

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1961</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1961	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1961					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, MLC 4900 CINCINNATI, OH 45229-3039	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 31-0833936</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 513-636-8778</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 31-0833936	2c Plan Sponsor's telephone number 513-636-8778	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 31-0833936					
2c Plan Sponsor's telephone number 513-636-8778					
2d Business code (see instructions) 622000					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/02/2015	THOMAS CANTWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) ELIZABETH I. WILTFONG DELOITTE TAX LLP 1100 WALNUT STREET, SUITE 3300 KANSAS CITY, MO 64106-2129			Preparer's telephone number (optional) 816-474-6180

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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		4b EIN	
		4c PN	
5 Total number of participants at the beginning of the plan year		5	18130
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	12139
a(2) Total number of active participants at the end of the plan year		6a(2)	11845
b Retired or separated participants receiving benefits		6b	1202
c Other retired or separated participants entitled to future benefits.....		6c	5019
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	18066
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	101
f Total. Add lines 6d and 6e		6f	18167
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	493
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	816848242	
b Actuarial value	2b	792612320	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1171	102772776	102772776
b For terminated vested participants	4820	98523685	98523685
c For active participants	12139	378670121	439464527
d Total	18130	579966582	640760988
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.67%	
6 Target normal cost	6	33940907	

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

<div>SIGN HERE</div>	<div>10/12/2015</div> <div>Signature of actuary</div> <div>LORNA M. SPRINGER</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC.</div> <div>Firm name</div> <div>1001 LAKESIDE AVENUE, SUITE 1900 CLEVELAND, OH 44114</div> <div>Address of the firm</div>	<div>Date</div> <div>14-07422</div> <div>Most recent enrollment number</div> <div>216-937-4000</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	19823857	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	19823857	0
10 Interest on line 9 using prior year's actual return of 8.98%	1780182	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		45646291
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.49%		2962444
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		48608735
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	21604039	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	120.32 %
15 Adjusted funding target attainment percentage	15	123.69 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.88 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/25/2015	46500000				
			Totals ▶	18(b)	46500000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	42252935
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	33940907
b Excess assets, if applicable, but not greater than line 31a		31b	33940907
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	42252935
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	42252935
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008	☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment		42	0
43 Excess installment acceleration amount to be carried over to future plan years		43	0

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</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
ADAM STREET PARTNERS, LLC 1 N UPPER WACKER DR #22
CHICAGO, IL 60606

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

74-3130888

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HIGHCLERE 2 MANCHESTER SQUARE
LONDON, UNITED KINGDOM W1U 3PA GB

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DOUBLELINE FUNDS TRUST 333 SOUTH GRAND AVENUE, SUITE 1800
LOS ANGELES, CA 90071

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

HARRIS ASSOCIATES L.P.

04-3276558

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

EATON VANCE TRUST COMPANY

TWO INTERNATIONAL PLACE
BOSTON, MA 02110

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

TPG GLOBAL, LLC

90-0775526

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

BRIGADE CAPITAL MANAGEMENT, L.P.

399 PARK AVENUE, 16TH FLOOR
NEW YORK, NY 10022

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

OAKTREE CAPITAL MANAGEMENT, L.P.

333 SOUTH GRAND AVENUE, 28TH FLOOR
LOS ANGELES, CA 90071

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

WELLINGTON MANAGEMENT COMPANY, LLP

280 CONGRESS STREET
BOSTON, MA 02210

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

LAZARD ASSET MANAGEMENT LLC

30 ROCKEFELLER PLAZA
NEW YORK, NY 10012-6300

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

SHERIDAN PROD. PARTNERS MNGR., LLC

87-0799683

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

PENN SQUARE REAL EST. GROUP, LLC

150 N RADNOR CHESTER RD
WAYNE, PA 19087

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

WARBURG PINCUS LLC

13-3536050

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

WASATCH ADVISORS, INC.

87-0319391

(b) Enter name and EIN or address of person who provided you disclosures 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)

WALTER SCOTT AND PARTNERS LIMITED

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	877476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONDRIAN INV. GROUP (U.S.), INC.

56-2475915

(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?
21 50	NONE	412316	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	336252	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)

KESTREL INVESTMENT MANAGEMENT CORP.

94-3173193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	259358	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PRUDENTIAL TRUST COMPANY

23-6994310

(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?
21 50	NONE	156482	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BARROW HANLEY MEWHINNEY & STRAUSS

75-2403190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	144892	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)

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
21 24 28 50 51	NONE	86625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUE NORTH MANAGEMENT GROUP, LLC

27-0087074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	64726	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 ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TIPS INDX NL FUND (CMTP)</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-152</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WALTER SCOTT & PRTNR LTD GRP GLOBAL</u>		
b Name of sponsor of entity listed in (a): <u>WALTER SCOTT & PARTNERS LIMITED</u>		
c EIN-PN <u>76-6192146-003</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>104485081</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MONDRIAN EMRG. MARKETS EQ. FD, L.P.</u>		
b Name of sponsor of entity listed in (a): <u>MONDRIAN INVESTMENT GROUP US, INC</u>		
c EIN-PN <u>56-2475915-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46819234</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>		D Employer Identification Number (EIN) <u>31-0833936</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	50100000	46500000
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	672644	883547
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	31370778	48035113
	(2) U.S. Government securities	1c(2)	225673	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	20906527	22678443
	(B) All other.....	1c(3)(B)	21951274	27159936
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	49441024	55016067
	(5) Partnership/joint venture interests	1c(5)	96910624	119283092
	(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)	40665687	46819234
	(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)	98727077	104485081
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	407474981	408445724
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	565861	583615

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	819012150	879889852

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	236819	40747
k Total liabilities (add all amounts in lines 1g through 1j)	1k	236819	40747

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	818775331	879849105
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	46500000	
(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)		46500000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1405106	
(B) U.S. Government securities	2b(1)(B)	5788	
(C) Corporate debt instruments	2b(1)(C)	2393215	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	45043	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3849152

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	492694	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3116960	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3609654

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	192748450	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	190694665	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2053785

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	9740519	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		9740519

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-20412
(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)		4455346
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8196257
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		78384301

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14461245	
(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)		14461245
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)	2338127	
(4) Other.....	2i(4)	511155	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2849282
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17310527

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		61073774
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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		9000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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	
4g			
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	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</u>

Part I	Distributions
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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	<u>0</u>
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): <u>31-0281170</u>		
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	<u>288</u>

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)
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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
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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
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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.
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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: 6% Investment-Grade Debt: 19% High-Yield Debt: 0% Real Estate: 2% Other: 73%

- 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):

Children's Hospital Medical Center Retirement Plan

Financial Statements As Of and For the
Years Ended December 31, 2014 and
2013 and Supplemental Schedules as of
and for The Year Ended December 31,
2014 and Independent Auditors' Report

Children's Hospital Medical Center Retirement Plan

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Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held At End of Year (as of December 31, 2014)	14-31
Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2014	32
SUPPLEMENTAL SCHEDULES OMITTED – All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Administrator of the
Children's Hospital Medical Center Retirement Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Children's Hospital Medical Center Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 as of and for the year ended December 31, 2014, 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 Note 6, which was certified by State Street, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

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 schedules listed in the Table of Contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have 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.

Deloitte & Touche LLP

October 7, 2015

**Children's Hospital Medical Center
Retirement Plan**

**Statements of Net Assets Available for Plan Benefits
As of December 31, 2014 and 2013**

	2014	2013
CASH AND INVESTMENTS, at fair value (Note 2):		
Cash and cash equivalents	\$ 21,029,044	\$ 12,820,455
Bond mutual funds	106,417,521	105,231,168
Corporate bonds	49,780,253	42,857,800
Common stock	50,039,566	49,441,024
Investment partnerships-equity	120,297,151	104,165,200
Investment partnerships-commodities	-	18,550,323
Investment partnerships-bonds	115,663,773	85,170,113
Investment partnerships-international equity	350,314,193	340,742,767
Investment partnerships-real estate	18,323,064	8,469,121
Government bonds	641,740	791,535
	<u>832,506,305</u>	<u>768,239,506</u>
INVESTMENT INCOME RECEIVABLE	883,547	672,644
EMPLOYER CONTRIBUTION RECEIVABLE	46,500,000	50,100,000
SECURITIES SOLD PAYABLE	<u>(40,747)</u>	<u>(236,819)</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$879,849,105</u></u>	<u><u>\$818,775,331</u></u>

See accompanying notes to financial statements.

**Children's Hospital Medical Center
Retirement Plan**

**Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2014 and 2013**

	2014	2013
EMPLOYER CONTRIBUTIONS	\$ 46,500,000	\$ 50,100,000
INVESTMENT ACTIVITY:		
Interest income	2,430,641	2,361,260
Dividend income	5,028,165	4,999,913
Net appreciation in fair value of investments	24,425,495	56,970,399
	<u>31,884,301</u>	<u>64,331,572</u>
BENEFITS PAID TO PARTICIPANTS	(14,461,245)	(12,108,581)
ADMINISTRATIVE EXPENSES AND TAXES	<u>(2,849,282)</u>	<u>(2,532,951)</u>
INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	61,073,774	99,790,040
NET ASSETS AVAILABLE FOR PLAN BENEFITS, beginning of year	<u>818,775,331</u>	<u>718,985,291</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS, end of year	<u><u>\$879,849,105</u></u>	<u><u>\$818,775,331</u></u>

See accompanying notes to financial statements.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

(1) Plan Description and Contribution Policy-

Children's Hospital Medical Center Retirement Plan (the Plan) is a noncontributory defined benefit plan which provides monthly benefits to employees of Children's Hospital Medical Center (CHMC) who have attained the age of twenty-one and have been credited with one year of continuous service or are budgeted to work at least 40 hours per pay period. Effective January 1, 2008 CHMC amended the Plan. The amendments are applicable to any new employees as of September 1, 2007 and any existing employees that chose the option of the Stable Value plan. The following is a summary of the Plan provisions under the traditional formula (prior to January 1, 2008 amendment) and the Stable Value formula (subsequent to the January 1, 2008 amendment):

Traditional Plan

The Plan provides for a full year of credited service for each calendar year when the employee works 2,000 hours of service. Credited service is prorated for service between 1,000 and 2,000 hours.

