

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☒ 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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</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 OF AKRON</u> <u>ONE PERKINS SQUARE</u> <u>AKRON, OH 44308-1062</u>	2b	Employer Identification Number (EIN) <u>34-0714357</u>
		2c	Plan Sponsor's telephone number <u>330-543-8292</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.	09/26/2017	MICHAEL TRAINER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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	2776
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)	1587
a(2) Total number of active participants at the end of the plan year		6a(2)	1485
b Retired or separated participants receiving benefits.....		6b	703
c Other retired or separated participants entitled to future benefits		6c	381
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2569
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	67
f Total. Add lines 6d and 6e		6f	2636
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	D Employer Identification Number (EIN) <u>34-0714357</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>194753364</u>
b Actuarial value	2b <u>208665137</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>737</u> (2) Vested Funding Target <u>61400768</u> (3) Total Funding Target <u>62439621</u>
b For terminated vested participants	<u>454</u> <u>16672465</u> <u>16672465</u>
c For active participants	<u>1587</u> <u>116175995</u> <u>117943900</u>
d Total	<u>2778</u> <u>194249228</u> <u>197055986</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.16 %</u>
6 Target normal cost	6 <u>9383812</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>08/29/2017</u>
	Signature of actuary	Date
<u>JONATHAN M. WILLIAMS</u>	Type or print name of actuary	<u>17-07625</u>
<u>TOWERS WATSON DELAWARE INC.</u>	Firm name	Most recent enrollment number
<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u>	Address of the firm	<u>216-937-4000</u>
		Telephone number (including area code)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2016
v. 160205**

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)	829320	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	829320	
10	Interest on line 9 using prior year's actual return of <u>-2.96</u> %	-24548	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		18319295
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>6.36</u> %		1165107
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		19484402
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	804772	

Part III Funding Percentages			
14	Funding target attainment percentage	14	105.48%
15	Adjusted funding target attainment percentage	15	105.89%
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	102.90%
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
Totals ►			18(b)		18(c)

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	

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: 4.43% 2nd segment: 5.91% 3rd segment: 6.65%	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	63
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	
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	9383812
b	Excess assets, if applicable, but not greater than line 31a	31b	9383812
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment		
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement		
36	Additional cash requirement (line 34 minus line 35)	36	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under 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	
43	Excess installment acceleration amount to be carried over to future plan years	43	

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
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

FIRSTMERIT

34-6509664

(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?
13	CONTRACT ADMINISTRATOR	135152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OAK ASSOCIATES

34-1818085

(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	INVESTMENT MANAGER	115300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MANNING & NAPIER

16-0995736

(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	INVESTMENT MANAGER	112473	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)

INTEGRITY

86-1063006

(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	INVESTMENT MANAGER	100200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</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 OF AKRON</u>	D Employer Identification Number (EIN) <u>34-0714357</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	12248651	213977
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	11018898	3396729
(2) U.S. Government securities	1c(2)	11374020	11894367
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	9348595	8881781
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	127221543	151612219
(5) Partnership/joint venture interests	1c(5)	23751203	18357664
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	194962910	194356737

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	194962910	194356737
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26430	
(B) U.S. Government securities	2b(1)(B)	253686	
(C) Corporate debt instruments	2b(1)(C)	310472	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	-449304	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		141284
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2448134	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2448134
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	103070468	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	102227307	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		843161
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	12357833	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		12357833

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		15790412

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15934328	
(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)		15934328
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)	327973	
(4) Other	2i(4)	134284	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		462257
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16396585

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-606173
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: **BOBER, MARKEY, FEDOROVICH & CO** (2) EIN: **34-1523030**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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: 0

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</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 OF AKRON</u>	D Employer Identification Number (EIN) <u>34-0714357</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	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>16</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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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 0
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: <u>82.9</u> % Investment-Grade Debt: <u>14.5</u> % High-Yield Debt: _____% Real Estate: _____% Other: <u>2.6</u> %	
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? If "No," skip b	☐ Yes	☐ No
20b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor	☐ "Prior year" ADP test
		☐ "Current year" ADP test	☐ N/A
21a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No
22a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____ / ____ / ____ and the serial number _____.		
22b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____ / ____ / ____.		

**Pension Plan of Children's Hospital
Medical Center of Akron**

**Audited Financial Statements and Supplemental Schedule
With Independent Auditors' Report**

December 31, 2016 and 2015

**Pension Plan of Children's Hospital Medical Center of Akron
Audited Financial Statements and Supplemental Schedule**

December 31, 2016 and 2015

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Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14-20

Note: Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because of the absence of the conditions under which they are required.

INDEPENDENT AUDITORS' REPORT

To the Participants and Audit Committee of the Board of Directors
of Children's Hospital Medical Center of Akron
Pension Plan of Children's Hospital Medical Center of Akron
Akron, Ohio

We have audited the accompanying financial statements of Pension Plan of Children's Hospital Medical Center of Akron (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

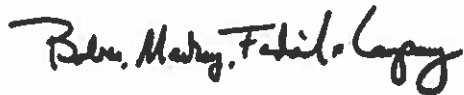
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2016 and 2015, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

July 31, 2017

Pension Plan of Children's Hospital Medical Center of Akron
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015
(In Thousands)

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value	\$ 194,143	\$ 182,714
Receivables:		
Contributions	-	12,000
Interest	174	204
Dividends	40	45
Total receivables	<u>214</u>	<u>12,249</u>
Net assets available for benefits	<u>\$ 194,357</u>	<u>\$ 194,963</u>

The accompanying notes are an integral part of these financial statements.

Pension Plan of Children's Hospital Medical Center of Akron
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2016 and 2015
(In Thousands)

	<u>2016</u>	<u>2015</u>
Additions:		
Investment income (loss):		
Interest	\$ 141	\$ 1,203
Dividends	2,448	2,435
Net appreciation (depreciation) in fair value of investments	<u>13,201</u>	<u>(8,575)</u>
Total investment income (loss)	15,790	(4,937)
Employer contributions	<u>-</u>	<u>24,000</u>
Total additions	15,790	19,063
Deductions:		
Benefit payments to participants	15,934	6,127
Administrative fees and expenses	<u>462</u>	<u>455</u>
Total deductions	<u>16,396</u>	<u>6,582</u>
Net (decrease) increase	(606)	12,481
Net assets available for benefits beginning of year	<u>194,963</u>	<u>182,482</u>
Net assets available for benefits end of year	<u><u>\$ 194,357</u></u>	<u><u>\$ 194,963</u></u>

The accompanying notes are an integral part of these financial statements.

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

1. Description of the Plan

The Pension Plan of Children's Hospital Medical Center of Akron (the "Plan") is a defined benefit plan that covers substantially all employees and provides for pension, disability, and death benefits. Participants become fully vested in the Plan after five years of credited service. Children's Hospital Medical Center of Akron ("Children's" and "Plan Sponsor") has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants. The Plan has met the Employee Retirement Income Security Act of 1974 ("ERISA") minimum funding requirements. Children's has the right under the Plan to discontinue such contributions at any time and to terminate the Plan. On January 1, 2007, the Plan was amended to exclude from eligibility any employee whose date of employment was on or after January 1, 2007. In 2015, Children's amended the Plan to allow retiring participants a lump sum benefit starting on January 1, 2016 and going forward. In 2016, Children's amended the Plan to offer terminated vested participants the opportunity to take a lump-sum benefit from the Plan for a limited time frame in 2016.

Should the Plan terminate at some future time, the assets then remaining in the trust fund, subject to provisions for expenses of administration or liquidation, shall be allocated to the Plan participants in accordance with the provisions of the Plan and Trust Agreement. The assets shall first be allocated to provide benefits to all the Plan participants, their joint annuitants, and beneficiaries to whom benefits have been paid for at least three years prior to the date of the Plan termination and to whom benefits would have been paid had an eligible participant actually retired on a retirement date at least three years prior to the date of the Plan termination. Secondly, amounts then remaining shall be allocated to provide additional benefits to participants entitled to them to the extent such benefits are guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"). Thirdly, amounts then remaining shall be allocated to provide benefits to other participants entitled to them as described in the Plan and not provided for in the allocation described above.

The Plan is subject to the provisions of ERISA.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's guarantee is contained in the *Summary Plan Description ("SPD")*. Copies of the SPD are available from the Human Resources Department at Children's.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the December 31, 2016 and 2015 Statements of Net Assets Available for Benefits. Fair values of investments in debt and equity securities are based on quoted market prices.

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

The Plan invests in alternative investments through limited partnerships. These alternative investments provide the Plan with a proportionate share of the investment gains and losses. The limited partnerships contract with an investment manager who has full discretionary authority over the investment decisions. The Plan's share of the alternative investment's income or loss, both realized and unrealized, is recognized as investment income.

Investment income or loss and net realized and unrealized gains and losses are reflected in the Statements of Changes in Net Assets Available for Benefits.

Dividend income is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported based on historical cost.

Fair Value of Financial Assets and Liabilities

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

The framework for measuring fair value is comprised of a three-level hierarchy based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Children's believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation for the highest consecutive five out of the last ten years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Use of Estimates

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

Administrative Fees

Trustee fees, consulting fees and other administrative expenses are paid from Children's general assets. Individual investment management fees are paid from Plan assets.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through July 31, 2017, the date the financial statements were available to be issued.

3. Accumulated Plan Benefits

An actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected payment date.

