	3,500,000	601	3,208,659
September 13, 2023	6,800,000	620	6,216,862
Total Contribution	\$ 23,000,000		\$ 21,182,811

Schedule SB Attachment (Form 5500)—2022 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)—2022 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 2021), 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	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2021), without regard to interest rate stabilization.
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Salary Increases	
Minimum Funding Target Normal Cost	2.25%, plus rates in Table 1
Maximum Tax Expected Benefit Increase	2.25%, plus rates in Table 1
Cash Balance Interest Crediting Rate	4.01% (PHP) 3.79% (UVMC; Good Sam) 3.36% (Atrium pre-2003) 2.45% (Atrium post-2002)
Cash Balance Annuity Conversion Rate	N/A
Optional Payment Form Election Percentage	Active Participants with Final Average Pay Benefits: Retirement eligible: 100% immediate life annuity Not retirement eligible: 100% life annuity deferred to age 62 Active Participants with Cash Balance Only: 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

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
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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
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 3
Disability Rates	See Tables 4–5
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. For current retirees with a joint & survivor form of payment, an adjustment is made for the beneficiary's probability of death before the retiree's death.
Valuation Compensation	2021 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

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

\$245,000 and the IRC section 401(a)(17) compensation limit of \$305,000.

Valuation of Plan Assets

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

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

Expected Return on Assets

2020 Plan Year

6.50%, limited to 6.27%

2021 Plan Year

5.65%

2022 Plan Year

5.87%

Trust Expenses Included in Target Normal Cost

\$4,900,000. Equal to prior year actual trust expenses less PBGC premiums, plus PBGC premiums for the current year, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 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)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Table 2

Retirement Rates

<u>Age</u>	<u>Rate</u>
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)—2022 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)—2022 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)—2022 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)—2022 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%			

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Med America

History of Plan

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

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

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

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

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

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

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

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

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

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

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

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

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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.

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Credited Service	<p>Computed on the same basis as vesting service but limited to a maximum of 30 years before December 31, 2007.</p> <p>After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.</p>
Benefit Service	<p>Service used to determine the amount of the cash balance credits.</p> <p>Pre-2008 benefit service is equal to the years and partial years of credited service the member had as of December 31, 2007.</p> <p>Post-2007 benefit service is granted for each plan year in which a member completes 1,000 hours of service. Service is not granted during periods of disability.</p>
Accumulation of Employee Contributions	<p>Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.</p>
Member	<p>Any current or former participant who is receiving or is entitled to receive benefits under this plan.</p>
Plan Year	<p>January 1 to December 31.</p>

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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 assumption changes:

- The expected return on assets was updated from 5.65% to 5.87%.

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 26a—Schedule of Active Participant Data as of January 1, 2022