The benefit formula is a monthly benefit of the greater of:

- 1.4% of Final Average Monthly Compensation times the years of Credited Service
- \$291.67 plus 1.4% of Final Average Monthly Compensation times years of Credited Service
Reduced by three years

Stable Value Plan

A full year of service is credited for each calendar year the employee completes 1,000 hours of service.

The benefit formula is defined in terms of a single lump sum payable at normal retirement date as follows:

- The greater of 15% of career pay or \$30,000 for the first three years of service, plus,
- 15% of pay for each additional year of service.

In June 2014, the Plan management announced effective January 1, 2015, the Plan would be amended to eliminate future benefit accruals under the Traditional Plan formula as of December 31, 2014. All future benefit accruals after December 31, 2014 will be determined under the Stable Value Plan formula. The Plan amendment allows for lump sum payments to be made on all future benefit payments.

Upon retirement (normal retirement age is 65), death or disability, benefits are calculated based on the formulas above and the plan from which the participant is eligible to receive benefits. The plan also provides for early retirement benefits to those participants eligible for such.

Participants are fully vested in their benefits after three years of credited service. Participants should refer to the Plan agreement for a complete description of the Plan.

CHMC has adopted the policy of contributing to the Plan amounts which will provide for normal cost plus amortization of unfunded prior service costs to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA). In 2014 and 2013, CHMC contributed \$46,500,000 and \$50,100,000, respectively to the plan.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

The Plan is administered by CHMC management and State Street Corporation. Fifth Third Bank of Cincinnati provides certain administrative services to the Plan related to benefit payments. Certain administrative functions are performed by employees of CHMC at no cost to the Plan. In addition, certain administrative expenses of the Plan are paid by CHMC. The Plan is subject to ERISA.

(2) Summary of Significant Accounting Policies-

- (a) Basis of Accounting--The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.
- (b) Investment Valuation and Income Recognition--The Plan's investment's in registered mutual funds, common stock, and bonds are stated at fair market value based upon quoted market prices. Investments in partnerships – U.S. equities, and commingled funds are valued using the net asset value reported by the managers of the funds and as supported by the unit prices of actual purchase and sale transactions. Unrealized valuation gains and losses are reflected currently in the Statements of Changes in Net Assets Available for Plan Benefits. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis.
- (c) Payment of Benefits-- Benefit payments to participants are recorded upon distribution.
- (d) Use of Estimates--The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Net Assets Available for Plan Benefits as of the date of the financial statements and the reported amounts of Changes in Net Assets Available for Plan Benefits and actuarial present value of accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

The Plan invests in a variety of securities, including, registered mutual funds, common stock, corporate bonds, U.S. government securities and various investment partnerships. Investment securities, 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 such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

- (e) Fair Value Measurements - -The Plan accounts for its assets under ASC 820, "Fair Value Measurements and Disclosures", (ASC 820). ASC 820 defines fair value as 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. ASC 820 establishes a three-level hierarchy to be used when measuring and disclosing fair value. The fair value hierarchy gives the highest priority to quoted prices available in active markets (i.e., observable inputs) and the lowest priority to data lacking transparency (i.e., unobservable inputs) as follows:

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Level 1 - Observable inputs for identical instruments such as quoted market prices;

Level 2 - Inputs include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (i.e., interest rates, yield curves, etc.), and inputs that are derived principally from or corroborated by observable market data by correlation or other means (market corroborated inputs); and

Level 3 - Unobservable inputs that reflect management's determination of assumptions that market participants would use in pricing the asset or liability. These inputs are developed based on the best information available, including management's own data.

The fair values of Level 1 investments are based on quoted prices in active markets. Investment in partnerships – U.S. equities, commingled funds, and common collective trusts are valued using the net asset value reported by the managers of the funds and as supported by the unit prices of actual purchase and sale transactions. The fair value for investments in fixed income securities, including US government securities and corporate obligations on a calculation using interest rate curves and credit spreads applied to the terms of the debt instrument (maturity and coupon interest rate) and considers the counterparty credit rating. Such items are classified as Level 2 in the fair value hierarchy. The investments in investment partnerships and private commingled funds generally are associated with liquidation restrictions that may range from monthly to the life of the fund (up to fifteen years) and may require redemption penalties.

The valuation methods as described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan management 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 different fair value measurement at the reporting date.

The Plan's Level 3 investments are primarily in investment partnerships. These investments are classified as Level 2 or Level 3 based on time restrictions for redemption. An investment in an investment partnership is classified as a Level 2 investment if it can be liquidated in 90 days or less; otherwise it is classified as a Level 3 investment.

As of December 31, 2014, the Plan made \$53 million in funding commitments in five investment partnerships of which \$20 million had been funded. Additionally, the Plan had made \$32.5 million in funding commitments in five real estate investment partnerships, of which \$19.6 million had been funded. It is anticipated that these commitments will be funded from liquid investments in the Plan and any required funding contributions.

The Plan's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2014 and 2013, there were no significant transfers in or out of Levels 1, 2 or 3.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at December 31, 2014.

	Level 1	Level 2	Level 3
Cash and Cash Equivalents	\$ 21,029,044	\$ -	\$ -
Common Stock	50,039,566	-	-
Bond Mutual Funds	79,411,452	27,006,069	-
Corporate Bonds	-	49,780,253	-
Government Bonds		641,740	
Investment Partnerships:			
Equity	-	100,635,907	19,661,244
Real Estate	-	-	18,323,064
Bond	-	115,663,773	-
International Equity	-	350,314,193	-
	<u>\$150,480,062</u>	<u>\$644,041,935</u>	<u>\$37,984,308</u>

The following is a reconciliation of the roll forward of the fair value measurements using significant unobservable inputs for calendar year 2014:

Balance at December 31, 2013	\$20,455,769
Purchases	17,923,677
Unrealized gains	2,394,706
Sales	(2,789,844)
Balance at December 31, 2014	<u>\$37,984,308</u>

The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at December 31, 2014

\$2,394,706

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at December 31, 2013.

	Level 1	Level 2	Level 3
Cash and Cash Equivalents	\$ 12,820,455	\$ -	\$ -
Bond Mutual Funds	105,231,168	-	-
Common Stock	49,441,024	-	-
Corporate Bonds	-	42,857,800	-
Government Bonds		791,535	
Investment Partnerships:			
Equity		92,178,552	11,986,648
Commodity	-	18,550,323	-
Real Estate	-	-	8,469,121
Bond	-	85,170,113	-
International Equity	-	340,742,767	-
	<u>\$167,492,647</u>	<u>\$580,291,090</u>	<u>\$20,455,769</u>

The following is a reconciliation of the roll forward of the fair value measurements using significant unobservable inputs for calendar year 2013:

Balance at December 31, 2012	\$ -
Purchases	15,560,000
Unrealized gains	1,049,000
Sales	(2,001,000)
Other reclassification	5,847,769
Balance at December 31, 2013	<u>\$ 20,455,769</u>

The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at December 31, 2013

\$1,049,000

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

(3) Actuarial Information-

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on years of credited service with CHMC. Benefits payable under all circumstances--retirement, death and termination of employment--are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by Towers Watson, the Plan's actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The Plan's latest actuarial valuation was prepared as of January 1, 2014. A summary of significant actuarial assumptions and the actuarial methods used in preparing the actuarial valuation for 2014 and 2013 are as follows:

<u>Actuarial Assumption</u>	<u>Rate</u>
Annual investment return	7.50% (7.50% in 2013)
Discount rate	7.50% (7.50% in 2013)
Annual salary increase	4.00% (4.00% in 2013)

For the mortality assumption, the RP-2014 Mortality Tables with sex-distinct rates for employees and annuitants with a fully generational mortality improvement projection using Scale MP-2014 was utilized. The assumed retirement age is 65.

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

A comparison of actuarial present value of accumulated plan benefits as of January 1, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits:		
Vested-		
Participants currently receiving benefits	\$ 99,107,051	\$ 77,642,391
Other participants	443,906,817	375,452,651
Nonvested	54,120,523	50,597,842
	<u>\$597,134,391</u>	<u>\$503,692,884</u>

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Changes in actuarial present value of accumulated plan benefits for the years ended January 1, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits as of January 1, 2013 and 2012	\$503,692,884	\$416,849,676
Increase (decrease) during the year attributable to:		
Benefits accumulated and net experience gains and losses	33,160,702	25,647,024
Interest	39,452,782	35,035,988
Benefits paid	(12,121,766)	(9,076,685)
Assumption Changes	32,949,789	35,236,881
Actuarial present value of accumulated plan benefits as of January 1, 2014 and 2013	<u>\$597,134,391</u>	<u>\$503,692,884</u>

In June 2014, the Plan management announced effective January 1, 2015, the Plan would be amended to eliminate future benefit accruals under the Traditional Plan formula as of December 31, 2014. All future benefit accruals after December 31, 2014 will be determined under the Stable Value Plan formula. The Plan amendment allows for lump sum payments to be made on all future benefit payments.

