GENERAL AGENCIES OF THE UNITED METHODIST CHURCH BENEFIT PLAN

FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2018 and 2017

And Report of Independent Auditor



FINANCIAL STATEMENTS

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Report of Independent Auditor

The General Council on Finance and Administration of The United Methodist Church – Plan Sponsor and

To the Committee on Audit and Review of The General Council on Finance and Administration of The United Methodist Church

We have audited the accompanying financial statements of the General Agencies of The United Methodist Church Benefit Plan (the "Plan"), which comprise the statements of benefit obligations and net assets available for plan benefits as of December 31, 2018 and 2017, and the related statements of changes in benefit obligations and net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2018 and 2017, and the changes in its financial status for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Cherry Dekant LLP

Atlanta, Georgia August 8, 2019

GENERAL AGENCIES OF THE UNITED METHODIST CHURCH BENEFIT PLAN STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31, 2018 AND 2017

	2018	2017
Benefit Obligations:		
Incurred but not reported health plan claims reserve	\$ 608,000	\$ 702,000
Postretirement benefit obligations:		
Current retirees	56,909,267	50,710,427
Other participants fully eligible for benefits	21,757,261	26,123,210
Other participants not yet fully eligible for benefits	27,636,310	32,226,899
Total Postretirement Benefit Obligations	106,302,838	109,060,536
Total Benefit Obligations	106,910,838	109,762,536
Net Assets Available for Plan Benefits:		
Assets: Cash	255,820	281,308
Due from GCFA short-term pooled investment fund	6,632,683	4,909,143
Participant contributions receivable	114,417	4,909,143
Prepaid expenses	34,227	30.314
Investments at the United Methodist Church Foundation and	01,227	00,011
the Texas Methodist Foundation, at fair value	4,921,247	5,254,767
Total Assets	11,958,394	10,560,852
Liabilities - accrued expenses	173,961	67,278
Net Assets Available for Plan Benefits	11,784,433	10,493,574
Excess of Benefit Obligations over Net Assets Available for Plan Benefits	\$ 95,126,405	\$ 99,268,962

GENERAL AGENCIES OF THE UNITED METHODIST CHURCH BENEFIT PLAN STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND NET ASSETS AVAILABLE FOR PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Net increase (decrease) in benefit obligations:		
Increase (decrease) during the year attributable to:		
Demographic impact on liability	\$ 888,293	\$ 334,438
Update to claim costs and participant contributions	6,365,376	3,167,305
Update to trend assumptions	(1,061,583)	(9,617,149)
Change due to update in discount rate	(9,693,618)	7,154,470
Passage of time	4,857,684	6,718,102
Change due to Mortality Table Change	(4,113,850)	(906,096)
Change in incurred but not reported claims reserve	(94,000)	(372,399)
Total net increase (decrease) in benefit obligations	(2,851,698)	6,478,671
Net increase (decrease) in net assets available for plan benefits: Additions:		
Participant and plan sponsor contributions	16,654,966	15,938,201
Contributions – flexible spending accounts	453,884	485,474
Interest income	113,399	289,313
Net appreciation (depreciation) in investments	(446,919)	519,401
Other contributions	(110,010)	2,700
Total additions	16,775,330	17,235,089
Deductions:		
Insurance claims paid	12,023,277	13,986,894
•		
Premiums paid	1,056,091	933,858
Benefits paid – flexible spending accounts	434,181	497,014
Administrative expenses:	700.005	000 007
Medical and dental fees	738,895	626,887
Flexible spending accounts	30	20,131
Plan sponsor service fees	671,181	557,279
Consultant fees	58,285	43,006
Maintenance and support	251,185	252,255
Wellness	189,842	156,680
Audit fees	27,179	26,101
Depreciation	-	92,732
Bad debt expense	-	89,228
Other	34,325	18,680
Total expenses for administration	1,970,922	1,882,979
Total deductions	15,484,471	17,300,745
Net increase (decrease) in net assets available for plan benefits	1,290,859	(65,656)
Increase (decrease) in excess of benefit obligations over net assets available for plan benefits	(4,142,557)	6,544,327
Excess of benefit obligations over net assets available for plan benefits:		
Beginning of year	99,268,962	92,724,635
End of year	\$ 95,126,405	\$ 99,268,962

DECEMBER 31, 2018 AND 2017

Note 1—Nature of the Plan

The following description of the General Agencies of The United Methodist Church Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

General – The Plan, a health and welfare benefit plan, was established effective January 1, 1986 for the purpose of maintaining group insurance benefits, including medical, dental, vision, life, and short and long-term disability defined benefits, for active and retired employees of certain General Agencies of The United Methodist Church ("General Agencies") and two other United Methodist related organizations. Effective January 1, 1987, the Plan also began maintaining group insurance benefits for active and retired bishops provided through the Episcopal Fund of The United Methodist Church. The General Council on Finance and Administration of The United Methodist Church ("GCFA") sponsors the Plan. The Plan is exempt from compliance with the participation, vesting, and funding rules of the Employee Retirement Income Security Act of 1974.

