

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 <u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1961</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1961</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1961</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u> <u>3333 BURNET AVENUE, MLC 4900</u> <u>CINCINNATI, OH 45229-3039</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0833936</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-636-8778</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0833936</u>	2c Plan Sponsor's telephone number <u>513-636-8778</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-0833936</u>					
2c Plan Sponsor's telephone number <u>513-636-8778</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/03/2016 Date	DEANA KRAFT 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) <u>ELIZABETH I. WILTFONG</u> <u>DELOITTE TAX LLP</u> <u>1100 WALNUT STREET, SUITE 3300</u> <u>KANSAS CITY, MO 64106-2129</u>			Preparer's telephone number <u>816-474-6180</u>

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 18818
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) 12495 6a(2) 12087 6b 1264 6c 5096 6d 18447 6e 109 6f 18556 6g 0 6h 574
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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
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 2015			
2 Assets:			
a Market value	2a	878420311	
b Actuarial value	2b	890374838	
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	1300	129755784	129755784
b For terminated vested participants	5023	107707053	107707053
c For active participants	12495	418689273	485758303
d Total	18818	656152110	723221140
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	6.47%	
6 Target normal cost	6	26318718	

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>09/27/2016</div>
Signature of actuary	Date
LORNA M. SPRINGER	14-07422
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	216-937-4000
Firm name	Telephone number (including area code)
1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114	
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	21604039	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)	21604039	0
10	Interest on line 9 using prior year's actual return of <u>3.75%</u>	810151	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		42252935
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>6.67%</u>		2818271
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		45071206
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)	22414190	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	120.01 %
15	Adjusted funding target attainment percentage	15	123.11 %
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	123.69 %
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
11/30/2015	96878				
04/20/2016	20000000				
06/27/2016	50000000				
			Totals ►	18(b)	70096878
				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 64066959
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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	26318718	
b Excess assets, if applicable, but not greater than line 31a	31b	26318718	
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	64066959	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	64066959	
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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
BLACKSTONE REAL ESTATE ASSO VII L.P

45-3450248

(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.

20-4895879

(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

BLACKSTONE REAL EST ASSO EUR IV L.P

98-1126155

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

CROSSHARBOR CAPITAL PARTNERS LLC

04-3425442

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

TOWNSEND ALPHA MANAGER I LLC

27-3728976

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

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

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

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	877922	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	344155	Yes ☐ No ☒	Yes ☐ No ☐		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	167362	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	151792	Yes ☐ No ☒	Yes ☐ No ☐		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	149716	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	112500	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	109571	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	89243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKSTONE REAL EST ADV EUR, L.P.

20-3041211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	78500	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)

BLACKSTONE REAL ESTATE ADV, L.P.

20-8081274

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	46012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINTAN PART SPECIALTY CREDIT FUND I

47-3257420

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	28125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USRA

13-3891451

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	29230	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
USRA	52	29230

(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.
USRA NET LEASE II, LLC 13-3891451	ASSET MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WALTER SCOTT & PRTNR LTD GRP GLOBAL

b Name of sponsor of entity listed in (a): WALTER SCOTT & PARTNERS LIMITED

c EIN-PN <u>76-6192146-003</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>101453998</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MONDRIAN FOC EMRG. MRKT EQ. FD, L.P

b Name of sponsor of entity listed in (a): MONDRIAN INVESTMENT GROUP US, INC

c EIN-PN <u>20-3844853-006</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>29022074</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI WORLD INDEX FUND A

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.A

c EIN-PN <u>94-3358161-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>163536241</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE EMRG. MARKET FUND

b Name of sponsor of entity listed in (a): EATON VANCE TRUST COMPANY

c EIN-PN <u>32-0225130-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29379040</u>
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	46500000	70000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	883547	638926
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	48035113	19521569
(2) U.S. Government securities.....	1c(2)	0	1904740
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	22678443	20212953
(B) All other.....	1c(3)(B)	27159936	24369004
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	55016067	23484283
(5) Partnership/joint venture interests	1c(5)	119283092	160373616
(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)	46819234	323391353
(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)	104485081	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	408445724	236465750
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	583615	567290

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	879889852	880929484

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	40747	6492
k Total liabilities (add all amounts in lines 1g through 1j)	1k	40747	6492

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	879849105	880922992
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	70096878	
(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)		70096878
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1441962	
(B) U.S. Government securities	2b(1)(B)	11972	
(C) Corporate debt instruments	2b(1)(C)	2440622	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	54914	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3949470
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	374145	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3765413	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4139558
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	172517306	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	173333041	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-815735
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-4236256	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4236256

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-12255634
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-10465502
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		50412779

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	46451336	
(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)		46451336
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)	2154899	
(4) Other	2i(4)	732657	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2887556
j Total expenses. Add all expense amounts in column (b) and enter total	2j		49338892

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1073887
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:

	Yes	No	N/A	Amount
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.)		X		
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.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			9000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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>555</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
-----------------	-------------------

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.
----------------	---

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: 7% Investment-Grade Debt: 14% High-Yield Debt: 0% Real Estate: 4% Other: 75%

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?.....	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?.....	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?.....	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Children's Hospital Medical Center Retirement Plan

Financial Statements As of and For the Years Ended
December 31, 2015 and 2014 and Supplemental Schedules As of and
For the Year Ended December 31, 2015 and Independent Auditors'
Report

Children's Hospital Medical Center Retirement Plan

Table of Contents

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Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held At End of Year (as of December 31, 2015)	14-24
Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2015	25
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, 2015 and 2014, 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, 2015, 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 7, which was certified by State Street Bank and Trust Company and Fifth Third Bank, the custodians 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 custodians hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodians 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 schedule listed in the Table of Contents is 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 the supplemental schedule.