(4) Investments-

Accounting principles generally accepted in the United States of America require that investments in excess of 5% of net assets available for plan benefits be disclosed. The following investments represent 5% or more of the Plan's Net Assets Available for Plan Benefits as of December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Prudential Long Duration Corporate Bond Mutual Fund	\$66,754,207	\$ 56,994,153
Harris Associates International Value LP	53,816,673	51,956,462
Walter Scott & Partners Limited Group Trust	104,485,081	98,727,077
Highclere International L Investors Mutual Fund	47,728,644	50,280,417
Blackrock MSCI ACWI Ex US Non Lending Fund Account	153,943,622	150,431,770
Pimco Total Return Fund	-	79,518,002
Eaton Vance Emerging Market Fund	44,156,846	-
DoubleLine Total Return Bond	58,213,078	-
Mondrian Emerging Markets Equity Fund	46,819,234	-

During fiscal 2014 and 2013, the Plan's investments (including investments bought, sold and held during the year) appreciated/(depreciated) in value as follows:

	<u>2014</u>	<u>2013</u>
Bond mutual funds	\$ (870,057)	\$ (9,427,166)
Corporate bonds	4,533,759	(4,842,099)
Common stock	417,153	13,942,512
Investment partnerships-Equity	2,123,466	10,484,054
Investment partnerships-Commodities	915,224	(2,534,236)
Investment partnerships-Bond	11,034,959	(7,031,363)

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Investment partnerships-International equity	5,448,362	56,787,113
Investment partnerships-Real estate	714,739	423,346
Government bonds	107,890	(831,762)
	<u>\$24,425,495</u>	<u>\$56,970,399</u>

(5) Tax Status-

The Internal Revenue Service has determined and informed CHMC by a letter dated March 17, 2014 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740 requires 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 is more likely than not would not be sustained upon examination by federal and state tax authorities. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 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 footnotes of the financial statements. Plan management believes it is no longer subject to income tax examinations for the years prior to 2011.

(6) Termination Priorities-

Although it has not expressed any intent to do so, CHMC has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability benefits and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

(7) Exempt Party-In-Interest Transactions –

Certain Plan investments are money market funds managed by Fifth Third Bank of Cincinnati, the benefit payment administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid for by the Plan for investment management services are included as a reduction of the return earned on each fund.

(8) Information Certified by the Custodian—

The following is a summary of the unaudited information regarding the Plan as of December 31, 2014 and 2013, and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by State Street or Fifth Third, the asset custodians of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the asset custodians that such information is complete and accurate.

	<u>2014</u>	<u>2013</u>
Statements of Net Assets Available for Plan Benefits		
Cash and Investments	\$832,506,305	\$768,239,506
Investment income receivable	883,547	672,644
Securities sold payable	(40,747)	(236,819)
Statement of Changes in Net Assets Available for Plan Benefits		
Investment Income:		
Interest income	2,430,641	2,361,260
Dividend income	5,028,165	4,999,913
Net appreciation in fair value of investments	24,425,495	56,970,399

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at the end of year), excluding classification and level of investments in Note 2.

(9) Subsequent Events –

Plan management reviewed subsequent events through October 7, 2015 noting no changes were required to the financial statements or footnotes contained herein, except as noted above.

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
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Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
<u>Cash and Cash Equivalents</u>			
	Cash	11,288,752	11,288,752
1,000,000.000	Fifth Third BankSafe Trust	1,000,000	1,000,000
8,740,292.000	Fifth Third BankSafe Premium	8,740,292	8,740,292
		<u>21,029,044</u>	<u>21,029,044</u>
<u>Bond Mutual Funds</u>			
2,397,992.832	LAZARD EMERGING MARKETS DEBT P LAZARD EMER MRKTS DEBT INST	21,198,257	24,579,767
11.048	PIMCO TOTAL RETURN FUND PIMCO TOTAL RETURN FUND INST	118	121
2,611,805.503	WTC CTF OPPORTUNISTIC EMERG MK EMERGING MARKETS DEBT	27,006,069	26,784,857
5,306,570.484	DOUBLELINE TOTAL RETURN BOND F DOUBLELINE TOTL RET BND I	58,213,078	58,255,022
		<u>106,417,522</u>	<u>109,619,767</u>
<u>Corporate Bonds</u>			
235,000.000	21ST CENTURY FOX AMERICA COMPANY GUAR 08/39 6.9	318,585	268,795
130,000.000	21ST CENTURY FOX AMERICA COMPANY GUAR 11/37 6.65	173,584	152,167
115,000.000	ABB FINANCE USA INC COMPANY GUAR 05/42 4.375	124,524	111,395
100,000.000	ABBVIE INC SR UNSECURED 11/42 4.4	103,167	98,964
85,000.000	ACTAVIS INC COMPANY GUAR 10/42 4.625	83,294	84,650
75,000.000	AETNA INC SR UNSECURED 11/42 4.125	75,359	73,686
120,000.000	AFLAC INC SR UNSECURED 08/40 6.45	156,110	135,745
85,000.000	ALABAMA POWER CO SR UNSECURED 08/44 4.15	89,239	84,323
265,000.000	ALTRIA GROUP INC COMPANY GUAR 01/44 5.375	301,655	263,871
158,000.000	ALTRIA GROUP INC COMPANY GUAR 02/39 10.2	275,100	253,707
150,000.000	AMERICA MOVIL SAB DE CV COMPANY GUAR 03/40 6.125	177,482	175,183

**Children's Hospital Medical Center
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Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
180,000.000	AMERICA MOVIL SAB DE CV COMPANY GUAR 11/37 6.125	216,207	211,696
219,000.000	AMERICAN EXPRESS CO SR UNSECURED 12/42 4.05	220,989	218,943
405,000.000	AMGEN INC SR UNSECURED 06/38 6.9	536,528	501,527
60,000.000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2	92,629	91,775
100,000.000	ANTHEM INC SR UNSECURED 01/43 4.65	104,076	99,421
165,000.000	ANTHEM INC SR UNSECURED 05/42 4.625	173,144	163,832
270,000.000	ANTHEM INC SR UNSECURED 08/54 4.85	283,484	269,382
335,000.000	AON PLC COMPANY GUAR 06/44 4.6	347,887	334,126
350,000.000	APPLIED MATERIALS INC SR UNSECURED 06/41 5.85	424,127	406,721
200,000.000	AT+T INC SR UNSECURED 06/44 4.8	203,792	199,272
460,000.000	AT+T INC SR UNSECURED 09/40 5.35	498,097	497,329
240,000.000	BAKER HUGHES INC SR UNSECURED 09/40 5.125	263,251	272,603
610,000.000	BANK OF AMERICA CORP SUBORDINATED 01/37 6.11	720,258	581,493
100,000.000	BANK OF AMERICA CORP SUBORDINATED 05/38 7.75	141,230	111,138
170,000.000	BANK OF AMERICA CORP SUBORDINATED 10/26 4.25	169,618	169,179
175,000.000	BAXTER INTERNATIONAL INC SR UNSECURED 06/43 4.5	187,929	174,885
55,000.000	BAXTER INTERNATIONAL INC SR UNSECURED 08/42 3.65	52,368	48,896
40,000.000	BECTON DICKINSON AND CO SR UNSECURED 12/44 4.685	43,078	40,000
295,000.000	BERKSHIRE HATHAWAY ENERG SR UNSECURED 11/43 5.15	333,801	293,257
100,000.000	BERKSHIRE HATHAWAY INC SR UNSECURED 02/43 4.5	109,361	98,686
145,000.000	BHP BILLITON FIN USA LTD COMPANY GUAR 09/43 5	164,360	145,942

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50,000.000	BRISTOL MYERS SQUIBB CO SR UNSECURED 03/44 4.5	54,640	49,545
330,000.000	BRITISH TELECOM PLC SR UNSECURED 12/30 9.625	518,117	487,992
215,000.000	BUCKEYE PARTNERS LP SR UNSECURED 10/44 5.6	206,093	214,733
220,000.000	BUCKEYE PARTNERS LP SR UNSECURED 11/43 5.85	220,117	225,425
180,000.000	BURLINGTN NORTH SANTA FE SR UNSECURED 03/41 5.05	202,729	186,789
350,000.000	BURLINGTN NORTH SANTA FE SR UNSECURED 09/43 5.15	403,592	347,928
350,000.000	CANADIAN NATL RESOURCES SR UNSECURED 03/38 6.25	389,267	438,471
155,000.000	CARDINAL HEALTH INC SR UNSECURED 03/43 4.6	163,184	153,539
260,000.000	CATERPILLAR INC SR UNSECURED 08/42 3.803	255,512	247,887
160,000.000	CBS CORP COMPANY GUAR 10/40 5.9	187,290	182,154
280,000.000	CENOVUS ENERGY INC SR UNSECURED 09/42 4.45	242,144	279,390
85,000.000	CENTRICA PLC SR UNSECURED 144A 10/43 5.375	94,636	84,349
125,000.000	CF INDUSTRIES INC COMPANY GUAR 06/43 4.95	124,605	124,785
230,000.000	CIGNA CORP SR UNSECURED 03/41 5.875	286,350	258,433
250,000.000	CITIGROUP INC SR UNSECURED 11/43 4.95	278,668	249,303
60,000.000	CITIGROUP INC SUBORDINATED 09/43 6.675	77,583	60,000
240,000.000	CITIGROUP INC SUBORDINATED 10/33 6	283,207	235,267
115,000.000	CLEVELAND CLINIC FOUND BONDS 01/14 4.858	118,191	115,000
285,000.000	CME GROUP INC SR UNSECURED 09/43 5.3	345,329	293,348
270,000.000	CNOOC FINANCE 2013 LTD COMPANY GUAR 05/23 3	255,531	265,888
180,000.000	CNOOC FINANCE 2014 ULC COMPANY GUAR 04/44 4.875	193,824	177,044
460,000.000	COMCAST CORP COMPANY GUAR 06/35 5.65	570,037	511,350

