

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 6047(e), 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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>011</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1993</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>011</u>	1c Effective date of plan <u>01/01/1993</u>			
1b Three-digit plan number (PN) ▶	<u>011</u>						
1c Effective date of plan <u>01/01/1993</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u> <u>525 E. MARKET STREET</u> <u>AKRON, OH 44309</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0714755</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>330-996-8744</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714755</u>		2c Sponsor's telephone number <u>330-996-8744</u>		2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-0714755</u>							
2c Sponsor's telephone number <u>330-996-8744</u>							
2d Business code (see instructions) <u>622000</u>							

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	09/23/2014 Date	NINO CIRALDO 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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	2629
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	1791
b Retired or separated participants receiving benefits		6b	34
c Other retired or separated participants entitled to future benefits.....		6c	619
d Subtotal. Add lines 6a , 6b , and 6c		6d	2444
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	5
f Total. Add lines 6d and 6e		6f	2449
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2117
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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: 2E			
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)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTL OPS CO

04-2647786

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

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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)

FIDELITY INVESTMENTS INSTL OPS CO

04-2647786

(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?
64 65	RECORDKEEPER	300	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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)

(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 ☐

(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
FIDELITY INVESTMENTS INSTL OPS CO	60	0
(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.	
DOMINI SOCIAL EQUITY INVESTMENT 43-1581814	0.40%	
(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

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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN	B Three-digit plan number (PN) ►	011
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1171070	1119438
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(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)		
(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)	11255575	12420429
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	12426645	13539867

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12426645	13539867
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	118	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		118
(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)	388211	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		388211
(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)		
(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)		1631920
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2020249

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	906652	
(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)		906652
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	375	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		375
j Total expenses. Add all expense amounts in column (b) and enter total	2j		907027

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1113222
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **SS&G, INC.**

(2) EIN: **34-1945695**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
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	
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?		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?		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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>

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
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): _____ 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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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): _____

**SUMMA HEALTH SYSTEM
PENSION SAVINGS
PLAN**

***FINANCIAL
STATEMENTS***

***FOR THE
YEARS ENDED
DECEMBER 31,
2013 AND 2012***

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Summa Health System Pension Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Summa Health System Pension Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C and G, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

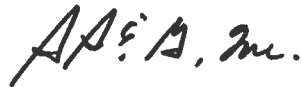
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The Supplemental Schedule of Assets (Held at End of Year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



September 12, 2014

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SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>DECEMBER 31,</u>	
	<u>2013</u>	<u>2012</u>
Investments, at fair value:		
Shares of registered investment companies	\$ 12,420,429	\$ 11,255,575
Money market funds	<u>1,119,438</u>	<u>1,171,070</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,539,867</u>	<u>\$ 12,426,645</u>

See accompanying notes to financial statements.

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2013</u>	<u>2012</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Interest and dividend income	\$ 388,329	\$ 311,061
Net appreciation in fair value of investments	<u>1,631,920</u>	<u>897,151</u>
	2,020,249	1,208,212
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments to participants	906,652	445,129
Administrative expenses	<u>375</u>	<u>100</u>
	<u>907,027</u>	<u>445,229</u>
NET INCREASE	1,113,222	762,983
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the year	<u>12,426,645</u>	<u>11,663,662</u>
End of the year	<u>\$ 13,539,867</u>	<u>\$ 12,426,645</u>

See accompanying notes to financial statements.

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of the Plan

The following brief description of the Summa Health System Pension Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all full-time employees of Summa Health System (the System) who are not covered by a collective bargaining agreement. Participation in the Plan was frozen as of March 31, 1997. Since March 31, 1997, no additional individuals are permitted to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Prior to March 31, 1997, the System made a contribution equal to 1% of each participant's compensation, as defined in the Plan agreement. No contributions have been made by the System to the Plan since March 31, 1997. Participants are not permitted to make contributions to the Plan.

Participant accounts

Each participant's account is credited with the System's contributions, if any, and an allocation of Plan earnings and charged with an allocation of administrative expenses. Allocations are based on each participant's account balance. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account. Effective January 1, 2001, participants have the option to direct the investment of their accounts into various shares of registered investment companies.