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 schedule, other than that derived from the information certified by the custodians, 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

September 16, 2016

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

**Statements of Net Assets Available for Plan Benefits
As of December 31, 2015 and 2014**

	2015	2014
CASH AND INVESTMENTS, at fair value (Note 2):		
Cash and cash equivalents	\$ 19,521,569	\$ 21,029,044
Bond mutual funds	63,161,285	106,417,521
Common stock	58,954,470	50,039,566
Corporate bonds	44,581,957	49,780,253
Government bonds	2,472,030	641,740
Investment partnerships-equity	129,615,353	120,297,151
Investment partnerships-bonds	137,892,703	115,663,773
Investment partnerships-international equity	324,522,953	350,314,193
Investment partnerships-real estate	29,568,239	18,323,064
	<u>810,290,559</u>	<u>832,506,305</u>
INVESTMENT INCOME RECEIVABLE	638,925	883,547
EMPLOYER CONTRIBUTION RECEIVABLE	70,000,000	46,500,000
SECURITIES SOLD PAYABLE	<u>(6,492)</u>	<u>(40,747)</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$880,922,992</u></u>	<u><u>\$879,849,105</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, 2015 and 2014**

	2015	2014
EMPLOYER CONTRIBUTIONS	\$ 70,096,878	\$ 46,500,000
INVESTMENT ACTIVITY:		
Interest income	2,492,428	2,430,641
Dividend income	5,596,615	5,028,165
Net (depreciation) appreciation in fair value of investments	(27,773,142)	24,425,495
	(19,684,099)	31,884,301
BENEFITS PAID TO PARTICIPANTS	(46,451,336)	(14,461,245)
ADMINISTRATIVE EXPENSES AND TAXES	(2,887,556)	(2,849,282)
(DECREASE) INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	1,073,887	61,073,774
NET ASSETS AVAILABLE FOR PLAN BENEFITS, beginning of year	879,849,105	818,775,331
NET ASSETS AVAILABLE FOR PLAN BENEFITS, end of year	<u>\$880,922,992</u>	<u>\$879,849,105</u>

See accompanying notes to financial statements.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

(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 2015 and 2014, CHMC contributed \$70,096,878 and \$46,500,000, respectively to the plan.

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.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

(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 investments in registered mutual funds, common stock, and bonds are stated at fair market value based upon quoted market prices. Investments in partnerships – including limited partnerships, collective trusts and commingled funds in U.S. equities, international equities, real estate and bonds – 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, 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 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:

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

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

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. The fair value for investments in fixed income securities, including US government securities and corporate obligations, is based 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. Investments in partnerships – U.S. equities, international equities, real estate and bonds – 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 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, 2015, the Plan made \$81.4 million in funding commitments in eight investment partnerships of which \$29.8 million had been funded. Additionally, the Plan had made \$52.5 million in funding commitments in seven real estate investment partnerships, of which \$29.4 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, 2015 and 2014, 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, 2015 and 2014

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, 2015.

	Level 1	Level 2	Level 3
Cash and Cash Equivalents	\$ 19,521,569	\$ -	\$ -
Bond Mutual Funds	63,161,285	-	-
Common Stock	58,954,470	-	-
Corporate Bonds	-	44,581,957	-
Government Bonds	-	2,472,030	-
Investment Partnerships:			
Equity	-	99,518,703	30,096,650
Bond	-	137,892,703	-
International Equity	-	324,522,953	-
Real Estate	-	-	29,568,239
	<u>\$141,637,324</u>	<u>\$608,988,346</u>	<u>\$59,664,889</u>

The following is a reconciliation of the roll forward of the fair value measurements using significant unobservable inputs for calendar year 2015:

Balance at December 31, 2014	\$37,984,308
Purchases	21,404,220
Unrealized gains	8,532,066
Sales	(8,255,705)
Balance at December 31, 2015	<u>\$59,664,889</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, 2015

\$8,532,066

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

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	\$ -	\$ -
Bond Mutual Funds	79,411,452	27,006,069	-
Common Stock	50,039,566	-	-
Corporate Bonds	-	49,780,253	-
Government Bonds	-	641,740	-
Investment Partnerships:			
Equity	-	100,635,907	19,661,244
Bond	-	115,663,773	-
International Equity	-	350,314,193	-
Real Estate	-	-	18,323,064
	<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, 2015 and 2014

The following investments represent 10% or more of the Plan's net assets available for plan benefits as of December 31, 2015:

<u>Investment</u>	<u>Current Value</u>	<u>% of Plan net assets</u>
Blackrock MSCI	\$163,536,241	18.6%
Walter Scott + Partners	101,453,998	11.5%

- (f) New Accounting Pronouncements – In July 2015, the FASB issued ASU 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965)," which is a three part ASU to reduce complexity in employee benefit plan accounting.

Part I of the ASU, "Fully Benefit-Responsive Investment Contracts," eliminates the requirement to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts.

Part II of the ASU, "Plan Investment Disclosures," eliminates repetitive presentations of investment information. Companies will no longer be required to a) to disaggregate and disclose by general type the net appreciation or depreciation in investments, b) to disaggregate investment groupings in multiple ways, and c) to disclose investment strategy if an investment meets certain criteria.

Part III of the ASU, "Measurement Date Practical Expedient," provides a practical expedient to measure defined benefit plan assets on a month-end date that is nearest to the employer's fiscal year-end when the fiscal period does not coincide with a month-end.

Parts I, II, and III of ASU 2015-12 are effective for fiscal years beginning after December 15, 2015. The Plan early adopted Part II of the new guidance effective January 1, 2015, which did not have a material impact on the financial statements and related disclosures. Parts I and III of ASU 2015-12 are not applicable to the Plan.