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90,000.000	COMCAST CORP COMPANY GUAR 07/42 4.65	98,506	89,926
73,000.000	CONAGRA FOODS INC SR UNSECURED 01/43 4.65	76,188	72,894
245,000.000	CONOCOPHILLIPS COMPANY COMPANY GUAR 11/44 4.3	256,292	243,648
105,000.000	CONSOLIDATED EDISON CO O SR UNSECURED 12/54 4.625	114,995	104,732
220,000.000	COX COMMUNICATIONS INC SR UNSECURED 144A 03/39 8.375	313,645	315,919
60,000.000	CUMMINS INC SR UNSECURED 10/43 4.875	69,780	58,721
170,000.000	DCP MIDSTREAM OPERATING COMPANY GUAR 04/22 4.95	180,445	173,181
125,000.000	DELPHI CORP COMPANY GUAR 03/24 4.15	129,211	124,561
340,000.000	DEUTSCHE TELEKOM INT FIN COMPANY GUAR 06/30 8.75	502,234	471,517
150,000.000	DEUTSCHE TELEKOM INT FIN COMPANY GUAR 144A 03/42 4.875	160,340	141,083
305,000.000	DIRECTV HOLDINGS/FING COMPANY GUAR 03/40 6.35	354,126	340,996
220,000.000	DOW CHEMICAL CO/THE SR UNSECURED 11/41 5.25	237,274	227,408
70,000.000	EATON CORP COMPANY GUAR 11/32 4	71,201	69,782
80,000.000	ECOLAB INC SR UNSECURED 12/41 5.5	96,298	90,492
155,000.000	EL PASO PIPELINE PART OP COMPANY GUAR 11/42 4.7	139,963	136,068
105,000.000	ENABLE MIDSTREAM PARTNER COMPANY GUAR 144A 05/44 5	98,908	104,985
270,000.000	ENCANA CORP SR UNSECURED 11/41 5.15	247,417	281,021
195,000.000	ENERGY TRANSFER PARTNERS SR UNSECURED 02/42 6.5	224,143	217,522
405,000.000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 09/40 6.45	499,802	481,836
445,000.000	EXELON GENERATION CO LLC SR UNSECURED 06/42 5.6	497,835	460,585
75,000.000	EXPRESS SCRIPTS HOLDING COMPANY GUAR 11/41 6.125	94,493	86,686

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Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
250,000.000	FMR LLC SR UNSECURED 144A 02/43 5.15	283,750	266,190
350,000.000	FORD MOTOR COMPANY SR UNSECURED 01/43 4.75	369,292	340,981
250,000.000	GENERAL ELEC CAP CORP SR UNSECURED 01/38 5.875	316,340	270,648
310,000.000	GENERAL ELEC CAP CORP SR UNSECURED 08/37 6.15	404,342	354,741
270,000.000	GEORGIA POWER COMPANY SR UNSECURED 03/42 4.3	283,543	273,090
85,000.000	GEORGIA POWER COMPANY SR UNSECURED 09/40 4.75	94,500	91,601
150,000.000	GILEAD SCIENCES INC SR UNSECURED 12/41 5.65	185,727	163,579
360,000.000	GOLDMAN SACHS GROUP INC SR UNSECURED 03/20 5.375	403,452	366,256
640,000.000	GOLDMAN SACHS GROUP INC SUBORDINATED 10/37 6.75	804,723	624,170
95,000.000	GRUPO TELEVISA SAB SR UNSECURED 01/40 6.625	115,181	113,813
155,000.000	GUARDIAN LIFE INSURANCE SUBORDINATED 144A 09/39 7.375	221,202	194,006
350,000.000	HALLIBURTON CO SR UNSECURED 09/39 7.45	491,635	490,900
255,000.000	HCP INC SR UNSECURED 02/41 6.75	346,137	304,182
85,000.000	HCP INC SR UNSECURED 08/24 3.875	86,345	84,686
190,000.000	HEALTH CARE REIT INC SR UNSECURED 03/41 6.5	249,675	201,108
190,000.000	HEALTH CARE REIT INC SR UNSECURED 03/43 5.125	209,144	188,244
160,000.000	HESS CORP SR UNSECURED 01/40 6	176,712	172,427
90,000.000	HIGHMARK INC SR UNSECURED 144A 05/41 6.125	94,349	94,565
475,000.000	HOME DEPOT INC SR UNSECURED 02/44 4.875	552,088	470,523
105,000.000	HOME DEPOT INC SR UNSECURED 04/43 4.2	109,475	105,591
520,000.000	HSBC HOLDINGS PLC SUBORDINATED 09/37 6.5	668,143	587,663
205,000.000	HUMANA INC SR UNSECURED 12/42 4.625	207,852	201,021

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Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
70,000.000	HUSKY ENERGY INC SR UNSECURED 09/37 6.8	85,394	86,697
410,000.000	ILLINOIS TOOL WORKS INC SR UNSECURED 09/42 3.9	413,034	406,056
235,000.000	INTEL CORP SR UNSECURED 10/41 4.8	258,086	247,058
200,000.000	JOHNSON CONTROLS INC SR UNSECURED 03/41 5.7	238,622	231,890
125,000.000	JOHNSON CONTROLS INC SR UNSECURED 07/64 4.95	128,871	125,769
130,000.000	JPMORGAN CHASE + CO SR UNSECURED 01/42 5.4	152,815	133,204
165,000.000	JPMORGAN CHASE + CO SUBORDINATED 05/23 3.375	163,236	164,112
260,000.000	JPMORGAN CHASE + CO SUBORDINATED 08/43 5.625	302,354	258,029
175,000.000	JPMORGAN CHASE + CO SUBORDINATED 09/24 3.875	175,149	174,081
290,000.000	JUNIPER NETWORKS INC SR UNSECURED 03/41 5.95	290,716	336,158
320,000.000	KINDER MORGAN ENER PART COMPANY GUAR 01/38 6.95	369,322	373,544
180,000.000	KONINKLIJKE PHILIPS NV SR UNSECURED 03/38 6.875	244,460	230,800
85,000.000	KRAFT FOODS GROUP INC SR UNSECURED 06/42 5	93,568	84,399
105,000.000	LOEWS CORP SR UNSECURED 05/43 4.125	99,600	103,786
260,000.000	LORILLARD TOBACCO CO COMPANY GUAR 05/40 8.125	363,290	318,714
265,000.000	LOWE S COMPANIES INC SR UNSECURED 04/42 4.65	294,741	258,441
220,000.000	LOWE S COMPANIES INC SR UNSECURED 11/41 5.125	257,281	240,657
125,000.000	MARATHON OIL CORP SR UNSECURED 10/37 6.6	147,225	156,100
260,000.000	MARATHON PETROLEUM CORP SR UNSECURED 09/54 5	244,834	253,761

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Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
125,000.000	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 12/41 5.375	148,635	130,303
130,000.000	MCKESSON CORP SR UNSECURED 03/41 6	160,820	161,587
195,000.000	MEDTRONIC INC SR UNSECURED 04/43 4	185,921	190,989
115,000.000	MEMORIAL SLOAN KETTERING SR UNSECURED 07/52 4.125	114,335	114,285
435,000.000	METLIFE INC SR UNSECURED 11/43 4.875	491,267	438,057
170,000.000	MICROSOFT CORP SR UNSECURED 12/43 4.875	200,102	169,412
95,000.000	MOLSON COORS BREWING CO COMPANY GUAR 05/42 5	103,120	95,912
185,000.000	MONSANTO CO SR UNSECURED 07/64 4.7	193,976	183,304
175,000.000	MORGAN STANLEY SR UNSECURED 04/24 3.875	179,557	173,467
110,000.000	MORGAN STANLEY SR UNSECURED 07/42 6.375	146,083	130,686
105,000.000	MORGAN STANLEY SR UNSECURED 08/26 6.25	126,588	123,959
110,000.000	MORGAN STANLEY SUBORDINATED 05/23 4.1	111,368	108,888
260,000.000	MORGAN STANLEY SUBORDINATED 09/26 4.35	261,555	261,462
125,000.000	MORGAN STANLEY SUBORDINATED 11/25 5	133,390	124,431
175,000.000	MOTIVA ENTERPRISES LLC SR UNSECURED 144A 01/40 6.85	215,852	226,784
210,000.000	NBCUNIVERSAL MEDIA LLC COMPANY GUAR 04/40 6.4	281,356	252,737
175,000.000	NEXEN ENERGY ULC COMPANY GUAR 07/39 7.5	242,874	214,866
235,000.000	NOBLE ENERGY INC SR UNSECURED 03/41 6	258,274	264,381
200,000.000	NORDEA BANK AB SUBORDINATED 144A 05/21 4.875	216,674	190,588
200,000.000	NORDEA BANK AB SUBORDINATED 144A 09/22 4.25	207,666	198,728
270,000.000	NORFOLK SOUTHERN CORP SR UNSECURED 03/05 6	347,447	311,233
35,000.000	NORFOLK SOUTHERN CORP SR UNSECURED 05/11 6	44,891	44,181