Vesting

Vesting in the participant's account is based upon years of continuous service in accordance with the following schedule:

<u>Completed years of service</u>	<u>Vesting Percentage</u>
Fewer than 3	0%
3 or more	100%

A participant will also become 100% vested in the event of (a) retirement at age 65 while still an employee; (b) death or permanent disability while an employee; or (c) the Plan is terminated or partially terminated.

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of the Plan, continued

Forfeitures

Forfeitures represent the non-vested portion of System contributions plus earnings thereon which are not distributable to participants who terminate employment before they are 100% vested. In the event a terminated employee is not re-employed within five years, such forfeitures are first used to pay plan fees or adjust previous allocations. Any remaining forfeited amounts are allocated to the remaining participants in the Plan. There were no forfeitures for the years ended December 31, 2013 and 2012.

Payment of benefits

Upon termination of service due to death, disability, or retirement, or due to separation of service from the System, participants will receive a lump-sum amount equal to the value of their account balance if it is \$5,000 or less. If the value of the participant's account balance is greater than \$5,000, benefits will be paid either in the form of an annuity for the life of the participant with a survivor annuity for the participant's surviving spouse or in a lump sum payment, based on the participant's election.

Administrative expenses

Certain administrative and other expenses of the Plan are paid by the System. All other administrative fees are paid by the Plan.

NOTE B - Summary of significant accounting policies

Basis of accounting

The accompanying financial statements and supplemental schedule have been prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Payments of benefits

Benefits are recorded when paid.

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. See Note I for discussion of fair value measurements.

Purchases and sales of investments are reflected on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies, continued

Subsequent events

The Plan has evaluated subsequent events through September 12, 2014, the date the financial statements were available to be issued.

NOTE C - Investments

The Plan's investments at December 31, 2013 and 2012 were held by Fidelity Management Trust Company, the trustee. Individual investments that represent 5% or more of the fair value of the Plan's net assets are as follows:

	<u>2013</u>	<u>2012</u>
Spartan 500 Index	\$ 2,295,527	\$ 1,905,308
Fidelity Investment Grade Bond	1,691,931	1,891,093
Fidelity Limited Term Government	1,403,921	1,544,857
Fidelity Retirement Money Market	1,070,871	1,152,932
Fidelity Growth Company	1,904,362	1,508,440
Fidelity Mid-Cap Stock	1,380,171	1,090,192
Fidelity Diversified International	694,782	< 5%
Fidelity Capital & Income	829,026	841,718

During the years ended December 31, 2013 and 2012 net appreciation of the Plan's investments, (including investments bought, sold, and held during the year) was as follows:

	<u>2013</u>	<u>2012</u>
Shares of registered investment companies	<u>\$ 1,631,920</u>	<u>\$ 897,151</u>

NOTE D - Party-in-interest transactions

Certain plan investments in registered investment companies and money market funds were managed by Fidelity Management Trust Company, the trustee. Therefore, these transactions qualify as party-in-interest transactions. There were no fees paid by the Plan during 2013 and 2012 for trustee services.

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E - Tax status

The Internal Revenue Service has determined and informed the System by a letter dated December 19, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE F - Plan termination

Although the System has not expressed any intent to terminate the Plan, the System has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

NOTE G - Information certified by the trustee (unaudited)

The financial information included in the Plan's financial statements, except for distributions for withdrawals and terminations, has been derived from information certified as complete and accurate by the trustee, Fidelity Management Trust Company, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE H - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE I - Fair value measurements

The ASC Topic *Fair Value Measurements and Disclosure* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. *Fair Value Measurements and Disclosure* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

Fair Value Measurements and Disclosure establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Shares of registered investment companies: Valued at the net asset value of shares held by the Plan at year-end.

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE I - Fair value measurements, continued

Money market investments: Valued at the reported statement balance as of the last business day of the Plan year. The statement balance reflects the Net Asset Value (NAV) at that date. Money market funds invested in by the Plan seek to preserve the value of the investment at \$1.00 per share.