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2022**

**Premier Health
Premier Health Partners Employees Retirement Plan
Active Employees**

EIN: 31-1446699 PN: 001

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	80	312								
	\$39,336	\$50,249								
	\$96	\$1,366								
25-29	49	761	186							
	\$36,391	\$56,564	\$61,700							
		\$2,446	\$6,398							
30-34	62	608	455	126	1					
	\$31,573	\$65,551	\$65,732	\$68,701						
		\$2,975	\$8,778	\$15,121						
35-39	47	464	347	285	107	5				
	\$21,192	\$75,122	\$75,776	\$76,711	\$75,558					
	\$309	\$3,595	\$10,326	\$18,703	\$24,570					
40-44	24	354	301	217	163	93	3			
	\$40,182	\$82,030	\$79,631	\$81,272	\$86,436	\$80,085				
		\$3,982	\$10,787	\$19,098	\$30,241	\$34,131				
45-49	32	233	241	168	137	154	53	2		
	\$25,136	\$75,218	\$90,012	\$92,311	\$89,891	\$93,639	\$85,707			
	\$1,052	\$3,435	\$12,879	\$22,266	\$27,151	\$39,533	\$41,211			
50-54	24	232	226	179	131	175	120	62	2	
	\$26,680	\$70,791	\$73,638	\$94,825	\$81,393	\$90,207	\$92,786	\$86,481		
		\$3,280	\$10,772	\$22,741	\$25,368	\$37,249	\$42,258	\$44,190		
55-59	12	172	195	150	132	170	117	122	53	5
		\$73,937	\$75,321	\$81,445	\$79,228	\$76,819	\$91,289	\$89,907	\$85,043	
		\$3,496	\$10,908	\$20,888	\$27,195	\$30,666	\$36,017	\$47,614	\$41,296	
60-64	10	131	126	122	132	171	117	88	83	80
		\$74,378	\$78,938	\$80,520	\$66,358	\$73,510	\$89,758	\$96,770	\$84,026	\$78,278
		\$3,876	\$12,534	\$20,796	\$22,126	\$29,813	\$35,438	\$53,794	\$42,855	\$46,019
65-69	12	40	64	47	43	60	38	17	14	34
		\$92,648	\$85,992	\$88,751	\$82,043	\$72,282	\$86,202			\$79,527
		\$5,424	\$15,183	\$24,384	\$32,793	\$25,415	\$32,430			\$43,523
70+	9	24	16	17	9	8	5	1	1	4
		\$86,717								
		\$5,703								

N-9,872

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Schedule SB, line 26b—Projection of Expected Benefit Payments as of January 1, 2022

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2022	8,790,786	10,016,438	25,392,326	44,199,550
2023	10,252,317	4,958,069	24,842,364	40,052,749
2024	17,611,146	5,502,064	24,284,450	47,397,659
2025	18,034,331	5,985,451	23,735,728	47,755,510
2026	19,113,248	6,915,746	23,199,936	49,228,930
2027	19,569,104	7,400,120	22,626,883	49,596,108
2028	20,015,245	7,368,337	22,021,694	49,405,276
2029	20,133,178	7,872,829	21,382,656	49,388,663
2030	20,710,081	8,191,342	20,696,037	49,597,460
2031	20,812,684	8,201,642	19,944,071	48,958,397
2032	21,091,048	8,558,380	19,150,048	48,799,476
2033	21,361,673	8,479,261	18,328,274	48,169,208
2034	21,448,746	9,009,348	17,460,454	47,918,548
2035	21,110,465	8,619,427	16,551,675	46,281,567
2036	21,278,859	8,701,078	15,602,968	45,582,906
2037	21,508,688	8,276,053	14,617,807	44,402,548
2038	20,822,210	8,612,574	13,601,373	43,036,157
2039	20,684,320	8,939,482	12,560,488	42,184,290
2040	20,867,026	8,684,395	11,503,667	41,055,088
2041	20,742,020	8,572,031	10,440,965	39,755,016
2042	20,803,380	8,901,589	9,383,766	39,088,735
2043	20,108,982	8,440,483	8,344,488	36,893,953
2044	19,699,577	8,593,556	7,336,082	35,629,215
2045	19,802,955	8,062,774	6,371,417	34,237,145
2046	18,695,059	7,815,417	5,462,614	31,973,090
2047	18,324,027	7,492,775	4,620,282	30,437,084
2048	18,036,120	7,517,476	3,852,799	29,406,395
2049	17,116,959	6,778,958	3,165,840	27,061,757
2050	15,798,933	6,755,395	2,562,143	25,116,470
2051	14,624,717	5,731,685	2,041,483	22,397,885
2052	13,663,774	5,638,267	1,600,958	20,903,000
2053	12,304,743	4,799,942	1,235,479	18,340,164
2054	11,361,075	4,195,602	938,285	16,494,962
2055	10,124,499	3,867,255	701,497	14,693,251
2056	9,253,356	3,295,263	516,680	13,065,299
2057	8,082,006	2,824,173	375,381	11,281,560
2058	7,086,736	2,553,485	269,544	9,909,766
2059	6,330,417	2,232,689	191,836	8,754,942
2060	5,285,192	1,999,883	135,857	7,420,933
2061	4,467,980	1,734,762	96,227	6,298,969