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95,000.000	NOVARTIS CAPITAL CORP COMPANY GUAR 05/44 4.4	106,461	94,753
135,000.000	NUCOR CORP SR UNSECURED 08/43 5.2	148,813	134,857
135,000.000	NUCOR CORP SR UNSECURED 12/37 6.4	167,069	176,522
150,000.000	ONE GAS INC SR UNSECURED 02/44 4.658	170,928	149,999
315,000.000	ONEOK PARTNERS LP COMPANY GUAR 02/41 6.125	338,852	356,527
250,000.000	ORANGE SA SR UNSECURED 01/42 5.375	284,193	264,607
235,000.000	ORANGE SA SR UNSECURED 03/31 9	358,464	333,366
105,000.000	PACIFIC GAS + ELECTRIC SR UNSECURED 02/44 4.75	115,479	111,344
100,000.000	PACIFIC GAS + ELECTRIC SR UNSECURED 03/34 6.05	127,310	122,542
230,000.000	PACIFIC GAS + ELECTRIC SR UNSECURED 11/43 5.125	263,458	241,386
300,000.000	PACIFICORP 1ST MORTGAGE 01/39 6	394,548	386,436
150,000.000	PERNOD RICARD SA SR UNSECURED 144A 01/42 5.5	174,473	153,656
275,000.000	PETROBRAS INTL FIN CO COMPANY GUAR 01/40 6.875	254,532	324,775
450,000.000	PETROLEOS MEXICANOS COMPANY GUAR 06/44 5.5	459,000	451,177
180,000.000	PHILIP MORRIS INTL INC SR UNSECURED 08/42 3.875	170,890	175,658
275,000.000	PHILLIPS 66 COMPANY GUAR 05/42 5.875	316,690	288,207
220,000.000	PLAINS ALL AMER PIPELINE SR UNSECURED 06/44 4.7	218,414	219,415
185,000.000	PNC BANK NA SUBORDINATED 11/22 2.7	177,167	184,983
75,000.000	PRIDE INTERNATIONAL INC COMPANY GUAR 08/40 7.875	90,509	105,674
150,000.000	PRUDENTIAL FINANCIAL INC SR UNSECURED 05/41 5.625	175,997	158,879
180,000.000	PRUDENTIAL FINANCIAL INC SR UNSECURED 05/44 4.6	189,706	178,862
125,000.000	PRUDENTIAL FINANCIAL INC SR UNSECURED 06/35 5.4	145,559	127,913

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250,000.000	RABOBANK NEDERLAND COMPANY GUAR 05/41 5.25	299,003	257,577
100,000.000	RABOBANK NEDERLAND SR UNSECURED 144A 09/10 5.8	113,704	110,341
110,000.000	REPUBLIC SERVICES INC COMPANY GUAR 03/40 6.2	142,218	132,923
255,000.000	REPUBLIC SERVICES INC COMPANY GUAR 05/41 5.7	314,410	292,057
180,000.000	REYNOLDS AMERICAN INC COMPANY GUAR 09/43 6.15	208,741	196,606
80,000.000	RIO TINTO FIN USA LTD COMPANY GUAR 11/40 5.2	87,904	86,131
100,000.000	RIO TINTO FIN USA PLC COMPANY GUAR 03/42 4.75	102,378	103,356
260,000.000	ROGERS COMMUNICATIONS IN COMPANY GUAR 08/38 7.5	363,355	354,626
225,000.000	SEMPRA ENERGY SR UNSECURED 10/39 6	277,967	274,963
250,000.000	SHELL INTERNATIONAL FIN COMPANY GUAR 08/42 3.625	237,795	249,910
365,000.000	SHELL INTERNATIONAL FIN COMPANY GUAR 08/43 4.55	399,299	365,201
225,000.000	SIMON PROPERTY GROUP LP SR UNSECURED 02/40 6.75	313,166	279,325
60,000.000	SOC AUSTRAL DE ELECT SA SR UNSECURED 11/44 5.05	59,306	59,559
280,000.000	SOUTHERN POWER CO SR UNSECURED 09/41 5.15	325,133	297,224
100,000.000	SPECTRA ENERGY PARTNERS SR UNSECURED 09/43 5.95	118,697	99,875
210,000.000	STANDARD CHARTERED PLC SUBORDINATED 144A 03/44 5.7	218,440	209,580
175,000.000	STANLEY BLACK + DECKER I COMPANY GUAR 09/40 5.2	202,748	188,428
125,000.000	STATOIL ASA COMPANY GUAR 05/43 3.95	122,165	115,008
200,000.000	TALISMAN ENERGY SR UNSECURED 05/42 5.5	188,786	196,841
245,000.000	TARGET CORP SR UNSECURED 07/42 4	248,878	239,755

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95,000.000	TECK RESOURCES LIMITED COMPANY GUAR 03/42 5.2	77,676	89,365
220,000.000	TECK RESOURCES LIMITED COMPANY GUAR 08/40 6	197,778	238,114
235,000.000	TELEFONICA EMISIONES SAU COMPANY GUAR 02/21 5.462	262,023	227,150
165,000.000	TELEFONICA EMISIONES SAU COMPANY GUAR 07/19 5.877	187,782	167,419
315,000.000	TIME WARNER CABLE INC COMPANY GUAR 06/39 6.75	411,793	379,931
50,000.000	TIME WARNER CABLE INC COMPANY GUAR 09/42 4.5	51,397	49,720
490,000.000	TRANS CANADA PIPELINES SR UNSECURED 01/39 7.625	673,378	700,443
180,000.000	TRINITY ACQUISITION PLC COMPANY GUAR 08/43 6.125	206,242	179,289
245,000.000	TYCO ELECTRONICS GROUP S COMPANY GUAR 10/37 7.125	333,967	319,642
120,000.000	UNION PACIFIC CORP SR UNSECURED 09/41 4.75	134,822	126,396
205,000.000	UNITED TECHNOLOGIES CORP SR UNSECURED 06/42 4.5	223,202	202,472
295,000.000	UNITEDHEALTH GROUP INC SR UNSECURED 02/41 5.95	383,910	360,584
250,000.000	UNITEDHEALTH GROUP INC SR UNSECURED 06/37 6.5	334,995	317,593
105,000.000	UNIV OF SOUTHERN CALIFOR SR UNSECURED 10/11 5.25	142,199	127,421
255,000.000	VALE OVERSEAS LIMITED COMPANY GUAR 11/39 6.875	271,590	299,861
350,000.000	VALERO ENERGY CORP COMPANY GUAR 06/37 6.625	413,231	383,720
490,000.000	VERIZON COMMUNICATIONS SR UNSECURED 04/38 6.9	641,895	646,028
85,000.000	VERIZON COMMUNICATIONS SR UNSECURED 09/33 6.4	104,701	84,915

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662,000.000	VERIZON COMMUNICATIONS SR UNSECURED 144A 08/54 5.012	684,872	673,483
105,000.000	VIACOM INC SR UNSECURED 09/43 5.85	116,767	104,321
215,000.000	WAL MART STORES INC SR UNSECURED 04/41 5.625	274,549	262,765
210,000.000	WAL MART STORES INC SR UNSECURED 10/43 4.75	244,532	208,538
120,000.000	WALGREENS BOOTS ALLIANCE COMPANY GUAR 11/44 4.8	126,524	119,981
190,000.000	WASTE MANAGEMENT INC COMPANY GUAR 11/39 6.125	245,944	235,634
180,000.000	WEATHERFORD INTL LLC COMPANY GUAR 06/37 6.8	170,212	203,341
393,000.000	WELLS FARGO + COMPANY SUBORDINATED 01/44 5.606	462,644	398,644
280,000.000	WILLIAMS COMPANIES INC SR UNSECURED 06/44 5.75	243,561	280,155
225,000.000	WILLIAMS PARTNERS LP SR UNSECURED 04/40 6.3	251,701	266,023
140,000.000	XCEL ENERGY INC SR UNSECURED 09/41 4.8	156,156	147,218
90,000.000	ZOETIS INC SR UNSECURED 02/43 4.7	91,600	89,341
		<u>49,780,253</u>	<u>47,108,573</u>
	Common Stock		
7,783.000	ABAXIS INC COMMON STOCK NPV	442,308	294,210
24,900.000	ACACIA RESEARCH CORP COMMON STOCK USD.001	421,806	640,820
4,812.000	ALLEGiant TRAVEL CO COMMON STOCK USD.001	723,388	392,550
4,400.000	AMERICA S CAR MART INC COMMON STOCK USD.01	234,872	191,023
14,907.000	ANGIE S LIST INC COMMON STOCK USD.001	92,871	215,550
8,212.000	ARGOS THERAPEUTICS INC COMMON STOCK USD.001	82,120	69,381
15,500.000	ATLAS AIR WORLDWIDE HOLDINGS COMMON STOCK USD.01	764,150	680,431