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 following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	<u>Fair Value Measurements at December 31, 2013 Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Shares of registered investment companies:				
Large Cap	\$ 4,407,981	\$ -	\$ -	\$ 4,407,981
Mid Cap	1,451,290	-	-	1,451,290
Small Cap	54,308	-	-	54,308
International Fund	787,481	-	-	787,481
Balanced Fund	1,524,632	-	-	1,524,632
Bond Fund	4,060,651	-	-	4,060,651
Specialty Fund	<u>134,086</u>	<u>-</u>	<u>-</u>	<u>134,086</u>
Total shares of registered investment companies	12,420,429	-	-	12,420,429
Money market investments	<u>1,119,438</u>	<u>-</u>	<u>-</u>	<u>1,119,438</u>
Total assets at fair value	<u>\$ 13,539,867</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,539,867</u>

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE I - Fair value measurements, continued

	<u>Fair Value Measurements at December 31, 2012 Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Shares of registered investment companies:				
Large Cap	\$ 3,592,260	\$ -	\$ -	\$ 3,592,260
Mid Cap	1,141,236	-	-	1,141,236
Small Cap	25,525	-	-	25,525
International Fund	685,321	-	-	685,321
Balanced Fund	1,245,350	-	-	1,245,350
Bond Fund	4,447,890	-	-	4,447,890
Specialty Fund	<u>117,993</u>	<u>-</u>	<u>-</u>	<u>117,993</u>
Total shares of registered investment companies	11,255,575	-	-	11,255,575
Money market investments	<u>1,171,070</u>	<u>-</u>	<u>-</u>	<u>1,171,070</u>
Total assets at fair value	<u>\$ 12,426,645</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,426,645</u>

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2013

EIN: 34-0714755 PLAN NUMBER: 011

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current value	
*	FID SEL COMPUTERS		\$	554.68	\$	968.75
*	FID GNMA			9,398.62		9,332.49
*	FID INVST GR BD			1,564,961.05		1,691,930.91
*	FID SEL SOFTWARE			1,318.19		2,137.66
*	FID INTERMED BOND			7,768.01		7,920.52
*	FID CAPITAL & INCOME			726,986.87		829,026.28
*	FID SEL GOLD			38,614.75		21,945.25
*	FID SEL BIOTECH			2,391.28		3,142.66
*	FID SEL ENERGY SVCS			7,238.03		7,917.95
*	FIDELITY GOVT INCOME			19,040.28		18,114.71
*	FID CASH RESRVE			13,347.03		13,347.03
*	FID SEL ENERGY			8,838.01		9,292.99
*	FID SEL LEISURE			991.86		1,571.92
*	FID SEL HEALTHCARE			3,850.67		5,374.80
*	FID SEL TECHNOLOGY			2,714.19		4,556.54
*	FID SEL UTILITIES			7,793.52		9,599.17
*	FID SEL DEFENSE			1,072.11		1,788.17
*	FID SEL CHEMICALS			2,318.58		3,912.82
*	FID SEL MONEY MARKET			11,424.87		11,424.87
*	FID NEW MILLEN			7,553.80		9,738.35
*	FID EUROPE			1,981.03		2,578.91
*	FID PACIFIC BASIN			678.09		839.70
*	FID REAL ESTATE INVS			12,278.68		11,744.62
*	FID CONVERTIBLE SEC			2,131.62		2,385.45
*	FID CANADA			20,177.62		21,766.02
*	FID ASSET MGR 50%			26,651.99		29,676.86
*	FID WORLDWIDE			9,712.73		12,254.41
*	FID ASSET MGR 70%			32.18		46.29
*	FID ASSET MGR 20%			15,143.91		15,329.15
*	FID NEW MARKETS INC			7,314.36		7,415.59
*	FID FOCUSED STOCK			1,083.34		1,654.74
*	FID STK SEL SM CAP			1,158.43		1,479.01
*	FID LARGE CAP STOCK			3,505.85		5,608.02
*	FID SMALL CAP STOCK			9,039.02		11,489.48
*	FID NORDIC			1,552.34		1,740.20
*	FID ASSET MGR 85%			7,419.78		9,612.96
*	FID LATIN AMERICA			8,552.55		7,014.56
*	FID EMERGING ASIA			755.86		501.88
*	FID CHINA REGION			395.75		699.14
*	FID SEL MED EQ & SYS			1,569.60		2,282.46
*	FID FOUR IN ONE IDX			14,942.49		19,371.16
*	FID MEGA CAP STOCK			1,129.85		1,595.09
*	FID STRATEGIC INCOME			40,479.07		40,916.57
*	FID SM CAP DISCOVERY			6,229.77		6,974.98
*	FID TREASURY ONLY MM			18,001.22		18,001.22
*	FID MONEY MARKET			5,794.00		5,794.00
*	FID HIGH INCOME			14,106.06		14,343.31
*	FID SEL AUTOMOTIVE			279.65		640.02
*	FID SEL INDUST EQUIP			1,650.04		2,057.91
*	FID SEL TRANSPORT			1,328.03		2,724.10
*	FID SEL NATURAL GAS			21,918.87		22,959.54
*	FID SEL NATURAL RES			1,967.91		2,568.94
*	FID SEL CONS DISCR			517.17		693.83
*	FID SEL COMM EQUIP			343.79		600.18
*	FID SEL PHARMACEUTCL			2,184.77		3,524.15
*	FID RETIRE MMKT			1,070,870.86		1,070,870.86

