

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 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information			
1a Name of plan	<u>SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST</u>		1b Three-digit plan number (PN) ►	<u>010</u>
			1c Effective date of plan	<u>02/01/1946</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)			2b Employer Identification Number (EIN)	<u>34-1887844</u>
			2c Plan Sponsor's telephone number	<u>330-996-8460</u>
			2d Business code (see instructions)	<u>622000</u>
<u>1077 GORGE BLVD</u> <u>PO BOX 2090</u> <u>AKRON, OH 44309-2090</u>	<u>1077 GORGE BLVD</u> <u>PO BOX 2090</u> <u>AKRON, OH 44309-2090</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.	10/16/2017	THOMAS ONEILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	THOMAS ONEILL
	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

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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 8092
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3091 6a(2) 2750 6b 2554 6c 1776 6d 7080 6e 164 6f 7244 6g 6h 31
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:
1B

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
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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)** ☒ **2** **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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>SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA HEALTH</u>	D Employer Identification Number (EIN) <u>34-1887844</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
THE EQUITABLE ASSURANCE GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-5570651</u>	<u>62944</u>	<u>0695</u>	<u>131</u>	<u>01/01/2016</u>	<u>12/31/2016</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 3594904**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3956407**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 76320
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)** 12915

▶ APPRECIATION IN FAIR VALUE OF INVESTMENTS

(6) Total additions **7c(6)** 89235**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 4045642**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 429945
(2) Administration charge made by carrier..... **7e(2)** 20793
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below)..... **7e(4)**(5) Total deductions **7e(5)** 450738**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 3594904

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA HEALTH	D Employer Identification Number (EIN) 34-1887844

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	GM-1012	33	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 5235668**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

5120082

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

224541

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

224541

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

5344623

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

74635

(2) Administration charge made by carrier.....

7e(2)

34320

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

108955

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

5235668

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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>SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SUMMA HEALTH</u>	D Employer Identification Number (EIN) <u>34-1887844</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>207385225</u>
b Actuarial value	2b <u>218237075</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>2505</u> (2) Vested Funding Target <u>87037870</u> (3) Total Funding Target <u>87037870</u>
b For terminated vested participants.....	<u>2496</u> <u>44418491</u> <u>44418491</u>
c For active participants.....	<u>3091</u> <u>52564375</u> <u>52839897</u>
d Total.....	<u>8092</u> <u>184020736</u> <u>184296258</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>6.09 %</u>
6 Target normal cost.....	6 <u>811175</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>10/05/2017</u>
	Signature of actuary	Date
<u>DAVID A. HENDERSON</u>	Type or print name of actuary	<u>17-06905</u>
		Most recent enrollment number
<u>AON CONSULTING, INC.</u>	Firm name	<u>216-525-5367</u>
<u>5005 ROCKSIDE ROAD SUITE 1000 INDEPENDENCE, OH 44131-6828</u>	Address of the firm	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)	0	7440018
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	7440018
10	Interest on line 9 using prior year's actual return of <u>-2.03</u> %	0	-151032
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		18476729
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>6.30</u> %		1164034
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		19640763
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7288986

Part III Funding Percentages			
14	Funding target attainment percentage	14	114.46%
15	Adjusted funding target attainment percentage	15	118.41%
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	107.38%
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
07/01/2016	0	4427			
09/01/2017	10000000	0			
Totals ►			18(b)	10000000	18(c) 4427

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 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 9063155
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.43% 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	64
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	811175
b	Excess assets, if applicable, but not greater than line 31a	31b	811175
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9063155
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	9063155
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
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 SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA HEALTH	D Employer Identification Number (EIN) 34-1887844	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

THE EQUITABLE INSURANCE COMPANY

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		20793	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		34320	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ROBERT W BAIRD AND COMPANY

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		97592	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)

INVESCO CAPITAL MANAGEMENT

58-1707262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		56569	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WESTFIELD CAPITAL MANAGEMENT CO

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		27879	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		15735	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

BLACKROCK CORP

94-6052285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		11240	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		107520	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SUMMA HEALTH</u>	D Employer Identification Number (EIN) <u>34-1887844</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u>		
c EIN-PN <u>94-6052285-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33586150</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PASSIVE BOND MARKET INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-070</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25815854</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) 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>SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA HEALTH</u>	D Employer Identification Number (EIN) <u>34-1887844</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	10000000	10000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	564169	568353
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	9677746	8207276
(2) U.S. Government securities	1c(2)	9070721	13717476
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	30739133	28824009
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	2755675	2863462
(5) Partnership/joint venture interests	1c(5)	27003223	27365096
(6) Real estate (other than employer real property).....	1c(6)	6956086	7152686
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	56141294	59402004
(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)	46106986	49137095
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	9076488	8830572

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	208091521	216068029

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	259707	141744
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	259707	141744

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	207831814	215926285
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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)	10091225	
(B) Participants	2a(1)(B)	4650	
(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)		10095875
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	61884	
(B) U.S. Government securities	2b(1)(B)	309019	
(C) Corporate debt instruments	2b(1)(C)	1589151	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	339642	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2299696
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	20822	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1486219	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1507041
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	254221	
(B) Other	2b(5)(B)	11432700	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11686921

		(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		3376
d Total income. Add all income amounts in column (b) and enter total.....	2d		25592909

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17126790	
(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)		17126790
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)	371648	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		371648
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17498438

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8094471
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: BDO USA, LLP

(2) EIN: 13-5381590

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		10000000
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		X	
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		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4006921. (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>SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA HEALTH</u>	D Employer Identification Number (EIN) <u>34-1887844</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1887844</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>728</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.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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	
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
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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>36.6</u> % Investment-Grade Debt: <u>38.6</u> % High-Yield Debt: <u>2.7</u> % Real Estate: <u>3.7</u> % Other: <u>18.4</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): <u>AVERAGE MATURITY PERIOD</u>

Part VII	IRS Compliance Questions
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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 / / .	



Summa Health Retirement Income Plan and Trust

Financial Statements and Supplemental Schedules

Years Ended December 31, 2016 and 2015

Summa Health Retirement Income Plan and Trust

Financial Statements and Supplemental Schedules
Years Ended December 31, 2016 and 2015

Summa Health Retirement Income Plan and Trust

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Suite 1500
Cleveland, OH 44115

Independent Auditor's Report

To the Plan Administrator
Summa Health Retirement Income Plan and Trust
Akron, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Summa Health Retirement Income Plan and Trust (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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Northern Trust Company, AXA Equitable Life Insurance Company, and Aetna Life Insurance Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustees holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

BD&USA, LLP

Cleveland, Ohio
October 13, 2017

Financial Statements

Summa Health Retirement Income Plan and Trust

Statements of Net Assets Available for Benefits

December 31,	2016	2015
Assets		
Investments, at fair value		
Common collective trusts	\$ 59,402,004	\$ 56,141,294
Money market funds	8,207,276	9,677,746
Common stocks	2,863,462	2,755,675
Fixed income corporate bonds	28,824,009	30,739,133
U.S. government securities	13,609,523	8,962,426
Municipal bonds	107,953	108,295
Mutual funds	49,137,095	46,106,986
Alternative investments	17,329,915	19,831,927
Master limited partnerships	10,035,181	7,171,296
Real estate investment trusts	7,152,686	6,956,086
Total investments, at fair value	196,669,104	188,450,864
Investments, at contract value		
Immediate participation guarantee insurance contracts	8,830,572	9,076,489
Receivables		
Accrued investment income	568,353	564,169
Employer contributions receivable	10,000,000	10,000,000
Total receivables	10,568,353	10,564,169
Total Assets	216,068,029	208,091,522
Liabilities		
Due to broker for securities purchased	141,744	259,708
Total Liabilities	141,744	259,708
Net Assets Available for Benefits	\$ 215,926,285	\$ 207,831,814

Summa Health Retirement Income Plan and Trust

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2016	2015
Additions to Net Asset Attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 11,686,921	\$ -
Interest and dividends	3,806,737	3,479,582
Other income	3,376	89,771
Total investment income	15,497,034	3,569,353
Contributions:		
Employee contributions	4,650	5,946
Employer contributions	10,091,225	20,000,000
Total contributions	10,095,875	20,005,946
Total additions	25,592,909	23,575,299
Deductions from Net Assets Attributed to:		
Benefit paid directly to participants	17,126,790	11,203,893
Net depreciation in fair value of investments	-	7,514,018
Administrative expenses	371,648	378,541
Total deductions	17,498,438	19,096,452
Net increase	8,094,471	4,478,847
Net Assets Available for Benefits		
Beginning of the year	207,831,814	203,352,967
End of the year	\$ 215,926,285	\$ 207,831,814

See accompanying notes to financial statements.

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

1. Description of the Plan

The following brief description of the Summa Health Retirement Income Plan and Trust (the Plan), formerly known as the Summa Health System Retirement Plan and Trust is provided for general information purposes only. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined benefit retirement plan covering substantially all employees of Summa Health (the Company). The Company was formed in 1989 as a sole corporate member of Akron City Hospital (the Hospital) and Saint Thomas Medical Center (the Medical Center). Each participant of the former plans of the Hospital and the Medical Center who were employed by the Company on January 1, 1991 became a participant of the Plan. Credited service prior to January 1, 1991 is determined according to the provisions of the former plans for former participants of those plans.

Effective January 1, 2002, the Cuyahoga Falls General Hospital Retirement Plan (Cuyahoga Plan) merged with the Plan. All employees who were participants in the Cuyahoga Plan as of December 31, 2001 became participants of the Company Plan on January 1, 2002.

Effective January 1, 2009, the Summa Barberton Hospital Bargaining Unit Employees' Retirement Plan (Barberton Plan) was merged into the Plan. This merger did not impact participant pension benefits as the benefit provisions of the merged plan were incorporated into the Plan. The merged Barberton Plan was a contributory, defined benefit pension plan covering substantially all bargaining unit employees of Local No. 2317 and District Council No. 8, American Federation of State, County and Municipal Employees (AFL-CIO), of Summa Barberton Hospital.

Effective January 1, 2010, except for re-hired union employees of Summa Barberton Hospital and all union employees of Akron City Hospital, individuals hired after January 1, 2010 are not eligible to participate in the Plan.

Effective June 30, 2011, the Plan was amended to freeze benefits accrued under the Plan, except for participants who were age 60 or older as of December 31, 2010 or participating union employees. The Plan was also closed to new Company employees hired on or after January 1, 2010, except for eligible union employees. For those participants whose benefits under the Plan were not vested at June 30, 2011, service after that date will count for vesting purposes.

Effective February 1, 2012, the monthly benefit multiplier for Barberton Union participants was increased from \$21.00 to \$21.50 for service in excess of 30 years.

Effective December 31, 2012, Akron City union employees who are participants in the Plan will continue to accrue benefits and additional service for vesting under the terms of the Plan. Akron City union employees who were not participants in the Plan as of December 31, 2012 shall not become participants in the Plan and may contribute 1% of their pay up to a maximum of 50% not to exceed the limit under the Internal Revenue Code to the Summa Health 403(b) Plan, formerly known as the Summa Health System Tax Sheltered Annuity Program.

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

Effective October 1, 2013, Barberton Union employees who were participants in the Plan on September 30, 2013 and who have not attained age 60 on or before December 31, 2012, shall no longer accrue any additional benefits under this Plan. All members will continue to earn service towards vesting.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

For certain employees who are eligible to begin participating in the Plan, an employee of the Company becomes a participant in the Plan on the first day that the employee completes one year of service (provided that at least 1,000 hours of service were completed during the 12 consecutive month period) and attainment of age 21.

Contributions

The Plan provides that the Company make contributions to the Plan sufficient to provide the Plan with assets with which to pay benefits to Plan participants. Additionally, prior to January 1, 2002, each participant was allowed to contribute 4% of basic earnings in excess of \$400 per month to the Plan. Such contributions increase retirement benefits based on a formula as defined in the Plan document. Subsequent to January 1, 2002, most employee contributions are no longer permitted. Only those participants who are members of a collective bargaining unit are permitted to contribute employee contributions, unless such elimination of an employee contribution has been approved by the collective bargaining process.

Barberton Plan participants with one year of service may voluntarily elect to contribute up to 4% of their base compensation that exceeds the first \$6,000 of compensation. Such contributions result in supplemental retirement benefits paid to the contributing participants at retirement. Net accumulated participant contributions were approximately \$346,331 and \$408,656 as of December 31, 2016 and 2015, respectively. For the years ended December 31, 2016 and 2015, accumulated participant contributions were credited with 2.17% and 2.10% interest, respectively.

Vesting

All participants of the former Barberton Plan who complete five or more vesting years of credited service, as defined, or who attain age 65 while employed by the Company become vested in their benefits.