On May 1, 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) ("ASU 2015-07") which removes the requirement to present certain investments for which the practical expedient is used to measure fair value at net asset value within the fair value hierarchy table. Instead, a Plan would be required to include those investments as a reconciling item so that the total fair value amount of investments in the disclosure is consistent with the fair value investment balance on the statement of net assets available for benefits. ASU 2015-07 is effective beginning after December 15, 2016, with early adoption permitted. The Plan has not yet evaluated the impact of ASU 2015-07 on the financial statements.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

(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, 2015. A summary of significant actuarial assumptions and the actuarial methods used in preparing the actuarial valuation for 2015 and 2014 are as follows:

<u>Actuarial Assumption</u>	<u>Rate</u>
Annual investment return	7.50% (7.50% in 2014)
Discount rate	7.50% (7.50% in 2014)
Annual salary increase	3.50% (4.00% in 2014)

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, 2015 and 2014 is as follows:

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits:		
Vested-		
Participants currently receiving benefits	\$123,143,805	\$ 99,107,051
Other participants	537,623,527	443,906,817
Nonvested	60,410,698	54,120,523
	<u>\$721,178,030</u>	<u>\$597,134,391</u>

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Changes in actuarial present value of accumulated plan benefits for the years ended January 1, 2015 and 2014 are as follows:

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits as of January 1, 2015 and 2014	\$597,134,391	\$503,692,884
Increase (decrease) during the year attributable to:		
Benefits accumulated and net experience gains and losses	27,641,090	33,160,702
Interest	46,577,544	39,452,782
Benefits paid	(14,461,245)	(12,121,766)
Assumption Changes	64,286,250	32,949,789
Actuarial present value of accumulated plan benefits as of January 1, 2015 and 2014	<u>\$721,178,030</u>	<u>\$597,134,391</u>

(4) 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, 2015 and 2014 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 2012.

(5) 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.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

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.

(6) 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.

(7) Information Certified by the Custodian-

The following is a summary of the unaudited information regarding the Plan as of December 31, 2015 and 2014, 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>2015</u>	<u>2014</u>
Statement of Net Assets Available for Plan Benefits		
Cash and Investments	\$810,290,559	\$832,506,305
Investment income receivable	638,925	883,547
Securities sold payable	(6,492)	(40,747)
Statement of Changes in Net Assets Available for Plan Benefits		
Investment Income:		
Interest income	2,492,428	2,430,641
Dividend income	5,596,615	5,028,165
Net (depreciation) appreciation in fair value of investments	(27,773,142)	24,425,495

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

(8) Subsequent Events-

Plan management reviewed subsequent events through September 16, 2016 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)
At December 31, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
<u>Cash and Cash Equivalents</u>			
	Cash	\$ 14,270,939	\$ 14,270,938
1,000,000.000	Fifth Third BankSafe Trust	1,000,000	1,000,000
4,250,630.000	Fifth Third BankSafe Premium	4,250,630	4,250,630
		<u>19,521,569</u>	<u>19,521,568</u>
<u>Bond Mutual Funds</u>			
2,414,502.021	LAZARD EMERGING MARKETS DEBT P	18,615,811	23,849,004
11.740	PIMCO TOTAL RETURN FUND	118	128
4,132,222.287	DOUBLELINE TOTAL RETURN BOND F	44,545,356	45,356,320
		<u>63,161,285</u>	<u>69,205,452</u>
<u>Corporate Bonds</u>			
130,000.000	21ST CENTURY FOX AMERICA	151,068	152,439
235,000.000	21ST CENTURY FOX AMERICA	277,906	268,795
115,000.000	ABB FINANCE USA INC	114,146	111,395
100,000.000	ABBVIE INC	93,392	98,964
85,000.000	ACE INA HOLDINGS	86,371	84,788
75,000.000	AETNA INC	70,177	73,686
120,000.000	AFLAC INC	147,205	135,745
85,000.000	ALABAMA POWER CO	80,858	84,323
158,000.000	ALTRIA GROUP INC	259,096	253,707
265,000.000	ALTRIA GROUP INC	285,045	263,871
180,000.000	AMERICA MOVIL SAB DE CV	194,834	211,696
150,000.000	AMERICA MOVIL SAB DE CV	165,017	175,183
219,000.000	AMERICAN EXPRESS CO	209,106	218,943
305,000.000	AMGEN INC	379,020	377,693
60,000.000	ANHEUSER BUSCH INBEV WOR	86,487	91,775
165,000.000	ANTHEM INC	155,813	163,832
100,000.000	ANTHEM INC	95,156	99,421
270,000.000	ANTHEM INC	251,691	269,382
335,000.000	AON PLC	322,525	334,126
165,000.000	APPLE INC	142,058	163,536
135,000.000	APPLIED MATERIALS INC	137,334	136,983

**Children's Hospital Medical Center
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At December 31, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
115,000.000	APPLIED MATERIALS INC	124,080	133,637
520,000.000	AT+T INC	513,614	556,571
185,000.000	AT+T INC	169,486	186,517
150,000.000	AT+T INC	137,340	149,466
170,000.000	BANK OF AMERICA CORP	168,271	169,179
630,000.000	BANK OF AMERICA CORP	714,861	604,202
40,000.000	BECTON DICKINSON AND CO	40,356	40,000
295,000.000	BERKSHIRE HATHAWAY ENERG	311,293	293,257
100,000.000	BERKSHIRE HATHAWAY INC	100,693	98,686
145,000.000	BHP BILLITON FIN USA LTD	130,326	145,942
50,000.000	BRISTOL MYERS SQUIBB CO	54,051	49,545
330,000.000	BRITISH TELECOM PLC	481,523	487,992
220,000.000	BUCKEYE PARTNERS LP	169,932	225,425
215,000.000	BUCKEYE PARTNERS LP	160,530	214,733
180,000.000	BURLINGTN NORTH SANTA FE	186,246	186,789
350,000.000	BURLINGTN NORTH SANTA FE	369,138	347,928
105,000.000	CANADIAN NATL RESOURCES	95,569	131,541
155,000.000	CARDINAL HEALTH INC	152,739	153,539
260,000.000	CATERPILLAR INC	232,718	247,887
160,000.000	CBS CORP	165,586	182,154
135,000.000	CCO SAFARI II LLC	135,221	135,000
80,000.000	CCO SAFARI II LLC	78,819	80,000
210,000.000	CELGENE CORP	210,817	209,293
280,000.000	CENOVUS ENERGY INC	204,137	279,390
85,000.000	CENTRICA PLC	84,873	84,349
125,000.000	CF INDUSTRIES INC	106,284	124,785
230,000.000	CIGNA CORP	264,532	258,433
60,000.000	CITIGROUP INC	73,570	60,000
85,000.000	CITIGROUP INC	89,315	84,763
165,000.000	CITIGROUP INC	167,442	164,761
115,000.000	CLEVELAND CLINIC FOUND	111,511	115,000
285,000.000	CME GROUP INC	326,308	293,348
180,000.000	CNOOC FINANCE 2014 ULC	181,960	177,044
85,000.000	COLUMBIA PIPELINE GROUP	74,620	84,806
460,000.000	COMCAST CORP	535,334	511,350
90,000.000	COMCAST CORP	91,584	89,926
165,000.000	COMCAST CORP	167,066	164,876