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefits information as of the beginning of each plan year is as follows:

	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 56,071	\$ 49,293
Other participants	<u>132,958</u>	<u>108,075</u>
Total	189,029	157,368
Nonvested benefits:	<u>2,213</u>	<u>2,141</u>
Total	<u>\$ 191,242</u>	<u>\$ 159,509</u>

The changes in the actuarial present value of accumulated plan benefits for the years ended January 1, are as follows:

	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated plan benefits - beginning of year	\$ 159,509	\$ 146,237
Increase (decrease) during the year attributable to:		
Benefits accumulated	7,502	6,407
Actuarial loss	1,162	2,855
Decrease in the discount period	12,706	11,618
Assumption changes	(2,663)	10,569
Plan amendments	19,153	-
Benefits paid	<u>(6,127)</u>	<u>(18,177)</u>
Actuarial present value of accumulated plan Benefits - end of year (January 1)	<u>\$ 191,242</u>	<u>\$ 159,509</u>

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are:

	<u>2016</u>	<u>2015</u>
Actuarial cost method	Projected Unit Credit Cost Method	Projected Unit Credit Cost Method
Discount rate	7.75%	7.75%
Mortality basis	RP-2014 Employee and Annuitant Tables for males and females, projected with Scale MP-2015	RP-2014 Employee and Annuitant Tables for males and females, projected with Scale MP-2014
Salary increases	Age graded from 7.5% to 3.5%	Age graded from 7.5% to 3.5%
Disability	Revenue Ruling 96-7 Mortality Tables	Revenue Ruling 96-7 Mortality Tables

These 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.

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

4. Assets and Liabilities Measured at Fair Value

The Plan's investments are held by FirstMerit Bank, N.A., now known as Huntington National Bank. The following table summarizes Children's investments measured at fair value on a recurring basis as of December 31, 2016 and 2015, aggregated by the level in the fair value hierarchy within which those measurements are measured:

	2016			Total
	Level 1	Level 2	Level 3	
Equities - U.S.	\$ 53,490	\$ -	\$ -	\$ 53,490
Equities - International	3,390	-	-	3,390
Mutual funds - U.S. equities	21,493	-	-	21,493
Mutual funds - International equities	52,754	-	-	52,754
Mutual funds - U.S. government securities	13,081	-	-	13,081
Mutual funds - International bonds	3,633	-	-	3,633
Mutual funds - U.S. corporate obligations	3,771	-	-	3,771
International bonds	-	408	-	408
Money market funds	3,397	-	-	3,397
U.S. government securities	-	8,287	-	8,287
U.S. government asset-backed securities	-	3,607	-	3,607
Corporate obligations - U.S.	-	8,474	-	8,474
Total assets at fair value	<u>\$ 155,009</u>	<u>\$ 20,776</u>	<u>\$ -</u>	175,785
Limited Partnership - U.S. equity *				16,642
Limited Partnership - Multi-class *				<u>1,716</u>
Total assets				<u>\$ 194,143</u>

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

4. Assets and Liabilities Measured at Fair Value (continued)

	2015			
	Level 1	Level 2	Level 3	Total
Equities - U.S.	\$ 50,717	\$ -	\$ -	\$ 50,717
Equities - International	2,405	-	-	2,405
Mutual funds - U.S. equities	11,827	-	-	11,827
Mutual funds - International equities	43,682	-	-	43,682
Mutual funds - U.S. government securities	11,776	-	-	11,776
Mutual funds - International bonds	3,343	-	-	3,343
Mutual funds - U.S. corporate obligations	3,471	-	-	3,471
International bonds	-	150	-	150
Money market funds	11,019	-	-	11,019
U.S. government securities	-	8,036	-	8,036
U.S. government asset-backed securities	-	3,338	-	3,338
Corporate obligations - U.S.	-	9,199	-	9,199
Total assets at fair value	<u>\$ 138,240</u>	<u>\$ 20,723</u>	<u>\$ -</u>	158,963
Limited Partnership - U.S. equity *				13,824
Limited Partnership - Multi-class *				<u>9,927</u>
Total assets				\$ 182,714

* In accordance with ASC 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

Valuation methodologies used for assets and liabilities measured at fair value are as follows:

- **Equities and mutual funds:** Securities and mutual funds listed or traded on securities exchanges are valued at the closing price on the exchange where the security is principally traded. These securities are classified as Level 1 because quoted prices in active markets are available.
- **Debt securities:** Debt securities include U.S. government securities, U.S. government asset-backed securities, corporate debt-backed securities, corporate asset-backed securities, and corporate obligations. These securities are valued using evaluated prices provided by nationally recognized pricing services. Because the evaluated prices are based on observable inputs, such as available trade information, spreads, bids and offers, prepayment speeds, U.S. Treasury curves and interest rate movements, securities in this category are classified as Level 2.

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

4. Assets and Liabilities Measured at Fair Value (continued)

- **Money market funds:** Money market funds are valued at net asset value ("NAV"). NAV is equal to the market value of each money market fund's investments and other assets, less liabilities, divided by the number of fund shares. These funds are valued at a daily close price as reported by the fund. The funds are required to publish their daily NAV and transact at that price. Additionally money market funds are actively traded, and are classified as Level 1.
- **Limited Partnerships:** Limited Partnerships are valued at NAV of units held at year end. NAV is used as a practical expedient to estimate fair value. NAV is based on the fair value of the underlying investments held by each fund less its liabilities. The practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the plan were to initiate a full redemption, each investment advisor reserves the right to temporarily delay withdrawal to ensure that securities liquidation will be carried out in an orderly business manner.

The following table shows the redemption restrictions related to limited partnerships in which the pension plan is invested:

2016			
	Fair Value	Redemption Frequency	Redemption Notice Period
U.S. equity	\$ 16,642	Monthly	30-60 days
Multi-class	1,716	In Liquidation	NA
Total limited partnerships	<u>\$ 18,358</u>		

2015			
	Fair Value	Redemption Frequency	Redemption Notice Period
U.S. equity	\$ 13,824	Monthly	30-60 days
Multi-class	9,927	Quarterly	30-65 days
Total limited partnerships	<u>\$ 23,751</u>		

Pension Plan of Children's Hospital Medical Center of Akron
Notes to Financial Statements

December 31, 2016 and 2015
(Dollars in Thousands)

4. Assets and Liabilities Measured at Fair Value (continued)

In early 2016, the company that manages the limited partnership multi-class fund announced that it will be merging with another firm, and investors were given the option to have their investments returned. As of December 31, 2016, the fund has been substantially liquidated, and approximately 90% of their holdings are in cash, with remaining holdings being liquid assets. The final distribution is expected to be in early 2018.

5. Income Tax Status

The Internal Revenue Service ("IRS") determined and informed the Plan by a letter dated April 22, 2014, that the Plan is qualified, under the appropriate sections of the Internal Revenue Code ("IRC"). Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015 and for the years then ended, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Transactions with Parties in Interest