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
At December 31, 2014

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
2,090.000	BIO TECHNE CORP COMMON STOCK USD.01	193,116	154,363
10,100.000	BLACK BOX CORP COMMON STOCK USD.001	241,390	258,264
9,956.000	BLUE NILE INC COMMON STOCK USD.001	358,516	325,122
26,200.000	BRIGGS + STRATTON COMMON STOCK USD.01	535,004	521,636
29,800.000	BRINKER INTERNATIONAL INC COMMON STOCK USD.1	1,748,962	955,957
32,933.000	CARETRUST REIT INC REIT USD.01	406,064	522,931
5,831.000	CAVIUM INC COMMON STOCK USD.001	360,472	282,594
5,702.000	CELLULAR DYNAMICS INTERNATIO COMMON STOCK USD.0001	36,664	82,895
23,424.000	CEMPRA INC COMMON STOCK USD.001	550,698	210,854
19,018.000	CHEFS WAREHOUSE INC/THE COMMON STOCK USD.01	438,175	400,484
13,903.000	CHEMOCENTRYX INC COMMON STOCK USD.001	94,957	150,753
9,327.000	CHICO S FAS INC COMMON STOCK USD.01	151,191	150,481
2,146.000	CIMPRESS NV COMMON STOCK USD.001	160,607	91,073
13,300.000	CLEARWATER PAPER CORP COMMON STOCK USD.0001	911,715	819,212
833.000	COMPUTER PROGRAMS + SYSTEMS COMMON STOCK USD.001	50,605	48,125
9,900.000	COMVERSE INC COMMON STOCK USD.01	185,922	296,425
20,921.000	COPART INC COMMON STOCK NPV	763,407	592,816
25,592.000	CORNERSTONE ONDEMAND INC COMMON STOCK USD.0001	900,838	926,447
23,100.000	CST BRANDS INC COMMON STOCK USD.01	1,007,391	739,370
14,503.000	DEALERTRACK TECHNOLOGIES INC COMMON STOCK USD.01	642,628	538,087
1,741.000	DEXCOM INC COMMON STOCK USD.001	95,842	32,246
1,751.000	DRIL QUIP INC COMMON STOCK USD.01	134,354	138,276
1,452.000	DXP ENTERPRISES INC COMMON STOCK USD.01	73,370	142,344
18,631.000	ECHO GLOBAL LOGISTICS INC COMMON STOCK USD.0001	544,025	453,605

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
At December 31, 2014

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
17,100.000	ENGILITY HOLDINGS INC COMMON STOCK USD.01	731,880	355,295
13,400.000	ENSIGN GROUP INC/THE COMMON STOCK USD.001	594,826	328,890
4,392.000	ENVESTNET INC COMMON STOCK	215,823	155,208
5,992.000	ESPERION THERAPEUTICS INC COMMON STOCK USD.001	242,316	105,181
10,281.000	EXACT SCIENCES CORP COMMON STOCK USD.01	282,111	120,221
11,743.000	EXAMWORKS GROUP INC COMMON STOCK	488,391	435,803
25,000.000	EXLSERVICE HOLDINGS INC COMMON STOCK USD.001	717,750	700,850
13,126.000	EXLSERVICE HOLDINGS INC COMMON STOCK USD.001	376,847	369,983
1,096.000	FACTSET RESEARCH SYSTEMS INC COMMON STOCK USD.01	154,262	112,984
7,112.000	FLEETMATICS GROUP PLC COMMON STOCK EUR.015	252,405	243,662
17,244.000	FLUIDIGM CORP COMMON STOCK USD.001	581,640	337,298
18,300.000	FLUSHING FINANCIAL CORP COMMON STOCK USD.01	370,941	375,870
65,300.000	FULTON FINANCIAL CORP COMMON STOCK USD2.5	807,108	734,386
3,299.000	GRACO INC COMMON STOCK USD1.	264,514	196,175
34,664.000	GRAN TIERRA ENERGY INC COMMON STOCK USD.001	133,456	215,175
17,800.000	GULFMARK OFFSHORE INC CL A COMMON STOCK USD.01	434,676	700,403
15,400.000	HAEMONETICS CORP/MASS COMMON STOCK USD.01	576,268	561,042
19,900.000	HCC INSURANCE HOLDINGS INC COMMON STOCK USD1.	1,065,048	689,258
5,321.000	HDFC BANK LTD ADR ADR	270,041	193,595
10,151.000	HEICO CORP CLASS A COMMON STOCK USD.01	480,751	292,152

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
At December 31, 2014

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
3,441.000	HIBBETT SPORTS INC COMMON STOCK USD.01	166,648	195,085
8,499.000	ICON PLC COMMON STOCK EUR.06	433,364	239,069
13,807.000	INFOBLOX INC COMMON STOCK USD.0001	279,039	277,791
11,250.000	INOVIO PHARMACEUTICALS INC COMMON STOCK USD.001	103,275	131,418
10,697.000	IPC HEALTHCARE INC COMMON STOCK USD.001	490,885	546,886
7,616.000	IPG PHOTONICS CORP COMMON STOCK USD.0001	570,591	407,279
32,100.000	K12 INC COMMON STOCK USD.0001	381,027	716,197
22,600.000	KFORCE INC COMMON STOCK USD.01	545,338	532,391
14,400.000	KIMBALL ELECTRONICS INC COMMON STOCK	173,088	156,459
34,319.000	KNIGHT TRANSPORTATION INC COMMON STOCK USD.01	1,155,178	622,672
25,200.000	KNOWLES CORP COMMON STOCK USD.01	593,460	793,654
7,626.000	LIFE TIME FITNESS INC COMMON STOCK USD.02	431,784	371,737
21,051.000	MAKEMYTRIP LTD COMMON STOCK	547,115	376,769
10,000.000	MARLIN BUSINESS SERVICES INC COMMON STOCK USD.01	205,300	190,499
18,800.000	MATERION CORP COMMON STOCK NPV	662,324	632,208
19,200.000	MATSON INC COMMON STOCK NPV	662,784	427,954
8,417.000	MATTRESS FIRM HOLDING CORP COMMON STOCK USD.01	488,859	347,125
2,680.000	MEDNAX INC COMMON STOCK USD.01	177,175	111,001
38,400.000	MONEYGRAM INTERNATIONAL INC COMMON STOCK USD.01	349,056	531,561
8,932.000	MONRO MUFFLER BRAKE INC COMMON STOCK USD.01	516,270	391,905
9,068.000	MSC INDUSTRIAL DIRECT CO A COMMON STOCK USD.001	736,775	741,725
2,743.000	MWI VETERINARY SUPPLY INC COMMON STOCK USD.01	466,063	330,216

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
At December 31, 2014

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
24,100.000	MYRIAD GENETICS INC COMMON STOCK USD.01	820,846	761,149
18,380.000	NORTHERN OIL AND GAS INC COMMON STOCK USD.001	103,847	324,600
21,600.000	ONE GAS INC COMMON STOCK	890,352	734,961
12,100.000	OUTERWALL INC W/I COMMON STOCK USD.001	910,162	707,025
943.000	PAYLOCITY HOLDING CORP PRIVATE COMP USD.001	24,622	19,363
9,000.000	PHARMERICA CORP COMMON STOCK USD.01	186,390	126,388
35,000.000	PIER 1 IMPORTS INC COMMON STOCK USD.001	539,000	735,225
9,322.000	POLYPORE INTERNATIONAL INC COMMON STOCK USD.01	438,600	363,081
12,862.000	POWER INTEGRATIONS INC COMMON STOCK USD.001	665,480	554,573
4,440.000	PROTO LABS INC COMMON STOCK USD.001	298,190	205,953
27,700.000	QUALITY DISTRIBUTION INC COMMON STOCK NPV	294,728	256,108
23,800.000	RAYONIER ADVANCED MATERIALS COMMON STOCK USD.01	530,740	778,786
51,700.000	REPUBLIC AIRWAYS HOLDINGS IN COMMON STOCK USD.001	754,303	573,315
4,568.000	RETAILMENOT INC COMMON STOCK USD.001	66,784	138,736
4,709.000	RITCHIE BROS AUCTIONEERS COMMON STOCK NPV	126,625	107,323
50,200.000	RIVERBED TECHNOLOGY INC COMMON STOCK USD.0001	1,024,582	825,414
39,400.000	ROVI CORP COMMON STOCK USD.001	890,046	864,399
22,117.000	SANGAMO BIOSCIENCES INC COMMON STOCK USD.01	336,400	179,186
11,000.000	SCHWEITZER MAUDUIT INTL INC COMMON STOCK USD.1	465,300	417,760
19,764.000	SCIQUEST INC COMMON STOCK USD.001	285,590	372,767
15,730.000	SEATTLE GENETICS INC COMMON STOCK USD.001	505,405	431,385

