

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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 ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1961</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/1961</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>01/01/1961</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u> <u>ONE PERKINS SQUARE</u> <u>AKRON, OH 44308-1062</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>34-0714357</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>330-543-8292</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>622000</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>34-0714357</u>	2c	Plan Sponsor's telephone number <u>330-543-8292</u>	2d	Business code (see instructions) <u>622000</u>
2b	Employer Identification Number (EIN) <u>34-0714357</u>						
2c	Plan Sponsor's telephone number <u>330-543-8292</u>						
2d	Business code (see instructions) <u>622000</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/19/2018	MICHAEL TRAINER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2636
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1485
a(2) Total number of active participants at the end of the plan year	6a(2) 1397
b Retired or separated participants receiving benefits	6b 727
c Other retired or separated participants entitled to future benefits	6c 396
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2520
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 69
f Total. Add lines 6d and 6e	6f 2589
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☐ **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	194356737	
b Actuarial value	2b	198213777	
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	773	66509364	67621031
b For terminated vested participants	382	16457267	16457267
c For active participants	1485	124409289	126222597
d Total	2640	207375920	210300895
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	5.97 %	
6 Target normal cost	6	8963538	

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	08/24/2018	Date
BRIAN A HARTMAN	17-07613	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	216-937-4000	Telephone number (including area code)
1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172		
Firm name		
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)	804772	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	804772	
10 Interest on line 9 using prior year's actual return of <u>8.35</u> %	67198	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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>6.16</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	871970	

Part III Funding Percentages

14 Funding target attainment percentage	14	93.83%
15 Adjusted funding target attainment percentage	15	93.83%
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	105.89%
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
01/03/2017	1000000		07/06/2017	1000000	
02/01/2017	1000000		08/01/2017	1000000	
03/01/2017	1000000		09/01/2017	1000000	
04/03/2017	1000000		10/02/2017	1000000	
05/02/2017	1000000		10/13/2017	2000000	
06/02/2017	1000000				
Totals ▶			18(b)	12000000	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	11695141

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	8963538
b Excess assets, if applicable, but not greater than line 31a	31b	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment.....	12959088	2128037
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	11091575
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....		
36 Additional cash requirement (line 34 minus line 35)	36	11091575
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	11695141
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	603566
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years.....	40	0

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

FIRSTMERIT

34-6509664

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	138760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OAK ASSOCIATES

34-1818085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	103661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTEGRITY

86-1063006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	86233	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)

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	63503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MANNING & NAPIER

16-0995736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	53410	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
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(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:	JONATHAN M WILLIAMS	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	TOWERS WATSON DELAWARE INC 1001 LAKESIDE AVE STE 1500 CLEVELAND, OH 44114-1172	e Telephone:	216-937-4000

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	D Employer Identification Number (EIN) <u>34-0714357</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	213977	205572
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3396729	9852112
	(2) U.S. Government securities.....	1c(2)	11894367	5104513
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	8881781	3653294
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	151612219	192606948
	(5) Partnership/joint venture interests	1c(5)	18357664	15957833
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	194356737	227380272

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	194356737	227380272
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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)	12000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	72432	
(B) U.S. Government securities	2b(1)(B)	432662	
(C) Corporate debt instruments	2b(1)(C)	274287	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1133041	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1912422
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5215582	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5215582
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	192275117	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	181547565	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10727552
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	14559146	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		14559146

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		44414702

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10945600	
(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)		10945600
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	243304	
(4) Other	2i(4)	202263	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		445567
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11391167

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		33023535
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: BOBER, MARKEY, FEDOROVICH & CO

(2) EIN: 34-1523030

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4057175. (See instructions.)

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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON		D Employer Identification Number (EIN) 34-0714357
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s):		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 27
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 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 80.1% Investment-Grade Debt: 15.5% High-Yield Debt: _____% Real Estate: _____% Other: 4.4%

- 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):

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

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

December 31, 2017 and 2016

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

December 31, 2017 and 2016

Independent Auditors' Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-13
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14-19
Schedule H, Line 4j – Schedule of Reportable Transactions	20

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

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of Pension Plan of Children's Hospital Medical Center of Akron (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

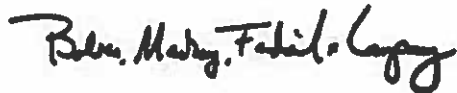
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