Parties-in-interest transactions include the purchases and sales of investments and payments to the Plan trustee for services and expenses. There are also indirect fees deducted directly from investments earnings of the Plan.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4I - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Equities - U.S.				
Aerojet Rocketdyne Holdings Inc	5,340 shares	\$ 100,668	\$ 95,853	
AK Stl Hldg Corp	9,469 shares	59,920	96,678	
Alcoa Corp	8,260 shares	229,382	231,941	
Alexion Pharmaceuticals Inc	2,560 shares	329,204	313,216	
Allegheny Technologies Inc	5,442 shares	86,746	86,691	
Allete Inc	1,631 shares	78,864	104,694	
Alliant Corp	3,050 shares	98,507	115,564	
Ally Financial Inc	9,639 shares	169,321	183,334	
Alphabet Inc Cl A	1,370 shares	373,193	1,085,657	
Alphabet Inc Cl C	1,382 shares	378,827	1,066,655	
Amazon.com Inc	3,140 shares	546,186	2,354,592	
American Campus Communities REIT	2,172 shares	78,640	108,100	
American Financial Group Inc Ohio	2,365 shares	73,786	208,404	
Amgen Inc	8,200 shares	532,308	1,198,922	
Apple Inc	5,340 shares	579,064	618,479	
Aramark	3,308 shares	113,424	118,162	
Arconic Inc	11,790 shares	266,104	218,587	
Arrow Electronics Inc	1,628 shares	71,930	116,076	
Ashland Global Holdings Inc	5,670 shares	615,304	619,674	
Assurant Inc	1,370 shares	100,188	127,218	
Assured Guaranty Ltd	2,748 shares	87,650	103,792	
Almos Energy Corp	1,007 shares	58,409	74,669	
Avnet Inc	2,835 shares	121,812	134,974	
B&G Foods Inc	2,312 shares	98,393	101,266	
BankUnited Inc	4,988 shares	162,937	187,998	
Biomarin Pharmaceutical Inc	3,540 shares	300,709	293,254	
Blackrock Inc Cl A	1,270 shares	397,563	483,286	
Bristol Myers Squibb Co	5,250 shares	276,079	306,810	
Brunswick Corp	2,096 shares	75,820	114,316	
BWX Technologies Inc	2,369 shares	61,397	94,049	
Caci International Inc Cl A	821 shares	80,342	102,050	
Calatlantic Group Inc	2,388 shares	58,303	81,216	
Caleres Inc	2,808 shares	70,168	92,159	
Calpine Corp	7,891 shares	110,823	90,194	
Campbell Soup Co	9,960 shares	541,633	602,281	
Caseys Gen Stores Inc	821 shares	65,861	97,600	
Century Aluminum Company	6,120 shares	48,969	52,387	
Cerner Corp	6,150 shares	262,188	291,325	
Charles Riv Laboratories Intl Inc	870 shares	37,029	66,285	
Charles Schwab Corp	52,400 shares	496,905	2,068,228	
Ciena Corp	5,347 shares	101,435	130,520	
Cisco Systems Inc	39,100 shares	186,680	1,181,602	
Cit Group Inc	15,300 shares	564,673	653,004	
Coca Cola Co	8,810 shares	323,538	365,263	
Cognizant Technology Solutions Corp	14,200 shares	35,745	795,626	
Comerica Inc	2,369 shares	115,447	161,353	
Commscope Holding Co Inc	3,141 shares	94,100	116,845	
Cooper Cos Inc	2,183 shares	308,096	381,872	
Customers Bancorp Inc	1,612 shares	55,266	57,742	
CVS Health Corp	3,750 shares	331,982	295,912	
Cypress Semiconductor Corp	11,804 shares	123,203	135,038	
D R Horton Inc	3,474 shares	58,311	94,944	
Dana Inc	1,936 shares	36,255	36,745	
DDR Corp REIT	9,783 shares	151,387	149,386	
Dekuxe Corp	950 shares	19,889	68,029	
Diamondrock Hospital	6,184 shares	54,828	71,302	
Duke Realty Corp REIT	5,426 shares	118,293	170,675	
E Trade Financial Corp	5,132 shares	153,268	177,824	
Electronic Arts Inc	4,950 shares	88,362	389,862	
Emcor Group Inc	2,176 shares	71,806	153,974	
Express Inc	3,178 shares	38,340	34,195	
Express Scripts Hldg	6,150 shares	485,314	423,058	
Facebook Inc-A	13,160 shares	1,203,237	1,514,058	
Finish Line Inc Cl A	3,327 shares	65,930	62,581	
First Hawaiian Inc	2,180 shares	55,309	75,908	
First Republic Bank	769 shares	46,914	70,856	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
FLIR Systems Inc	5,450 shares	\$ 174,215	\$ 197,235	
Flowserv Corp	8,130 shares	464,365	390,647	
Forest City Realty Trust CI A REIT	6,589 shares	143,193	137,315	
Gallagher Arthur J & Co	1,930 shares	90,043	100,283	
General Cable Corp Del	6,350 shares	84,674	120,968	
Genesee & Wyoming Inc CI A	1,707 shares	134,079	118,483	
Goodyear Tire & Rubber Co	3,031 shares	84,314	93,567	
Great Plains Energy Inc	3,327 shares	90,810	90,993	
Hanover Insurance Group Inc	1,241 shares	94,526	112,943	
Harsco Corp	6,112 shares	42,173	83,123	
Hill-Rom Holding	1,798 shares	79,370	100,940	
Houghton Mifflin Harcourt Co	20,360 shares	403,254	220,906	
Huntington Bancshares Inc	13,973 shares	117,887	184,723	
Huntington Ingalls Industries	689 shares	80,857	126,907	
Huntsman Corp	3,591 shares	52,057	68,516	
Impax Laboratories Inc	3,149 shares	102,634	41,724	
International Business Machines Corp	5,525 shares	559,057	917,095	
Intuitive Surgical Inc	790 shares	350,590	500,994	
Investment Technology Group Inc	3,470 shares	38,607	68,498	
ITT Inc	2,335 shares	91,793	90,061	
Jack in the Box Inc	1,800 shares	123,944	200,952	
Jetblue Airways Corp	5,227 shares	95,613	117,189	
Johnson & Johnson	5,180 shares	510,648	596,788	
JP Morgan Chase & Co	20,700 shares	749,250	1,786,203	
Kia-Tencor Corp	16,100 shares	322,763	1,266,748	
L Brands, Inc	5,530 shares	394,419	364,095	
Lexington Realty Trust REIT	5,579 shares	44,963	60,253	
Littelfuse Inc	484 shares	31,354	73,457	
Live Nation Entertainment Inc	4,621 shares	109,928	122,919	
LPL Financial Holdings Inc	2,256 shares	73,405	79,434	
Mack Cali Rity Corp REIT	2,812 shares	55,199	81,604	
Manitowoc Foodservice Inc	6,091 shares	115,445	117,739	
Manpower Inc	1,362 shares	113,952	121,041	
Masco Corp	6,120 shares	132,421	193,514	
Mastercard Inc-A	5,320 shares	426,274	549,290	
Medical Properties	4,777 shares	52,835	58,757	
Meritor Incorporated	8,890 shares	106,002	110,414	
Microsoft Corp	10,140 shares	596,070	630,100	
Mid-Amer Apartment Comm REIT	867 shares	76,766	84,897	
Molina Healthcare Inc	1,136 shares	56,734	61,639	
Monsanto Co New	5,190 shares	463,545	546,040	
Oasis Petroleum Inc	10,865 shares	94,517	164,496	
Old Dominion Freight Line Inc	1,347 shares	90,499	115,559	
On Semiconductor Corp	10,502 shares	115,381	134,006	
Owens Corning Inc	2,293 shares	98,600	118,227	
Pacwest Bancorp	4,855 shares	194,820	264,306	
Parley Energy Inc	4,027 shares	78,340	141,911	
Paypal Holdings Inc	7,610 shares	247,421	300,367	
PDC Energy Inc	1,480 shares	89,888	107,418	
Pepsico Inc	8,500 shares	896,718	889,355	
Pinnacle West Cap Corp	1,653 shares	92,184	128,984	
Plexus Corp	2,085 shares	55,898	112,673	
PNM Res Inc	1,809 shares	33,069	62,049	
Priceline Group Inc	390 shares	475,900	571,763	
Primerica Inc	1,309 shares	68,724	90,517	
Qualcomm Inc	13,325 shares	582,542	868,790	
Range Resources Corp	5,510 shares	250,367	189,324	
Raymond James Financial Inc	1,870 shares	90,713	129,535	
Regal Beloit Corp	969 shares	61,062	67,103	
Regeneron Pharmaceuticals Inc	780 shares	315,576	286,330	
Rice Energy Inc	3,610 shares	55,690	77,074	
RSP Permian Inc	2,763 shares	93,809	123,285	
Ryman Hospitality Pptys Inc	1,068 shares	46,953	67,295	
Salesforce.com	2,790 shares	201,088	191,003	
Servicenow Inc	7,560 shares	494,099	562,010	
Skyworks Solutions Inc	8,330 shares	619,372	621,918	
Sprouts Farmers Markets LLC	11,950 shares	261,073	226,094	
State Street Corp	16,250 shares	923,169	1,262,950	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Steel Dynamics Inc	3,080 shares	\$ 77,214	\$ 109,586	
Stifel Finl Corp	2,071 shares	75,596	103,446	
Sunstone Hotel	6,036 shares	45,512	92,049	
Swift Transportation Co	4,424 shares	91,472	107,769	
Synchrony Financial	11,030 shares	328,119	400,058	
Synergy Resource	12,115 shares	91,974	107,945	
Synovus Financial Corp	7,338 shares	152,286	301,445	
TCF Financial Corp	50,200 shares	654,501	983,418	
Tech Data Corp	1,045 shares	70,239	88,491	
Tegna Inc	5,870 shares	98,773	125,559	
Teradyne Inc	5,942 shares	114,587	150,927	
TFS Financial Co	4,935 shares	89,359	93,962	
Thermo Fisher Scientific Inc	2,130 shares	259,020	300,543	
Time Warner Inc	2,110 shares	166,721	203,678	
Tribune Media Company	9,950 shares	473,960	348,051	
Trinseo Sa	1,718 shares	85,507	101,877	
Twenty-First Century Fox Inc Cl A	16,640 shares	452,221	466,586	
UGI Corp New	2,134 shares	37,815	98,335	
United Parcel Service-Class B	7,400 shares	772,308	848,336	
United States Steel Corp	3,020 shares	53,384	99,690	
Univar Inc	4,140 shares	78,042	117,452	
US Bancorp New	26,050 shares	786,988	1,338,189	
USG Corp	3,610 shares	96,313	104,257	
Vectrus Inc	19,999 shares	406,003	478,976	
Vertex Pharmaceuticals Inc	3,500 shares	287,203	257,845	
Visa Inc	5,680 shares	331,086	443,154	
Voya Financial, Inc.	2,698 shares	103,283	105,816	
Wells Fargo & Co	23,350 shares	1,186,355	1,286,819	
Westamerica Bancorporation	2,199 shares	102,564	138,383	
Western Alliance	5,552 shares	62,522	270,438	
Westlake Chemical Corp	1,617 shares	87,351	90,536	
Weyerhaeuser Co	6,230 shares	179,722	187,461	
Whiting Petroleum Corp	5,379 shares	49,831	64,656	
Wyndham Worl-W/I	1,472 shares	73,633	112,417	
Xilinx Inc	17,000 shares	720,457	1,026,290	
Xpo Logistics Inc	2,797 shares	73,799	120,719	
Yum China Holdings Inc	6,310 shares	123,811	164,817	
Yum! Brands Inc	4,890 shares	242,282	309,684	
Zayo Group Holdings Inc	11,920 shares	368,327	391,891	
Zions Bancorporation	4,927 shares	129,123	212,058	
Total Equities - U.S.		\$ 37,416,927	\$ 53,489,555	
Equities - International				
Arch Capital Group Ltd	2,884 shares	\$ 66,347	\$ 248,860	
Arris International Plc	3,323 shares	86,336	100,122	
Chubb Ltd	9,400 shares	456,312	1,241,928	
Flex Ltd	9,356 shares	100,725	134,446	
Marvell Technology Group Ltd	13,462 shares	132,907	186,718	
Nabors Industries Ltd	11,770 shares	114,564	193,028	
Nielsen Holdings Plc	9,510 shares	462,049	398,944	
Teva Pharmaceutical Inds Ltd Adr	15,000 shares	553,294	543,750	
Transocean Ltd	17,775 shares	863,623	262,003	
Tronox Ltd	7,826 shares	52,525	80,686	
Total Equities - International		\$ 2,888,682	\$ 3,390,485	
Mutual funds - U.S. equities				
Calamos Market Neu Inc Fd-I	609,129 shares	7,924,222	7,839,487	
Diamond Hill Long/Short-I	301,068 shares	7,203,559	7,656,151	
Ishares Russell 1000 Growth Etf	17,101 shares	\$ 647,353	\$ 1,793,895	
Ishares Russell 1000 Value Etf	15,038 shares	1,507,692	1,684,707	