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2013

EIN: 34-0714755 PLAN NUMBER: 011

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current value	
*	FID LTD TERM GOVT		1,308,331.37		1,403,921.31	
*	FID STKSEL LGCAP VAL		3,357.99		3,910.31	
*	FID MID CAP VALUE		10,640.53		12,366.81	
*	FID INFLAT PROT BOND		12,429.85		13,006.28	
*	FID FLOAT RT HI INC		1,078.50		1,100.75	
*	FID INTL SMALL CAP		\$ 1,461.07	\$	1,566.97	
*	FID TOTAL BOND		9,952.14		9,540.81	
*	FID REAL ESTATE INC		2,359.83		2,383.56	
*	FID SEL WIRELESS		3,163.97		3,691.23	
*	FID BLUE CHIP VALUE		1,056.30		1,581.68	
*	FID NASDAQ COMP INDX		849.78		895.32	
*	FID STRAT DIV & INC		399.05		431.98	
*	FID FOCUSED HIGH INC		1,399.09		1,338.47	
*	FID INTL REAL ESTATE		1,190.67		833.59	
*	FID SMALL CAP GROWTH		7,134.25		8,925.38	
*	FID SMALL CAP VALUE		8,491.39		11,489.87	
*	FID STRAT REAL RET		2,100.98		1,970.78	
*	SPTN TOT MKT IDX ADV		11,421.92		15,625.74	
*	SPTN EXT MKT IDX ADV		2,594.00		3,526.20	
*	SPTN INTL INDEX ADV		252.42		311.17	
*	SPTN ST TR IDX ADV		396.01		393.73	
*	SPTN INT TR IDX ADV		2,842.27		2,607.04	
*	FID INTL VALUE		3,528.70		3,794.14	
*	FID ASSET MGR 60%		1,301.60		1,267.00	
*	FID INTL GROWTH		1,987.23		2,258.59	
*	FID SM CAP ENH INDX		508.11		543.17	
*	FID GROWTH STRAT K		6,342.14		10,114.78	
*	FID BALANCED K		24,646.09		30,523.95	
*	FID BLUE CHIP GR K		5,628.61		7,799.20	
*	FID CAP APPREC K		4,174.42		5,295.15	
*	FID CONTRAFUND K		61,885.79		83,557.17	
*	FID DISCIPLND EQ K		3,736.70		5,423.36	
*	FID DIVERSIFD INTL K		482,872.00		694,781.70	
*	FID DIVIDEND GR K		5,293.12		7,216.27	
*	FID EMERGING MKTS K		8,174.83		9,512.01	
*	FID EQUITY INCOME K		16,523.57		23,358.69	
*	FID EQ DIV INCOME K		5,342.31		8,328.70	
*	FID EXPORT & MULTI K		840.01		1,005.05	
*	FID FUND K		731.18		1,012.21	
*	FID GROWTH CO K		1,325,938.83		1,904,362.24	
*	FID GROWTH DISC K		1,170.68		1,871.84	
*	FID INDEPENDENCE K		1,558.99		2,673.90	
*	FID INTL DISCOVERY K		4,769.43		6,928.72	
*	FID LEVERGD CO STK K		3,442.19		6,088.46	
*	FID LOW PRICED STK K		18,964.68		24,909.85	
*	FID MAGELLAN K		3,772.71		4,709.64	
*	FID MID CAP STOCK K		894,615.95		1,380,170.65	
*	FID OTC K		3,754.83		4,265.82	
*	FID OVERSEAS K		3,424.12		5,124.06	
*	FID PURITAN K		25,689.63		30,085.25	
*	FID STK SEL ALL CP K		5,122.04		5,740.88	
*	FID VALUE K		9,583.20		16,840.98	
*	FID VALUE DISCOV K		794.26		1,332.84	
*	FID VALUE STRAT K		433.73		763.81	
*	FID GLB COMDTY STK		149.17		143.66	
*	FID FREEDOM K INCOME		29,650.94		30,473.89	