For all other Plan participants, the participant's retirement benefit from the Plan is fully vested after three years of eligible employment service. If an employee terminates prior to rendering three years of service for vesting purposes, the employee forfeits the right to receive benefits from the Plan.

Benefits

Plan benefits are based on years of credited service, retirement age, and employee contributions. Participants retiring at the normal retirement age (65) receive full benefits. Participants that have reached age 55 and have completed at least three years of credited service may retire with reduced benefits.

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

Normally, benefits are paid in a 10-year certain life annuity. Participants may elect to receive their retirement in the form of a 5 to 15 year certain life annuity, joint and survivor annuity, 50% joint and survivor annuity or life annuity. The Plan also provides for death benefits for vested participants that die after the earliest retirement date.

Administrative expenses

Some administrative and other expenses of the Plan are paid by the Company. All other administrative expenses are paid by the Plan.

2. Summary of significant accounting policies

Basis of accounting

The accompanying financial statements and supplemental schedules have been prepared in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined benefit plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value, except for investments in immediate participation guarantee insurance contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

The Plan's immediate participation guarantee contracts are held with Aetna Life Insurance Company (Aetna) and AXA Equitable Life Insurance Company (Equitable) and were entered into prior to March 20, 1992. Pursuant to *The Accounting Standards Codification Topic Plan Accounting - Defined Benefit Pension Plans* such contracts are permitted to be carried at contract value. Aetna's fair value is the amount which is available for withdrawal in a lump sum on the period end date. The withdrawal value is calculated using the current basis for computing market value adjustments for contracts of this type. Equitable determines fair value based on actual market prices, when available, otherwise, based on a pricing model.

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

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

Payments of benefits

Benefits are recorded when paid.

Funding policy

Contributions are made by the Company based on guidelines set by the Plan's actuary, AON Hewitt. The Company has adopted the policy of annually providing for current normal costs and an amount sufficient to amortize past service costs, and to meet the minimum funding requirements of ERISA. The Company's contributions for the years ended December 31, 2016 and 2015 met or exceeded this requirement.

Accumulated Plan benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances: retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

Recent accounting pronouncements

In July 2015, the FASB issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however plans are no longer required to disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III provides a practical expedient to permit plans to measure its investments and investment related accounts as of a month-end date closest to its fiscal year end for a plan with a fiscal year end that does not coincide with the end of a calendar month. The amendments in ASU 2015-12 are effective for reporting periods beginning after December 15, 2015, with early-adoption permitted. Parts I and II are to be applied retrospectively and Part III is to be applied prospectively. Management elected to early-adopt ASU 2015-12 as of December 31, 2015, and the presentation of the financial statements and notes herein is presented accordingly.

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)* (ASU 2015-07). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification 820, *Fair Value Measurement*. Disclosures about investments in certain entities that

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 requires retrospective application and is effective for non-public plans for fiscal years beginning after December 15, 2016, with early adoption permitted. Management elected to early-adopt ASU 2015-07 as of December 31, 2015, and the presentation of the financial statements and notes herein is presented accordingly.

Subsequent events

The Plan has evaluated subsequent events through October 13, 2017, the date the financial statements were available to be issued.

3. Information certified by the Trustees (unaudited)

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2016 and 2015, net appreciation (depreciation) in fair value of investments, and interest and dividend income for the years then ended, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by The Northern Trust Company, Equitable, and Aetna, the trustees of the Plan in 2016 and 2015. As elected by the Plan Administrator, no auditing procedures have been performed on this information except to compare such information to the information included in the accompanying financial statements.

4. Contracts with insurance companies

The Plan maintains immediate participation guarantee contracts with Equitable and Aetna. Under these contracts, the insurance companies hold contributions in pooled separate accounts from which the insurance companies will make pension payments to the participants upon retirement. The balance of the account must be maintained at the amount required, according to a premium schedule in the contract, to provide for the remaining pension benefits to all current retirees. The Plan is required to maintain an allocated annuity balance with Aetna which represents a benefit that is guaranteed. The amount cannot be withdrawn upon contract termination. This balance at December 31, 2016 and 2015 was \$393,161 and \$513,550, respectively.

The contracts can be terminated if the Plan becomes disqualified according to the Internal Revenue Code or if the Plan is terminated. The values of the contracts are recorded at contract value plus earnings, less Plan withdrawals and administrative expenses. The average yields and crediting interest rates for 2016 and 2015 were 4.44% and 4.54% for Aetna and 8.01% and 10.93% for Equitable, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

5. Fair value measurements

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

Summa Health Retirement Income Plan and Trust

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Common/collective trusts: The fair values of participation units held in collective trusts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. The investment objectives and underlying investments of the collective trusts vary, with some holding diversified portfolios of domestic or international stocks and open-ended mutual funds, some holding securities of U.S. Companies in a particular industry sector, some holding short-term and/or medium-term corporate, government agency bonds, and others holding a blend of various domestic stocks, bonds and mutual funds. Each collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

Fixed income corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

U.S. government securities: Valued at the closing price reported in the active market in which the individual security is traded.

Alternative investments: Includes hedge funds that are meant to provide equity-like returns with fixed-income-like levels of risk. Included in this category are investments that are well diversified across various strategies and may consist of absolute return funds, long/short funds, and other opportunistic/multi-strategy funds. The underlying investments in such funds may include publicly-traded and privately-held equity and debt instruments issued by U.S. and international corporations. Investment strategies in this category may include buyouts, distressed debt and venture capital. The fair values are based on the net asset values reported by the fund managers. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

The unfunded commitment on alternative investments in private equity and private real estate funds at December 31, 2016 and 2015 is \$4,155,300 and \$5,421,800, respectively. The private equity and private real estate funds do not have withdrawal restrictions.

Real estate investment trusts: The underlying investments of the trust vary, but the Plan generally invests in public real estate equity securities that derive a substantial portion of their revenues from real estate industry activities and real estate fixed income securities including collateralized mortgage obligations, debt and preferred stock. The assets are valued at the net asset value of shares held by the Plan at year-end. The trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

Master limited partnerships: The underlying investments are made up of securities and derivative contracts. The securities are freely tradable and are listed on major securities exchanges and valued at their last reported sales price as of the valuation date. Derivative contracts are recorded at fair value. Gains and losses are included in net gain from derivative contracts in the statement of operations.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	Fair Value Measurements at December 31, 2016			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 8,207,276	\$ -	\$ -	\$ 8,207,276
Common stocks	2,863,462	-	-	2,863,462
Fixed income corporate bonds	-	28,824,009	-	28,824,009
U. S. government securities	13,609,523	-	-	13,609,523
Municipal bonds	107,953	-	-	107,953
Mutual funds	49,137,095	-	-	49,137,095
Master limited partnerships	-	10,035,181	-	10,035,181
Real estate investment trusts	-	7,152,686	-	7,152,686
Total assets in the fair value hierarchy	73,925,308	46,011,876	-	119,937,185
Investments measured at net asset value:				
Common collective trusts*	-	-	-	59,402,004
Alternative investments*	-	-	-	17,329,915
Total assets at fair value	\$ 73,925,309	\$ 46,011,876	\$ -	\$ 196,669,104

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Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

	Fair Value Measurements at December 31, 2015			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 9,677,746	\$ -	\$ -	9,677,746
Common stocks	2,755,675	-	-	2,755,675
Fixed income corporate bonds	-	30,739,133	-	30,739,133
U. S. government securities	8,962,426	-	-	8,962,426
Municipal bonds	108,295	-	-	108,295
Mutual funds	46,106,986	-	-	46,106,986
Master limited partnerships	-	7,171,296	-	7,171,296
Real estate investment trusts	-	6,956,086	-	6,956,086
Total assets in the fair value hierarchy	67,611,128	44,866,515	-	112,477,643
Investments measured at net asset value:				
Common collective trusts*	-	-	-	56,141,294
Alternative investments*	-	-	-	19,831,927
Total assets at fair value	\$ 67,611,128	\$ 44,866,515	\$ -	188,450,864

* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized 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 Statements of Net Assets Available for Benefits.

The Investment Committee meets on a quarterly basis to review and discuss investment performance, adherence to the written investment policy and the investment policy itself. The Investment Committee approves changes in asset managers and asset allocation.

6. Accumulated Plan benefits

AON Hewitt, consulting actuaries, 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

The accumulated Plan benefit information as of December 31, 2016 and 2015 were as follows:

<i>December 31,</i>	2016	2015
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 97,067,599	\$ 87,080,893
Other participants	94,316,820	97,578,156
Total vested benefits	191,384,419	184,659,049
Non-vested benefits	44,212	109,767
Total actuarial present value of accumulated Plan benefits	\$ 191,428,631	\$ 184,768,816

The changes in the actuarial present value of accumulated Plan benefits for the years ended December 31, 2016 and 2015 are as follows:

<i>December 31,</i>	2016	2015
Actuarial present value of accumulated Plan benefits at beginning of year:		
	\$ 184,768,816	\$ 175,900,251
Increase (decrease) during the year attributable to:		
Interest due to decrease in discount period	11,450,171	11,917,527
Benefits paid	(17,126,790)	(11,203,893)
Expenses paid	(373,380)	(290,224)
Change in actuarial assumptions	9,980,866	7,168,312
Net benefits accumulated	2,728,948	1,276,843
Actuarial present value of accumulated Plan benefits at end of year	\$ 191,428,631	\$ 184,768,816

The significant actuarial assumptions used in the valuations as of December 31, 2016 and 2015 include:

Actuarial method	Standard unit credit method
Assumed rate of return on investments	6% for 2016 and 6.5% for 2015, per annum
Mortality basis after normal retirement age	RP-2014 Mortality study, projected generationally from 2006 with Scale MP-2016 for 2016 and RP-2014 Mortality table, projected generationally with Scale MP-2015 for 2015
Normal retirement age	Age 65
Vesting	Vesting eligibility, three years for the Plan and five years for the Barberton Plan

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

The foregoing 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.

7. Plan termination

Although the Company has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Benefits participants have been receiving, or would have been receiving if they had retired at normal age, for at least three years. The priority attaches only to the lowest benefit level under the Plan during the five years prior to retirement. For those actually retired for three or more years, the priority applies only to the lowest benefit level in effect during the most recent three-year period.

Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

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

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

8. Tax status

The Internal Revenue Service has determined and informed the Company in a letter dated May 31, 2012 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has not been amended since receiving this determination letter. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by

Summa Health Retirement Income Plan and Trust

Notes to Financial Statements

the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Party-in-interest transactions

Certain plan investments are investment contracts managed by Equitable and Aetna. Since the trustees of the Plan manage these investments, these transactions qualify as party-in-interest transactions.

Money market funds were managed by Northern Trust Investments, Inc. Northern Trust Investments, Inc. is a subsidiary of The Northern Trust Company ("Northern Trust"). Northern Trust is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

10. Risks and uncertainties

The Plan invests in various investment securities. Investments 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 changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

11. Subsequent event

In October 2017, the Internal Revenue Service updated the mortality tables to be used for both ERISA funding and lump sum benefits beginning in the 2018 calendar year. In addition, it also updated the static mortality tables for plan years beginning during 2017 with respect to valuation dates occurring during 2018. These changes could potentially impact lump sum benefits, funding costs and balance sheet obligations, except in situations where the projected lump sum mortality rates were already considered. Plan management is currently evaluating the impact to the Plan.