Ishares Russell 2000 Growth Etf	16,363 shares	1,059,120	2,518,920	
Total Mutual funds - U.S. equities		\$ 18,341,946	\$ 21,493,160	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4l - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Mutual funds - International equities				
American Europacific Grth-R5	399,327 shares	\$ 14,251,159	\$ 17,973,726	
Blackrock Global Allocation Fund-I	549,499 shares	10,690,456	10,044,841	
Dodge & Cox International Stock Fd	475,897 shares	16,579,325	18,131,687	
T Rowe Price Emerging Mkt St	208,464 shares	6,076,832	6,604,125	
Total Mutual funds - International equities		\$ 47,597,772	\$ 52,754,379	
Mutual funds - U.S. government securities				
Federated Mortgage Fund-Inst	893,185 shares	\$ 8,763,377	\$ 8,538,850	
Goldman Sachs Strat Inc-Inst	471,206 shares	4,900,831	4,542,426	
Total Mutual funds - U.S. government securities		\$ 13,664,208	\$ 13,081,276	
Mutual funds - U.S. bonds				
Loomis Sayles Bond Fund	278,073 shares	\$ 4,100,016	\$ 3,770,667	
Total Mutual funds - U.S. Bonds		\$ 4,100,016	\$ 3,770,667	
Mutual funds - International bonds				
Templeton Glb Total Retur-Ad	300,223 shares	\$ 4,022,450	\$ 3,632,697	
Total Mutual funds - International bonds		\$ 4,022,450	\$ 3,632,697	
Money market funds				
Federated Govt Oblt Fd-Prm	3,396,729 units	\$ 3,396,729	\$ 3,396,729	
Total Money market funds		\$ 3,396,729	\$ 3,396,729	
U.S. government securities				
U.S. Treasury Bonds	\$580,000 principal amount			
	3.125% due 08/15/44	\$ 590,142	\$ 587,024	
U.S. Treasury Bonds	\$750,000 principal amount			
	4.250% due 05/15/39	807,188	910,575	
U.S. Treasury Bonds	\$750,000 principal amount			
	4.375% due 05/15/40	904,531	926,633	
U.S. Treasury Notes	\$250,000 principal amount			
	1.000% due 09/15/17	249,414	250,390	
U.S. Treasury Notes	\$750,000 principal amount			
	1.125% due 03/31/20	749,883	740,302	
U.S. Treasury Notes	\$500,000 principal amount			
	1.125% due 05/31/19	488,164	497,970	
U.S. Treasury Notes	\$500,000 principal amount			
	1.500% due 08/15/26	489,840	459,865	
U.S. Treasury Notes	\$750,000 principal amount			
	1.750% due 05/15/22	762,109	738,982	
U.S. Treasury Notes	\$200,000 principal amount			
	1.875% due 08/31/17	199,875	201,468	
U.S. Treasury Notes	\$500,000 principal amount			
	1.875% due 09/30/17	528,359	503,850	
U.S. Treasury Notes	\$500,000 principal amount			
	2.000% due 07/31/22	500,950	498,165	
U.S. Treasury Notes	\$200,000 principal amount			
	2.000% due 08/15/25	197,453	193,734	
U.S. Treasury Notes	\$500,000 principal amount			
	2.000% due 09/30/20	497,031	505,665	
U.S. Treasury Notes	\$250,000 principal amount			
	2.250% due 04/30/21	260,547	254,385	
U.S. Treasury Notes	\$500,000 principal amount			
	2.250% due 11/15/24	503,932	496,935	
U.S. Treasury Notes	\$250,000 principal amount			
	2.375% due 06/30/18	259,688	254,835	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
U.S. Treasury Notes	\$250,000 principal amount 3.625% due 02/15/20	\$ 246,445	\$ 266,025	
Total U.S. government securities		\$ 8,235,551	\$ 8,286,803	
U.S. government asset-backed securities				
Federal Farm Credit Bank	\$250,000 principal amount 1.400% due 04/17/17	\$ 250,000	\$ 250,575	
Federal Farm Credit Bank	\$500,000 principal amount 2.450% due 06/06/23	504,780	499,795	
Federal Home Loan Bank	\$250,000 principal amount 1.875% due 12/09/22	250,000	245,875	
Federal Home Loan Bank	\$500,000 principal amount 2.125% due 06/12/26	507,250	475,485	
Federal Home Loan Bank	\$250,000 principal amount 4.300% due 03/06/19	252,875	265,162	
Federal Home Loan Mortgage Corp.	\$250,000 principal amount 3.750% due 03/27/19	251,235	263,360	
Federal Home Loan Mortgage Corp.	\$38,215 principal amount 4.500% due 04/01/39	39,350	41,171	
Federal Home Loan Mortgage Corp.	\$37,503 principal amount 5.500% due 04/01/34	37,140	42,185	
Federal Home Loan Mortgage Corp.	\$19,175 principal amount 4.500% due 06/01/23	19,690	20,568	
Federal Home Loan Mortgage Corp.	\$7,207 principal amount 5.500% due 03/01/38	7,423	8,025	
Federal Home Loan Mortgage Corp.	\$8,726 principal amount 5.000% due 12/01/21	8,612	9,256	
Federal Home Loan Mortgage Corp.	\$8,005 principal amount 5.500% due 04/01/21	8,008	8,473	
Federal National Mortgage Association	\$250,000 principal amount 1.250% due 05/06/21	249,200	242,917	
Federal National Mortgage Association	\$500,000 principal amount 2.125% due 04/24/26	509,400	472,845	
Federal National Mortgage Association	\$500,000 principal amount 5.000% due 02/13/17	501,090	502,425	
Federal National Mortgage Association	\$18,121 principal amount 5.000% due 06/01/24	17,724	19,729	
Federal National Mortgage Association	\$14,791 principal amount 5.000% due 08/01/20	15,062	15,522	
Federal National Mortgage Association	\$7,001 principal amount 5.000% due 05/01/18	6,926	7,164	
Federal National Mortgage Association	\$35,744 principal amount 5.500% due 12/01/34	35,247	39,963	
Federal National Mortgage Association	\$19,988 principal amount 5.500% due 07/01/34	19,813	22,198	
Federal National Mortgage Association	\$14,414 principal amount 5.000% due 01/01/36	13,972	15,755	
Federal National Mortgage Association	\$45,856 principal amount 5.500% due 04/01/21	45,956	48,662	
Federal National Mortgage Association	\$4,386 principal amount 6.000% due 09/01/36	4,417	4,967	
Federal National Mortgage Association	\$36,739 principal amount 4.000% due 08/01/29	37,083	38,854	
Gnma li PI #004341	\$17,306 principal amount 5.500% due 08/15/33	17,106	19,558	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4l - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Gnma II PI #504551	\$25,082 principal amount 4.500% due 01/20/39	\$ 25,709	\$ 27,075	
Total U.S. government asset-backed securities		\$ 3,635,068	\$ 3,607,564	
Corporate obligations - U.S.				
Aflac Inc	\$195,000 principal amount 2.650% due 02/15/17	\$ 196,944	\$ 195,294	
Allstate Corp	\$140,000 principal amount 5.350% due 06/01/33	137,200	160,926	
Anheuser Busch	\$150,000 principal amount 4.500% due 04/01/18	149,235	155,143	
AT&T Inc	\$200,000 principal amount 5.500% due 02/01/18	211,300	207,798	
Bank Of Amer Crp	\$235,000 principal amount 5.625% due 07/01/20	245,624	258,394	
Bank Of NY Mlln Mln	\$250,000 principal amount 4.600% due 01/15/20	253,595	267,102	
Berkshire Hathaway	\$115,000 principal amount 4.250% due 01/15/21	114,655	123,940	
Boeing Cap Corp	\$150,000 principal amount 4.700% due 10/27/19	151,764	161,823	
Burlington North	\$100,000 principal amount 4.700% due 10/01/19	99,600	107,543	
Burlington North	\$50,000 principal amount 5.750% due 03/15/18	50,450	52,558	
Capital One Bank Mln	\$250,000 principal amount 2.150% due 11/21/18	251,625	250,453	
Charles Schwab Corp	\$250,000 principal amount 2.200% due 07/25/18	250,875	251,883	
Cisco Systems Inc	\$250,000 principal amount 4.450% due 01/15/20	251,330	267,935	
Colgate-Palm Co Mln	\$250,000 principal amount 2.100% due 05/01/23	257,250	241,845	
CVS Caremark	\$100,000 principal amount 4.125% due 05/15/21	106,450	105,812	
Discover Bank	\$200,000 principal amount 4.250% due 03/13/26	204,400	203,744	
Duke Energy Corp	\$250,000 principal amount 5.050% due 09/15/19	256,660	269,510	
Exxon Mobil Corp	\$250,000 principal amount 1.912% due 03/06/20	249,775	249,738	
Gen Elec Cap Crp Mln	\$250,000 principal amount 1.625% due 04/02/18	247,750	250,818	
Honeywell Intl	\$200,000 principal amount 5.700% due 03/15/37	212,900	246,396	
Intel Corp	\$250,000 principal amount 4.000% due 12/15/32	255,501	257,740	
Intl Cce Inc	\$100,000 principal amount 3.500% due 09/15/20	98,990	103,093	
Johnson & Johnson	\$250,000 principal amount 2.050% due 03/01/23	257,300	243,247	
JPMorgan Chase & Co	\$100,000 principal amount 4.400% due 07/22/20	105,409	106,221	
JPMorgan Chase & Co	\$250,000 principal amount 1.850% due 03/22/19	250,700	249,210	
Lockheed Martin	\$100,000 principal amount 4.850% due 09/15/41	103,300	110,050	
Metlife Inc	\$210,000 principal amount 3.600% due 04/10/24	212,927	215,571	
Occidental Petroleum	\$150,000 principal amount 3.125% due 02/15/22	152,265	153,315	
Ohio Power Company	\$100,000 principal amount 5.375% due 10/01/21	103,900	111,714	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Oracle Corp	\$450,000 principal amount 1.200% due 10/15/17	\$ 451,485	\$ 450,108	
Pacific Gas & Elec	\$155,000 principal amount 3.500% due 10/01/20	158,069	160,819	
Pepsico Inc	\$225,000 principal amount 2.750% due 03/01/23	226,575	224,755	
PNC Funding Corp	\$250,000 principal amount 3.300% due 03/08/22	266,250	257,010	
Potash Corp-Saskatch	\$250,000 principal amount 3.000% due 04/01/25	253,582	235,730	
Procter & Gamble Co	\$275,000 principal amount 1.700% due 11/03/21	275,963	270,295	
PSEG Power Lic	\$130,000 principal amount 4.150% due 09/15/21	133,692	135,573	
Qualcomm Inc	\$150,000 principal amount 3.450% due 05/20/25	145,820	152,828	
Southern Co	\$150,000 principal amount 2.450% due 09/01/18	150,572	151,540	
Spectra Energy	\$100,000 principal amount 4.600% due 06/15/21	106,850	106,667	
Verizon Communication Inc	\$250,000 principal amount 5.500% due 02/15/18	250,300	260,860	
Verizon Communication Inc	\$250,000 principal amount 3.500% due 11/01/24	256,725	249,198	
Viacom Inc	\$250,000 principal amount 3.250% due 03/15/23	257,125	239,788	
Total Corporate obligations - U.S.		\$ 8,372,682	\$ 8,473,787	
International bonds				
Bank Of Montreal Mtn	\$250,000 principal amount 2.375% due 01/25/19	\$ 252,950	\$ 252,165	
BP Capital Mkts PLC	\$150,000 principal amount 3.814% due 02/10/24	154,808	155,829	
Total International bonds		\$ 407,758	\$ 407,994	
Limited Partnership - U.S. equity				
Frontier Cap Appreciation Fund, L.P.	1 unit	\$ 7,643,010	\$ 16,641,423	
Total Limited Partnership - U.S. Equity		\$ 7,643,010	\$ 16,641,423	
Limited Partnership - Multi-class				
Aurora Offshore Fd Ltd	1,024 units	\$ 1,466,682	\$ 1,716,241	
Total Limited Partnership - Multi-Class		\$ 1,466,682	\$ 1,716,241	
Total assets held for investment purposes		\$ 161,189,481	\$ 194,142,760	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2016