**Children's Hospital Medical Center
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At December 31, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
53,000.000	CONAGRA FOODS INC	47,277	52,923
105,000.000	CONSOLIDATED EDISON CO O	103,315	104,732
250,000.000	COOPERATIEVE RABOBANK UA	285,088	257,577
100,000.000	COOPERATIEVE RABOBANK UA	109,436	110,341
220,000.000	COX COMMUNICATIONS INC	242,431	315,919
60,000.000	CRH AMERICA INC	60,034	59,266
210,000.000	CVS HEALTH CORP	221,220	209,234
125,000.000	DELPHI CORP	125,956	124,561
340,000.000	DEUTSCHE TELEKOM INT FIN	471,390	471,517
150,000.000	DEUTSCHE TELEKOM INT FIN	152,861	141,083
305,000.000	DIRECTV HOLDINGS/FING	327,506	340,996
220,000.000	DOW CHEMICAL CO/THE	214,447	227,408
295,000.000	DUKE ENERGY CORP	298,036	294,009
70,000.000	EATON CORP	64,549	69,308
80,000.000	ECOLAB INC	87,041	90,492
175,000.000	ELECTRICITE DE FRANCE SA	169,916	174,566
105,000.000	ENABLE MIDSTREAM PARTNER	61,948	104,985
270,000.000	ENCANA CORP	180,584	281,021
195,000.000	ENERGY TRANSFER PARTNERS	158,594	217,522
405,000.000	ENTERPRISE PRODUCTS OPER	384,799	481,836
445,000.000	EXELON GENERATION CO LLC	414,371	460,585
75,000.000	EXPRESS SCRIPTS HOLDING	85,231	86,686
250,000.000	FMR LLC	264,928	266,190
350,000.000	FORD MOTOR COMPANY	329,921	340,981
229,000.000	GE CAPITAL INTL FUNDING	233,690	235,281
310,000.000	GENERAL ELEC CAP CORP	389,174	354,741
72,000.000	GENERAL ELEC CAP CORP	88,096	77,946
85,000.000	GEORGIA POWER COMPANY	82,791	91,601
270,000.000	GEORGIA POWER COMPANY	249,375	273,090
150,000.000	GILEAD SCIENCES INC	170,897	163,579
360,000.000	GOLDMAN SACHS GROUP INC	395,474	366,256
795,000.000	GOLDMAN SACHS GROUP INC	772,255	778,229
95,000.000	GRUPO TELEVISIA SAB	98,551	113,813
155,000.000	GUARDIAN LIFE INSURANCE	197,490	194,006
290,000.000	HALLIBURTON CO	286,677	295,773
85,000.000	HCP INC	82,385	84,686
255,000.000	HCP INC	308,045	304,182

**Children's Hospital Medical Center
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At December 31, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
160,000.000	HESS CORP	141,842	172,427
90,000.000	HIGHMARK INC	89,259	94,565
105,000.000	HOME DEPOT INC	105,183	105,591
475,000.000	HOME DEPOT INC	523,108	470,523
520,000.000	HSBC HOLDINGS PLC	623,854	587,663
205,000.000	HUMANA INC	192,649	201,021
70,000.000	HUSKY ENERGY INC	69,344	86,697
410,000.000	ILLINOIS TOOL WORKS INC	388,709	406,056
35,000.000	INTEL CORP	36,487	36,796
200,000.000	INTEL CORP	211,392	206,220
200,000.000	JOHNSON CONTROLS INC	195,226	231,890
125,000.000	JOHNSON CONTROLS INC	101,531	125,769
165,000.000	JPMORGAN CHASE + CO	162,165	164,112
175,000.000	JPMORGAN CHASE + CO	174,080	174,081
130,000.000	JPMORGAN CHASE + CO	146,181	133,204
170,000.000	JPMORGAN CHASE + CO	184,994	168,711
90,000.000	JPMORGAN CHASE + CO	89,983	89,888
290,000.000	JUNIPER NETWORKS INC	272,356	336,158
320,000.000	KINDER MORGAN ENER PART	274,851	373,544
155,000.000	KINDER MORGAN ENER PART	109,066	136,068
180,000.000	KONINKLIJKE PHILIPS NV	208,690	230,800
130,000.000	KRAFT HEINZ FOODS CO	135,838	129,488
180,000.000	LOCKHEED MARTIN CORP	184,387	177,334
105,000.000	LOEWS CORP	94,828	103,786
220,000.000	LOWE S COMPANIES INC	243,591	240,657
265,000.000	LOWE S COMPANIES INC	280,304	258,441
145,000.000	MARATHON OIL CORP	103,205	141,919
205,000.000	MARATHON PETROLEUM CORP	164,193	200,081
125,000.000	MASS MUTUAL LIFE INS CO	135,345	130,303
260,000.000	MCDONALD S CORP	261,583	260,712
130,000.000	MCKESSON CORP	149,660	161,587
220,000.000	MEDTRONIC INC	226,919	230,903
115,000.000	MEMORIAL SLOAN KETTERING	107,366	114,285
435,000.000	METLIFE INC	456,363	438,057
160,000.000	MICROSOFT CORP	173,470	170,630
150,000.000	MICROSOFT CORP	134,741	147,615
225,000.000	MICROSOFT CORP	233,055	224,161