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2013

EIN: 34-0714755 PLAN NUMBER: 011

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current value	
*	FID FREEDOM K 2000			5,119.98		5,452.72
*	FID FREEDOM K 2005			8,865.17		9,949.95
*	FID FREEDOM K 2010			48,695.41		54,381.29
*	FID FREEDOM K 2015			199,911.49		230,810.05
*	FID FREEDOM K 2020			391,583.44		457,118.96
*	FID FREEDOM K 2025			250,730.56		304,946.25
*	FID FREEDOM K 2030			150,988.81		185,116.18
*	FID FREEDOM K 2035			68,113.07		84,982.55
*	FID FREEDOM K 2040			16,905.40		20,607.02
*	FID FREEDOM K 2050			3,476.06		4,726.64
*	SPTN US BOND IDX ADV		\$	10,104.70	\$	9,742.09
*	SPTN 500 INDEX INST			1,643,837.38		2,295,527.12
*	FID FREEDOM K 2055			12,813.46		14,508.31
*	SPTN EM MKTS IDX ADV			252.43		231.61
*	SPTN MID CAP IDX ADV			175.09		204.06
*	SPTN REAL ES IDX ADV			128.49		122.00
*	FID TOTAL EMERG MKTS			1,284.39		1,350.80
*	FID GLOBAL EQ INCOME			3,193.33		3,654.24
*	FID STK SEL MID CAP			5,079.35		6,419.80
*	SPTN INFL PR IDX ADV			251.40		228.76
*	FID GLOBAL BOND			3,445.95		3,291.08
			NET ASSETS 12/31/2013:		\$ 13,539,867.24	