Benefits – General agency employees working a minimum of 20 hours per week, and their eligible dependents, are eligible to receive medical, dental, vision, and disability benefits from the Plan upon hire. Employees may be eligible to retire with medical and dental benefits for themselves and their dependents. All retirees are eligible for the retiree life insurance plan.

Effective January 1, 1997, GCFA adopted a policy whereby employees are eligible to retire with medical, dental, and life benefits if they meet one of four conditions:

- Retire with a total of 78 "points" (the sum of an employee's age and years of service);
- If hired after January 1, 1997, retire at age 62 or older with seven years of active service;
- If hired prior to January 1, 1997, retire at age 62 or older with five years of active service; or
- Employees who retire at an age less than 62 with 70 to 77 total points are eligible for medical benefits for themselves and their dependents, provided that 100% of the premiums are paid by the retiree until the retiree reaches age 62 or the retiree can provide proof of insurability for the retiree and their eligible dependents at age 62. At age 62, the agency resumes paying premiums on behalf of the retiree.

Contributions – The medical costs of the Plan are funded by contributions from employees, retirees, and participating employers as follows:

	Participant Contribution		Employer C	ontribution
	2018	2017	2018	2017
Employee \$500 deductible	20%	15%	80%	85%
Employee \$1,000 deductible	15%	15%	85%	85%
Employee \$1,400 deductible	10%	15%	90%	85%
Employee with one dependent \$500 deductible	25%	20%	75%	80%
Employee with one dependent \$1,000 deductible	20%	20%	80%	80%
Employee with one dependent \$1,400 deductible	15%	20%	85%	80%
Employee plus family \$500 deductible	25%	20%	75%	80%
Employee plus family \$1,000 deductible	20%	20%	80%	80%
Employee plus family \$1,400 deductible	15%	20%	85%	80%
Retiree	15%	10%	85%	90%
Retiree with dependents	25%	20%	75%	80%

DECEMBER 31, 2018 AND 2017

Note 1—Nature of the Plan (continued)

Medical and Dental Insurance Funding – The medical and dental insurance benefits are provided under a self-insured, administrative services only arrangement. The individual stop loss for the years ended December 31, 2018 and 2017 was \$350,000. This arrangement requires that GCFA pay United Healthcare, the Plan administrator, a per-person fee each month to provide the network access and process the claims for participants. The administrative fee is paid via monthly invoice while claims are funded weekly.

Life and Disability Insurance Funding – GCFA collects amounts from the General Agencies and other participants for the premiums for life and disability insurance. Employees of all General Agencies are grouped together for experience rating purposes and the premiums for these agencies are remitted in full to the insurance company.

The life and disability plans are fully insured on a straight premium basis with any surplus or deficit remaining with the insurance company. Premiums paid for these benefits were \$843,312 and \$822,044 for the years ended December 31, 2018 and 2017, respectively.

Flexible Spending Accounts – The Plan allows employees to participate in two flexible spending account programs. The Health Care Spending account allowed a participant to set aside up to \$2,500 for the years ended December 31, 2018 and 2017 on a pretax basis to pay for unreimbursed health care expenses. The Dependent Care Spending account allowed a participant to set aside up to \$5,000 for the years ended December 31, 2018 and 2017 on a pretax basis to pay for unreimbursed dependent care expenses. Any amounts remaining in the spending accounts at the end of the year must be forfeited to the Plan; additionally claims that exceed deposits are paid by the Plan. Claims may be submitted for expenses incurred during the previous year until the following March 31st. Forfeitures were \$19,703 and \$37,102 for the years ended December 31, 2018 and 2017, respectively, and are used to decrease the GCFA's contribution into the Plan.

Plan Termination – Although it has not expressed any intention to do so, the Committee on Personnel, Policies, and Practices (the "Committee"), consisting of representatives from participating General Agencies, has the right to modify the benefits provided to active employees. In addition, the Plan may be terminated by the Committee at any time. Upon termination, the assets then remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used until exhausted to pay benefits to participants in order of entitlement.

Note 2—Summary of significant accounting policies

Basis of Accounting – The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP"). Benefits are recorded when paid and an accrual is made at period end for an estimate of claims incurred but not reported.