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
At December 31, 2014

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
5,019.000	SILICON LABORATORIES INC COMMON STOCK USD.0001	239,005	214,292
4,393.000	SPIRIT AIRLINES INC COMMON STOCK USD.0001	332,023	261,117
3,986.000	SPS COMMERCE INC COMMON STOCK USD.001	225,727	217,605
12,996.000	STANTEC INC COMMON STOCK NPV	356,350	258,928
13,008.000	SYNTEL INC COMMON STOCK NPV	585,100	425,075
9,225.000	TANDEM DIABETES CARE INC COMMON STOCK	117,158	146,860
9,371.000	TETRA TECH INC COMMON STOCK USD.01	250,206	247,693
33,700.000	TIME INC COMMON STOCK USD.01	829,357	806,163
20,400.000	TRIBUNE PUBLISHING CO COMMON STOCK USD.01	467,160	419,371
6,100.000	TRISTATE CAPITAL HLDGS INC COMMON STOCK	62,464	63,742
8,524.000	TRUPANION INC COMMON STOCK USD.00001	59,071	82,291
6,111.000	ULTIMATE SOFTWARE GROUP INC COMMON STOCK USD.01	897,186	578,663
7,138.000	ULTRA PETROLEUM CORP COMMON STOCK NPV	93,936	148,207
19,900.000	UNITED ONLINE INC WHEN ISSUE COMMON STOCK USD.0001	289,545	257,354
12,300.000	UNIVEST CORP OF PENNSYLVANIA COMMON STOCK USD5.	248,952	240,737
61,700.000	VAALCO ENERGY INC COMMON STOCK USD.1	281,352	366,440
14,200.000	VERITIV CORP COMMON STOCK USD.01	736,554	504,604
5,368.000	WASTE CONNECTIONS INC COMMON STOCK USD.01	236,138	191,388
11,562.000	WESCO AIRCRAFT HOLDINGS INC COMMON STOCK USD.001	161,637	184,390
60,600.000	ZIX CORP COMMON STOCK USD.01	218,160	270,106
5,352.000	ZOE S KITCHEN INC COMMON STOCK USD.01	160,078	169,170
13,216.000	ZUMIEZ INC COMMON STOCK NPV	510,534	381,216
		<u>50,039,566</u>	<u>43,526,261</u>

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
At December 31, 2014

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
Investment partnerships - Equity			
2,943,546.000	ADAMS STREET GLOBAL SECONDARIE FUND 5	2,943,546	2,943,546
5,838,958.000	HARBOURVEST PARTNERS IX LIMITED PARTNERSHIP	7,340,504	5,838,958
38,550,045.250	HARRIS ASSOCIATES INTERNATIONAL VALUE LP	53,816,673	38,550,045
3,030,317.814	MONDRIAN EMERGING MARKETS EQUITY FUND	46,819,234	48,329,074
62,500.000	SHERIDAN PRODUCTION PTRS III B LIMITED PARTNERSHIP	62,500	62,500
2,984,151.000	TPG OPPORTUNITIES PARTNERS II LIMITED PARTNERSHIP	3,861,909	2,984,151
1,494,552.030	WARBURG PINCUS PE E+P XI INC 1 ORDINARY SHARES	1,494,552	1,494,552
3,958,232.220	WARBURG PINCUS XI, LP LIMITED PARTNERSHIP	3,958,232	3,958,232
		<u>120,297,151</u>	<u>104,161,058</u>
Investment partnerships - Bonds			
18,000.000	BRIGADE CR OFFSHORE FD II LTD BRIGADE CR OFFSHORE FD II LTD	18,116,871	18,000,000
12,000.000	BRIGADE CREDIT OFFSHORE FUND A 2014 07	11,424,140	12,000,000
44,601.304	OAKTREE HIGH YIELD LP LIMITED PARTNERSHIP	19,368,555	16,211,266
4,558,427.310	PRUDENTIAL LONG DUR CORP BOND MUTUAL FUND	66,754,207	55,729,792
		<u>115,663,773</u>	<u>101,941,058</u>
Investment partnerships - International Equity			
9,907,472.310	BLACKROCK MSCI ACWI EX US NON LENDING FUND ACCOUNT	153,943,622	115,216,768
4,221,334.343	EATON VANCE EMERGING MARKET FD	44,156,846	43,899,324
2,045,604.958	HIGHCLERE INT L INVESTORS MUTUAL FUND	47,728,644	42,073,933

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
At December 31, 2014

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
4,118,318.044	WALTER SCOTT + PARTNERS LIMITED GROUP TRUST	104,485,081	81,560,602
		<u>350,314,193</u>	<u>282,750,626</u>
	Investment partnerships - Real Estate		
2,366,883.840	BLACKSTONE RE PARTNERS VII REIT	3,481,949	2,366,884
2,230,784.000	BLACKSTONE REAL EST PRTNR IV EUROPE IV LP	2,289,558	2,230,784
5,708,499.000	OAKTREE REAL ESTATE OPP VI LP LIMITED PARTNERSHIP	5,708,499	5,708,499
5,026,812.000	TOWNSQUARE REAF I, LP MUTUAL FUND	5,026,812	5,026,812
1,816,245.400	TRUE NORTH REAL ESTATE III LIMITED PARTNERSHIP	1,816,245	1,816,245
		<u>18,323,064</u>	<u>17,149,224</u>
	Government Bonds		
230,000.000	UNITED MEXICAN STATES SR UNSECURED 01/40 6.05	281,290	279,495
50,000.000	UNITED MEXICAN STATES SR UNSECURED 01/45 5.55	58,125	49,736
290,000.000	UNITED MEXICAN STATES SR UNSECURED 03/44 4.75	302,325	300,393
		<u>641,740</u>	<u>629,624</u>
		<u>\$832,506,305</u>	<u>\$727,915,236</u>

**Children's Hospital Medical Center
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2014

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Number of Transactions</u>	<u>Purchase Price (A)**</u>	<u>Selling Price (A)**</u>	<u>Cost of Asset</u>	<u>Net Gain (Loss)</u>
-Single Transactions-						
State Street	DoubleLine Total Return Bond	1	\$58,235,000	\$ -	\$58,235,000	\$ -
State Street	Pimco Total Return Fund	1	-	61,309,273	63,068,185	(1,758,912)
-Series in Same Security-						
State Street	DoubleLine Total Return Bond	6	62,193,519	-	62,193,519	-
State Street	Pimco Total Return Fund	8	-	88,849,657	91,793,167	(2,943,510)

(A) The current value of all assets acquired or disposed of at the time of acquisition or disposition is equal to the purchase price or selling price, respectively.

** Amounts don't include transactional fees

See accompanying independent auditors report

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
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5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE's Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE's Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
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5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2014

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE's Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan**B** Three-digit
plan number (PN) ▶

001

CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**D** Employer Identification Number (EIN)

CHILDREN'S HOSPITAL MEDICAL CENTER

31-0833936

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2014**2** Assets:**a** Market value **2a** 816,848,242**b** Actuarial value **2b** 792,612,320**3** Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1,171	102,772,776	102,772,776
b For terminated vested participants.....	4,820	98,523,685	98,523,685
c For active participants.....	12,139	378,670,121	439,464,527
d Total.....	18,130	579,966,582	640,760,988

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor **4b****5** Effective interest rate **5** 6.67%**6** Target normal cost **6** 33,940,907**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

LORNA M. SPRINGER

Type or print name of actuary

TOWERS WATSON DELAWARE INC.

Firm name

1001 LAKESIDE AVENUE, SUITE 1900

CLEVELAND

Address of the firm

OH 44114

10/12/2015

Date

14-07422

Most recent enrollment number

(216) 937-4000

Telephone number (including area code)

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	19,823,857	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	19,823,857	0
10 Interest on line 9 using prior year's actual return of <u>8.98%</u>	1780182	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		45646291
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.4%</u>		2962444
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		48608735
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	21,604,039	0

Part III Funding Percentages

14 Funding target attainment percentage	14	120.32 %
15 Adjusted funding target attainment percentage	15	123.69 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.88 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/25/2015	46,500,000				
Totals ▶			18(b)	46,500,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	42,252,935

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.99 %2nd segment:
6.32 %3rd segment:
6.99 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

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

0

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

0

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

33,940,907

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

33,940,907

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

b Waiver amortization installment.....

0

0

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

0

Carryover balance

Prefunding balance

Total balance

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

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

42,252,935

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

42,252,935

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

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

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment**42**

0

43 Excess installment acceleration amount to be carried over to future plan years**43**

0

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Children's Hospital Medical Center
EIN/PN	31-0833936/001
Plan Name	Children's Hospital Medical Center Retirement Plan
Valuation Date	January 1, 2014
Enrolled Actuary	Lorna Springer
Enrollment Number	14-07422

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Children's Hospital Medical Center Retirement Plan
EIN / PN:	31-0833936 / 001
Plan Sponsor:	Children's Hospital Medical Center
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2014

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2014

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	310	23,433	500	32,295	4		0		0		0		0		0	
25 - 29	351	32,432	1,211	42,546	460	49,811	1		0		0		0		0	
30 - 34	209	34,683	776	45,736	917	59,714	121	62,016	0		0		0		0	
35 - 39	153	33,852	549	46,866	625	61,835	303	75,252	31	73,930	0		0		0	
40 - 44	107	35,856	405	51,230	515	64,097	303	74,958	133	80,933	22	81,516	0		0	
45 - 49	67	40,079	309	53,544	391	67,199	220	77,521	139	86,534	98	98,242	30	97,675	1	0
50 - 54	66	37,756	245	54,867	329	66,630	222	73,163	124	80,463	106	91,196	90	93,540	33	102,301
55 - 59	40	32,852	149	57,627	289	69,284	154	74,351	101	83,722	101	89,847	88	93,698	62	96,697
60 - 64	15		63	63,540	159	70,057	103	69,743	34	82,222	50	85,245	40	99,819	26	101,323
65 - 69	6		11		36	63,700	19		16		13		6		2	
70 & Over	0		3		6		2		6		3		1		0	

Plan Name: Children's Hospital Medical Center Retirement Plan
 EIN / PN: 31-0833936 / 001
 Plan Sponsor: Children's Hospital Medical Center
 Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor Children's Hospital Medical Center

EIN/PN 31-0833936/001

Discount rates Current plan year PPA effective interest rate: 6.67%

Prior plan year PPA effective interest rate: 6.49%

3-Segment Rates

Applicable month: September

MAP-21 applied for funding: Yes

MAP-21 applied for benefit restrictions: Yes

	Reflecting Corridor	Not Reflecting Corridor
First segment rate	4.99%	1.37%
Second segment rate	6.32%	4.05%
Third segment rate	6.99%	5.06%

**Assumed cost of living
adjustments** None

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Administrative expenses

The amount included this year for plan-related expenses is \$0.