**Children's Hospital Medical Center
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At December 31, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
185,000.000	MONSANTO CO	140,474	183,304
110,000.000	MORGAN STANLEY	111,122	108,888
175,000.000	MORGAN STANLEY	178,392	173,467
125,000.000	MORGAN STANLEY	132,694	124,431
105,000.000	MORGAN STANLEY	122,930	123,959
260,000.000	MORGAN STANLEY	260,850	261,462
110,000.000	MORGAN STANLEY	136,021	130,686
120,000.000	MORGAN STANLEY	114,493	119,100
175,000.000	MOTIVA ENTERPRISES LLC	179,533	226,784
210,000.000	NBCUNIVERSAL MEDIA LLC	261,679	252,737
175,000.000	NEXEN ENERGY ULC	225,614	214,866
235,000.000	NOBLE ENERGY INC	202,612	264,381
200,000.000	NORDEA BANK AB	215,834	190,588
200,000.000	NORDEA BANK AB	204,874	198,728
210,000.000	NORFOLK SOUTHERN CORP	225,135	242,070
35,000.000	NORFOLK SOUTHERN CORP	36,624	44,181
95,000.000	NOVARTIS CAPITAL CORP	99,082	94,753
135,000.000	NUCOR CORP	142,679	176,522
135,000.000	NUCOR CORP	122,515	134,857
150,000.000	ONE GAS INC	155,382	149,999
315,000.000	ONEOK PARTNERS LP	240,710	356,527
235,000.000	ORACLE CORP	220,696	233,531
95,000.000	ORACLE CORP	86,909	94,572
235,000.000	ORANGE SA	331,686	333,366
250,000.000	ORANGE SA	258,358	264,607
100,000.000	PACIFIC GAS + ELECTRIC	117,824	122,542
230,000.000	PACIFIC GAS + ELECTRIC	251,609	241,386
105,000.000	PACIFIC GAS + ELECTRIC	109,110	111,344
300,000.000	PACIFICORP	364,017	386,436
150,000.000	PERNOD RICARD SA	151,110	153,656
450,000.000	PETROLEOS MEXICANOS	338,553	451,177
180,000.000	PHILIP MORRIS INTL INC	164,414	175,658
150,000.000	PHILLIPS 66	150,354	157,204
125,000.000	PHILLIPS 66	111,520	120,646
85,000.000	PHILLIPS 66 PARTNERS LP	62,836	84,960
220,000.000	PLAINS ALL AMER PIPELINE	153,127	219,415
185,000.000	PNC BANK NA	179,938	184,983

**Children's Hospital Medical Center
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At December 31, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
75,000.000	PRIDE INTERNATIONAL INC	58,669	105,674
125,000.000	PRUDENTIAL FINANCIAL INC	135,936	127,913
150,000.000	PRUDENTIAL FINANCIAL INC	165,968	158,879
180,000.000	PRUDENTIAL FINANCIAL INC	179,111	178,862
165,000.000	REPUBLIC SERVICES INC	193,357	198,687
105,000.000	REPUBLIC SERVICES INC	117,450	120,259
260,000.000	REYNOLDS AMERICAN INC	318,926	332,719
340,000.000	REYNOLDS AMERICAN INC	377,992	342,481
80,000.000	RIO TINTO FIN USA LTD	73,410	86,131
100,000.000	RIO TINTO FIN USA PLC	85,790	103,356
260,000.000	ROGERS COMMUNICATIONS IN	336,565	354,626
225,000.000	SEMPRA ENERGY	252,288	274,963
250,000.000	SHELL INTERNATIONAL FIN	208,598	249,910
365,000.000	SHELL INTERNATIONAL FIN	354,791	365,201
225,000.000	SIMON PROPERTY GROUP LP	296,802	279,325
125,000.000	SOUTH CAROLINA ELEC+GAS	130,285	123,991
280,000.000	SOUTHERN POWER CO	259,064	297,224
100,000.000	SPECTRA ENERGY PARTNERS	95,488	99,875
175,000.000	STANLEY BLACK + DECKER I	188,150	188,428
125,000.000	STATOIL ASA	112,995	115,008
145,000.000	TARGET CORP	141,575	141,896
165,000.000	TELEFONICA EMISIONES SAU	181,340	167,419
235,000.000	TELEFONICA EMISIONES SAU	262,638	227,150
315,000.000	TIME WARNER CABLE INC	316,134	379,931
50,000.000	TIME WARNER CABLE INC	39,239	49,720
490,000.000	TRANS CANADA PIPELINES	600,647	700,443
180,000.000	TRINITY ACQUISITION PLC	192,359	179,289
245,000.000	TYCO ELECTRONICS GROUP S	312,439	319,642
120,000.000	UNION PACIFIC CORP	128,263	126,396
85,000.000	UNION PACIFIC CORP	74,954	84,640
250,000.000	UNITEDHEALTH GROUP INC	313,828	317,593
295,000.000	UNITEDHEALTH GROUP INC	350,835	360,584
105,000.000	UNIV OF SOUTHERN CALIFOR	118,680	127,421
255,000.000	VALE OVERSEAS LIMITED	177,202	299,861
230,000.000	VALERO ENERGY CORP	231,247	252,159
7,000.000	VERIZON COMMUNICATIONS	7,975	6,993
771,000.000	VERIZON COMMUNICATIONS	689,505	770,922

**Children's Hospital Medical Center
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At December 31, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
662,000.000	VERIZON COMMUNICATIONS	606,121	673,483
105,000.000	VIACOM INC	94,288	104,321
480,000.000	VISA INC	486,989	479,198
215,000.000	WAL MART STORES INC	255,755	262,765
210,000.000	WAL MART STORES INC	225,870	208,538
120,000.000	WALGREENS BOOTS ALLIANCE	108,551	119,981
85,000.000	WASTE MANAGEMENT INC	79,053	84,825
393,000.000	WELLS FARGO + COMPANY	436,584	398,644
190,000.000	WELLTOWER INC	221,759	201,108
190,000.000	WELLTOWER INC	190,466	188,244
220,000.000	WILLIAMS COMPANIES INC	130,627	220,122
80,000.000	WW GRAINGER INC	83,761	79,935
140,000.000	XCEL ENERGY INC	140,657	147,218
220,000.000	ZOETIS INC	192,044	205,814
		<u>44,581,957</u>	<u>46,668,601</u>