Supplemental Schedules

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current value
	<i>Common stocks</i>			
	A.O. Smith Corp.	Common stock	\$ 38,290	\$ 44,509
	Accelaron Pharma, Inc.	Common stock	29,278	21,692
	Align Technology Inc.	Common stock	17,728	29,800
	Alkermes, PLC	Common stock	20,946	27,512
	Allegiant Travel Co.	Common stock	63,097	57,075
	Aramark	Common stock	45,975	50,365
	Ariad Pharmaceuticals Inc.	Common stock	21,082	30,727
	Arthur J. Gallagher & Co., Inc.	Common stock	37,173	38,710
	Axalta Coating Systems Ltd.	Common stock	64,277	61,472
	BE Aerospace Inc.	Common stock	52,064	44,319
	CNO Financial Group, Inc.	Common stock	36,440	37,343
	Costar Group Inc.	Common stock	40,080	41,656
	Crane Co.	Common stock	42,526	42,551
	CyberArk Software Ltd.	Common stock	31,791	29,803
	Cypress Semiconductor Corp.	Common stock	28,055	31,002
	CyrusOne, Inc.	Common stock	33,459	33,995
	DexCom, Inc.	Common stock	34,566	31,940
	First Republic Bank	Common stock	21,602	52,520
	Flowserve Corp.	Common stock	18,870	18,259
	Fortinet Inc.	Common stock	39,108	40,060
	Hain Celestial Group, Inc.	Common stock	22,273	22,637
	HD Supply Holdings, Inc.	Common stock	40,474	56,963
	IHS Markit Ltd.	Common stock	52,930	51,840
	Interpublic Group of Cos. Inc.	Common stock	35,233	36,988
	J.B. Hunt Transport Services, Inc.	Common stock	50,489	61,154
	Jack In The Box Inc.	Common stock	27,085	41,865
	Jazz Pharmaceuticals PLC	Common stock	71,423	51,026
	KLA-Tencor Corp.	Common stock	27,622	29,898
	KLX, Inc.	Common stock	14,737	14,435
	Knoll Inc.	Common stock	40,107	47,481
	Lennox International Inc.	Common stock	30,928	44,419
	Lions Gate Entertainment Corp. CI A	Common stock	26,111	25,824
	Lions Gate Entertainment Corp. CI B	Common stock	25,205	23,558
	Live Nation Entertainment, Inc.	Common stock	28,162	27,132
	LKQ Corp.	Common stock	50,009	46,895
	Lululemon Athletica, Inc.	Common stock	25,485	28,596
	Lumentum Holdings, Inc.	Common stock	22,618	21,644
	MasTec, Inc.	Common stock	7,967	13,388
	Merrimack Pharmaceuticals Inc	Common stock	40,979	16,891
	Mettler Toledo International	Common stock	32,839	79,945
	Microsemi Corp.	Common stock	19,940	31,033
	Middleby Corp	Common stock	52,240	59,897
	MSCI Inc.	Common stock	36,811	40,966

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current value
<i>Common stocks</i>				
	Nektar Therapeutics	Common stock	\$ 36,336	\$ 29,938
	Neurocrine Biosciences Inc	Common stock	36,007	34,636
	Nexstar Broadcasting Group Inc.	Common stock	39,469	50,640
	Nord Anglia ED Inc.	Common stock	23,051	25,630
	Old Dominion Freight Line, Inc.	Common stock	36,618	48,471
	On Semiconductor Corp.	Common stock	37,569	51,295
	Pacira Pharmaceuticals Inc.	Common stock	57,935	35,853
	Pinnacle Foods, Inc.	Common stock	40,173	44,630
	Quest Diagnostics Inc.	Common stock	48,545	64,330
	Raymond James Financial Inc.	Common stock	32,358	51,260
	RealPage, Inc.	Common stock	28,863	29,100
	Sabre Corporation	Common stock	45,543	42,789
	Scripps Networks Interactive, Inc.	Common stock	42,690	45,676
	Sealed Air Corp.	Common stock	49,411	48,514
	Shopify, Inc.	Common stock	15,200	21,435
	Sotheby's Holdings, Inc.	Common stock	21,305	20,727
	Splunk Inc.	Common stock	30,402	28,900
	Stag Industrial, Inc.	Common stock	27,266	30,554
	Starwood Property Trust Inc.	Common stock	31,596	30,072
	Steris PLC	Common stock	64,239	61,662
	Summit Materials	Common stock	37,791	43,817
	Sun Communities, Inc.	Common stock	12,013	12,258
	Tesoro Corp	Common stock	45,478	48,098
	Total Systems Services Inc.	Common stock	39,348	58,346
	Transdigm Group Inc.	Common stock	13,759	28,381
	TransUnion	Common stock	49,383	47,323
	Vail Resorts Inc.	Common stock	41,668	64,524
	W.R. Grace	Common stock	46,144	40,584
	Wright Medical Group Inc.	Common stock	38,522	44,145
	Zayo Group Holdings, Inc.	Common stock	35,656	40,089
Total common stocks			\$ 2,602,412	\$ 2,863,462
<i>Mutual funds</i>				
	DFA Investment Dimensions Group Inc.	Small Cap Value Portfolio	\$ 5,510,370	\$ 6,000,599
	T Rowe Price	Institutional High Yield Fund	5,421,886	5,289,427
	Vanguard	Inflation Protected Securities Fund	5,979,852	6,071,073
	DFA Investment Dimensions Group Inc.	Emerging Markets Value Portfolio	7,264,663	7,384,005
	DFA Investment Dimensions Group Inc.	US Small Cap Value Portfolio	2,608,723	3,671,205
	Harbor International Fund	Institutional Class	19,915,256	20,720,786
Total mutual funds			\$ 46,700,750	\$ 49,137,095

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	<i>Fixed income corporate bonds</i>			
	21st Century Fox America	6/30/2028 7.280% Fixed income corporate bonds	\$ 132,263	\$ 126,467
	21st Century Fox America	9/15/2044 4.750% Fixed income corporate bonds	228,040	199,915
	Abbott Laboratories	11/30/2046 4.900% Fixed income corporate bonds	223,247	230,925
	AbbVie Inc.	11/6/2042 4.400% Fixed income corporate bonds	240,467	235,187
	Actavis Funding SCS	3/15/2045 4.750% Fixed income corporate bonds	74,607	73,630
	Actavis Funding SCS	6/15/2044 4.850% Fixed income corporate bonds	141,770	148,725
	Aetna, Inc.	6/15/2046 4.375% Fixed income corporate bonds	99,900	100,415
	Aetna, Inc.	6/15/2036 6.625% Fixed income corporate bonds	112,758	127,219
	AIA Group Limited	3/11/2044 4.875% Fixed income corporate bonds	310,992	315,924
	American International Group, Inc.	5/1/2036 6.250% Fixed income corporate bonds	311,500	298,954
	Amgen Inc.	6/15/2051 4.663% Fixed income corporate bonds	290,160	268,149
	Anadarko Petroleum Corp.	9/15/2036 6.450% Fixed income corporate bonds	244,113	238,033
	Anheuser-Busch	2/1/2046 4.900% Fixed income corporate bonds	399,060	432,348
	Anheuser-Busch	1/15/2039 4.950% Fixed income corporate bonds	211,252	217,712
	Anheuser-Busch	1/15/2039 8.200% Fixed income corporate bonds	145,602	150,389
	Aon Corp.	9/30/2040 6.250% Fixed income corporate bonds	285,781	302,114
	Apache Corp.	9/1/2040 5.100% Fixed income corporate bonds	181,037	183,082
	AT&T Inc.	3/9/2048 4.500% Fixed income corporate bonds	369,499	372,908
	AT&T Inc.	6/15/2044 4.800% Fixed income corporate bonds	125,931	118,114
	AT&T Inc.	3/1/2041 6.375% Fixed income corporate bonds	125,000	143,952
	Bank of America Merrill Lynch	2/7/2042 5.875% Fixed income corporate bonds	178,120	181,297
	Becton, Dickinson and Company	5/15/2044 4.875% Fixed income corporate bonds	274,579	260,293
	BG Energy Capital	10/15/2041 5.125% Fixed income corporate bonds	147,426	163,216
	BHP Billiton Fin USA Ltd.	9/30/2043 5.000% Fixed income corporate bonds	174,974	195,468
	Burlington North Santa Fe	8/15/2030 7.950% Fixed income corporate bonds	131,316	142,229
	Canadian Natural Resources	3/15/2038 6.250% Fixed income corporate bonds	208,238	199,091
	Canadian Pacific Railway Company	9/15/2115 6.125% Fixed income corporate bonds	200,000	239,459
	CF Industries Holdings	6/1/2043 4.950% Fixed income corporate bonds	329,881	265,687
	Cignia Corp.	2/15/2042 5.375% Fixed income corporate bonds	293,456	306,355
	Citigroup, Inc.	7/30/2045 4.650% Fixed income corporate bonds	224,674	237,161
	Comcast Corp.	8/15/2037 6.950% Fixed income corporate bonds	277,446	306,880
	Commision Fed De Electric	2/14/2042 5.750% Fixed income corporate bonds	196,800	185,500
	Consolidated Edison	12/1/2054 4.625% Fixed income corporate bonds	299,235	314,719
	Cox Communications Inc.	3/1/2039 8.375% Fixed income corporate bonds	134,620	124,709
	Credit Suisse FB USA, Inc.	7/15/2032 7.125% Fixed income corporate bonds	120,363	132,134
	CSX Corp.	4/30/2040 6.220% Fixed income corporate bonds	109,606	124,638
	Deutsche Telekom	6/15/2030 8.750% Fixed income corporate bonds	293,822	294,023
	Devon Energy Corporation	7/15/2041 5.600% Fixed income corporate bonds	100,547	103,000
	Dominion Resources Inc.	8/1/2041 4.900% Fixed income corporate bonds	149,509	157,470
	Duke Energy Progress, LLC	8/15/2045 4.200% Fixed income corporate bonds	99,493	101,755
	Electricite de France	10/13/2045 4.950% Fixed income corporate bonds	199,504	202,356
	Energy Transfer Partners	2/1/2042 6.500% Fixed income corporate bonds	149,463	162,055
	Energy Transfer Partners	7/1/2038 7.500% Fixed income corporate bonds	129,220	115,947
	Enterprise Products	2/15/2045 5.100% Fixed income corporate bonds	133,829	131,831
	Enterprise Products	2/15/2042 5.700% Fixed income corporate bonds	124,859	137,005
	Exelon Generation Co. LLC	10/1/2041 5.750% Fixed income corporate bonds	124,811	117,320
	Express Scripts Holding Company	7/15/2046 4.800% Fixed income corporate bonds	124,781	119,678
	Express Scripts Holding Company	11/15/2041 6.125% Fixed income corporate bonds	75,830	70,690
	FMR LLC	12/14/2040 6.500% Fixed income corporate bonds	63,855	61,588
	FMR LLC	11/15/2039 6.450% Fixed income corporate bonds	136,504	158,489

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	<i>Fixed income corporate bonds</i>			
	Fomento Economico	5/10/2043 4.375% Fixed income corporate bonds	\$ 188,364	\$ 189,334
	Freeport-McMoran C&G	3/15/2043 5.450% Fixed income corporate bonds	177,272	144,816
	GE Capital International Funding Company	11/15/2035 4.418% Fixed income corporate bonds	580,151	536,528
	Gilead Sciences, Inc.	3/1/2046 4.750% Fixed income corporate bonds	199,174	206,934
	Goldman Sachs Group Inc.	2/1/2041 6.250% Fixed income corporate bonds	243,978	278,902
	Guardian Life Insurance Company of America	9/30/2039 7.375% Fixed income corporate bonds	315,270	299,976
	Hartford Financial Services Group, Inc.	10/15/2036 5.950% Fixed income corporate bonds	299,395	285,658
	Home Depot Inc.	4/1/2041 5.950% Fixed income corporate bonds	161,755	190,690
	HSBC Bank USA	11/1/2034 5.875% Fixed income corporate bonds	271,332	291,058
	ING US Inc.	7/15/2043 5.700% Fixed income corporate bonds	199,292	218,191
	Ingersoll-Rand Luxembourg Finance S.A.	11/1/2044 4.650% Fixed income corporate bonds	323,073	331,576
	Invesco Finance PLC	11/30/2043 5.375% Fixed income corporate bonds	234,430	246,317
	Johnson Controls International	12/1/2041 5.250% Fixed income corporate bonds	160,643	161,388
	JPMorgan Chase & Co.	7/15/2041 5.600% Fixed income corporate bonds	404,345	448,425
	JPMorgan Chase & Co.	1/6/2042 5.400% Fixed income corporate bonds	103,877	117,169
	Kellogg Co.	4/1/2031 7.450% Fixed income corporate bonds	129,200	129,341
	Keyspan Corp.	11/15/2030 8.000% Fixed income corporate bonds	164,223	167,090
	Kinder Morgan	1/15/2038 6.950% Fixed income corporate bonds	402,989	405,989
	Kraft Foods Inc.	1/26/2039 6.875% Fixed income corporate bonds	148,764	157,044
	Liberty Mutual Group Inc.	5/1/2042 6.500% Fixed income corporate bonds	151,688	177,845
	Lincoln National Corporation	10/9/2037 6.300% Fixed income corporate bonds	250,298	235,560
	Magellan Midstream Partners, L.P.	10/15/2043 5.150% Fixed income corporate bonds	154,628	155,903
	Marathon Oil Corp.	10/1/2037 6.600% Fixed income corporate bonds	186,127	163,923
	Marathon Petroleum Corporation	3/1/2041 6.500% Fixed income corporate bonds	247,934	213,919
	Marsh & McLennan Cos.	8/1/2033 5.875% Fixed income corporate bonds	146,905	148,171
	Mass Mutual Life Ins. Co.	6/1/2039 8.875% Fixed income corporate bonds	390,725	375,290
	McDonald's Corporation	12/9/2045 4.875% Fixed income corporate bonds	200,000	214,215
	Merrill Lynch & Co.	5/14/2038 7.750% Fixed income corporate bonds	216,542	275,361
	MetLife Inc.	2/6/2041 5.875% Fixed income corporate bonds	280,817	303,687
	Microsoft Corporation	11/3/2055 4.750% Fixed income corporate bonds	149,441	163,154
	Molson Coors Brewing	5/1/2042 5.000% Fixed income corporate bonds	178,652	182,937
	Monsanto Company	7/15/2044 4.400% Fixed income corporate bonds	297,621	289,949
	Morgan Stanley	7/24/2042 6.375% Fixed income corporate bonds	256,537	289,162
	Mosaic Co.	11/15/2041 4.875% Fixed income corporate bonds	147,759	130,204
	Mylan Inc.	11/29/2043 5.400% Fixed income corporate bonds	124,228	117,057
	Mylan N.V.	6/15/2046 5.250% Fixed income corporate bonds	99,984	92,229
	National Rural Utilities	3/1/2032 8.000% Fixed income corporate bonds	357,346	354,482
	Nationwide Mutual Insurance Company	8/15/2039 9.375% Fixed income corporate bonds	221,775	226,563
	New York Life Insurance	11/15/2039 6.750% Fixed income corporate bonds	181,884	197,296
	Nexen Inc.	5/15/2037 6.400% Fixed income corporate bonds	131,864	148,149
	Nexen Inc.	7/30/2039 7.500% Fixed income corporate bonds	136,608	136,014
	Nisource Finance Corp.	2/1/2042 5.800% Fixed income corporate bonds	153,561	174,559
	Norfolk Southern Corp.	8/15/2043 4.800% Fixed income corporate bonds	204,114	217,703
	Nucor Corp.	8/1/2043 5.200% Fixed income corporate bonds	199,788	225,690
	Oneok Partners LP	2/1/2041 6.125% Fixed income corporate bonds	117,205	109,990
	Oneok Partners LP	10/15/2037 6.850% Fixed income corporate bonds	144,065	145,348
	Orange	2/28/2031 8.500% Fixed income corporate bonds	294,425	300,705
	Pacific Gas & Electric	1/15/2040 5.400% Fixed income corporate bonds	183,954	175,693
	Petroleos Mexicanos	6/2/2041 6.500% Fixed income corporate bonds	246,849	210,724
	Phillips 66	5/1/2042 5.875% Fixed income corporate bonds	240,552	236,811