Mortality

For all participants the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	For Participants Not Yet Eligible Under Rule Of 90	For Participants Eligible Under Rule Of 90
55	.05	.05
56	.05	.10
57	.05	.20
58	.05	.20
59	.05	.20
60	.10	.20
61	.10	.20
62	.20	.25
63	.20	.25
64	.30	.30
65	.30	.30
66	.30	.30
67	.30	.30
68	.30	.30
69	.30	.30
70	1.00	1.00

Disability rates (per 100 employees)

None.

Disabled mortality

N/A

Compensation increases

For purposes of determining the additional funding target for maximum recommended contribution purposes, compensation is assumed to increase by 4.0% per annum.

Future increases in Social Security

Not applicable.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (not due to disability retirement or mortality)

A termination rate of .17 for the first year of employment, and a termination rate of .12 for the next three, and a table based on the 2011 experience study performed for Children's Hospital Medical Center thereafter.

Age	Annual Rate
20	.11
25	.11
30	.08
35	.05
40	.04
45	.04
50	.03
55	.05
60 & over	.10

Form of payment

For valuation purposes, participants eligible to elect a lump sum benefit are assumed to do so at normal retirement age. All other participants are assumed to elect the normal form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible male participants are assumed to be married and 100% of eligible female participants are assumed to be married. Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.

Employees

It was assumed that there will be no new or rehired employees.

Plan compensation

For participants accruing under the traditional formula, compensation assumed to be paid in the current year beginning on the valuation date is annualized actual compensation from the prior year multiplied by the assumed salary scale.

For participants accruing under the stable value formula, compensation assumed to be paid in the current year beginning on the valuation date is actual compensation from the prior year multiplied by the assumed salary scale. Compensation is annualized for participants newly hired in the prior year.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Asset method

Average Method.

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. The amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.76%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.50%, and the applicable limitation for the plan year, equal to 6.76%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 7.50% which is the lesser of the anticipated rate of return on asset for the plan year, equal to 7.50%, and the applicable limitation for the plan year, equal to 7.52%. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Participant data

Employee data was supplied by Children's Hospital Medical Center as of the valuation date. Data on persons receiving benefits was also supplied by Children's Hospital Medical Center.

Benefits not included in valuation

We believe that we have reflected all significant Plan provisions in this valuation.

PBGC Premium Funding Target

The Alternative Premium Funding Target was determined using the assumptions described above, using segment rates not reflecting the corridors under MAP-21, as amended by HATFA.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage are truncated to be consistent with the instructions for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Actuarial increases for active participants past normal retirement age

Actuarial increases in benefits for active participants over age 65 are valued assuming an increase of 3% per year past age 65, in addition to normal benefit accruals.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Children's Hospital Medical Center

Plan

Children's Hospital Medical Center Retirement Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1961 and was amended and restated January 1, 2012. The first amendment currently pending adoption is effective January 1, 2015 and is therefore not reflected in this valuation.

Plan Year

The twelve-month period ending December 31st.

Coverage and Participation

An employee budgeted to work at least 20 hours per week participates on the January 1 or July 1 following the later of date of hire or age 21.

An employee budgeted to work less than 20 hours per week participates on the January 1st or July 1st following completion of one year of continuous service. Excluded employee groups include residents, clinical fellows, student co-ops and those eligible for the defined contribution plan sponsored by Children's Hospital Medical Center.

Credited Service

Traditional Formula:

A full year is credited for each calendar year the employee completes 2,000 hours of service. No service is credited for each calendar year the employee completes less than 1,000 hours of service. Credited Service is prorated for service between 1,000 and 2,000 hours of service.

Stable Value Formula:

A full year is credited for each calendar year the employee completes 1,000 hours of service.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Vesting Service

One year of vesting service is granted for each calendar year the employee completes at least 1,000 hours of service.

Final Average Compensation/Salary

Traditional Formula:

The monthly average of the highest five consecutive years of compensation. For this purpose compensation is annualized for years the employee completes between 1,000 and 2,000 hours of service.

Stable Value Formula:

Actual earnings are considered for each year in which the employee completes 1,000 hours of service.

Normal Retirement Benefit

Normal Retirement Date: Later of age 65 or January 1 of calendar year containing fifth anniversary of plan participation.

Traditional Formula:

Benefit Formula: The monthly benefit is the greater of:

- 1.4% of Final Average Monthly Compensation times years of Credited Service
- \$291.67 plus 1.4% of Final Average Monthly Compensation times years of Credited Service reduced by three years.

Stable Value Formula:

Benefit formula: The benefit is defined in terms of a single lump sum payable at normal retirement date as follows:

- The greater of 15% of career pay or \$30,000, for the first three years of service, plus
- 15% of pay for each additional year of service.

Normal Form of Benefit: Life annuity for single participants and 50% Joint and Survivor Annuity for married participants which is actuarially equivalent to the life annuity.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Late Retirement

Participants retiring after their Normal Retirement Date receive the greater of:

- Accrued benefit calculated using pay and service as of their Late Retirement Date.
- Normal Retirement Benefit actuarially increased to Late Retirement Date.

Early Retirement Benefit

Traditional Formula:

Eligibility: Earlier of attainment of age 55 with 15 years of vesting service or age 62 with 3 years of vesting service or age 55 with age plus service equal to or exceeding 90 points.

Benefit: Accrued benefit as of the date of early retirement reduced by 1/3 of 1% for each month payments commence before Normal Retirement Date. Early retirement benefits are unreduced if attained age is at least 55 and age plus years of vesting service equal to or exceed 90 points.

Stable Value Formula:

Accrued benefit payable at normal retirement date. Participants can elect to receive an immediate lump sum, calculated as the stable value account balance times $0.95^{\text{years to normal retirement age}}$. Alternatively, participants can elect to receive an immediate annuity which can be calculated using the conversion factors found in the appendix to the plan document. The lump sum is held to a minimum of the value of the annuity benefit calculated as an IRC Section 417(e) lump sum.

Disability Benefit

None, except as provided by vested termination.

Vested Benefits upon Termination of Service

Vesting: Completion of 3 years of vesting service.

Traditional Formula:

Accrued benefit payable at normal retirement date. A reduced benefit (described above) may be paid upon meeting early retirement eligibility. In addition participants can elect to receive an immediate annuity prior to early retirement eligibility which is reduced actuarially from normal retirement date.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Stable Value Formula:

Accrued benefit payable at normal retirement date. Participants can elect to receive an immediate lump sum, calculated as the stable value account balance times $0.95^{\text{years to normal retirement age}}$. Alternatively, participants can elect to receive an immediate annuity which can be calculated using the conversion factors found in the appendix to the plan document. The lump sum is held to a minimum of the value of the annuity benefit calculated as an IRC Section 417(e) lump sum.

Death Benefits for Participants in Active Service

Eligibility: Death while actively employed. A participant is 100% vested in his accrued benefit upon death regardless of years of vesting service.

Benefit: A lump sum equal to the present value of the accrued benefit payable at normal retirement.

Optional Forms of Retirement Income in Lieu of Normal Form

Traditional Formula:

50%, 66 2/3%, 75%, 100% joint and survivor annuity, life annuity with 10, 15, or 20 years certain.

Stable Value Formula:

Lump sum, 50%, 66 2/3%, 75%, 100% joint and survivor annuity, life annuity with 10, 15, or 20 years certain.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936 / 001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2014

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 4085 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2014 or fiscal plan year beginning		01/01/2014	and ending
		12/31/2014	
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a DFE (specify) _____	
	☒ a single-employer plan;		
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 CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	1b	Three-digit plan number (PN) ▶	001
	1c	Effective date of plan 01/01/1961	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, MLC 4900 CINCINNATI OH 45229-3039	2b	Employer Identification Number (EIN) 31-0833936	
	2c	Plan Sponsor's telephone number (513) 636-8778	
	2d	Business code (see instructions) 622000	

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

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

SIGN HERE		11-16-2015	THOMAS CANTWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		11-16-2015	MARK MUMFORD
	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) ELIZABETH I. WILTFONG DELOITTE TAX LLP 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106-2129			Preparer's telephone number (optional) (816) 474-6180

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 18,130
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 12,139 6a(2) 11,845 6b 1,202 6c 5,019 6d 18,066 6e 101 6f 18,167 6g 0 6h 493
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____