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



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

July 23, 2018

Pension Plan of Children's Hospital Medical Center of Akron
 Statements of Net Assets Available for Benefits
 December 31, 2017 and 2016
(In Thousands)

	<u>2017</u>	<u>2016</u>
Assets		
Investments, at fair value	\$ 227,175	\$ 194,143
Receivables:		
Interest	150	174
Dividends	<u>55</u>	<u>40</u>
Total receivables	<u>205</u>	<u>214</u>
Net assets available for benefits	<u><u>\$ 227,380</u></u>	<u><u>\$ 194,357</u></u>

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

Pension Plan of Children's Hospital Medical Center of Akron
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2017 and 2016
(In Thousands)

	<u>2017</u>	<u>2016</u>
Additions:		
Investment income:		
Interest	\$ 1,912	\$ 141
Dividends	5,216	2,448
Net appreciation in fair value of investments	<u>25,287</u>	<u>13,201</u>
Total investment income	32,415	15,790
Employer contributions	<u>12,000</u>	<u>-</u>
Total additions	44,415	15,790
Deductions:		
Benefit payments to participants	10,946	15,934
Administrative fees and expenses	<u>446</u>	<u>462</u>
Total deductions	<u>11,392</u>	<u>16,396</u>
Net increase (decrease)	33,023	(606)
Net assets available for benefits beginning of year	<u>194,357</u>	<u>194,963</u>
Net assets available for benefits end of year	<u><u>\$ 227,380</u></u>	<u><u>\$ 194,357</u></u>

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

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

December 31, 2017 and 2016
(Dollars in Thousands)

1. Description of the Plan

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

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

The Plan is subject to the provisions of ERISA.

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

2. Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the December 31, 2017 and 2016 Statements of Net Assets Available for Benefits. Fair values of investments in debt and equity securities are based on quoted market prices.

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

December 31, 2017 and 2016
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

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

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

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

Fair Value of Financial Assets and Liabilities

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

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

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

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

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

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

December 31, 2017 and 2016
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

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

Use of Estimates

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

Administrative Fees

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through July 23, 2018, the date the financial statements were available to be issued.

3. Accumulated Plan Benefits

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

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

December 31, 2017 and 2016
(Dollars in Thousands)

3. Accumulated Plan Benefits (continued)

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

	<u>2017</u>	<u>2016</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 59,029	\$ 56,071
Other participants	139,797	132,958
Total	<u>198,826</u>	<u>189,029</u>
Nonvested benefits:	<u>2,310</u>	<u>2,213</u>
Total	<u>\$ 201,136</u>	<u>\$ 191,242</u>

The changes in the actuarial present value of accumulated plan, are as follows:

	<u>2017</u>	<u>2016</u>
Actuarial present value of accumulated plan benefits - beginning of year	\$ 191,242	\$ 159,509
Increase during the year attributable to:		
Benefits accumulated	9,407	7,502
Actuarial loss	769	1,162
Decrease in the discount period	14,932	12,706
Assumption changes	720	(2,663)
Plan amendments	-	19,153
Benefits paid	<u>(15,934)</u>	<u>(6,127)</u>
Actuarial present value of accumulated plan Benefits - end of year (January 1)	<u>\$ 201,136</u>	<u>\$ 191,242</u>

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

December 31, 2017 and 2016
(Dollars in Thousands)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are:

	<u>2017</u>	<u>2016</u>
Actuarial cost method	Projected Unit Credit Cost Method	Projected Unit Credit Cost Method
Discount rate	7.75%	7.75%
Mortality basis	RP-2014 Employee and Annuitant Tables for males and females, projected with Scale MP-2016	RP-2014 Employee and Annuitant Tables for males and females, projected with Scale MP-2015
Salary increases	Age graded from 7.5% to 3.5%	Age graded from 7.5% to 3.5%
Disability	Revenue Ruling 96-7 Mortality Tables	Revenue Ruling 96-7 Mortality Tables

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

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

December 31, 2017 and 2016
(Dollars in Thousands)

4. Assets and Liabilities Measured at Fair Value

The Plan's investments are held by Huntington National Bank, formerly FirstMerit Bank, N.A. The following table summarizes Children's investments measured at fair value on a recurring basis as of December 31, 2017 and 2016, aggregated by the level in the fair value hierarchy within which those measurements are measured:

	2017			
	Level 1	Level 2	Level 3	Total
Equities - U.S.	\$ 42,627	\$ -	\$ -	\$ 42,627
Equities - International	2,638	-	-	2,638
Mutual funds - U.S. equities	50,954	-	-	50,954
Mutual funds - International equities	62,052	-	-	62,052
Mutual funds - U.S. government securities	7,843	-	-	7,843
Mutual funds - International bonds	2,514	-	-	2,514
Mutual funds - U.S. corporate obligations	23,980	-	-	23,980
International bonds	-	179	-	179
Money market funds	9,852	-	-	9,852
U.S. government securities	-	2,634	-	2,634
U.S. government asset-backed securities	-	2,470	-	2,470
Corporate obligations - U.S.	-	3,474	-	3,474
Total investments in hierarchy	<u>\$ 202,460</u>	<u>\$ 8,757</u>	<u>\$ -</u>	211,217
Limited Partnership - U.S. equity *				15,890
Limited Partnership - Multi-class *				<u>68</u>
Total investments at fair value				<u>\$ 227,175</u>

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

December 31, 2017 and 2016
(Dollars in Thousands)

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

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

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

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

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

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

December 31, 2017 and 2016
(Dollars in Thousands)

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

- **Money market funds:** Money market funds are valued at net asset value ("NAV"). NAV is equal to the market value of each money market fund's investments and other assets, less liabilities, divided by the number of fund shares. These funds are valued at a daily close price as reported by the fund. The funds are required to publish their daily NAV and transact at that price. Additionally money market funds are actively traded, and are classified as Level 1.
- **Limited Partnerships:** Limited Partnerships are valued at NAV of units held at year end. NAV is used as a practical expedient to estimate fair value. NAV is based on the fair value of the underlying investments held by each fund less its liabilities. The practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the plan were to initiate a full redemption, each investment advisor reserves the right to temporarily delay withdrawal to ensure that securities liquidation will be carried out in an orderly business manner.
- There are no unfunded commitments in the Plan.

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

2017			
	Fair Value	Redemption Frequency	Redemption Notice Period
U.S. equity	\$ 15,890	Monthly	30-60 days
Multi-class	68	In Liquidation	NA
Total limited partnerships	<u>\$ 15,958</u>		
2016			
	Fair Value	Redemption Frequency	Redemption Notice Period
U.S. equity	\$ 16,642	Monthly	30-60 days
Multi-class	1,716	In Liquidation	NA
Total limited partnerships	<u>\$ 18,358</u>		

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

December 31, 2017 and 2016
(Dollars in Thousands)

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

In early 2016, the company that manages the limited partnership multi-class fund announced that it was merging with another firm, and investors were given the option to have their investments returned. As of December 31, 2017, the fund has been substantially liquidated with the remaining balances to be received in 2018.

5. Income Tax Status

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

Accounting principles generally accepted in the United States of America require the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016 and for the years then ended, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Transactions with Parties in Interest