Use of Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, claims incurred but not reported, and postretirement benefit obligations as of the date of the financial statements, and the reported amounts of changes in net assets available for plan benefits and plan benefit obligations during the reporting period. Actual results could differ from those estimates.

DECEMBER 31, 2018 AND 2017

Note 2—Summary of significant accounting policies (continued)

Due from GCFA Short-Term Pooled Investment Fund – The amounts presented as due from GCFA in the accompanying financial statements represent the Plan's portion of the short-term investment portfolio managed by GCFA on behalf of certain agencies and related organizations of The United Methodist Church. The amount due from this fund effectively represents the amount of cash deposits that are available to the Plan to be disbursed out of GCFA's centralized cash management system. Since these deposits are legally invested in GCFA's name and not in a separate demand account in the Plan's name, they are not classified as cash and cash equivalents, but rather are considered an amount due from GCFA. The short-term investment portfolio includes funds invested in demand deposits, taxable municipal bonds, mutual funds and notes from other United Methodist Plans. The Plan did not receive an allocation of interest from GCFA during the year ended December 31, 2018. For the year ended December 31, 2017, GCFA allocated \$209,141 in interest income to the Plan. While interest income can be earned based on the performance of the pooled investment funds and losses could be allocated, the Plan believes there is little risk of exposure to losses due to the relationship with GCFA and policy under which the pooled funds are invested.

When an agency has surplus funds they are invested by GCFA in the short-term pooled investment fund. GCFA allocates interest earned or losses to the agencies invested in the pool based upon their pro-rata share of the pool on a monthly basis. The overall return for the short-term pooled investment fund for the years ended December 31, 2018 and 2017 was 1.14% and 4.38%, respectively. The overall rate of return for each agency may vary due to fluctuating balances throughout the year and the timing of investment gains and losses.

The allocation of funds in the short-term investment pool as of December 31, 2018 and 2017 were as follows:

	2018	2017
Texas Methodist Foundation loan fund	19.5%	20.5%
Mutual funds	2.0%	2.5%
Short-term collateralized loan fund	0.4%	0.4%
Fixed income	20.9%	9.0%
Corporate bonds	47.1%	47.0%
United Methodist Development Fund	10.1%	20.6%
	100.0%	100.0%

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

Postretirement Benefits – The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered through December 31, 2018 and 2017. The actuarial report was prepared as of January 1 of the respective years, for the periods ending December 31. Postretirement benefits include future benefits expected to be paid to or for (1) current retirees, (2) other participants fully eligible for benefits, and (3) other participants not yet fully eligible for benefits. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data in order to estimate future annual incurred claims costs per participant, and the probability of payment (by means of decrements such as those for death, disability, or retirement) between the valuation date and the expected date of payment.

DECEMBER 31, 2018 AND 2017

Note 2—Summary of significant accounting policies (continued)

Assumptions used in the postretirement benefit valuation as of December 31, 2018 and 2017 are as follows:

	2018	2017
Discount rate	4.15%	3.54%
Mortality	RP-2014 Table with	RP-2014 Table with
	improvement scale MP-2018	improvement scale MP-2017
Average retirement age Initial Annual Healthcare Trend rates - Medical premiums:	66	66
Pre-65	4.50%	5.10%
Post-65	7.50%	5.30%
Initial Annual Healthcare Trend rates - Dental premiums Ultimate Annual Healthcare Trend rates -	4.71%	4.74%
Medical premiums:		
Pre-65	3.90%	4.00%
Post-65	4.20%	4.30%
Ultimate Annual Healthcare Trend rate -		
Dental premiums	3.72%	3.83%
Year Ultimate Healthcare Trend Rate is Reached:		
<u>Medical</u>		
Pre-65	2074	2079
Post-65	2088	2090
Dental	2075	2075
Participation Rates	50% of future retirees are assumed to elect spousal coverage upon retirement. Males are assumed to be 3 years older than their spouse. Actual plan participation is used for retirees and their spouses.	50% of future retirees are assumed to elect spousal coverage upon retirement. Males are assumed to be 3 years older than their spouse. Actual plan participation is used for retirees and their spouses.
	85% of future retirees elect medical coverage upon retirement and all future retirees elect dental and life insurance.	85% of future retirees elect medical coverage upon retirement and all future retirees elect dental and life insurance.

DECEMBER 31, 2018 AND 2017

Note 2—Summary of significant accounting policies (continued)

The forgoing assumptions are based on the assumption 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 the postretirement benefit obligation.

The healthcare cost trend assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed trend rates increased by one percentage point each year in the future, the postretirement benefit obligation as of December 31, 2018 and 2017 would increase by approximately \$19,120,000 and \$18,500,000, respectively.