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		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	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	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		4		0		0		0		0		0		0		0	
30 - 34	0		2		50	50,262	73	61,665	1		0		0		0		0		0	
35 - 39	0		4		28	55,541	115	73,849	28	63,120	1		0		0		0		0	
40 - 44	0		2		36	59,389	79	74,265	46	76,224	7		2		0		0		0	
45 - 49	0		4		25	67,713	74	70,541	59	78,315	42	99,845	27	74,254	2		0		0	
50 - 54	0		7		24	57,041	72	94,956	53	87,018	31	79,639	49	75,865	20	74,410	2		0	
55 - 59	0		3		25	54,942	61	68,828	53	93,107	28	92,429	44	72,991	35	87,678	41	79,300	1	
60 - 64	0		1		11		52	77,224	47	81,601	20	67,389	32	73,255	18		41	79,430	34	61,919
65 - 69	0		1		4		7		10		5		5		5		7		6	
70 & Over	0		0		2		2		1		2		2		1		2		1	

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
 EIN / PN: 34-0714357 / 001
 Plan Sponsor: Children's Hospital Medical Center of Akron
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

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 HATFA Corridors	Not Reflecting Corridors
■ First segment rate	4.43%	1.34%
■ Second segment rate	5.91%	4.03%
■ Third segment rate	6.65%	5.06%
■ Effective interest rate	6.16%	4.44%
■ Lump sum interest rate	3 segment rates	

Annual rates of increase:

- Compensation:
 - Representative rates

The following has been utilized as the assumed annual salary growth at the indicated ages:

Age	Salary Increase (%)
24 & Under	7.50
25 – 29	5.50
30 – 34	5.50
35 – 39	5.25
40 – 44	5.25
45 – 49	5.00
50 – 54	4.50
55 – 59	4.00
60 & Over	3.50

- Future Social Security wage bases 4.50%
- Statutory limits on compensation 3.50%
- Assumed cost of living adjustments 0.00%

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
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Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

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** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using the static mortality option.
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
- **Lump sum** Pension Protection Act unisex mortality table for 2016.

Termination Rates at which participants terminate by service and gender are given below:

Service	Male	Female
1	.155	.155
5	.090	.090
10	.045	.045
15 – 20	.025	.025
20 – 25	.025	.025
25 – 30	.025	.025

Disability The annual rates (per 1,000 lives) at which participants become disabled by age and gender are given below:

Age	Male	Female
25	.38	.47
35	.69	1.36
45	2.02	3.23
55	7.22	9.52

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
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Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Retirement

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

Age	Rate (%)
55	.02
56	.02
57	.02
58	.02
59	.05
60	.05
61	.13
62	.20
63	.15
64	.10
65	.25
66	.50
67	.50
68	.50
69	.50
70	1.00

The average retirement age is age 63.

Benefit commencement date:

- Pre-retirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

25% of participants are assumed to elect a single life annuity and 75% of participants are assumed to elect a lump sum.

Percent married

85% of males; 50% of females. Used to value pre-retirement surviving spouse benefits.

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SCHEDULE SB ATTACHMENTS

Spouse age	Female spouses are assumed to be three years younger than the male spouses.
Covered pay	Compensation assumed paid in the current year is the actual compensation from the prior year increased by the assumed salary growth.
Administrative expenses	Since the plan sponsor now pays administrative expenses directly, none.
At-risk assumptions	N/A
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, 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 2015 plan year).
Benefits not valued	None.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

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.
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Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2009, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2009, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

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.
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Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
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Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

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.
- In conjunction with the plan amendment adding a lump sum option, the form of payment assumption was changed from 100% assumed to elect a single life annuity to 25% assumed to elect a single life annuity and 75% assumed to elect a lump sum.

Change in methods since prior valuation None

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
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Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date January 1, 2016

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Children's Hospital Medical Center of Akron
EIN/PN	34-0714357 / 001
Plan Name	The Pension Plan of Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2016
Enrolled Actuary	Jonathan M. Williams
Enrollment Number	17-07625

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.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1510-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning _____ and ending _____	
► 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 PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	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) 34-0714357
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value	2a	194753364	
b Actuarial value	2b	208665137	
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	737	61400768	62439621
b For terminated vested participants	454	16672465	16672465
c For active participants	1587	116175995	117943900
d Total	2778	194249228	197055986
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	6.16%	
6 Target normal cost	6	9383812	

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.

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">SIGN HERE</td> <td style="width:85%; text-align: center;"> JMW Signature of actuary JONATHAN M. WILLIAMS Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND OH 44114-1172 Address of the firm </td> </tr> </table>	SIGN HERE	JMW Signature of actuary JONATHAN M. WILLIAMS Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND OH 44114-1172 Address of the firm	<table style="width:100%;"> <tr> <td style="text-align: center; font-size: 1.2em;">8/29/17</td> </tr> <tr> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">17-07625</td> </tr> <tr> <td style="text-align: center;">Most recent enrollment number</td> </tr> <tr> <td style="text-align: center;">216-937-4000</td> </tr> <tr> <td style="text-align: center;">Telephone number (including area code)</td> </tr> </table>	8/29/17	Date	17-07625	Most recent enrollment number	216-937-4000	Telephone number (including area code)
SIGN HERE	JMW Signature of actuary JONATHAN M. WILLIAMS Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND OH 44114-1172 Address of the firm								
8/29/17									
Date									
17-07625									
Most recent enrollment number									
216-937-4000									
Telephone number (including area code)									

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2016 v. 160205

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)	829320	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	829320	
10 Interest on line 9 using prior year's actual return of <u>-2.96%</u>	-24548	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		18319295
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>6.36%</u>		1165107
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		19484402
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	804772	

Part III Funding Percentages

14 Funding target attainment percentage	14	105.48 %
15 Adjusted funding target attainment percentage	15	105.89 %
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	102.90 %
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
Totals ► 18(b)			18(c)		

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	

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: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code):	21b 4			
22 Weighted average retirement age	22 63			
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	
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	

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	9383812	
b Excess assets, if applicable, but not greater than line 31a	31b	9383812	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2016

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age of Retirement (A)	Rates of Retirement (B)	% of Retiring (C)	Weighted Ages (A) * (C)
55	.02	2.0000	1.1000
56	.02	1.9600	1.0976
57	.02	1.9208	1.0949
58	.02	1.8824	1.0918
59	.05	4.6118	2.7210
60	.05	4.3813	2.6288
61	.13	10.8217	6.6012
62	.20	14.4844	8.9803
63	.15	8.6907	5.4751
64	.10	4.9247	3.1518
65	.25	11.0806	7.2024
66	.50	16.6209	10.9698
67	.50	8.3104	5.5680
68	.50	4.1552	2.8255
69	.50	2.0776	1.4336
70	1.00	2.0776	1.4543

Weighted Retirement Age:	63.40
Average Retirement Age:	63

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective January 1, 2016, an amendment to the plan made a lump sum optional form of payment available.

Covered employees All non-excludable employees whose customary employment is for at least 1,000 hours per year and who have attained age 21 and completed one year of service are eligible. Employees hired after December 31, 2006 are not eligible to enter the Plan.

Participation date Date of becoming a covered employee.

Definitions

Vesting service Since January 1, 1976, one year is credited for each 1,000-hour calendar year of employment by Children's Hospital Medical Center of Akron. Only hours of service earned as a Covered employee shall be counted for purposes of determining a participant's retirement benefit. Service prior to January 1, 1976 was calculated in a different manner.