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

7. Risks and Uncertainties

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

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

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Equities - U.S.				
Aerojet Rocketdyne Holdings Inc	2,960 shares	\$ 64,734	\$ 92,352	
Allegheny Technologies Inc	5,537 shares	96,962	133,663	
Allete Inc New Common	1,619 shares	81,387	120,389	
Alliant Energy Corp	3,761 shares	129,141	160,256	
Ally Financial Inc	13,678 shares	254,481	398,850	
Alphabet Inc - CI A	1,000 shares	212,686	1,053,400	
Alphabet Inc - CI C	1,002 shares	213,084	1,048,493	
Amazon.Com Inc	2,370 shares	115,684	2,771,644	
American Campus Communities	3,066 shares	122,640	125,798	
American Eagle Outfitters Inc New	5,529 shares	75,903	103,945	
American Financial Group Inc New	2,340 shares	86,740	253,984	
Amgen Inc	9,450 shares	735,531	1,643,355	
Aramark	3,188 shares	109,710	136,255	
Arrow Electronics Inc	1,561 shares	87,851	125,520	
Assurant Inc	1,349 shares	101,851	136,033	
Atmos Energy Corp	1,505 shares	105,299	129,264	
BankUnited Inc	4,187 shares	138,938	170,495	
Brunswick Corp	1,830 shares	79,053	101,053	
Caci Intl Inc CI A	940 shares	98,706	124,409	
CalAtlantic Group Inc	1,076 shares	29,468	60,676	
Caleres Inc	4,269 shares	110,400	142,926	
Carpenter Technology	2,511 shares	102,806	128,036	
Caseys General Stores Inc	622 shares	52,482	69,627	
Charles River Laboratories Com	944 shares	47,176	103,321	
Cinemark Holdings Inc	2,079 shares	75,012	72,391	
Cisco Systems	39,100 shares	186,680	1,497,530	
Cit Group Inc	15,300 shares	564,673	753,219	
Cno Financial Group Inc	4,964 shares	119,582	122,561	
Cognizant Tech Solutions Crp	14,200 shares	35,745	1,008,484	
Comerica Inc	2,146 shares	111,832	186,294	
Cree Inc	2,326 shares	64,555	86,388	
Cypress Semiconductor Corp	6,063 shares	64,520	92,400	
D.R. Horton Inc	2,003 shares	35,751	102,293	
Dana Inc	4,212 shares	80,800	134,826	
Ddr Corp	27,779 shares	334,849	248,900	
Diamondback Energy Inc	1,425 shares	127,077	179,906	
Diamondrock Hospitality Co	8,150 shares	78,183	92,014	
Duke Realty Corp	6,232 shares	123,557	169,573	
E Trade Financial Corporation	5,722 shares	176,407	283,640	
Emcor Group Inc	1,954 shares	88,942	159,740	
Facebook Inc-A	6,600 shares	648,947	1,164,636	
Ferro Corp	3,273 shares	72,105	77,210	
First American Financial	2,673 shares	114,733	149,795	
First Hawaiian Inc	1,353 shares	37,698	39,481	
First Horizon National Corp	5,606 shares	114,877	112,064	
Forest City Realty Trust Inc - A	4,817 shares	105,387	116,090	
Gallagher Arthur J	1,910 shares	90,844	120,865	
Genessee & Wyoming "A"	1,383 shares	107,858	108,884	
G-iii Apparel Group Ltd	3,184 shares	78,831	117,458	
Great Plains Energy Inc	4,495 shares	125,228	144,919	
Hanesbrands Inc	5,276 shares	112,921	110,321	
Harsco Corp	2,012 shares	37,081	37,524	
Healthsouth Corp	2,341 shares	108,508	115,669	
Hill-Rom Holdings Inc	1,826 shares	100,047	153,914	
Hostess Brands Inc	5,983 shares	93,604	88,608	
Huntington Bancshares Inc	11,175 shares	110,944	162,708	
Huntington Ingalls Indus	569 shares	74,817	134,113	
Iberiabank Corp	2,262 shares	176,977	175,305	
IBM Corp	5,525 shares	559,057	847,646	
ITT Inc	2,576 shares	102,463	137,481	
JP Morgan Chase & Co	7,400 shares	267,848	791,356	
Kapstone Paper And Packaging	3,571 shares	81,037	81,026	