* Indicates party-in-interest

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2013

EIN: 34-0714755 PLAN NUMBER: 011

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current value	
*	FID SEL COMPUTERS		\$	554.68	\$	968.75
*	FID GNMA			9,398.62		9,332.49
*	FID INVST GR BD			1,564,961.05		1,691,930.91
*	FID SEL SOFTWARE			1,318.19		2,137.66
*	FID INTERMED BOND			7,768.01		7,920.52
*	FID CAPITAL & INCOME			726,986.87		829,026.28
*	FID SEL GOLD			38,614.75		21,945.25
*	FID SEL BIOTECH			2,391.28		3,142.66
*	FID SEL ENERGY SVCS			7,238.03		7,917.95
*	FIDELITY GOVT INCOME			19,040.28		18,114.71
*	FID CASH RESRVE			13,347.03		13,347.03
*	FID SEL ENERGY			8,838.01		9,292.99
*	FID SEL LEISURE			991.86		1,571.92
*	FID SEL HEALTHCARE			3,850.67		5,374.80
*	FID SEL TECHNOLOGY			2,714.19		4,556.54
*	FID SEL UTILITIES			7,793.52		9,599.17
*	FID SEL DEFENSE			1,072.11		1,788.17
*	FID SEL CHEMICALS			2,318.58		3,912.82
*	FID SEL MONEY MARKET			11,424.87		11,424.87
*	FID NEW MILLEN			7,553.80		9,738.35
*	FID EUROPE			1,981.03		2,578.91
*	FID PACIFIC BASIN			678.09		839.70
*	FID REAL ESTATE INVS			12,278.68		11,744.62
*	FID CONVERTIBLE SEC			2,131.62		2,385.45
*	FID CANADA			20,177.62		21,766.02
*	FID ASSET MGR 50%			26,651.99		29,676.86
*	FID WORLDWIDE			9,712.73		12,254.41
*	FID ASSET MGR 70%			32.18		46.29
*	FID ASSET MGR 20%			15,143.91		15,329.15
*	FID NEW MARKETS INC			7,314.36		7,415.59
*	FID FOCUSED STOCK			1,083.34		1,654.74
*	FID STK SEL SM CAP			1,158.43		1,479.01
*	FID LARGE CAP STOCK			3,505.85		5,608.02
*	FID SMALL CAP STOCK			9,039.02		11,489.48
*	FID NORDIC			1,552.34		1,740.20
*	FID ASSET MGR 85%			7,419.78		9,612.96
*	FID LATIN AMERICA			8,552.55		7,014.56
*	FID EMERGING ASIA			755.86		501.88
*	FID CHINA REGION			395.75		699.14
*	FID SEL MED EQ & SYS			1,569.60		2,282.46
*	FID FOUR IN ONE IDX			14,942.49		19,371.16
*	FID MEGA CAP STOCK			1,129.85		1,595.09
*	FID STRATEGIC INCOME			40,479.07		40,916.57
*	FID SM CAP DISCOVERY			6,229.77		6,974.98
*	FID TREASURY ONLY MM			18,001.22		18,001.22
*	FID MONEY MARKET			5,794.00		5,794.00
*	FID HIGH INCOME			14,106.06		14,343.31
*	FID SEL AUTOMOTIVE			279.65		640.02
*	FID SEL INDUST EQUIP			1,650.04		2,057.91
*	FID SEL TRANSPORT			1,328.03		2,724.10
*	FID SEL NATURAL GAS			21,918.87		22,959.54
*	FID SEL NATURAL RES			1,967.91		2,568.94
*	FID SEL CONS DISCR			517.17		693.83
*	FID SEL COMM EQUIP			343.79		600.18
*	FID SEL PHARMACEUTCL			2,184.77		3,524.15
*	FID RETIRE MMKT			1,070,870.86		1,070,870.86