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value			(d) Cost	(e) Current value
<i>Fixed income corporate bonds</i>						
	Phillips Petroleum Co.	3/30/2029	7.000%	Fixed income corporate bonds	\$ 180,425	\$ 184,386
	PPG Industries Inc.	11/15/2040	5.500%	Fixed income corporate bonds	114,151	114,397
	PPL Electric Utilities	7/15/2041	5.200%	Fixed income corporate bonds	152,066	173,746
	Principal Financial Group	9/15/2042	4.625%	Fixed income corporate bonds	194,249	207,141
	Progress Energy Inc.	12/1/2039	6.000%	Fixed income corporate bonds	109,404	120,164
	Protective Life Corp.	10/15/2039	8.450%	Fixed income corporate bonds	186,396	198,711
	Prudential Financial Inc.	12/14/2036	5.700%	Fixed income corporate bonds	149,430	173,342
	Rio Tinto Fin USA Ltd.	11/2/2040	5.200%	Fixed income corporate bonds	130,476	142,220
	S.C. Johnson & Son, Inc.	10/15/2046	4.750%	Fixed income corporate bonds	249,518	268,952
	Sonoco Products Co.	11/1/2040	5.750%	Fixed income corporate bonds	158,448	167,920
	Southern Company	7/1/2046	4.400%	Fixed income corporate bonds	223,835	222,551
	Sysco Corporation	10/1/2045	4.850%	Fixed income corporate bonds	199,842	212,143
	Talisman Energy	2/1/2037	5.850%	Fixed income corporate bonds	167,360	124,621
	Telecom Italia Capital	7/18/2036	7.200%	Fixed income corporate bonds	92,250	98,574
	Telefonica Emisiones SAU	6/20/2036	7.045%	Fixed income corporate bonds	273,714	290,177
	Teva Pharmaceutical Industry	10/1/2046	4.100%	Fixed income corporate bonds	148,751	128,529
	Time Warner Cable Inc.	6/15/2039	6.750%	Fixed income corporate bonds	170,813	174,387
	Time Warner Inc.	5/1/2032	7.700%	Fixed income corporate bonds	154,343	169,406
	Time Warner, Inc.	7/15/2040	6.100%	Fixed income corporate bonds	146,568	142,691
	TransCanada PipeLines Limited	6/1/2040	6.100%	Fixed income corporate bonds	312,253	310,758
	Transcont Gas Pipe Corp.	8/15/2041	5.400%	Fixed income corporate bonds	124,173	125,457
	TTX Co	6/15/2044	4.650%	Fixed income corporate bonds	358,382	351,488
	Union Pacific Corporation	10/1/2051	3.799%	Fixed income corporate bonds	114,434	116,684
	United Health Group Inc.	2/15/2038	6.875%	Fixed income corporate bonds	158,541	170,100
	United Mexican States	1/11/2040	6.050%	Fixed income corporate bonds	376,131	356,895
	University of California Regents	5/15/2049	6.583%	Fixed income corporate bonds	259,264	261,050
	Vale Overseas Limited	11/21/2036	6.875%	Fixed income corporate bonds	192,738	172,375
	Valero Energy Corporation	6/15/2037	6.625%	Fixed income corporate bonds	249,162	234,073
	Verizon Communications	4/1/2037	6.250%	Fixed income corporate bonds	166,519	177,840
	Verizon Communications	9/15/2033	6.400%	Fixed income corporate bonds	374,625	452,443
	Verizon Communications Inc.	9/15/2043	6.550%	Fixed income corporate bonds	523,577	530,815
	Wachovia Bank NA	2/1/2037	5.850%	Fixed income corporate bonds	209,060	235,581
	Walgreen Co.	9/15/2042	4.400%	Fixed income corporate bonds	237,655	241,358
	Wal-Mart Stores, Inc.	4/15/2041	5.625%	Fixed income corporate bonds	220,010	248,719
	Wellpoint, Inc.	12/15/2034	5.950%	Fixed income corporate bonds	132,581	142,747
	Westvaco Corp.	1/15/2030	8.200%	Fixed income corporate bonds	120,013	130,548
	Weyerhaeuser Co.	3/15/2032	7.375%	Fixed income corporate bonds	59,391	63,318
	Xstrata Finance Canada	11/15/2037	6.969%	Fixed income corporate bonds	112,718	109,736
	Xstrata Finance Canada	11/15/2041	6.000%	Fixed income corporate bonds	111,556	99,000
	Zimmer Biomet Holdings, Inc.	8/15/2045	4.450%	Fixed income corporate bonds	198,392	188,042
Total fixed income corporate bonds					28,274,357	28,824,009
<i>U.S. government securities</i>						
	USA Treasury Bond	2/15/2045	2.500%	U.S. government securities	11,213,684	10,421,682
	USA Treasury Bond	2/15/2042	3.125%	U.S. government securities	103,776	136,747
	USA Treasury Bond	5/15/2043	2.875%	U.S. government securities	312,256	289,769
	U. S. Treasury Notes	2/15/2039	3.500%	U.S. government securities	2,677,043	2,761,325
Total treasury bonds					14,306,759	13,609,523
<i>Municipal Bonds</i>						
	Sacramento City CA	7/1/2038	5.650%	Municipal Bonds	96,955	107,953
Total municipal bonds					96,955	107,953

Summa Health Retirement Income Plan and Trust

Schedule H, 4(i) - Schedule of Assets (Held at End of Year), continued

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	Current Value at December 31, 2016
<i>Money market funds</i>				
*	NT COLTV Short Term Investment Fund	Money Market Fund Shares	\$ 8,207,276	\$ 8,207,276
		Total money market funds	8,207,276	8,207,276
<i>Common collective trusts</i>				
	State Street Global Advisors	Passive Bond Market Index	19,665,121	25,815,854
	Blackrock Equity Index Fund	Equity Index Fund	15,208,518	33,586,150
		Total common collective trusts	34,873,639	59,402,004
<i>Real estate investment trusts</i>				
	Invesco	Real Estate Securities Trust	5,423,869	7,152,686
		Total real estate investment trusts	5,423,869	7,152,686
<i>Other alternative investments</i>				
	Adams Street Partners	Private Equity Fund	6,014,280	7,134,496
	Oaktree Real Estate	Private Real Estate Fund	2,440,001	4,758,570
	Realty Associates Fund	Private Real Estate Fund	4,719,141	5,436,849
		Total alternative investments	13,173,422	17,329,915
<i>Master Limited Partnerships</i>				
	Harvest MLP Income Fund		8,750,000	10,035,181
		Total master limited partnerships contracts	8,750,000	10,035,181
<i>Immediate Participation Guarantee Contracts</i>				
*	AXA Equitable Life Assurance Company	Immediate Participation Guarantee Fund	3,553,417	3,594,904
*	Aetna Life Insurance Company	Fixed Income Fund	5,235,668	5,235,668
		Total immediate participation guarantee contracts	8,789,085	8,830,572
		Total	\$ 171,198,524	\$ 205,499,676

* Party-in-interest

Summa Health System Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category 1 - Single transaction exceeds 5% of value</i>							
* Northern Trust	NT COLTV Short Term Investment Fund 10,000,392.97 Shares	\$ 10,000,393	\$ -	\$ -	\$ 10,000,393	\$ 10,000,393	\$ -
<i>Category 3 - Series of transactions in same security exceeds 5% of value</i>							
* Northern Trust	NT COLTV Short Term Investment Fund 397 purchases	\$ 28,245,739	\$ -	\$ -	\$ 28,245,739	\$ 28,245,739	\$ -
	225 sales	-	29,716,209	-	29,716,209	29,716,209	-

* Indicates party-in-interest to the plan

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 SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST	B Three-digit plan number (PN) ►	010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SUMMA HEALTH	D Employer Identification Number (EIN) 34-1887844	
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	207,385,225	
b Actuarial value.....	2b	218,237,075	
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.....	2,505	87,037,870	87,037,870
b For terminated vested participants.....	2,496	44,418,491	44,418,491
c For active participants.....	3,091	52,564,375	52,839,897
d Total.....	8,092	184,020,736	184,296,258
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	6.09%	
6 Target normal cost.....	6	811,175	

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

SIGN HERE	 Signature of actuary	<u>10/05/2017</u> Date <u>1706905</u> Most recent enrollment number <u>216-525-5367</u> Telephone number (including area code)
DAVID A. HENDERSON Type or print name of actuary AON CONSULTING, INC. Firm name 5005 ROCKSIDE ROAD SUITE 1000 INDEPENDENCE OH 44131-6828 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	7,440,018
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	7,440,018
10 Interest on line 9 using prior year's actual return of <u>-2.03%</u>	0	-151,032
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		18,476,729
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>6.30%</u>		1,164,034
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		19,640,763
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	7,288,986

Part III Funding Percentages

14 Funding target attainment percentage	14	114.46%
15 Adjusted funding target attainment percentage	15	118.41%
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	107.38%
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
07/01/2016	0	4,427			
09/01/2017	10,000,000	0			
Totals ▶			18(b)	10,000,000	18(c) 4,427

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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,063,155

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 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	811,175	
b Excess assets, if applicable, but not greater than line 31a	31b	811,175	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	9,063,155	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	9,063,155	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and
Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued September 30, 2016 and reflected an unaudited asset value. The valuation results reported on the Schedule SB reflect the audited asset value. The AFTAP was not recertified because the change to the AFTAP was not material (certified AFTAP based on unaudited assets = 118.79%; AFTAP based on audited assets disclosed in the SB = 118.41%). The inputs used in the AFTAP certification are outlined below:

	09/30/2016 Certification
Funding Target	\$ 184,296,258
Value of Plan Assets	\$ 218,929,246
Funding Standard Carryover Balance	\$ 0
Prefunding Balance	\$ 7,251,786
Annuities Purchased for NHCE's	\$ 0
Security Posted	\$ 0
Certified AFTAP	118.79%

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.09%	Interest Adjusted Contribution
September 1, 2017	\$ 10,000,000	609	\$ 9,063,155
Total Contribution	\$ 10,000,000		\$ 9,063,155

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	20.00%	0.6616	8.27
63.5	12.00%	0.5293	4.03
64.5	12.00%	0.4658	3.60
65.5	35.00%	0.4099	9.40
66.5	20.00%	0.2664	3.54
67.5	20.00%	0.2131	2.88
68.5	20.00%	0.1705	2.34
69.5	20.00%	0.1364	1.90
70.5	30.00%	0.1091	2.31
71	100.00%	0.0764	5.42
Weighted Average			63.53

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	4.43%.
2nd Segment Rate	5.91%.
3rd Segment Rate	6.65%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2015), without regard to interest rate stabilization.
1st Segment Rate	1.34%.
2nd Segment Rate	4.03%.
3rd Segment Rate	5.06%.
Salary Increases	
Minimum Funding Target Normal Cost	3.00%.
Maximum Tax Expected Benefit Increase	3.00%.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63.
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.