Compensation "Compensation" shall generally mean the total compensation paid to a participant by the Employer during any calendar year, as reported on Internal Revenue Service Form W-2 including Code Section 403(b) and 125 Employee Deferrals and excluding expense reimbursements of any kind. Compensation shall also include any compensation which a participant would have been paid but was not actually paid due to temporary absence from work and in lieu of which the Participant received sick pay under the Employer's sick pay plan. Compensation earned in any year shall be limited in accordance with the Internal Revenue Code Section 401(a)(17).

Average monthly compensation The average of the highest five consecutive calendar years of compensation during the 10-year period ending on the earlier of the participant's termination date or retirement date divided by 60.

Normal retirement date (NRD) First of the month following the attainment of age 65 and the fifth anniversary of becoming a participant in the plan.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
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SCHEDULE SB ATTACHMENTS

Monthly pension benefit	The monthly benefit is equal to the greater of: a) The sum of (i) 1.0% of final 5-year average monthly compensation multiplied by years of vesting service, and (ii) 0.65% of final 5-year average monthly compensation in excess of Social Security Covered Compensation, multiplied by years of vesting service, not to exceed 35 years. If the Social Security Retirement Age is age 66, the 1.0% factor becomes 0.9333% and the 0.65% factor becomes 0.606645%. If the Social Security Retirement Age is age 67, the 1.0% factor becomes 0.8667% and the 0.65% factor becomes 0.563355%. These changes are not applicable for participants born before 1938. Or b) \$15.00 multiplied by the sum of (i) years of benefit service at January 1, 1989, and (ii) years of vesting service after January 1, 1989.
Monthly preretirement death benefit	The benefit paid to the surviving spouse is equal to the benefit she would have received if the employee had retired on the day prior to his death and had elected a 50% Joint and Survivor option.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Permanent and total disability.
Pre-retirement death benefit	Death after completion of five years of vesting service, provided that the employee has been married to his current spouse for at least one year.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

Early retirement Monthly pension benefit determined as of actual retirement date but reduced for early commencement if benefit is payable prior to normal retirement date. Reductions are based on Social Security Retirement Age as follows:

Age when benefit begins	Reduction factors		
	SSRA of age 65	SSRA of age 66	SSRA of age 67
65	1.0000	1.0000	1.0000
64	.9333	.9286	.9230
63	.8667	.8572	.8461
62	.8000	.7857	.7692
61	.7333	.7143	.7307
60	.6667	.6786	.6923
59	.6333	.6429	.6539
58	.6000	.6072	.6153
57	.5667	.5714	.5769
56	.5333	.5357	.5292
55	.5000	.4915	.4861

However, if the benefit is based on the \$15.00 multiplier, reduction factors are as follows:

Age when benefit begins	Reduction factor
65	1.0000
64	.923
63	.846
62	.769
61	.730
60	.692
59	.653
58	.615
57	.576
56	.529
55	.486

Postponed retirement Monthly pension benefit determined as of actual retirement date.

Vested termination Monthly pension benefit (determined in the same manner as for early retirement) is payable commencing at age 65.

Total disability retirement The monthly pension benefit is determined based on the participant's average monthly compensation at date of retirement and years of vesting and benefit commencement date on which LTD payments cease, if earlier. This benefit is payable as of the participant's NRD.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
 EIN / PN: 34-0714357 / 001
 Plan Sponsor: Children's Hospital Medical Center of Akron
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Pre-retirement death The monthly pre-retirement death benefit is payable to the spouse at the later of:

- a) the date of the employee's death or
- b) the date of which the employee would have been age 55.

Post-retirement death A lump sum death benefit of \$5,000 is payable to the beneficiary of the participant.

Other Plan Provisions

Forms of payment A participant may elect to receive his benefit on a straight-life, 100% Joint and Survivor, 75% Joint and Survivor, 50% Joint and Survivor basis, or 180 months certain, 120 months certain, or 60 months certain and continuous basis, or a lump sum. Unless otherwise elected, any benefit payable under the Plan shall be paid:

- a) on a 50% Joint and Survivor basis, if the employee has been married to his current spouse for at least one year; or
- b) on a straight-life basis otherwise,

with the further provision that any benefits payable under (a) above shall be actuarially equivalent to a straight-life benefit.

Death benefit The beneficiary of a participant who dies while receiving a normal, early, or disability retirement benefit shall be entitled to receive a lump sum death benefit of \$5,000, if retired after January 1, 1971.

Pension increases None.

Plan participants' contributions None.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
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Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

Effective January 1, 2016, an amendment to the plan added a lump sum optional form of payment.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2016

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value		Cost	Current Value
Equities - U.S.				
Aerojet Rocketdyne Holdings Inc	5,340 shares	\$	100,668	\$ 95,853
AK Stl Hldg Corp	9,469 shares		59,920	96,678
Alcoa Corp	8,260 shares		229,382	231,941
Alexion Pharmaceuticals Inc	2,560 shares		329,204	313,216
Allegheny Technologies Inc	5,442 shares		86,748	86,691
Alliate Inc	1,631 shares		78,864	104,694
Alliant Corp	3,050 shares		98,507	115,564
Ally Financial Inc	9,639 shares		169,321	183,334
Alphabet Inc Cl A	1,370 shares		373,193	1,085,657
Alphabet Inc Cl C	1,382 shares		378,627	1,066,655
Amazon.com Inc	3,140 shares		546,186	2,354,592
American Campus Communities REIT	2,172 shares		78,640	108,100
American Financial Group Inc Ohio	2,365 shares		73,786	208,404
Amgen Inc	8,200 shares		532,308	1,198,922
Apple Inc	5,340 shares		579,064	618,479
Aramark	3,308 shares		113,424	118,162
Arconic Inc	11,790 shares		266,104	218,587
Arrow Electronics Inc	1,628 shares		71,930	116,076
Ashland Global Holdings Inc	5,670 shares		615,304	619,674
Assurant Inc	1,370 shares		100,188	127,218
Assured Guaranty Ltd	2,748 shares		87,650	103,792
Atmos Energy Corp	1,007 shares		58,409	74,669
Avnet Inc	2,835 shares		121,812	134,974
B&G Foods Inc	2,312 shares		98,393	101,266
BankUnited Inc	4,988 shares		162,937	187,998
Biomerin Pharmaceutical Inc	3,540 shares		300,709	293,254
Blackrock Inc Cl A	1,270 shares		397,563	483,286
Bristol Myers Squibb Co	5,250 shares		278,079	306,810
Brunswick Corp	2,096 shares		75,820	114,316
BWX Technologies Inc	2,369 shares		61,397	94,049
Caci International Inc Cl A	821 shares		80,342	102,050
Calatlantic Group Inc	2,388 shares		58,303	81,216
Caleres Inc	2,808 shares		70,168	92,159
Calpine Corp	7,891 shares		110,823	90,194
Campbell Soup Co	9,960 shares		541,633	602,281
Caseys Gen Stores Inc	821 shares		65,861	97,600
Century Aluminum Company	6,120 shares		48,969	52,387
Cerner Corp	6,150 shares		262,188	291,325
Charles Riv Laboratories Intl Inc	870 shares		37,029	66,285
Charles Schwab Corp	52,400 shares		496,905	2,068,228
Ciena Corp	5,347 shares		101,435	130,520
Cisco Systems Inc	39,100 shares		186,680	1,181,602
Cit Group Inc	15,300 shares		564,673	653,004
Coca Cola Co	8,810 shares		323,538	365,263
Cognizant Technology Solutions Corp	14,200 shares		35,745	795,626
Comerica Inc	2,369 shares		115,447	161,353
Commscope Holding Co Inc	3,141 shares		94,100	116,845
Cooper Cos Inc	2,183 shares		308,096	381,872
Customers Bancorp Inc	1,612 shares		55,266	57,742
CVS Health Corp	3,750 shares		331,982	295,912
Cypress Semiconductor Corp	11,804 shares		123,203	135,038
D R Horton Inc	3,474 shares		58,311	94,944
Dana Inc	1,936 shares		36,255	36,745
DDR Corp REIT	9,783 shares		151,387	149,386
Deluxe Corp	950 shares		19,889	68,029
Diamondrock Hospital	6,184 shares		54,828	71,302
Duke Realty Corp REIT	6,426 shares		118,293	170,675
E Trade Financial Corp	5,132 shares		153,268	177,824
Electronic Arts Inc	4,950 shares		88,362	389,862
Emcor Group Inc	2,176 shares		71,806	153,974
Express Inc	3,178 shares		38,340	34,195
Express Scripts Hldg	6,150 shares		485,314	423,058
Facebook Inc-A	13,160 shares		1,203,237	1,514,058
Finish Line Inc Cl A	3,327 shares		65,930	62,581
First Hawaiian Inc	2,180 shares		55,309	75,908
First Republic Bank	769 shares		46,914	70,856