Kimco Realty Corp	5,781 shares	113,740	104,925	
Kla-Tencor Corp	16,100 shares	322,763	1,691,627	
Klx Inc	1,769 shares	109,273	120,734	
Knight-Swift Transportation Holdings Inc	3,296 shares	95,082	144,101	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Kohls Corp	1,469 shares	\$ 78,405	\$ 79,664	
Lamb Weston Holdings Inc	2,289 shares	104,997	129,214	
Lowes Companies Inc	12,875 shares	1,027,348	1,196,603	
Lpl Financial Holdings Inc	2,559 shares	85,811	146,221	
Mack-Cali Realty Corp	3,864 shares	84,846	83,308	
Macy'S Inc	5,335 shares	117,127	134,389	
Manpower Inc	1,240 shares	106,278	156,376	
Mastec Inc	2,600 shares	112,979	127,270	
Medical Properties Trust Inc	2,318 shares	27,464	31,942	
Meritor Inc	6,197 shares	86,926	145,382	
Mgic Investment Corp	7,541 shares	116,418	106,404	
Molina Healthcare Inc	1,362 shares	68,905	104,438	
Nuance Communications	8,722 shares	149,706	142,605	
Oclaro Inc	6,345 shares	44,890	42,765	
Old Dominion Freight Line	919 shares	63,220	120,894	
On Semiconductor Corp	5,796 shares	65,330	121,368	
Pacwest Bancorp	5,588 shares	242,660	281,635	
Parsley Energy Inc - Class A	5,026 shares	123,008	147,965	
Patterson Co Inc	3,012 shares	110,350	108,824	
Pepsico Inc	11,700 shares	1,247,849	1,403,064	
Pilgrim's Pride Corp	3,436 shares	86,178	106,722	
Pinnacle Foods Inc	1,737 shares	99,327	103,299	
Pinnacle West Capital	1,636 shares	95,482	139,354	
Pnm Resources Inc	1,889 shares	38,973	76,410	
Primerica Inc	1,099 shares	61,597	111,603	
Propetro Holding Corp	8,949 shares	131,153	180,412	
Qualcomm Inc	13,325 shares	582,542	853,067	
Range Resources Corp	5,484 shares	119,862	119,862	
Raymond James Financial Inc	1,256 shares	63,666	112,161	
Regal Entertainment Group-A	2,654 shares	44,851	61,069	
Rpc Energy Services Inc	5,621 shares	119,879	143,504	
Rsp Permian Inc	4,305 shares	144,894	175,127	
Sally Beauty Co Inc	3,865 shares	75,505	72,507	
Schwab (Charles) Corp	52,400 shares	496,905	2,691,788	
Signature Bank	838 shares	116,194	115,024	
Skywest Inc	2,664 shares	107,334	141,458	
State Street Corp	16,250 shares	923,169	1,586,163	
Sterling Bancorp	3,006 shares	73,087	73,948	
Stifel Financial Corp	1,999 shares	75,361	119,060	
Summit Materials Inc - Cl A	3,786 shares	108,692	119,032	
Sunstone Hotel Investors	5,203 shares	41,710	86,006	
Synovus Finl Corp	6,890 shares	161,864	330,307	
Tcf Finl Corp	50,200 shares	654,501	1,029,100	
Tech Data Corp	1,594 shares	124,734	156,164	
Tegna Inc	12,267 shares	157,208	172,719	
Teradata Corp	3,465 shares	107,929	133,264	
Teradyne Inc	2,560 shares	50,999	107,187	
Timken Co	2,125 shares	93,972	104,444	
U S Bancorp	26,050 shares	786,988	1,395,759	
Ugi Corp New	2,108 shares	43,075	98,971	
United Parcel Service Cl B	7,400 shares	772,308	881,710	
Univar Inc	3,491 shares	70,136	108,081	
Us Concrete Inc	1,466 shares	117,804	122,631	
Us Silica Holdings Inc	3,628 shares	141,844	118,128	
Vectrus	19,999 shares	406,003	616,969	
Voya Financial Inc.	3,418 shares	133,361	169,088	
Wells Fargo & Co	23,350 shares	1,186,356	1,416,645	
Western Alliance Bancorp	4,584 shares	74,319	259,546	
Westlake Chemical Corp	1,542 shares	89,093	164,269	
Wyndham Worldwide Corp	1,463 shares	78,449	169,518	
Xilinx	17,000 shares	720,457	1,146,140	
Xpo Logistics Inc	1,656 shares	51,929	151,673	
Zions Bancorp	4,528 shares	129,964	230,158	
Total Equities - U.S.		\$ 23,307,719	\$ 42,626,436	
Equities - International				