Common Stock			
3,561.000	ABAXIS INC	198,276	134,612
1,156.000	ALLEGiant TRAVEL CO	194,011	94,303
2,665.000	ANGIE S LIST INC	24,918	38,535
772.000	ARCHROCK INC	5,805	12,613
12,558.000	ARGOS THERAPEUTICS INC	29,009	105,841
9,847.000	AURIS MEDICAL AG	48,152	46,773
2,014,494.707	BAILLIE GIFFORD FUNDS	29,970,242	34,340,473
3,999.000	BANK OF HAWAII CORP	251,537	251,811
6,088.000	BLUE NILE INC	226,047	198,809
4,373.000	CAVIUM INC	287,350	224,982
7,566.000	CEMPRA INC	235,530	79,141
13,974.000	CHEFS WAREHOUSE INC/THE	233,086	291,624
8,493.000	CHEMOCENTRYX INC	68,793	92,091
795.000	CHUY S HOLDINGS INC	24,915	24,504
964.000	CIMPRESS NV	78,219	40,911
8,822.000	COPART INC	335,324	249,980
15,336.000	CORNERSTONE ONDEMAND INC	529,552	550,377
833,421.095	DIAMOND HILL SMALL MID CAP FUN	15,401,622	16,223,284

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At December 31, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
1,069.000	DRIL QUIP INC	63,317	84,419
4,717.000	EAGLE BANCORP INC	238,067	203,638
11,813.000	ECHO GLOBAL LOGISTICS INC	240,867	288,596
9,336.000	ENSIGN GROUP INC/THE	211,274	208,175
7,851.000	ENVESTNET INC	234,352	287,908
3,323.000	EP ENERGY CORP CL A	14,555	44,746
3,046.000	ESPERION THERAPEUTICS INC	67,804	80,953
9,299.000	EXACT SCIENCES CORP	85,830	92,622
11,722.000	EXAMWORKS GROUP INC	311,805	444,395
3,342.000	EXLSERVICE HOLDINGS INC	150,156	94,201
386.000	EXTERRAN CORP	6,195	8,744
6,319.000	FIVE BELOW	202,840	214,672
5,476.000	FLEETMATICS GROUP PLC	278,126	198,886
1,549.000	FLEXION THERAPEUTICS INC	29,849	30,805
10,534.000	FLUIDIGM CORP	113,873	206,049
7,807.000	GLACIER BANCORP INC	207,120	214,401
2,605.000	GLOBANT SA	97,714	74,343
1,761.000	HDFC BANK LTD ADR	108,478	64,071
6,368.000	HEALTH EQUITY INC	159,646	131,090
4,146.000	HEICO CORP CLASS A	203,983	119,325
5,007.000	HFF INC CLASS A	155,567	196,487
3,605.000	HUBSPOT INC	202,998	188,404
4,180.000	ICON PLC	324,786	127,451
6,162.000	INFOBLOX INC	113,319	123,977
7,632.000	INOVIO PHARMACEUTICALS INC	51,287	89,154
2,867.000	INTRA CELLULAR THERAPIES INC	154,216	78,287
2,480.000	IPG PHOTONICS CORP	221,117	132,622
21,680.000	KNIGHT TRANSPORTATION INC	525,306	409,499
3,086.000	LUXOFT HOLDING INC	238,023	202,293
17,402.000	MAKEMYTRIP LTD	298,618	339,071
5,142.000	MATTRESS FIRM HOLDING CORP	229,487	212,061
945.000	MEDNAX INC	67,719	39,140
3,361.000	MONOLITHIC POWER SYSTEMS INC	214,129	180,916
6,843.000	MONRO MUFFLER BRAKE INC	453,143	322,750
2,011.000	MSC INDUSTRIAL DIRECT CO A	113,159	164,491
981.000	NETSUITE INC	83,012	86,856
549.000	OCEANEERING INTL INC	20,598	21,484

**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, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
9,674.000	PAPA MURPHY S HOLDINGS INC	108,929	143,809
3,012.000	PAYLOCITY HOLDING CORP	122,137	74,327
3,398.000	POWER INTEGRATIONS INC	165,245	146,512
2,376.000	PROTO LABS INC	151,327	113,836
4,143.000	QUALYS INC	137,092	170,860
2,876.000	RITCHIE BROS AUCTIONEERS	69,340	65,547
3,013.000	RPC INC	36,005	45,661
17,163.000	SANGAMO BIOSCIENCES INC	156,698	140,221
2,389.000	SEADRILL LTD	8,099	21,246
7,263.000	SEATTLE GENETICS INC	325,963	199,183
2,904.000	SHUTTERSTOCK INC	93,915	191,286
3,066.000	SILICON LABORATORIES INC	148,824	130,906
7,880.000	SPIRIT AIRLINES INC	314,018	356,530
3,319.000	SPS COMMERCE INC	233,027	192,094
4,439.000	STANTEC INC	110,043	88,441
8,826.000	TANDEM DIABETES CARE INC	104,235	130,083
1,027.000	TETRA TECH INC	26,723	27,146
2,243.000	TEXAS CAPITAL BANCSHARES INC	110,849	128,241
13,571.000	TRUPANION INC	132,453	117,109
7,176.000	TUBEMOGUL INC	97,594	115,963
3,746.000	ULTIMATE SOFTWARE GROUP INC	732,380	407,004
3,558.000	WASTE CONNECTIONS INC	200,387	167,716
3,882.000	WAYFAIR INC CLASS A	184,861	139,989
362.000	WESTERN REFINING INC	12,894	15,312
3,175.000	WPX ENERGY INC	18,225	42,079
9,281.000	ZENDESK INC	245,390	211,801
4,532.000	ZOE S KITCHEN INC	126,805	143,214
9,675.000	ZUMIEZ INC	146,289	276,036
		<u>58,954,470</u>	<u>63,009,798</u>
	Investment partnerships - Equity		
4,063,249.000	ADAMS STREET GLOBAL SECONDARIE	3,871,496	4,063,249
1,452,700.790	CANYON CLO FUND LP	1,452,701	1,452,701
2,006,250.000	FINTAN PARTNERS SPEC CREDIT	1,944,684	2,006,250
7,840,691.000	HARBOURVEST PARTNERS IX	10,735,286	7,840,691
59,750,045.250	HARRIS ASSOCIATES INTERNATIONAL	70,496,629	59,750,045