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Premier Health Partners Employees Retirement Plan
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2062	3,884,399	1,536,337	68,576	5,489,312
2063	3,355,721	1,356,430	49,483	4,761,634
2064	2,918,165	1,196,271	36,356	4,150,792
2065	2,544,526	1,050,388	27,292	3,622,206
2066	2,207,696	917,846	20,943	3,146,486
2067	1,904,759	797,749	16,384	2,718,892
2068	1,633,308	689,257	12,998	2,335,564
2069	1,391,271	591,599	10,392	1,993,262
2070	1,176,313	504,067	8,319	1,688,699
2071	986,534	426,009	6,629	1,419,172

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2022

Date	Amount	Days to Discount to 1/1/2022 at 5.42%	Interest Adjusted Contribution
April 24, 2023	\$ 1,900,000	478	\$ 1,773,103
May 29, 2023	3,300,000	513	3,064,052
June 26, 2023	3,500,000	541	3,236,620
July 25, 2023	4,000,000	570	3,683,515
August 25, 2023	3,500,000	601	3,208,659
September 13, 2023	6,800,000	620	6,216,862
Total Contribution	\$ 23,000,000		\$ 21,182,811

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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, line 26b—Projection of Expected Benefit Payments as of January 1, 2022

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2060	5,285,192	1,999,883	135,857	7,420,933

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Premier Health Partners Employees Retirement Plan
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2061	4,467,980	1,734,762	96,227	6,298,969
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2070	1,176,313	504,067	8,319	1,688,699
2071	986,534	426,009	6,629	1,419,172

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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.

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

Annual Benefit

Choice One Participants

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

OR

Choice Two Participants

Accrued pension account, plus, any final average pay 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

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

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.

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Accrued Pension Account Interest	The interest percentage earned on the accrued pension account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the plan year as of which the interest is being credited.
Compensation	W-2 pay plus elective deferrals less reimbursements or other expense allowances.
Choice One Participant	Participant who is covered under the “final average pay” (FAP) benefit formula.
Choice Two Participant	Participant who is covered under the cash balance formula.
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.

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Credited Service	<p>Computed on the same basis as vesting service but limited to a maximum of 30 years before December 31, 2007.</p> <p>After December 31, 2007, a member shall not earn credited service during any period of time that the member is a Choice Two participant.</p>
Benefit Service	<p>Service used to determine the amount of the cash balance credits.</p> <p>Pre-2008 benefit service is equal to the years and partial years of credited service the member had as of December 31, 2007.</p> <p>Post-2007 benefit service is granted for each plan year in which a member completes 1,000 hours of service. Service is not granted during periods of disability.</p>
Accumulation of Employee Contributions	<p>Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.</p>
Member	<p>Any current or former participant who is receiving or is entitled to receive benefits under this plan.</p>
Plan Year	<p>January 1 to December 31.</p>

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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.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

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

Automatic Form for Unmarried Participants	Single life annuity.
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Automatic Form for Married Participants	Actuarially reduced joint and 50% survivor annuity.
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Option Forms	Life only; Life and 5 years certain; Life and 10 years certain; Life and 15 years certain; Joint and 50% survivor; Joint and 75% survivor; Joint and 100% survivor; Level income; Lump sum.
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Optional Form Conversion Factors	Lump sum or level income forms: Segment interest rates and mortality as described in IRC section 417(e) applicable to the current calendar year with interest rates as of the fifth calendar month preceding the calendar year.
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	Other annuity forms: RP-2000 mortality table projected to 2015 weighted 15% male 85% female and 7% interest.
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Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
EIN: 311446699 PN: 001

Upper Valley Medical Center (Prior DB Plan)

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
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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.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
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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.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
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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).

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
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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.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
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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.

Plan Name	Premier Health Partners Employees Retirement Plan
Plan Sponsor EIN	31-1446699
ERISA Plan No.	001
Plan Year End	12/31/2022

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2022 Plan Year
Premier Health Partners Employees Retirement Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The expected return on assets was updated from 5.65% to 5.87%.

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.