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Arch Capital Group Ltd	2,378 shares	\$ 69,670	\$ 215,851	
Athene Holding Ltd Class A	1,969 shares	107,777	101,817	
Chubb Limited	9,400 shares	456,312	1,374,562	
Flextronics Intl Ltd	6,122 shares	58,263	110,135	
Marvell Technology Group Ltd	5,801 shares	59,699	124,547	
Nabors Industries Ltd W/1 Rt Per Share Exp 7/16/2016	13,345 shares	120,759	91,146	
Teva Pharmaceutical -Sp Adr	15,000 shares	553,294	284,250	
Trinseo S.A.	1,417 shares	77,051	102,874	
Ultra Petroleum Corp	11,623 shares	107,020	105,304	
Venator Materials Plc	5,777 shares	118,587	127,758	
Total Equities - International		\$ 1,738,432	\$ 2,638,244	
Mutual funds - U.S. equities				
Calamos Market Neutral Income Fund-I	1,094,941 shares	\$ 14,327,942	\$ 14,310,875	
Diamond Hill Long/Short - Institutional Class	522,027 shares	12,986,068	13,776,292	
Ishares Russell 2000 Growth Etf	16,363 shares	1,059,120	3,054,972	
Vanguard Russell 1000 Growth ETF	76,972 shares	8,981,863	10,624,445	
Vanguard Russell 1000 Value	84,625 shares	8,690,141	9,187,736	
Total Mutual funds - U.S. equities		\$ 46,045,134	\$ 50,954,320	
Mutual funds - International equities				
American Europacific Growth Fund - R5	363,568 shares	\$ 13,305,153	\$ 20,392,506	
Blackrock Global Allocation Fund - Institutional Class	731,992 shares	14,352,260	14,500,755	
Dodge & Cox International Stock Fund	417,671 shares	14,638,120	19,346,523	
T. Rowe Price Emerging Markets Stock Fund	173,630 shares	5,076,638	7,811,619	
Total Mutual funds - International equities		\$ 47,372,171	\$ 62,051,403	
Mutual funds - U.S. government securities				
Blackrock Strategic Income Opportunities Portfolio	435,185 shares	\$ 4,321,390	\$ 4,334,445	
Federated Mortgage Fund - Institutional	367,732 shares	3,605,603	3,508,167	
Total Mutual funds - U.S. government securities		\$ 7,926,993	\$ 7,842,612	
Mutual funds - U.S. bonds				
Loomis Sayles Bond Fund - Class I	185,436 shares	\$ 2,724,961	\$ 2,551,595	
Pimco Long Duration Total Return Fund	1,946,284 shares	21,714,069	21,428,583	
Total Mutual funds - U.S. Bonds		\$ 24,439,030	\$ 23,980,178	
Mutual funds - International bonds				
Franklin Templeton Templeton Global Total Return Fund	208,610 shares	\$ 2,787,536	\$ 2,513,755	
Total Mutual funds - International bonds		\$ 2,787,536	\$ 2,513,755	
Money market funds				
Federated Government Obligations Fund - Pmm	9,852,112 units	\$ 9,852,112	\$ 9,852,112	
Total Money market funds		\$ 9,852,112	\$ 9,852,112	
U.S. government securities				
U.S. Treasury N/B	\$70,000 principal amount			
	2.375% due 06/30/18	\$ 71,812	\$ 70,273	
U.S. Treasury N/B	\$200,000 principal amount			
	4.250% due 05/15/39	214,654	252,688	
U.S. Treasury N/B	\$150,000 principal amount			
	1.125% due 05/31/19	147,848	148,500	
U.S. Treasury N/B	\$70,000 principal amount			
	1.500% due 05/31/20	70,248	69,300	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
U.S. Treasury N/B	\$150,000 principal amount			
	1.500% due 08/15/26	\$ 146,952	\$ 139,500	
U.S. Treasury N/B	\$200,000 principal amount			
	1.750% due 05/15/22	202,660	196,750	
U.S. Treasury N/B	\$70,000 principal amount			
	1.750% due 11/30/21	70,076	69,016	
U.S. Treasury N/B	\$70,000 principal amount			
	2.000% due 02/15/22	71,001	69,650	
U.S. Treasury N/B	\$130,000 principal amount			
	2.000% due 07/31/22	130,226	129,005	
U.S. Treasury N/B	\$50,000 principal amount			
	2.000% due 08/15/25	49,363	48,719	
U.S. Treasury N/B	\$130,000 principal amount			
	2.000% due 09/30/20	129,228	130,183	
U.S. Treasury N/B	\$130,000 principal amount			
	2.000% due 11/30/22	129,853	128,842	
U.S. Treasury N/B	\$200,000 principal amount			
	2.125% due 12/31/22	200,758	199,156	
U.S. Treasury N/B	\$70,000 principal amount			
	2.250% due 04/30/21	72,589	70,448	
U.S. Treasury N/B	\$150,000 principal amount			
	2.250% due 11/15/24	151,043	149,180	