**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, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
2,298,436.257	MONDRIAN EMERGING MARKETS	29,022,074	36,656,649
260,000.000	SHERIDAN PRODUCTION PTRS III B	86,000	260,000
534,534.000	TPG OPPORTUNITIES PARTNERS II	2,420,460	534,534
168,950.000	WARBURG PINCUS PE XII, LP	168,950	168,950
7,571,674.250	WARBURG PINCUS XI, LP	9,417,073	7,571,674
		<u>129,615,353</u>	<u>120,304,743</u>

Investment partnerships - Bonds

23,536.597	BRIGADE CR OFFSHORE FD II LTD	26,672,325	29,541,011
48,166.440	OAKTREE HIGH YIELD LP	19,918,636	17,711,266
4,546,995.440	PRUDENTIAL LONG DUR CORP BOND	64,611,523	55,590,030
2,737,458.028	WTC CTF OPPORTUNISTIC EMERG MK	26,690,219	28,059,656
		<u>137,892,703</u>	<u>130,901,963</u>

Investment partnerships - International Equity

10,565,332.640	BLACKROCK MSCI ACWI EX US	163,536,241	130,529,100
3,349,871.142	EATON VANCE EMERGING MARKET FD	29,379,040	34,775,450
1,250,320.016	HIGHCLERE INT L INVESTORS	30,153,674	25,716,539
3,938,739.261	WALTER SCOTT + PARTNERS	101,453,998	78,004,162
		<u>324,522,953</u>	<u>269,025,251</u>

Investment partnerships - Real Estate

1,951,275.840	BLACKSTONE RE PARTNERS VII	3,701,639	1,951,276
3,493,627.000	BLACKSTONE REAL EST PRTNR IV	3,904,984	3,493,627
577,944.560	CROSSHARBOR INSTITUTIONAL	577,945	577,945
6,574,894.000	OAKTREE REAL ESTATE OPP VI LP	8,386,560	6,574,894
4,612,812.000	TOWNSQUARE REAF I, LP	6,495,079	4,612,812

**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, 2015

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
1,723,738.700	TRUE NORTH REAL ESTATE III	1,754,695	1,723,739
4,747,337.480	USRA NET LEASE LLC	4,747,337	4,747,337
		<u>29,568,239</u>	<u>23,681,630</u>
Government Bonds			
230,000.000	UNITED MEXICAN STATES	251,850	279,495
290,000.000	UNITED MEXICAN STATES	264,190	300,393
50,000.000	UNITED MEXICAN STATES	51,250	49,736
160,000.000	US TREASURY N/B	159,050	158,750
705,000.000	US TREASURY N/B	720,397	734,191
1,030,000.000	US TREASURY N/B	1,025,293	1,038,901
		<u>2,472,030</u>	<u>2,561,466</u>
		<u>\$810,290,559</u>	<u>\$744,880,472</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, 2015**

<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-						
None.						

-Series in Same Security-

None.

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 do not 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, 2015

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, 2015

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)	Attach- ment
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		X
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, 2015

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)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
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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
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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]		

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
► Round off amounts to nearest dollar.			
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			
A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 31-0833936</td> </tr> </table>	D Employer Identification Number (EIN) 31-0833936	
D Employer Identification Number (EIN) 31-0833936			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>		
2	Assets:		
	a Market value	2a	878,420,311
	b Actuarial value	2b	890,374,838
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	1,300	129,755,784
	b For terminated vested participants.....	5,023	107,707,053
	c For active participants.....	12,495	418,689,273
	d Total.....	18,818	656,152,110
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	6.47%
6	Target normal cost.....	6	26,318,718

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

SIGN HERE	<div style="font-family: cursive; font-size: 1.5em; margin-bottom: 10px;">LMS</div> Signature of actuary LORNA M. SPRINGER Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND OH 44114 Address of the firm	<div style="font-size: 1.5em; margin-bottom: 10px;">9/27/2016</div> Date 1407422 Most recent enrollment number 216-937-4000 Telephone number (including area code)
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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).....	21,604,039	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).....	21,604,039	0
10	Interest on line 9 using prior year's actual return of <u>3.75</u> %.....	810,151	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		42,252,935
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>6.67</u> %.....		2,818,271
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		45,071,206
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)	22,414,190	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	120.01%
15	Adjusted funding target attainment percentage	15	123.11%
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	123.69%
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
11/30/2015	96,878				
04/20/2016	20,000,000				
06/27/2016	50,000,000				
Totals ▶			18(b)	70,096,878	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 64,066,959
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: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ 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	26,318,718	
b Excess assets, if applicable, but not greater than line 31a	31b	26,318,718	
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	64,066,959	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	64,066,959	
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	Cincinnati Children's Hospital Medical Center
EIN/PN	31-0833936/001
Plan Name	Children's Hospital Medical Center Retirement Plan
Valuation Date	January 1, 2015
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.

Children's Hospital Medical Center Retirement Plan
EIN: 31-0833936 PN: 001
2015 Form 5500
Schedule SB, Line 22

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2015

See Appendix A 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.

Schedule SB, Line 24
Description of Non-Prescribed Actuarial Assumptions
as of January 1, 2015

The salary increase assumptions were revised due to a change in employer expectations. The salary scale was lowered from 4.00% to 3.50% and the statutory limits on compensation increase rate was lowered from 3.00% to 2.50%.

For valuation purposes, employees leaving employment at Cincinnati Children's Hospital Medical Center are expected to elect forms of payment based on a graded lump sum assumption. Lump sum elections for employees leaving employment are assumed to be made immediately upon termination of employment. Annuities are assumed to be elected at age 65 unless early retirement eligible. Former employees who have yet to commence payment are assumed to elect a life annuity.