Incurred but Not Reported Health Plan Claims Reserve – Plan obligations for health claims incurred by all participants but not reported as of December 31, 2018 and 2017 are estimated based upon actual claims expense trends. Estimates of \$608,000 and \$702,000 for claims incurred by all participants are included in the current benefit obligation as of December 31, 2018 and 2017, respectively.

Risks and Uncertainties – As of December 31, 2018 and 2017, the Plan utilized an investment instrument including the Balanced Fund of The United Methodist Church Foundation (Note 4). Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

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

Fair Value Measurements – The Plan's investments are reported at fair value. GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value. Assets recorded at fair value in the statements of benefit obligations and net assets available for plan benefits are categorized based on the level of judgment used in the measurement of their fair value. These judgment levels, as defined by Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, are as follows:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

DECEMBER 31, 2018 AND 2017

Note 2—Summary of significant accounting policies (continued)

The Plan's investments are held by The United Methodist Church Foundation and the Texas Methodist Foundation. Fair value is determined using the fair value of the underlying net assets of the fund divided by the number of shares outstanding, or net asset value ("NAV"), as a practical expedient. In accordance with Accounting Standards Codification Subtopic 820-10, certain investments that are measured at fair value using NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

The Plan believes its valuation methods are appropriate and consistent with other market participants; however, 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.

Note 3—Benefit obligations

The Plan's unfunded accumulated postretirement benefit obligation was approximately \$95 million and \$99 million as of December 31, 2018 and 2017, respectively. It is expected that premiums for future years with respect to the Plan's postretirement benefit obligations will be funded by the participating General Agencies.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation process and related assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the "Act") for employers that sponsor postretirement health care plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D.1. Under the Act, for multiemployer plans, the Medicare subsidy was received directly by the Plan and not individual employers participating in the Plan. The Plan adopted the Medicare Advantage Plan and as a result, the Plan is no longer eligible to receive the federal subsidy.

Note 4—Fair value of investments at The United Methodist Church Foundation and the Texas Methodist Foundation

In July 2007, the Plan invested \$3,650,000 in the Balanced Fund of The United Methodist Church Foundation ("UMCF"). As of December 31, 2018 and 2017, the Plan's investment in UMCF was \$4,920,396 and \$5,253,926, respectively, and is carried at fair value. Investment income (loss), net of dividends, and interest on these funds totaled \$(333,520) and \$808,714 during the years ended December 31, 2018 and 2017, respectively. The UMCF fund is within the Balanced Fund. The objective of the Balanced Fund is to provide a reasonable level of current income and, simultaneously, to protect the purchasing power of the principal against inflation. The targeted allocation of the fund is 35% invested in a fixed income fund, 30% in a domestic large capitalization equity portfolio, 10% in a domestic small/mid-capitalization equity portfolio, and 25% in an international equity portfolio. This fund is designed for those investors who are seeking a single fund to provide broad diversification, reasonable current income, and protection against inflation.

In April 2006, the Plan invested \$8,965,578 in the Methodist Loan Fund with the Texas Methodist Foundation. The investment matured in June 2012. As of December 31, 2018 and 2017, the Plan's investment at the Texas Methodist Foundation was \$851 and \$841, respectively.

DECEMBER 31, 2018 AND 2017

Note 5—Federal income tax exemption

The Plan is organized exclusively for charitable, religious, and educational purposes and is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code under the group ruling for United Methodist affiliated organizations.

The Plan accounts for the effect of any uncertain tax positions based on a more likely than not threshold to the recognition of the tax positions being sustained based on the technical merits of the position under examination by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a cumulative probability assessment that aggregates the estimated tax liability for all uncertain tax positions. Tax positions for the Plan include, but are not limited to, the tax-exempt status and determination of whether income is subject to unrelated business income tax; however, the Plan has determined that such tax positions do not result in an uncertainty requiring recognition.

Note 6—Related party transactions

During the years ended December 31, 2018 and 2017, the Plan sponsor provided services on behalf of the Plan for certain accounting and administrative services. Those amounts incurred by the Plan sponsor related to payroll and operating costs were allocated to the Plan in the amount of \$671,181 and \$557,279, respectively, and are included in the Plan sponsor service fees on the accompanying statements of changes in benefit obligations and net assets available for plan benefits. As discussed in Note 2, at December 31, 2018 and 2017, certain of the Plan's investments, totaling \$6,632,683 and \$4,909,143, respectively, are held by the Plan sponsor in the short-term pooled investment fund.

Note 7—Subsequent events

Management has evaluated subsequent events through August 8, 2019, the date the financial statements were available for issuance, and has determined that there are no subsequent events requiring disclosure.