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Valuation Compensation	Annualized pay rate as of January 1, 2016.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2014 Plan Year	7.50%, limited to 6.99%.
2015 Plan Year	7.00%, limited to 6.81%.
2016 Plan Year	6.50%.
Trust Expenses Included in Target Normal Cost	\$350,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2016.

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Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	12.00%
64	12.00%
65	35.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	30.00%
71+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
16	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
17	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
18	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
19	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
20	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
21	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
22	28.39%	28.39%	28.39%	28.39%	23.38%	16.70%
23	26.86%	26.86%	26.86%	26.86%	22.12%	15.80%
24	25.67%	25.67%	25.67%	25.67%	21.14%	15.10%
25	24.31%	24.31%	24.31%	24.31%	20.02%	14.30%
26	23.12%	23.12%	23.12%	23.12%	19.04%	13.60%
27	21.76%	21.76%	21.76%	21.76%	17.92%	12.80%
28	21.59%	20.57%	20.57%	20.57%	16.94%	12.10%
29	21.59%	20.23%	19.55%	19.55%	16.10%	11.50%
30	21.59%	20.23%	18.70%	18.36%	15.12%	10.80%
31	21.59%	20.23%	18.70%	17.34%	14.28%	10.20%
32	21.59%	20.23%	18.70%	17.34%	13.44%	9.60%
33	21.59%	20.23%	18.70%	17.34%	13.30%	9.00%
34	21.59%	20.23%	18.70%	17.34%	13.30%	8.50%
35	21.59%	20.23%	18.70%	17.34%	13.30%	7.90%
36	21.59%	20.23%	18.70%	17.34%	13.30%	7.40%
37	21.59%	20.23%	18.70%	17.34%	13.30%	6.90%
38	21.59%	20.23%	18.70%	17.34%	13.30%	6.50%
39	21.59%	20.23%	18.70%	17.34%	13.30%	6.00%
40	21.59%	20.23%	18.70%	17.34%	13.30%	5.60%
41	21.59%	20.23%	18.70%	17.34%	13.30%	5.20%
42	21.59%	20.23%	18.70%	17.34%	13.30%	4.90%
43	21.59%	20.23%	18.70%	17.34%	13.30%	4.50%
44	21.59%	20.23%	18.70%	17.34%	13.30%	4.20%

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Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	21.59%	20.23%	18.70%	17.34%	13.30%	3.90%
46	21.59%	20.23%	18.70%	17.34%	13.30%	3.60%
47	21.59%	20.23%	18.70%	17.34%	13.30%	3.40%
48	21.59%	20.23%	18.70%	17.34%	13.30%	3.10%
49	21.59%	20.23%	18.70%	17.34%	13.30%	2.90%
50	21.59%	20.23%	18.70%	17.34%	13.30%	2.70%
51	21.59%	20.23%	18.70%	17.34%	13.30%	2.60%
52	21.59%	20.23%	18.70%	17.34%	13.30%	2.40%
53	21.59%	20.23%	18.70%	17.34%	13.30%	2.30%
54	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%
55+	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%

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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	February 1, 1946.
Date of Participation	Age 18 and one year of 1,000 hours of service in an eligible position. Nonunion employees hired on or after January 1, 2010 are not eligible to participate in the plan. Akron City union employees hired on or after January 1, 2013 are not eligible to participate in the plan.
Normal Retirement Eligibility	Age 65.
Monthly Benefit <i>Noncontributory Benefit</i>	\$18 multiplied by years of (Summa) credited service, plus frozen December 31, 2001 benefit from the CFGH Employees Retirement Plan (if applicable).
<i>Contributory Benefit</i>	The contributory benefit was frozen as of December 31, 2001 for all nonunion employees. For prior Akron City Hospital contributory members, the sum of (1), (2), and (3): 1. 0.75% of monthly basic earnings less than \$350 plus 1.50% of monthly final average earnings greater than \$350 —times— years of Contributory Membership between February 1, 1946 and January 31, 1960. 2. 0.75% of monthly basic earnings less than \$400 —times— years of Contributory Membership between February 1, 1960 and September 30, 1969. 3. 1.50% of monthly final average earnings greater than \$400 —times— years of Contributory Membership after February 1, 1960.

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But no less than:

1/32 of Aggregate Employee Contributions (without interest) for Contributory Membership after September 30, 1969, plus any monthly annuities purchased under the Group Annuity Contract for membership prior to October 1, 1969.

For prior St. Thomas Medical Center contributory members, the sum of (1), (2), and (3), divided by 12:

1. 12.5% of aggregate base employee contributions prior to January 1, 1968.
2. 32.0% of aggregate excess employee contributions prior to January 1, 1968.
3. 35.0% of aggregate excess employee contributions after December 31, 1967.

Base employee contributions are monthly contributions on the first \$400 of earnings. Excess employee contributions are monthly contributions on earnings in excess of \$400.

Early Retirement
Eligibility

Age 55 with three years of vesting service.

Monthly Benefit

Normal Retirement Benefit reduced actuarially for commencement at Early Retirement Date. For former employees of Cuyahoga Falls, a minimum benefit equal to the CFGH December 31, 2001 frozen benefit reduced by CFGH early retirement factors.

Deferred Vested Retirement
Eligibility

Three years of vesting service.

Monthly Benefit

The accrued benefit as of the date of termination payable at the participant's Normal Retirement Age.

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Preretirement Survivor Benefit

Eligibility

Three years of vesting service and married for at least one year.

Monthly Benefit

For an unmarried participant, death occurring after age 55: the Accrued Benefit reduced for early retirement, payable as a 10-year certain only annuity.

For a married participant, the Accrued Benefit reduced for Joint and 50% Survivor form and early retirement payable at the earliest retirement date. Additionally, if death occurs after age 55, the excess of the Accrued Benefit payable as a 10-year certain only annuity and reduced for early retirement over the amount of the 50% joint and survivor benefit in equivalent form.

Normal Form of Annuity

For unmarried employees, 10-year certain and life annuity; for married employees, the actuarial equivalent 50% joint and survivor 10-year certain and life annuity.

Optional Forms of Payment

Single life annuity, 5-year certain and life annuity, 15-year certain and life annuity, 75% joint and survivor annuity, and 100% joint and survivor 10-year certain and life annuity.

For employees with contributory benefits, a lump sum equal to the employee's contributions with interest is available.

Definitions

Accrued Benefit

The amount which a participant is entitled to commencing on his Normal Retirement Date in the form of a 10-year certain and life annuity based on his Credited Years of Service and, if applicable, final average earnings as of the valuation date.

Average Final Compensation

Average compensation of the ten plan years prior to termination (or end of contributory participation).

Compensation

Wages paid, excluding overtime, bonuses, and other incentive earnings.

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Credited Years of Service

After December 31, 1990 (December 31, 2001 for former CFGH employees), one year of service for each calendar year an employee completes 1,820 hours of service. For hours between 1,000 and 1,819, service is determined according to the following:

Hours of Service	Credited Service
1,639–1,819	0.9
1,457–1,638	0.8
1,275–1,456	0.7
1,093–1,274	0.6
1,000–1,092	0.5

No service for less than 1,000 hours.

Prior to January 1, 1991, service is determined according to the former defined benefit pension plans of Akron City Hospital and St. Thomas Medical Center provided the employee was a member of the former plan prior to January 1, 1991.

Nonunion employees who were less than age 60 as of December 31, 2010 do not earn Credited Service after June 30, 2011 (frozen).

Vesting Service

Any plan year in which an employee completes at least 1,000 hours of service. For former CFGH employees, service prior to December 31, 2001 is included.

Plan Year

Calendar year.

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Summary of Barberton Plan Provisions

Eligibility	Attained age 21 or more with at least one year of service and covered by collective bargaining agreement. However, an employee who is hired on or after January 1, 2010 shall not become a participant in the plan.
Eligibility Service	One year for each calendar year in which 1,000 creditable hours are earned, but excluding years prior to age 18.
Credited Service	Prior to January 1, 1976—Calculated from date of hire to nearest 1/10 year excluding years prior to age 30 and excluding the first year of service. On or after January 1, 1976—One year of credited service given for 2,000 creditable hours in the calendar year. Proportional credit granted to the nearest 1/10 year if less than 2,000 creditable hours. Any participant who has terminated and is re-employed on or after January 1, 2009 shall not accrue additional credited service. Barberton employees who were younger than age 60 as of December 31, 2012 will no longer accrue Credited Service or make voluntary employee contributions after September 30, 2013.
Retirement Dates	
Normal	The later of, attainment of Age 65 or the 5 th anniversary of the date on which the participant first became a participant in the Plan.
Early	After attainment of age 55 and completion of 10 years of Eligibility Service.
Disability	In the event of total and permanent disability, a benefit is payable if the employee has 15 or more years of Eligibility Service.
Deferred Vested	In the event of termination with 5 years of Eligibility Service and not eligible for any other benefits under the Plan.

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Normal Retirement Benefit

Basic Benefit

Monthly benefit of \$17.50 per year of Credited Service if the Employee retires on or after February 1, 1998 but prior to February 1, 1999.

Monthly benefit of \$18.50 per year of Credited Service if the Employee retires on or after February 1, 1999 but prior to February 1, 2000.

Monthly benefit of \$19.50 per year of Credited Service if the Employee retires on or after February 1, 2000 but prior to February 1, 2005.

Monthly benefit of \$19.50 per year of Credited Service up to 30 years plus \$20.50 per year of Credited Service in excess of 30 years if an Employee retires on or after February 1, 2005, but prior to February 1, 2007.

Monthly benefit of \$19.50 per year of Credited Service up to 30 years plus \$21.00 per year of Credited Service in excess of 30 years if an Employee retires on or after February 1, 2007.

Monthly benefit of \$19.50 per year of Credited Service up to 30 years plus \$21.50 per year of Credited Service in excess of 30 years if an Employee retires on or after February 1, 2012.

Participants retiring or terminating prior to February 1, 1998 receive different benefits.

Supplemental Benefit

Eligibility

In addition to being eligible for Plan coverage, employee must have annual base earnings in excess of \$6,000.

Past Service Benefit

The monthly past service benefit at retirement is 1/12 of 1% of January 1, 1966 base annual earnings in excess of \$6,000 times years of credited service prior to January 1, 1966.

Future Service Benefit

The monthly future service benefit at retirement is 1/12 of 41-2/3% of the employee's contributions to the Supplemental Pension Benefit.

Early Retirement Benefit

Upon early retirement, an employee will be entitled to his accrued benefit at age 65 or an actuarially reduced benefit at date of retirement.

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Disability Retirement Benefit

Eligible disability pensioners will receive their accrued Basic Benefit at time of disability without actuarial reduction plus the actuarially reduced accrued Supplemental Benefit.

Benefit Upon Termination of Service

Upon termination after meeting the eligibility requirements for a deferred vested benefit, an employee may elect to receive either the accrued Basic and Supplemental Benefits at age 65 or at any time after age 55 on a reduced basis if the employee had at least 10 years of Eligibility Service at termination.

Upon termination before meeting the eligibility requirements for a deferred vested benefit, the employee contributions, if any, with applicable interest, are returned.

Pre-Retirement Spouse's Benefit Option

Upon death after completing 5 years of Eligibility Service, provided that the employee agrees to a reduction in his benefits otherwise payable. This benefit will provide a pension to the spouse upon death of the employee prior to retirement. The amount of the spouse's benefit will be calculated as if the employee retired the day before his death and had elected a 50% Joint and Survivor pension. If death occurs prior to age 55, benefits to the spouse will commence with the month following the date that the employee would have reached age 55.

Plan Participants' Contributions

Basic Benefit

None.

Supplemental Benefit

1%, 2%, 3%, or 4% of annual earnings in excess of \$6,000, at employee's election.

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Form of Payment

An employee may elect to receive his benefit on a straight-life, 50%, 75%, or 100% Joint and Survivor, or 120-month certain and continuous basis. Unless otherwise elected, any benefit payable under the Plan shall be paid:

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

With a further provision that any benefits payable under 1. above will be the actuarial equivalent of a straight-life benefit.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitation with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on plan assets from 7.00% to 6.50%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

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

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		5								
25-29	6	60	13							
30-34	3	151	64	3						
35-39	4	123	111	37	3					
40-44	3	95	124	73	29	4	1			
45-49	5	103	140	108	82	44	4			
50-54	5	94	113	92	73	106	43	7	1	
55-59	5	78	101	79	76	101	56	65	8	2
60-64	4	56	71	56	53	56	37	63	36	13
65-69	1	3	15	18	15	21	15	7	9	16
70+		2	5	2	1	1	1	2	2	7

Note: Current compensation data was not included since current compensation is not taken into account under the plan's benefit formula.