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2015

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	233	25,784	613	33,097	4		0		0		0		0		0	
25 - 29	241	32,172	1,344	43,391	442	49,739	1		0		0		0		0	
30 - 34	140	32,020	906	46,406	948	60,273	131	66,838	0		0		0		0	
35 - 39	103	35,265	591	49,063	643	62,266	349	75,098	30	76,429	0		0		0	
40 - 44	73	31,870	433	53,194	483	64,523	309	74,361	140	80,892	26	79,366	2		0	
45 - 49	46	36,624	301	51,701	413	68,009	237	76,143	154	89,079	79	94,184	34	101,315	0	
50 - 54	38	24,838	288	56,252	337	65,921	247	76,813	146	86,083	125	92,799	101	98,140	25	86,918
55 - 59	27	38,818	165	59,735	282	71,469	167	76,653	105	82,843	91	89,391	89	99,521	67	101,418
60 - 64	8		71	57,019	155	69,905	125	72,833	52	80,543	46	90,135	39	101,437	27	92,989
65 - 69	1		16		43	70,091	24	75,434	19		14		12		3	
70 & Over	1		3		7		3		7		4		1		0	

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.72%	1.15%
• Second segment rate	6.11%	4.06%
• Third segment rate	6.81%	5.15%
• Effective interest rate	6.47%	4.69%

Annual rates of increase

- Compensation 3.50%
- Future Social Security wage bases N/A
- Statutory limits on compensation 2.50%

Administrative expenses

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

Demographic Assumptions

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

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

Mortality

- **Healthy** 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.
- **Disabled** N/A

Termination

Rates varying by age.

A termination rate of .17 for the first year of employment and a termination rate of .12 for the next three years, and a table based on a Cincinnati Children's Hospital Medical Center experience study performed in 2011 thereafter. Rates in the following years are as follows.

Representative Termination Rates

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

Retirement

Rates varying by age.

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

None.

Benefit commencement date:

- **Retirement benefit** Lump sum elections for employees leaving employment are assumed to be made immediately upon termination of employment. Annuities are assumed to be elected at age 65 unless early retirement eligible.
- **Preretirement death benefit** Immediately for an active participant and normal retirement for former employees.

Form of payment For valuation purposes, employees leaving employment at Cincinnati Children's Hospital Medical Center are expected to elect forms of payment based on the following assumption:

Year	2015	2016	2017	2018	2019	2020+
Lump Sum Election %	25%	35%	45%	55%	65%	75%
Annuity Election %	75%	65%	55%	45%	35%	25%

Former employees who have yet to commence payment are assumed to elect a life annuity.

Percent married 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.

Spouse age 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.

Covered pay 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.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2014 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.
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.
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 valued	We believe that we have reflected all significant Plan provisions in this valuation.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	<p>Lump sum benefits in the Stable Value Formula are valued assuming that the current lump sum conversion rate dictated by the Plan remains unchanged in the future.</p> <p>Lump sums on a 417(e) basis are valued using the applicable interest rates as required by IRC 430.</p>

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2011, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates are based on plan sponsor expectations for plan participants with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Form of payment	The percentage of retiring participants assumed to take annuities and lump sums is based on recent observed experience and anticipated future experience, and is being monitored continuously.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
------------------------	--

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC 430.

Salary increase assumptions were revised due to a change in employer expectations.

For valuation purposes, employees leaving employment at Cincinnati Children's Hospital Medical Center are expected to elect forms of payment based on a graded lump sum assumption. Lump sum elections for employees leaving employment are assumed to be made immediately upon termination of employment. Annuities are assumed to be elected at age 65 unless early retirement eligible. Former employees who have yet to commence payment are assumed to elect a life annuity.

Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor

Cincinnati 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 restated January 1, 2012. The first amendment moved all vested actives remaining in the traditional formula to the Stable Value formula and allowed all participants to elect a lump sum for all benefits effective January 1, 2015.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

An employee budgeted to work at least 20 hours per week participates on the January 1st or July 1st 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 Cincinnati Children's Hospital Medical Center.

Credited Service

Traditional Formula:

A full year is credited for each calendar year the employee completes 2000 hours of service. No service is credited for each calendar year the employee completes less than 1000 hours of service. Credited Service is prorated for service between 1000 and 2000 hours of service.

Stable Value Formula:

A full year is credited for each calendar year the employee completes 1000 hours of service.

Vesting Service

One year of vesting service is granted for each calendar year the employee completes at least 1000 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 1000 and 2000 hours of service.

Stable Value Formula:

Actual earnings are considered for each year in which the employee completes 1000 hours of service.

Normal Retirement Benefit

Normal Retirement Date: Later of age 65 or January 1 of calendar year following the participant's fourth year 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.

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.

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

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

Effective January 1, 2015, all future benefit accruals for vested participants are to be valued in the Stable Value formula. In addition, all benefits, including those calculated under the traditional formula, may be paid as a lump sum.

Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2015

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)	Attach- ment
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		X
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, 2015

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Plan Name	Children's Hospital Medical Center Retirement Plan
Plan Sponsor EIN	31-0833936
ERISA Plan #	001
Plan Year Ending	December 31, 2015

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ERISA Plan #	001
Plan Year Ending	December 31, 2015

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ERISA Plan #	001
Plan Year Ending	December 31, 2015

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, 2015

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Form/Schedule	Line #	Description	Attachment
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

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 4066 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 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2015 or fiscal plan year beginning		01/01/2015	and ending
		12/31/2015	
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		1b Three-digit plan number (PN)	001
		1c Effective date of plan 01/01/1961	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 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		9/29/16	DEANA KRAFT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/29/16	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) ELIZABETH I. WILTFONG DELOITTE TAX LLP 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106-2129			Preparer's telephone number (816) 474-6180

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

Form 5500 (2015)
v. 150123

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	18,818
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)	12,495
a(2) Total number of active participants at the end of the plan year		6a(2)	12,087
b Retired or separated participants receiving benefits		6b	1,264
c Other retired or separated participants entitled to future benefits.....		6c	5,096
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	18,447
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	109
f Total. Add lines 6d and 6e		6f	18,556
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	574
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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____