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
FLIR Systems Inc	5,450 shares	\$ 174,215	\$	197,235
Flowserve Corp	8,130 shares	464,365		390,647
Forest City Realty Trust C1A REIT	6,589 shares	143,193		137,315
Gallagher Arthur J & Co	1,930 shares	90,043		100,283
General Cable Corp Del	8,350 shares	84,674		120,968
Genesee & Wyoming Inc C1A	1,707 shares	134,079		118,483
Goodyear Tire & Rubber Co	3,031 shares	84,314		93,567
Great Plains Energy Inc	3,327 shares	90,810		90,993
Hanover Insurance Group Inc	1,241 shares	94,526		112,943
Harsco Corp	6,112 shares	42,173		83,123
Hill-Rom Holding	1,798 shares	79,370		100,940
Houghton Mifflin Harcourt Co	20,360 shares	403,254		220,906
Huntington Bancshares Inc	13,973 shares	117,887		184,723
Huntington Ingalls Industries	689 shares	80,857		126,907
Huntsman Corp	3,591 shares	52,057		68,516
Impax Laboratories Inc	3,149 shares	102,634		41,724
International Business Machines Corp	5,525 shares	559,057		917,095
Intuitive Surgical Inc	790 shares	350,590		500,994
Investment Technology Group Inc	3,470 shares	38,607		68,498
ITT Inc	2,335 shares	91,793		90,081
Jack in the Box Inc	1,800 shares	123,944		200,952
Jetblue Airways Corp	5,227 shares	95,613		117,189
Johnson & Johnson	5,180 shares	510,648		596,788
JP Morgan Chase & Co	20,700 shares	749,250		1,786,203
Kia-Tencor Corp	16,100 shares	322,763		1,266,748
L Brands, Inc	5,530 shares	394,419		364,095
Lexington Realty Trust REIT	5,579 shares	44,963		60,253
Littelfuse Inc	484 shares	31,354		73,457
Live Nation Entertainment Inc	4,621 shares	109,928		122,919
LPL Financial Holdings Inc	2,256 shares	73,405		79,434
Mack Cali Rlty Corp REIT	2,612 shares	55,199		81,604
Manitowoc Foodservice Inc	6,091 shares	115,445		117,739
Manpower Inc	1,352 shares	113,952		121,041
Masco Corp	6,120 shares	132,421		193,514
Mastercard Inc-A	5,320 shares	426,274		549,290
Medical Properties	4,777 shares	52,835		58,757
Meritor Incorporated	8,890 shares	106,002		110,414
Microsoft Corp	10,140 shares	596,070		630,100
Mid-Amer Apartment Comm REIT	867 shares	76,766		84,897
Molina Healthcare Inc	1,136 shares	56,734		61,639
Monsanto Co New	5,190 shares	463,545		546,040
Oasis Petroleum Inc	10,865 shares	94,517		164,496
Old Dominion Freight Line Inc	1,347 shares	90,499		115,559
On Semiconductor Corp	10,502 shares	115,381		134,006
Owens Corning Inc	2,293 shares	98,600		118,227
Pacwest Bancorp	4,855 shares	194,820		264,306
Parsley Energy Inc	4,027 shares	76,340		141,911
Paypal Holdings Inc	7,610 shares	247,421		300,367
PDC Energy Inc	1,480 shares	89,888		107,418
Pepsico Inc	8,500 shares	896,718		889,355
Pinnacle West Cap Corp	1,653 shares	92,184		128,984
Plexus Corp	2,085 shares	55,898		112,673
PNM Res Inc	1,809 shares	33,069		62,049
Priceline Group Inc	390 shares	475,900		571,763
Primerica Inc	1,309 shares	68,724		90,517
Qualcomm Inc	13,325 shares	582,542		868,790
Range Resources Corp	5,510 shares	250,367		189,324
Raymond James Financial Inc	1,870 shares	90,713		129,535
Regal Beloit Corp	969 shares	61,062		67,103
Regeneron Pharmaceuticals Inc	780 shares	315,576		286,330
Rice Energy Inc	3,610 shares	55,690		77,074
RSP Permian Inc	2,763 shares	93,809		123,285
Ryman Hospitality Pptys Inc	1,068 shares	46,953		67,295
Salesforce.com	2,790 shares	201,088		191,003
Servicenow Inc	7,560 shares	494,099		562,010
Skyworks Solutions Inc	8,330 shares	619,372		621,918
Sprouts Farmers Markets Lic	11,950 shares	261,073		226,094
State Street Corp	16,250 shares	923,169		1,262,950