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.09%	Interest Adjusted Contribution
September 1, 2017	\$ 10,000,000	609	\$ 9,063,155
Total Contribution	\$ 10,000,000		\$ 9,063,155

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	20.00%	0.6616	8.27
63.5	12.00%	0.5293	4.03
64.5	12.00%	0.4658	3.60
65.5	35.00%	0.4099	9.40
66.5	20.00%	0.2664	3.54
67.5	20.00%	0.2131	2.88
68.5	20.00%	0.1705	2.34
69.5	20.00%	0.1364	1.90
70.5	30.00%	0.1091	2.31
71	100.00%	0.0764	5.42
Weighted Average			63.53

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	4.43%.
2nd Segment Rate	5.91%.
3rd Segment Rate	6.65%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2015), without regard to interest rate stabilization.
1st Segment Rate	1.34%.
2nd Segment Rate	4.03%.
3rd Segment Rate	5.06%.
Salary Increases	
Minimum Funding Target Normal Cost	3.00%.
Maximum Tax Expected Benefit Increase	3.00%.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63.
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.

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Valuation Compensation	Annualized pay rate as of January 1, 2016.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2014 Plan Year	7.50%, limited to 6.99%.
2015 Plan Year	7.00%, limited to 6.81%.
2016 Plan Year	6.50%.
Trust Expenses Included in Target Normal Cost	\$350,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2016.

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Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	12.00%
64	12.00%
65	35.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	30.00%
71+	100.00%

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Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
16	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
17	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
18	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
19	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
20	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
21	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
22	28.39%	28.39%	28.39%	28.39%	23.38%	16.70%
23	26.86%	26.86%	26.86%	26.86%	22.12%	15.80%
24	25.67%	25.67%	25.67%	25.67%	21.14%	15.10%
25	24.31%	24.31%	24.31%	24.31%	20.02%	14.30%
26	23.12%	23.12%	23.12%	23.12%	19.04%	13.60%
27	21.76%	21.76%	21.76%	21.76%	17.92%	12.80%
28	21.59%	20.57%	20.57%	20.57%	16.94%	12.10%
29	21.59%	20.23%	19.55%	19.55%	16.10%	11.50%
30	21.59%	20.23%	18.70%	18.36%	15.12%	10.80%
31	21.59%	20.23%	18.70%	17.34%	14.28%	10.20%
32	21.59%	20.23%	18.70%	17.34%	13.44%	9.60%
33	21.59%	20.23%	18.70%	17.34%	13.30%	9.00%
34	21.59%	20.23%	18.70%	17.34%	13.30%	8.50%
35	21.59%	20.23%	18.70%	17.34%	13.30%	7.90%
36	21.59%	20.23%	18.70%	17.34%	13.30%	7.40%
37	21.59%	20.23%	18.70%	17.34%	13.30%	6.90%
38	21.59%	20.23%	18.70%	17.34%	13.30%	6.50%
39	21.59%	20.23%	18.70%	17.34%	13.30%	6.00%
40	21.59%	20.23%	18.70%	17.34%	13.30%	5.60%
41	21.59%	20.23%	18.70%	17.34%	13.30%	5.20%
42	21.59%	20.23%	18.70%	17.34%	13.30%	4.90%
43	21.59%	20.23%	18.70%	17.34%	13.30%	4.50%
44	21.59%	20.23%	18.70%	17.34%	13.30%	4.20%

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Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	21.59%	20.23%	18.70%	17.34%	13.30%	3.90%
46	21.59%	20.23%	18.70%	17.34%	13.30%	3.60%
47	21.59%	20.23%	18.70%	17.34%	13.30%	3.40%
48	21.59%	20.23%	18.70%	17.34%	13.30%	3.10%
49	21.59%	20.23%	18.70%	17.34%	13.30%	2.90%
50	21.59%	20.23%	18.70%	17.34%	13.30%	2.70%
51	21.59%	20.23%	18.70%	17.34%	13.30%	2.60%
52	21.59%	20.23%	18.70%	17.34%	13.30%	2.40%
53	21.59%	20.23%	18.70%	17.34%	13.30%	2.30%
54	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%
55+	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%

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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	February 1, 1946.
Date of Participation	Age 18 and one year of 1,000 hours of service in an eligible position. Nonunion employees hired on or after January 1, 2010 are not eligible to participate in the plan. Akron City union employees hired on or after January 1, 2013 are not eligible to participate in the plan.
Normal Retirement Eligibility	Age 65.
Monthly Benefit <i>Noncontributory Benefit</i>	\$18 multiplied by years of (Summa) credited service, plus frozen December 31, 2001 benefit from the CFGH Employees Retirement Plan (if applicable).
<i>Contributory Benefit</i>	The contributory benefit was frozen as of December 31, 2001 for all nonunion employees. For prior Akron City Hospital contributory members, the sum of (1), (2), and (3): 1. 0.75% of monthly basic earnings less than \$350 plus 1.50% of monthly final average earnings greater than \$350 —times— years of Contributory Membership between February 1, 1946 and January 31, 1960. 2. 0.75% of monthly basic earnings less than \$400 —times— years of Contributory Membership between February 1, 1960 and September 30, 1969. 3. 1.50% of monthly final average earnings greater than \$400 —times— years of Contributory Membership after February 1, 1960.

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But no less than:

1/32 of Aggregate Employee Contributions (without interest) for Contributory Membership after September 30, 1969, plus any monthly annuities purchased under the Group Annuity Contract for membership prior to October 1, 1969.

For prior St. Thomas Medical Center contributory members, the sum of (1), (2), and (3), divided by 12:

1. 12.5% of aggregate base employee contributions prior to January 1, 1968.
2. 32.0% of aggregate excess employee contributions prior to January 1, 1968.
3. 35.0% of aggregate excess employee contributions after December 31, 1967.

Base employee contributions are monthly contributions on the first \$400 of earnings. Excess employee contributions are monthly contributions on earnings in excess of \$400.

Early Retirement
Eligibility

Age 55 with three years of vesting service.

Monthly Benefit

Normal Retirement Benefit reduced actuarially for commencement at Early Retirement Date. For former employees of Cuyahoga Falls, a minimum benefit equal to the CFGH December 31, 2001 frozen benefit reduced by CFGH early retirement factors.

Deferred Vested Retirement
Eligibility

Three years of vesting service.

Monthly Benefit

The accrued benefit as of the date of termination payable at the participant's Normal Retirement Age.

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Preretirement Survivor Benefit
Eligibility

Three years of vesting service and married for at least one year.

Monthly Benefit

For an unmarried participant, death occurring after age 55: the Accrued Benefit reduced for early retirement, payable as a 10-year certain only annuity.

For a married participant, the Accrued Benefit reduced for Joint and 50% Survivor form and early retirement payable at the earliest retirement date. Additionally, if death occurs after age 55, the excess of the Accrued Benefit payable as a 10-year certain only annuity and reduced for early retirement over the amount of the 50% joint and survivor benefit in equivalent form.

Normal Form of Annuity

For unmarried employees, 10-year certain and life annuity; for married employees, the actuarial equivalent 50% joint and survivor 10-year certain and life annuity.

Optional Forms of Payment

Single life annuity, 5-year certain and life annuity, 15-year certain and life annuity, 75% joint and survivor annuity, and 100% joint and survivor 10-year certain and life annuity.

For employees with contributory benefits, a lump sum equal to the employee's contributions with interest is available.

Definitions

Accrued Benefit

The amount which a participant is entitled to commencing on his Normal Retirement Date in the form of a 10-year certain and life annuity based on his Credited Years of Service and, if applicable, final average earnings as of the valuation date.

Average Final Compensation

Average compensation of the ten plan years prior to termination (or end of contributory participation).

Compensation

Wages paid, excluding overtime, bonuses, and other incentive earnings.

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Credited Years of Service

After December 31, 1990 (December 31, 2001 for former CFGH employees), one year of service for each calendar year an employee completes 1,820 hours of service. For hours between 1,000 and 1,819, service is determined according to the following:

Hours of Service	Credited Service
1,639–1,819	0.9
1,457–1,638	0.8
1,275–1,456	0.7
1,093–1,274	0.6
1,000–1,092	0.5

No service for less than 1,000 hours.

Prior to January 1, 1991, service is determined according to the former defined benefit pension plans of Akron City Hospital and St. Thomas Medical Center provided the employee was a member of the former plan prior to January 1, 1991.

Nonunion employees who were less than age 60 as of December 31, 2010 do not earn Credited Service after June 30, 2011 (frozen).

Vesting Service

Any plan year in which an employee completes at least 1,000 hours of service. For former CFGH employees, service prior to December 31, 2001 is included.

Plan Year

Calendar year.

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Summary of Barberton Plan Provisions

Eligibility	Attained age 21 or more with at least one year of service and covered by collective bargaining agreement. However, an employee who is hired on or after January 1, 2010 shall not become a participant in the plan.
Eligibility Service	One year for each calendar year in which 1,000 creditable hours are earned, but excluding years prior to age 18.
Credited Service	Prior to January 1, 1976—Calculated from date of hire to nearest 1/10 year excluding years prior to age 30 and excluding the first year of service. On or after January 1, 1976—One year of credited service given for 2,000 creditable hours in the calendar year. Proportional credit granted to the nearest 1/10 year if less than 2,000 creditable hours. Any participant who has terminated and is re-employed on or after January 1, 2009 shall not accrue additional credited service. Barberton employees who were younger than age 60 as of December 31, 2012 will no longer accrue Credited Service or make voluntary employee contributions after September 30, 2013.
Retirement Dates	
Normal	The later of, attainment of Age 65 or the 5 th anniversary of the date on which the participant first became a participant in the Plan.
Early	After attainment of age 55 and completion of 10 years of Eligibility Service.
Disability	In the event of total and permanent disability, a benefit is payable if the employee has 15 or more years of Eligibility Service.
Deferred Vested	In the event of termination with 5 years of Eligibility Service and not eligible for any other benefits under the Plan.

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Normal Retirement Benefit
Basic Benefit

Monthly benefit of \$17.50 per year of Credited Service if the Employee retires on or after February 1, 1998 but prior to February 1, 1999.

Monthly benefit of \$18.50 per year of Credited Service if the Employee retires on or after February 1, 1999 but prior to February 1, 2000.

Monthly benefit of \$19.50 per year of Credited Service if the Employee retires on or after February 1, 2000 but prior to February 1, 2005.

Monthly benefit of \$19.50 per year of Credited Service up to 30 years plus \$20.50 per year of Credited Service in excess of 30 years if an Employee retires on or after February 1, 2005, but prior to February 1, 2007.

Monthly benefit of \$19.50 per year of Credited Service up to 30 years plus \$21.00 per year of Credited Service in excess of 30 years if an Employee retires on or after February 1, 2007.

Monthly benefit of \$19.50 per year of Credited Service up to 30 years plus \$21.50 per year of Credited Service in excess of 30 years if an Employee retires on or after February 1, 2012.

Participants retiring or terminating prior to February 1, 1998 receive different benefits.

Supplemental Benefit
Eligibility

In addition to being eligible for Plan coverage, employee must have annual base earnings in excess of \$6,000.

Past Service Benefit

The monthly past service benefit at retirement is 1/12 of 1% of January 1, 1966 base annual earnings in excess of \$6,000 times years of credited service prior to January 1, 1966.

Future Service Benefit

The monthly future service benefit at retirement is 1/12 of 41-2/3% of the employee's contributions to the Supplemental Pension Benefit.

Early Retirement Benefit

Upon early retirement, an employee will be entitled to his accrued benefit at age 65 or an actuarially reduced benefit at date of retirement.

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Disability Retirement Benefit

Eligible disability pensioners will receive their accrued Basic Benefit at time of disability without actuarial reduction plus the actuarially reduced accrued Supplemental Benefit.

Benefit Upon Termination of Service

Upon termination after meeting the eligibility requirements for a deferred vested benefit, an employee may elect to receive either the accrued Basic and Supplemental Benefits at age 65 or at any time after age 55 on a reduced basis if the employee had at least 10 years of Eligibility Service at termination.

Upon termination before meeting the eligibility requirements for a deferred vested benefit, the employee contributions, if any, with applicable interest, are returned.

Pre-Retirement Spouse's Benefit Option

Upon death after completing 5 years of Eligibility Service, provided that the employee agrees to a reduction in his benefits otherwise payable. This benefit will provide a pension to the spouse upon death of the employee prior to retirement. The amount of the spouse's benefit will be calculated as if the employee retired the day before his death and had elected a 50% Joint and Survivor pension. If death occurs prior to age 55, benefits to the spouse will commence with the month following the date that the employee would have reached age 55.

Plan Participants' Contributions
Basic Benefit

None.

Supplemental Benefit

1%, 2%, 3%, or 4% of annual earnings in excess of \$6,000, at employee's election.