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2013

EIN: 34-0714755 PLAN NUMBER: 011

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current value	
*	FID LTD TERM GOVT		1,308,331.37		1,403,921.31	
*	FID STKSEL LGCAP VAL		3,357.99		3,910.31	
*	FID MID CAP VALUE		10,640.53		12,366.81	
*	FID INFLAT PROT BOND		12,429.85		13,006.28	
*	FID FLOAT RT HI INC		1,078.50		1,100.75	
*	FID INTL SMALL CAP		\$ 1,461.07		\$ 1,566.97	
*	FID TOTAL BOND		9,952.14		9,540.81	
*	FID REAL ESTATE INC		2,359.83		2,383.56	
*	FID SEL WIRELESS		3,163.97		3,691.23	
*	FID BLUE CHIP VALUE		1,056.30		1,581.68	
*	FID NASDAQ COMP INDX		849.78		895.32	
*	FID STRAT DIV & INC		399.05		431.98	
*	FID FOCUSED HIGH INC		1,399.09		1,338.47	
*	FID INTL REAL ESTATE		1,190.67		833.59	
*	FID SMALL CAP GROWTH		7,134.25		8,925.38	
*	FID SMALL CAP VALUE		8,491.39		11,489.87	
*	FID STRAT REAL RET		2,100.98		1,970.78	
*	SPTN TOT MKT IDX ADV		11,421.92		15,625.74	
*	SPTN EXT MKT IDX ADV		2,594.00		3,526.20	
*	SPTN INTL INDEX ADV		252.42		311.17	
*	SPTN ST TR IDX ADV		396.01		393.73	
*	SPTN INT TR IDX ADV		2,842.27		2,607.04	
*	FID INTL VALUE		3,528.70		3,794.14	
*	FID ASSET MGR 60%		1,301.60		1,267.00	
*	FID INTL GROWTH		1,987.23		2,258.59	
*	FID SM CAP ENH INDX		508.11		543.17	
*	FID GROWTH STRAT K		6,342.14		10,114.78	
*	FID BALANCED K		24,646.09		30,523.95	
*	FID BLUE CHIP GR K		5,628.61		7,799.20	
*	FID CAP APPREC K		4,174.42		5,295.15	
*	FID CONTRAFUND K		61,885.79		83,557.17	
*	FID DISCIPLND EQ K		3,736.70		5,423.36	
*	FID DIVERSIFD INTL K		482,872.00		694,781.70	
*	FID DIVIDEND GR K		5,293.12		7,216.27	
*	FID EMERGING MKTS K		8,174.83		9,512.01	
*	FID EQUITY INCOME K		16,523.57		23,358.69	
*	FID EQ DIV INCOME K		5,342.31		8,328.70	
*	FID EXPORT & MULTI K		840.01		1,005.05	
*	FID FUND K		731.18		1,012.21	
*	FID GROWTH CO K		1,325,938.83		1,904,362.24	
*	FID GROWTH DISC K		1,170.68		1,871.84	
*	FID INDEPENDENCE K		1,558.99		2,673.90	
*	FID INTL DISCOVERY K		4,769.43		6,928.72	
*	FID LEVERGD CO STK K		3,442.19		6,088.46	
*	FID LOW PRICED STK K		18,964.68		24,909.85	
*	FID MAGELLAN K		3,772.71		4,709.64	
*	FID MID CAP STOCK K		894,615.95		1,380,170.65	
*	FID OTC K		3,754.83		4,265.82	
*	FID OVERSEAS K		3,424.12		5,124.06	
*	FID PURITAN K		25,689.63		30,085.25	
*	FID STK SEL ALL CP K		5,122.04		5,740.88	
*	FID VALUE K		9,583.20		16,840.98	
*	FID VALUE DISCOV K		794.26		1,332.84	
*	FID VALUE STRAT K		433.73		763.81	
*	FID GLB COMDTY STK		149.17		143.66	
*	FID FREEDOM K INCOME		29,650.94		30,473.89	

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2013

EIN: 34-0714755 PLAN NUMBER: 011

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current value	
*	FID FREEDOM K 2000			5,119.98		5,452.72
*	FID FREEDOM K 2005			8,865.17		9,949.95
*	FID FREEDOM K 2010			48,695.41		54,381.29
*	FID FREEDOM K 2015			199,911.49		230,810.05
*	FID FREEDOM K 2020			391,583.44		457,118.96
*	FID FREEDOM K 2025			250,730.56		304,946.25
*	FID FREEDOM K 2030			150,988.81		185,116.18
*	FID FREEDOM K 2035			68,113.07		84,982.55
*	FID FREEDOM K 2040			16,905.40		20,607.02
*	FID FREEDOM K 2050			3,476.06		4,726.64
*	SPTN US BOND IDX ADV		\$	10,104.70	\$	9,742.09
*	SPTN 500 INDEX INST			1,643,837.38		2,295,527.12
*	FID FREEDOM K 2055			12,813.46		14,508.31
*	SPTN EM MKTS IDX ADV			252.43		231.61
*	SPTN MID CAP IDX ADV			175.09		204.06
*	SPTN REAL ES IDX ADV			128.49		122.00
*	FID TOTAL EMERG MKTS			1,284.39		1,350.80
*	FID GLOBAL EQ INCOME			3,193.33		3,654.24
*	FID STK SEL MID CAP			5,079.35		6,419.80
*	SPTN INFL PR IDX ADV			251.40		228.76
*	FID GLOBAL BOND			3,445.95		3,291.08
			NET ASSETS 12/31/2013:		\$ 13,539,867.24	

* Indicates party-in-interest