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4I - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Steel Dynamics Inc	3,080 shares	\$ 77,214	\$ 109,586	
Stifel Finl Corp	2,071 shares	75,596	103,448	
Sunstone Hotel	6,036 shares	45,512	92,049	
Swift Transportation Co	4,424 shares	91,472	107,769	
Synchrony Financial	11,030 shares	328,119	400,058	
Synergy Resource	12,115 shares	91,974	107,945	
Synovus Financial Corp	7,338 shares	152,286	301,445	
TCF Financial Corp	50,200 shares	654,501	983,418	
Tech Data Corp	1,045 shares	70,239	88,491	
Tegna Inc	5,870 shares	98,773	125,559	
Teradyne Inc	5,942 shares	114,587	150,927	
TFS Financial Co	4,935 shares	89,359	93,962	
Thermo Fisher Scientific Inc	2,130 shares	259,020	300,543	
Time Warner Inc	2,110 shares	166,721	203,678	
Tribune Media Company	9,950 shares	473,960	348,051	
Trinseo Sa	1,718 shares	85,507	101,877	
Twenty-First Century Fox Inc Cl A	16,640 shares	452,221	466,586	
UGI Corp New	2,134 shares	37,815	98,335	
United Parcel Service-Class B	7,400 shares	772,308	848,336	
United States Steel Corp	3,020 shares	53,384	99,690	
Univar Inc	4,140 shares	78,042	117,452	
US Bancorp New	26,050 shares	786,988	1,338,189	
USG Corp	3,610 shares	96,313	104,257	
Vectrus Inc	19,999 shares	406,003	476,976	
Vertex Pharmaceuticals Inc	3,500 shares	287,203	257,845	
Visa Inc	5,680 shares	331,086	443,154	
Voya Financial, Inc.	2,698 shares	103,283	105,816	
Wells Fargo & Co	23,350 shares	1,186,355	1,286,819	
Westamerica Bancorporation	2,199 shares	102,564	138,383	
Western Alliance	5,552 shares	62,522	270,438	
Westlake Chemical Corp	1,617 shares	87,351	90,536	
Weyerhaeuser Co	6,230 shares	179,722	187,461	
Whiting Petroleum Corp	5,379 shares	49,831	64,656	
Wyndham Worl-Wtl	1,472 shares	73,633	112,417	
Xilinx Inc	17,000 shares	720,457	1,026,290	
Xpo Logistics Inc	2,797 shares	73,799	120,719	
Yum China Holdings Inc	6,310 shares	123,811	164,817	
Yum! Brands Inc	4,890 shares	242,282	309,684	
Zayo Group Holdings Inc	11,920 shares	368,327	391,691	
Zions Bancorporation	4,927 shares	129,123	212,058	
Total Equities - U.S.		\$ 37,416,927	\$ 53,489,555	
Equities - International				
Arch Capital Group Ltd	2,884 shares	\$ 66,347	\$ 248,860	
Arris International Plc	3,323 shares	86,336	100,122	
Chubb Ltd	9,400 shares	456,312	1,241,928	
Flex Ltd	9,356 shares	100,725	134,446	
Marvell Technology Group Ltd	13,462 shares	132,907	186,718	
Nabors Industries Ltd	11,770 shares	114,564	193,028	
Nielsen Holdings Plc	9,510 shares	462,049	398,944	
Teva Pharmaceutical Inds Ltd ADR	15,000 shares	553,294	543,750	
Transocean Ltd	17,775 shares	863,623	262,003	
Tronox Ltd	7,826 shares	52,525	80,686	
Total Equities - International		\$ 2,888,682	\$ 3,390,485	
Mutual funds - U.S. equities				
Calamos Market Neu Inc Fd-I	609,129 shares	7,924,222	7,839,487	
Diamond Hill Long/Short-I	301,068 shares	7,203,559	7,656,151	
Ishares Russell 1000 Growth Etf	17,101 shares	\$ 647,353	\$ 1,793,895	
Ishares Russell 1000 Value Etf	15,038 shares	1,507,692	1,684,707	
Ishares Russell 2000 Growth Etf	16,363 shares	1,059,120	2,518,920	
Total Mutual funds - U.S. equities		\$ 18,341,946	\$ 21,493,160	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4I - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Mutual funds - International equities				
American Europacific Grth-R5	399,327 shares	\$ 14,251,159	\$ 17,973,726	
Blackrock Global Allocation Fund-I	549,499 shares	10,690,456	10,044,841	
Dodge & Cox International Stock Fd	475,897 shares	16,579,325	18,131,687	
T Rowe Price Emerging Mkt St	208,464 shares	6,076,832	6,604,125	
Total Mutual funds - International equities		\$ 47,597,772	\$ 52,754,379	
Mutual funds - U.S. government securities				
Federated Mortgage Fund-Inst	893,185 shares	\$ 8,763,377	\$ 8,538,850	
Goldman Sachs Strat Inc-Inst	471,206 shares	4,900,831	4,542,426	
Total Mutual funds - U.S. government securities		\$ 13,664,208	\$ 13,081,276	
Mutual funds - U.S. bonds				
Loomis Sayles Bond Fund	278,073 shares	\$ 4,100,016	\$ 3,770,667	
Total Mutual funds - U.S. Bonds		\$ 4,100,016	\$ 3,770,667	
Mutual funds - International bonds				
Templeton Glb Total Retur-Ad	300,223 shares	\$ 4,022,450	\$ 3,632,697	
Total Mutual funds - International bonds		\$ 4,022,450	\$ 3,632,697	
Money market funds				
Federated Govt Obli Fd-Prm	3,396,729 units	\$ 3,396,729	\$ 3,396,729	
Total Money market funds		\$ 3,396,729	\$ 3,396,729	
U.S. government securities				
U.S. Treasury Bonds	\$580,000 principal amount 3.125% due 08/15/44	\$ 590,142	\$ 587,024	
U.S. Treasury Bonds	\$750,000 principal amount 4.250% due 05/15/39	807,188	910,575	
U.S. Treasury Bonds	\$750,000 principal amount 4.375% due 05/15/40	904,531	926,633	
U.S. Treasury Notes	\$250,000 principal amount 1.000% due 09/15/17	249,414	250,390	
U.S. Treasury Notes	\$750,000 principal amount 1.125% due 03/31/20	749,883	740,302	
U.S. Treasury Notes	\$500,000 principal amount 1.125% due 05/31/19	488,164	497,970	
U.S. Treasury Notes	\$500,000 principal amount 1.500% due 08/15/26	489,840	459,865	
U.S. Treasury Notes	\$750,000 principal amount 1.750% due 05/15/22	762,109	738,982	
U.S. Treasury Notes	\$200,000 principal amount 1.875% due 08/31/17	199,875	201,468	
U.S. Treasury Notes	\$500,000 principal amount 1.875% due 09/30/17	528,359	503,850	
U.S. Treasury Notes	\$500,000 principal amount 2.000% due 07/31/22	500,950	498,165	
U.S. Treasury Notes	\$200,000 principal amount 2.000% due 08/15/25	197,453	193,734	
U.S. Treasury Notes	\$500,000 principal amount 2.000% due 09/30/20	497,031	505,665	
U.S. Treasury Notes	\$250,000 principal amount 2.250% due 04/30/21	260,547	254,385	
U.S. Treasury Notes	\$500,000 principal amount 2.250% due 11/15/24	503,932	496,935	
U.S. Treasury Notes	\$250,000 principal amount 2.375% due 06/30/18	259,688	254,835	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
U.S. Treasury Notes	\$250,000 principal amount 3.625% due 02/15/20	\$ 246,445	\$ 266,025	
Total U.S. government securities		\$ 8,235,551	\$ 8,286,803	
U.S. government asset-backed securities				
Federal Farm Credit Bank	\$250,000 principal amount 1.400% due 04/17/17	\$ 250,000	\$ 250,575	
Federal Farm Credit Bank	\$500,000 principal amount 2.450% due 06/06/23	504,780	499,795	
Federal Home Loan Bank	\$250,000 principal amount 1.875% due 12/09/22	250,000	245,875	
Federal Home Loan Bank	\$500,000 principal amount 2.125% due 06/12/26	507,250	475,485	
Federal Home Loan Bank	\$250,000 principal amount 4.300% due 03/06/19	252,875	265,162	
Federal Home Loan Mortgage Corp.	\$250,000 principal amount 3.750% due 03/27/19	251,235	263,360	
Federal Home Loan Mortgage Corp.	\$38,215 principal amount 4.500% due 04/01/39	39,350	41,171	
Federal Home Loan Mortgage Corp.	\$37,503 principal amount 5.500% due 04/01/34	37,140	42,185	
Federal Home Loan Mortgage Corp.	\$19,175 principal amount 4.500% due 06/01/23	19,690	20,568	
Federal Home Loan Mortgage Corp.	\$7,207 principal amount 5.500% due 03/01/38	7,423	8,025	
Federal Home Loan Mortgage Corp.	\$8,726 principal amount 5.000% due 12/01/21	8,612	9,256	
Federal Home Loan Mortgage Corp.	\$8,005 principal amount 5.500% due 04/01/21	8,008	8,473	
Federal National Mortgage Association	\$250,000 principal amount 1.250% due 05/06/21	249,200	242,917	
Federal National Mortgage Association	\$500,000 principal amount 2.125% due 04/24/26	509,400	472,845	
Federal National Mortgage Association	\$500,000 principal amount 5.000% due 02/13/17	501,090	502,425	
Federal National Mortgage Association	\$18,121 principal amount 5.000% due 06/01/24	17,724	19,729	
Federal National Mortgage Association	\$14,791 principal amount 5.000% due 08/01/20	15,062	15,522	
Federal National Mortgage Association	\$7,001 principal amount 5.000% due 05/01/18	6,926	7,164	
Federal National Mortgage Association	\$35,744 principal amount 5.500% due 12/01/34	35,247	39,963	
Federal National Mortgage Association	\$19,988 principal amount 5.500% due 07/01/34	19,813	22,198	
Federal National Mortgage Association	\$14,414 principal amount 5.000% due 01/01/36	13,972	15,755	
Federal National Mortgage Association	\$45,656 principal amount 5.500% due 04/01/21	45,956	48,662	
Federal National Mortgage Association	\$4,386 principal amount 6.000% due 09/01/36	4,417	4,967	
Federal National Mortgage Association	\$36,739 principal amount 4.000% due 08/01/29	37,083	38,854	
Gnma II PI #004341	\$17,306 principal amount 5.500% due 08/15/33	17,106	19,558	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Gnma Ii PI #604551	\$25,082 principal amount 4.500% due 01/20/39	\$ 25,709	\$ 27,075	
Total U.S. government asset-backed securities		\$ 3,635,068	\$ 3,607,564	
Corporate obligations - U.S.				
Aflac Inc	\$195,000 principal amount 2.650% due 02/15/17	\$ 196,944	\$ 195,294	
Allstate Corp	\$140,000 principal amount 5.350% due 06/01/33	137,200	160,926	
Anheuser Busch	\$150,000 principal amount 4.500% due 04/01/18	149,235	155,143	
AT&T Inc	\$200,000 principal amount 5.500% due 02/01/18	211,300	207,798	
Bank Of Amer Crp	\$235,000 principal amount 5.625% due 07/01/20	245,624	258,394	
Bank Of NY Melin Mtn	\$250,000 principal amount 4.600% due 01/15/20	253,595	267,102	
Berkshire Hathaway	\$115,000 principal amount 4.250% due 01/15/21	114,655	123,940	
Boeing Cap Corp	\$150,000 principal amount 4.700% due 10/27/19	151,764	161,823	
Burlington North	\$100,000 principal amount 4.700% due 10/01/19	99,600	107,543	
Burlington North	\$50,000 principal amount 5.750% due 03/15/18	50,450	52,558	
Capital One Bank Mtn	\$250,000 principal amount 2.150% due 11/21/18	251,625	250,453	
Charles Schwab Corp	\$250,000 principal amount 2.200% due 07/25/18	250,875	251,883	
Cisco Systems Inc	\$250,000 principal amount 4.450% due 01/15/20	251,330	267,935	
Colgate-Palm Co Mtn	\$250,000 principal amount 2.100% due 05/01/23	257,250	241,845	
CVS Caremark	\$100,000 principal amount 4.125% due 05/15/21	106,450	105,812	
Discover Bank	\$200,000 principal amount 4.250% due 03/13/26	204,400	203,744	
Duke Energy Corp	\$250,000 principal amount 5.050% due 09/15/19	256,660	269,510	
Exxon Mobil Corp	\$250,000 principal amount 1.912% due 03/06/20	249,775	249,738	
Gen Elec Cap Crp Mtn	\$250,000 principal amount 1.625% due 04/02/18	247,750	250,818	
Honeywell Intl	\$200,000 principal amount 5.700% due 03/15/37	212,900	246,398	
Intel Corp	\$250,000 principal amount 4.000% due 12/15/32	255,501	257,740	
Intl Cce Inc	\$100,000 principal amount 3.500% due 09/15/20	98,990	103,093	
Johnson & Johnson	\$250,000 principal amount 2.050% due 03/01/23	257,300	243,247	
JPMorgan Chase & Co	\$100,000 principal amount 4.400% due 07/22/20	105,409	106,221	
JPMorgan Chase & Co	\$250,000 principal amount 1.850% due 03/22/19	250,700	249,210	
Lockheed Martin	\$100,000 principal amount 4.850% due 09/15/41	103,300	110,050	
Metlife Inc	\$210,000 principal amount 3.600% due 04/10/24	212,927	215,571	
Occidental Petroleum	\$150,000 principal amount 3.125% due 02/15/22	152,265	153,315	
Ohio Power Company	\$100,000 principal amount 5.375% due 10/01/21	103,900	111,714	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4I - Schedule of Assets
Held at End of Year

December 31, 2016

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Oracle Corp	\$450,000 principal amount 1.200% due 10/15/17	\$ 451,485	\$ 450,108	
Pacific Gas & Elec	\$155,000 principal amount 3.500% due 10/01/20	158,069	160,819	
Pepsico Inc	\$225,000 principal amount 2.750% due 03/01/23	226,575	224,755	
PNC Funding Corp	\$250,000 principal amount 3.300% due 03/08/22	266,250	257,010	
Potash Corp-Saskatch	\$250,000 principal amount 3.000% due 04/01/25	253,582	235,730	
Procter & Gamble Co	\$275,000 principal amount 1.700% due 11/03/21	275,963	270,295	
PSEG Power LLC	\$130,000 principal amount 4.150% due 09/15/21	133,692	135,573	
Qualcomm Inc	\$150,000 principal amount 3.450% due 05/20/25	145,820	152,628	
Southern Co	\$150,000 principal amount 2.450% due 09/01/18	150,572	151,540	
Spectra Energy	\$100,000 principal amount 4.600% due 06/15/21	106,850	106,667	
Verizon Communication Inc	\$250,000 principal amount 5.500% due 02/15/18	250,300	260,860	
Verizon Communication Inc	\$250,000 principal amount 3.500% due 11/01/24	256,725	249,198	
Viacom Inc	\$250,000 principal amount 3.250% due 03/15/23	257,125	239,788	
Total Corporate obligations - U.S.		\$ 8,372,682	\$ 8,473,787	
International bonds				
Bank Of Montreal Mtn	\$250,000 principal amount 2.375% due 01/25/19	\$ 252,950	\$ 252,165	
BP Capital Mkts PLC	\$150,000 principal amount 3.814% due 02/10/24	154,808	155,829	
Total International bonds		\$ 407,758	\$ 407,994	
Limited Partnership - U.S. equity				
Frontier Cap Appreciation Fund, L.P.	1 unit	\$ 7,643,010	\$ 16,641,423	
Total Limited Partnership - U.S. Equity		\$ 7,643,010	\$ 16,641,423	
Limited Partnership - Multi-class				
Aurora Offshore Fd Ltd	1,024 units	\$ 1,466,682	\$ 1,716,241	
Total Limited Partnership - Multi-Class		\$ 1,466,682	\$ 1,716,241	
Total assets held for investment purposes		\$ 161,189,481	\$ 194,142,760	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- In conjunction with the plan amendment adding a lump sum option, the form of payment assumption was changed from 100% assumed to elect a single life annuity to 25% assumed to elect a single life annuity and 75% assumed to elect a lump sum.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2016