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Form of Payment

An employee may elect to receive his benefit on a straight-life, 50%, 75%, or 100% Joint and Survivor, or 120-month certain and continuous basis. Unless otherwise elected, any benefit payable under the Plan shall be paid:

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

With a further provision that any benefits payable under 1. above will be the actuarial equivalent of a straight-life benefit.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitation with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		5								
25-29	6	60	13							
30-34	3	151	64	3						
35-39	4	123	111	37	3					
40-44	3	95	124	73	29	4	1			
45-49	5	103	140	108	82	44	4			
50-54	5	94	113	92	73	106	43	7	1	
55-59	5	78	101	79	76	101	56	65	8	2
60-64	4	56	71	56	53	56	37	63	36	13
65-69	1	3	15	18	15	21	15	7	9	16
70+		2	5	2	1	1	1	2	2	7

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Note: Current compensation data was not included since current compensation is not taken into account under the plan's benefit formula.

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Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and
Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued September 30, 2016 and reflected an unaudited asset value. The valuation results reported on the Schedule SB reflect the audited asset value. The AFTAP was not recertified because the change to the AFTAP was not material (certified AFTAP based on unaudited assets = 118.79%; AFTAP based on audited assets disclosed in the SB = 118.41%). The inputs used in the AFTAP certification are outlined below:

	09/30/2016 Certification
Funding Target	\$ 184,296,258
Value of Plan Assets	\$ 218,929,246
Funding Standard Carryover Balance	\$ 0
Prefunding Balance	\$ 7,251,786
Annuities Purchased for NHCE's	\$ 0
Security Posted	\$ 0
Certified AFTAP	118.79%

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on plan assets from 7.00% to 6.50%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current value
	<i>Common stocks</i>			
	A.O. Smith Corp.	Common stock	\$ 38,290	\$ 44,509
	Accelaron Pharma, Inc.	Common stock	29,278	21,692
	Align Technology Inc.	Common stock	17,728	29,800
	Alkermes, PLC	Common stock	20,946	27,512
	Allegiant Travel Co.	Common stock	63,097	57,075
	Aramark	Common stock	45,975	50,365
	Ariad Pharmaceuticals Inc.	Common stock	21,082	30,727
	Arthur J. Gallagher & Co., Inc.	Common stock	37,173	38,710
	Axalta Coating Systems Ltd.	Common stock	64,277	61,472
	BE Aerospace Inc.	Common stock	52,064	44,319
	CNO Financial Group, Inc.	Common stock	36,440	37,343
	Costar Group Inc.	Common stock	40,080	41,656
	Crane Co.	Common stock	42,526	42,551
	CyberArk Software Ltd.	Common stock	31,791	29,803
	Cypress Semiconductor Corp.	Common stock	28,055	31,002
	CyrusOne, Inc.	Common stock	33,459	33,995
	DexCom, Inc.	Common stock	34,566	31,940
	First Republic Bank	Common stock	21,602	52,520
	Flowserve Corp.	Common stock	18,870	18,259
	Fortinet Inc.	Common stock	39,108	40,060
	Hain Celestial Group, Inc.	Common stock	22,273	22,637
	HD Supply Holdings, Inc.	Common stock	40,474	56,963
	IHS Markit Ltd.	Common stock	52,930	51,840
	Interpublic Group of Cos. Inc.	Common stock	35,233	36,988
	J.B. Hunt Transport Services, Inc.	Common stock	50,489	61,154
	Jack In The Box Inc.	Common stock	27,085	41,865
	Jazz Pharmaceuticals PLC	Common stock	71,423	51,026
	KLA-Tencor Corp.	Common stock	27,622	29,898
	KLX, Inc.	Common stock	14,737	14,435
	Knoll Inc.	Common stock	40,107	47,481
	Lennox International Inc.	Common stock	30,928	44,419
	Lions Gate Entertainment Corp. CI A	Common stock	26,111	25,824
	Lions Gate Entertainment Corp. CI B	Common stock	25,205	23,558
	Live Nation Entertainment, Inc.	Common stock	28,162	27,132
	LKQ Corp.	Common stock	50,009	46,895
	Lululemon Athletica, Inc.	Common stock	25,485	28,596
	Lumentum Holdings, Inc.	Common stock	22,618	21,644
	MasTec, Inc.	Common stock	7,967	13,388
	Merrimack Pharmaceuticals Inc	Common stock	40,979	16,891
	Mettler Toledo International	Common stock	32,839	79,945
	Microsemi Corp.	Common stock	19,940	31,033
	Middleby Corp	Common stock	52,240	59,897
	MSCI Inc.	Common stock	36,811	40,966

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current value
<i>Common stocks</i>				
	Nektar Therapeutics	Common stock	\$ 36,336	\$ 29,938
	Neurocrine Biosciences Inc	Common stock	36,007	34,636
	Nexstar Broadcasting Group Inc.	Common stock	39,469	50,640
	Nord Anglia ED Inc.	Common stock	23,051	25,630
	Old Dominion Freight Line, Inc.	Common stock	36,618	48,471
	On Semiconductor Corp.	Common stock	37,569	51,295
	Pacira Pharmaceuticals Inc.	Common stock	57,935	35,853
	Pinnacle Foods, Inc.	Common stock	40,173	44,630
	Quest Diagnostics Inc.	Common stock	48,545	64,330
	Raymond James Financial Inc.	Common stock	32,358	51,260
	RealPage, Inc.	Common stock	28,863	29,100
	Sabre Corporation	Common stock	45,543	42,789
	Scripps Networks Interactive, Inc.	Common stock	42,690	45,676
	Sealed Air Corp.	Common stock	49,411	48,514
	Shopify, Inc.	Common stock	15,200	21,435
	Sotheby's Holdings, Inc.	Common stock	21,305	20,727
	Splunk Inc.	Common stock	30,402	28,900
	Stag Industrial, Inc.	Common stock	27,266	30,554
	Starwood Property Trust Inc.	Common stock	31,596	30,072
	Steris PLC	Common stock	64,239	61,662
	Summit Materials	Common stock	37,791	43,817
	Sun Communities, Inc.	Common stock	12,013	12,258
	Tesoro Corp	Common stock	45,478	48,098
	Total Systems Services Inc.	Common stock	39,348	58,346
	Transdigm Group Inc.	Common stock	13,759	28,381
	TransUnion	Common stock	49,383	47,323
	Vail Resorts Inc.	Common stock	41,668	64,524
	W.R. Grace	Common stock	46,144	40,584
	Wright Medical Group Inc.	Common stock	38,522	44,145
	Zayo Group Holdings, Inc.	Common stock	35,656	40,089
Total common stocks			\$ 2,602,412	\$ 2,863,462
<i>Mutual funds</i>				
	DFA Investment Dimensions Group Inc.	Small Cap Value Portfolio	\$ 5,510,370	\$ 6,000,599
	T Rowe Price	Institutional High Yield Fund	5,421,886	5,289,427
	Vanguard	Inflation Protected Securities Fund	5,979,852	6,071,073
	DFA Investment Dimensions Group Inc.	Emerging Markets Value Portfolio	7,264,663	7,384,005
	DFA Investment Dimensions Group Inc.	US Small Cap Value Portfolio	2,608,723	3,671,205
	Harbor International Fund	Institutional Class	19,915,256	20,720,786
Total mutual funds			\$ 46,700,750	\$ 49,137,095

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	<i>Fixed income corporate bonds</i>			
	21st Century Fox America	6/30/2028 7.280% Fixed income corporate bonds	\$ 132,263	\$ 126,467
	21st Century Fox America	9/15/2044 4.750% Fixed income corporate bonds	228,040	199,915
	Abbott Laboratories	11/30/2046 4.900% Fixed income corporate bonds	223,247	230,925
	AbbVie Inc.	11/6/2042 4.400% Fixed income corporate bonds	240,467	235,187
	Actavis Funding SCS	3/15/2045 4.750% Fixed income corporate bonds	74,607	73,630
	Actavis Funding SCS	6/15/2044 4.850% Fixed income corporate bonds	141,770	148,725
	Aetna, Inc.	6/15/2046 4.375% Fixed income corporate bonds	99,900	100,415
	Aetna, Inc.	6/15/2036 6.625% Fixed income corporate bonds	112,758	127,219
	AIA Group Limited	3/11/2044 4.875% Fixed income corporate bonds	310,992	315,924
	American International Group, Inc.	5/1/2036 6.250% Fixed income corporate bonds	311,500	298,954
	Amgen Inc.	6/15/2051 4.663% Fixed income corporate bonds	290,160	268,149
	Anadarko Petroleum Corp.	9/15/2036 6.450% Fixed income corporate bonds	244,113	238,033
	Anheuser-Busch	2/1/2046 4.900% Fixed income corporate bonds	399,060	432,348
	Anheuser-Busch	1/15/2039 4.950% Fixed income corporate bonds	211,252	217,712
	Anheuser-Busch	1/15/2039 8.200% Fixed income corporate bonds	145,602	150,389
	Aon Corp.	9/30/2040 6.250% Fixed income corporate bonds	285,781	302,114
	Apache Corp.	9/1/2040 5.100% Fixed income corporate bonds	181,037	183,082
	AT&T Inc.	3/9/2048 4.500% Fixed income corporate bonds	369,499	372,908
	AT&T Inc.	6/15/2044 4.800% Fixed income corporate bonds	125,931	118,114
	AT&T Inc.	3/1/2041 6.375% Fixed income corporate bonds	125,000	143,952
	Bank of America Merrill Lynch	2/7/2042 5.875% Fixed income corporate bonds	178,120	181,297
	Becton, Dickinson and Company	5/15/2044 4.875% Fixed income corporate bonds	274,579	260,293
	BG Energy Capital	10/15/2041 5.125% Fixed income corporate bonds	147,426	163,216
	BHP Billiton Fin USA Ltd.	9/30/2043 5.000% Fixed income corporate bonds	174,974	195,468
	Burlington North Santa Fe	8/15/2030 7.950% Fixed income corporate bonds	131,316	142,229
	Canadian Natural Resources	3/15/2038 6.250% Fixed income corporate bonds	208,238	199,091
	Canadian Pacific Railway Company	9/15/2115 6.125% Fixed income corporate bonds	200,000	239,459
	CF Industries Holdings	6/1/2043 4.950% Fixed income corporate bonds	329,881	265,687
	Cignia Corp.	2/15/2042 5.375% Fixed income corporate bonds	293,456	306,355
	Citigroup, Inc.	7/30/2045 4.650% Fixed income corporate bonds	224,674	237,161
	Comcast Corp.	8/15/2037 6.950% Fixed income corporate bonds	277,446	306,880
	Commision Fed De Electric	2/14/2042 5.750% Fixed income corporate bonds	196,800	185,500
	Consolidated Edison	12/1/2054 4.625% Fixed income corporate bonds	299,235	314,719
	Cox Communications Inc.	3/1/2039 8.375% Fixed income corporate bonds	134,620	124,709
	Credit Suisse FB USA, Inc.	7/15/2032 7.125% Fixed income corporate bonds	120,363	132,134
	CSX Corp.	4/30/2040 6.220% Fixed income corporate bonds	109,606	124,638
	Deutsche Telekom	6/15/2030 8.750% Fixed income corporate bonds	293,822	294,023
	Devon Energy Corporation	7/15/2041 5.600% Fixed income corporate bonds	100,547	103,000
	Dominion Resources Inc.	8/1/2041 4.900% Fixed income corporate bonds	149,509	157,470
	Duke Energy Progress, LLC	8/15/2045 4.200% Fixed income corporate bonds	99,493	101,755
	Electricite de France	10/13/2045 4.950% Fixed income corporate bonds	199,504	202,356
	Energy Transfer Partners	2/1/2042 6.500% Fixed income corporate bonds	149,463	162,055
	Energy Transfer Partners	7/1/2038 7.500% Fixed income corporate bonds	129,220	115,947
	Enterprise Products	2/15/2045 5.100% Fixed income corporate bonds	133,829	131,831
	Enterprise Products	2/15/2042 5.700% Fixed income corporate bonds	124,859	137,005
	Exelon Generation Co. LLC	10/1/2041 5.750% Fixed income corporate bonds	124,811	117,320
	Express Scripts Holding Company	7/15/2046 4.800% Fixed income corporate bonds	124,781	119,678
	Express Scripts Holding Company	11/15/2041 6.125% Fixed income corporate bonds	75,830	70,690
	FMR LLC	12/14/2040 6.500% Fixed income corporate bonds	63,855	61,588
	FMR LLC	11/15/2039 6.450% Fixed income corporate bonds	136,504	158,489

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	<i>Fixed income corporate bonds</i>			
	Fomento Economico	5/10/2043 4.375% Fixed income corporate bonds	\$ 188,364	\$ 189,334
	Freeport-McMoran C&G	3/15/2043 5.450% Fixed income corporate bonds	177,272	144,816
	GE Capital International Funding Company	11/15/2035 4.418% Fixed income corporate bonds	580,151	536,528
	Gilead Sciences, Inc.	3/1/2046 4.750% Fixed income corporate bonds	199,174	206,934
	Goldman Sachs Group Inc.	2/1/2041 6.250% Fixed income corporate bonds	243,978	278,902
	Guardian Life Insurance Company of America	9/30/2039 7.375% Fixed income corporate bonds	315,270	299,976
	Hartford Financial Services Group, Inc.	10/15/2036 5.950% Fixed income corporate bonds	299,395	285,658
	Home Depot Inc.	4/1/2041 5.950% Fixed income corporate bonds	161,755	190,690
	HSBC Bank USA	11/1/2034 5.875% Fixed income corporate bonds	271,332	291,058
	ING US Inc.	7/15/2043 5.700% Fixed income corporate bonds	199,292	218,191
	Ingersoll-Rand Luxembourg Finance S.A.	11/1/2044 4.650% Fixed income corporate bonds	323,073	331,576
	Invesco Finance PLC	11/30/2043 5.375% Fixed income corporate bonds	234,430	246,317
	Johnson Controls International	12/1/2041 5.250% Fixed income corporate bonds	160,643	161,388
	JPMorgan Chase & Co.	7/15/2041 5.600% Fixed income corporate bonds	404,345	448,425
	JPMorgan Chase & Co.	1/6/2042 5.400% Fixed income corporate bonds	103,877	117,169
	Kellogg Co.	4/1/2031 7.450% Fixed income corporate bonds	129,200	129,341
	Keyspan Corp.	11/15/2030 8.000% Fixed income corporate bonds	164,223	167,090
	Kinder Morgan	1/15/2038 6.950% Fixed income corporate bonds	402,989	405,989
	Kraft Foods Inc.	1/26/2039 6.875% Fixed income corporate bonds	148,764	157,044
	Liberty Mutual Group Inc.	5/1/2042 6.500% Fixed income corporate bonds	151,688	177,845
	Lincoln National Corporation	10/9/2037 6.300% Fixed income corporate bonds	250,298	235,560
	Magellan Midstream Partners, L.P.	10/15/2043 5.150% Fixed income corporate bonds	154,628	155,903
	Marathon Oil Corp.	10/1/2037 6.600% Fixed income corporate bonds	186,127	163,923
	Marathon Petroleum Corporation	3/1/2041 6.500% Fixed income corporate bonds	247,934	213,919
	Marsh & McLennan Cos.	8/1/2033 5.875% Fixed income corporate bonds	146,905	148,171
	Mass Mutual Life Ins. Co.	6/1/2039 8.875% Fixed income corporate bonds	390,725	375,290
	McDonald's Corporation	12/9/2045 4.875% Fixed income corporate bonds	200,000	214,215
	Merrill Lynch & Co.	5/14/2038 7.750% Fixed income corporate bonds	216,542	275,361
	MetLife Inc.	2/6/2041 5.875% Fixed income corporate bonds	280,817	303,687
	Microsoft Corporation	11/3/2055 4.750% Fixed income corporate bonds	149,441	163,154
	Molson Coors Brewing	5/1/2042 5.000% Fixed income corporate bonds	178,652	182,937
	Monsanto Company	7/15/2044 4.400% Fixed income corporate bonds	297,621	289,949
	Morgan Stanley	7/24/2042 6.375% Fixed income corporate bonds	256,537	289,162
	Mosaic Co.	11/15/2041 4.875% Fixed income corporate bonds	147,759	130,204
	Mylan Inc.	11/29/2043 5.400% Fixed income corporate bonds	124,228	117,057
	Mylan N.V.	6/15/2046 5.250% Fixed income corporate bonds	99,984	92,229
	National Rural Utilities	3/1/2032 8.000% Fixed income corporate bonds	357,346	354,482
	Nationwide Mutual Insurance Company	8/15/2039 9.375% Fixed income corporate bonds	221,775	226,563
	New York Life Insurance	11/15/2039 6.750% Fixed income corporate bonds	181,884	197,296
	Nexen Inc.	5/15/2037 6.400% Fixed income corporate bonds	131,864	148,149
	Nexen Inc.	7/30/2039 7.500% Fixed income corporate bonds	136,608	136,014
	Nisource Finance Corp.	2/1/2042 5.800% Fixed income corporate bonds	153,561	174,559
	Norfolk Southern Corp.	8/15/2043 4.800% Fixed income corporate bonds	204,114	217,703
	Nucor Corp.	8/1/2043 5.200% Fixed income corporate bonds	199,788	225,690
	Oneok Partners LP	2/1/2041 6.125% Fixed income corporate bonds	117,205	109,990
	Oneok Partners LP	10/15/2037 6.850% Fixed income corporate bonds	144,065	145,348
	Orange	2/28/2031 8.500% Fixed income corporate bonds	294,425	300,705
	Pacific Gas & Electric	1/15/2040 5.400% Fixed income corporate bonds	183,954	175,693
	Petroleos Mexicanos	6/2/2041 6.500% Fixed income corporate bonds	246,849	210,724
	Phillips 66	5/1/2042 5.875% Fixed income corporate bonds	240,552	236,811

Summa Health Retirement Income Plan and Trust

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

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value			(d) Cost	(e) Current value
	<i>Fixed income corporate bonds</i>					
	Phillips Petroleum Co.	3/30/2029	7.000%	Fixed income corporate bonds	\$ 180,425	\$ 184,386
	PPG Industries Inc.	11/15/2040	5.500%	Fixed income corporate bonds	114,151	114,397
	PPL Electric Utilities	7/15/2041	5.200%	Fixed income corporate bonds	152,066	173,746
	Principal Financial Group	9/15/2042	4.625%	Fixed income corporate bonds	194,249	207,141
	Progress Energy Inc.	12/1/2039	6.000%	Fixed income corporate bonds	109,404	120,164
	Protective Life Corp.	10/15/2039	8.450%	Fixed income corporate bonds	186,396	198,711
	Prudential Financial Inc.	12/14/2036	5.700%	Fixed income corporate bonds	149,430	173,342
	Rio Tinto Fin USA Ltd.	11/2/2040	5.200%	Fixed income corporate bonds	130,476	142,220
	S.C. Johnson & Son, Inc.	10/15/2046	4.750%	Fixed income corporate bonds	249,518	268,952
	Sonoco Products Co.	11/1/2040	5.750%	Fixed income corporate bonds	158,448	167,920
	Southern Company	7/1/2046	4.400%	Fixed income corporate bonds	223,835	222,551
	Sysco Corporation	10/1/2045	4.850%	Fixed income corporate bonds	199,842	212,143
	Talisman Energy	2/1/2037	5.850%	Fixed income corporate bonds	167,360	124,621
	Telecom Italia Capital	7/18/2036	7.200%	Fixed income corporate bonds	92,250	98,574
	Telefonica Emisiones SAU	6/20/2036	7.045%	Fixed income corporate bonds	273,714	290,177
	Teva Pharmaceutical Industry	10/1/2046	4.100%	Fixed income corporate bonds	148,751	128,529
	Time Warner Cable Inc.	6/15/2039	6.750%	Fixed income corporate bonds	170,813	174,387
	Time Warner Inc.	5/1/2032	7.700%	Fixed income corporate bonds	154,343	169,406
	Time Warner, Inc.	7/15/2040	6.100%	Fixed income corporate bonds	146,568	142,691
	TransCanada PipeLines Limited	6/1/2040	6.100%	Fixed income corporate bonds	312,253	310,758
	Transcont Gas Pipe Corp.	8/15/2041	5.400%	Fixed income corporate bonds	124,173	125,457
	TTX Co	6/15/2044	4.650%	Fixed income corporate bonds	358,382	351,488
	Union Pacific Corporation	10/1/2051	3.799%	Fixed income corporate bonds	114,434	116,684
	United Health Group Inc.	2/15/2038	6.875%	Fixed income corporate bonds	158,541	170,100
	United Mexican States	1/11/2040	6.050%	Fixed income corporate bonds	376,131	356,895
	University of California Regents	5/15/2049	6.583%	Fixed income corporate bonds	259,264	261,050
	Vale Overseas Limited	11/21/2036	6.875%	Fixed income corporate bonds	192,738	172,375
	Valero Energy Corporation	6/15/2037	6.625%	Fixed income corporate bonds	249,162	234,073
	Verizon Communications	4/1/2037	6.250%	Fixed income corporate bonds	166,519	177,840
	Verizon Communications	9/15/2033	6.400%	Fixed income corporate bonds	374,625	452,443
	Verizon Communications Inc.	9/15/2043	6.550%	Fixed income corporate bonds	523,577	530,815
	Wachovia Bank NA	2/1/2037	5.850%	Fixed income corporate bonds	209,060	235,581
	Walgreen Co.	9/15/2042	4.400%	Fixed income corporate bonds	237,655	241,358
	Wal-Mart Stores, Inc.	4/15/2041	5.625%	Fixed income corporate bonds	220,010	248,719
	Wellpoint, Inc.	12/15/2034	5.950%	Fixed income corporate bonds	132,581	142,747
	Westvaco Corp.	1/15/2030	8.200%	Fixed income corporate bonds	120,013	130,548
	Weyerhaeuser Co.	3/15/2032	7.375%	Fixed income corporate bonds	59,391	63,318
	Xstrata Finance Canada	11/15/2037	6.969%	Fixed income corporate bonds	112,718	109,736
	Xstrata Finance Canada	11/15/2041	6.000%	Fixed income corporate bonds	111,556	99,000
	Zimmer Biomet Holdings, Inc.	8/15/2045	4.450%	Fixed income corporate bonds	198,392	188,042
Total fixed income corporate bonds					28,274,357	28,824,009
<i>U.S. government securities</i>						
	USA Treasury Bond	2/15/2045	2.500%	U.S. government securities	11,213,684	10,421,682
	USA Treasury Bond	2/15/2042	3.125%	U.S. government securities	103,776	136,747
	USA Treasury Bond	5/15/2043	2.875%	U.S. government securities	312,256	289,769
	U. S. Treasury Notes	2/15/2039	3.500%	U.S. government securities	2,677,043	2,761,325
Total treasury bonds					14,306,759	13,609,523
<i>Municipal Bonds</i>						
	Sacramento City CA	7/1/2038	5.650%	Municipal Bonds	96,955	107,953
Total municipal bonds					96,955	107,953

Summa Health Retirement Income Plan and Trust

Schedule H, 4(i) - Schedule of Assets (Held at End of Year), continued

December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	Current Value at December 31, 2016
<i>Money market funds</i>				
*	NT COLTV Short Term Investment Fund	Money Market Fund Shares	\$ 8,207,276	\$ 8,207,276
		Total money market funds	8,207,276	8,207,276
<i>Common collective trusts</i>				
	State Street Global Advisors	Passive Bond Market Index	19,665,121	25,815,854
	Blackrock Equity Index Fund	Equity Index Fund	15,208,518	33,586,150
		Total common collective trusts	34,873,639	59,402,004
<i>Real estate investment trusts</i>				
	Invesco	Real Estate Securities Trust	5,423,869	7,152,686
		Total real estate investment trusts	5,423,869	7,152,686
<i>Other alternative investments</i>				
	Adams Street Partners	Private Equity Fund	6,014,280	7,134,496
	Oaktree Real Estate	Private Real Estate Fund	2,440,001	4,758,570
	Realty Associates Fund	Private Real Estate Fund	4,719,141	5,436,849
		Total alternative investments	13,173,422	17,329,915
<i>Master Limited Partnerships</i>				
	Harvest MLP Income Fund		8,750,000	10,035,181
		Total master limited partnerships contracts	8,750,000	10,035,181
<i>Immediate Participation Guarantee Contracts</i>				
*	AXA Equitable Life Assurance Company	Immediate Participation Guarantee Fund	3,553,417	3,594,904
*	Aetna Life Insurance Company	Fixed Income Fund	5,235,668	5,235,668
		Total immediate participation guarantee contracts	8,789,085	8,830,572
		Total	\$ 171,198,524	\$ 205,499,676

* Party-in-interest

Summa Health System Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2016

EIN: 34-1887844, Plan Number: 010

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category 1 - Single transaction exceeds 5% of value</i>							
* Northern Trust	NT COLTV Short Term Investment Fund 10,000,392.97 Shares	\$ 10,000,393	\$ -	\$ -	\$ 10,000,393	\$ 10,000,393	\$ -
<i>Category 3 - Series of transactions in same security exceeds 5% of value</i>							
* Northern Trust	NT COLTV Short Term Investment Fund 397 purchases	\$ 28,245,739	\$ -	\$ -	\$ 28,245,739	\$ 28,245,739	\$ -
	225 sales	-	29,716,209	-	29,716,209	29,716,209	-

* Indicates party-in-interest to the plan