U.S. Treasury N/B	\$70,000 principal amount			
	2.375% due 05/15/27	71,370	69,792	
U.S. Treasury N/B	\$155,000 principal amount			
	3.125% due 08/15/44	157,676	166,383	
U.S. Treasury N/B	\$70,000 principal amount			
	3.625% due 02/15/20	69,005	72,494	
U.S. Treasury N/B	\$200,000 principal amount			
	4.375% due 05/15/40	239,986	257,688	
U.S. Treasury N/B	\$200,000 principal amount			
	1.125% due 03/31/20	199,969	196,563	
Total U.S. government securities		\$ 2,596,317	\$ 2,634,130	
U.S. government asset-backed securities				
Federal Farm Credit Bank	\$500,000 principal amount			
	2.450% due 06/06/23	\$ 504,091	\$ 503,546	
Federal Home Loan Bank	\$250,000 principal amount			
	1.875% due 12/09/22	250,000	245,243	
Federal Home Loan Bank	\$500,000 principal amount			
	2.125% due 06/12/26	506,551	481,192	
Federal Home Loan Bank	\$250,000 principal amount			
	4.300% due 03/06/19	252,170	257,089	
Federal Home Loan Mortgage Corp	\$250,000 principal amount			
	3.750% due 03/27/19	250,932	255,764	
Federal National Mortgage Association	\$250,000 principal amount			
	1.250% due 05/06/21	249,200	243,178	
Federal National Mortgage Association	\$500,000 principal amount			
	2.125% due 04/24/26	508,919	484,371	
Total U.S. government asset-backed securities		\$ 2,521,863	\$ 2,470,383	
Corporate obligations - U.S.				
Aflac Inc	\$100,000 principal amount			
	3.625% due 06/15/23	\$ 104,912	\$ 104,221	
Allstate Corp	\$65,000 principal amount			
	5.350% due 06/01/33	63,700	77,567	
Apple Inc	\$250,000 principal amount			
	2.400% due 05/03/23	250,997	247,340	
AT&T Inc	\$100,000 principal amount			
	5.500% due 02/01/18	102,847	100,270	
Bank Of America Corp	\$95,000 principal amount			
	5.625% due 07/01/20	98,725	102,593	
Bank Of New York Mellon	\$100,000 principal amount			
	4.600% due 01/15/20	101,212	104,626	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Berkshire Hathaway	\$35,000 principal amount			
	4.250% due 01/15/21	\$ 34,895	\$ 36,941	
Boeing Capital Corp	\$75,000 principal amount			
	4.700% due 10/27/19	75,713	78,370	
Burlington Northern Santa Fe	\$25,000 principal amount			
	4.700% due 10/01/19	24,900	26,009	
Capital One Bank Usa Na	\$100,000 principal amount			
	2.150% due 11/21/18	100,328	99,944	
Cisco Systems	\$100,000 principal amount			
	4.450% due 01/15/20	100,449	104,513	
Colgate Palmolive Co	\$100,000 principal amount			
	2.100% due 05/01/23	102,667	97,698	
CVS Health Corporation	\$25,000 principal amount			
	4.125% due 05/15/21	26,270	25,930	
Discover Bank	\$100,000 principal amount			
	4.250% due 03/13/26	102,098	104,180	
Duke Energy Corp	\$100,000 principal amount			
	5.050% due 09/15/19	102,149	104,278	
Exxon Mobil Corp	\$100,000 principal amount			
	1.912% due 03/06/20	99,910	99,538	
General Elec Cap Corp	\$100,000 principal amount			
	1.625% due 04/02/18	99,100	99,994	
Goldman Sachs Group Inc	\$85,000 principal amount			
	3.000% due 04/26/20	84,798	85,339	
Honeywell International Inc	\$100,000 principal amount			
	5.700% due 03/15/37	106,370	130,676	
Intel Corp	\$100,000 principal amount			
	4.000% due 12/15/32	102,102	110,141	
Johnson & Johnson	\$100,000 principal amount			
	2.050% due 03/01/23	102,685	97,905	
JP Morgan Chase & Co	\$100,000 principal amount			
	1.850% due 03/22/19	100,210	99,611	
JP Morgan Chase & Co	\$25,000 principal amount			
	4.400% due 07/22/20	26,169	26,263	
Lockheed Martin Corporation	\$50,000 principal amount			
	4.850% due 09/15/41	51,635	56,933	
Metlife Inc	\$85,000 principal amount			
	3.600% due 04/10/24	86,109	88,910	
Occidental Petroleum Corp	\$75,000 principal amount			
	3.125% due 02/15/22	76,027	76,778	
Pacific Gas & Elec Co	\$55,000 principal amount			
	3.500% due 10/01/20	55,940	56,406	
Pepsico Inc	\$100,000 principal amount			
	2.750% due 03/01/23	100,645	100,937	
PNC Funding Corp	\$100,000 principal amount			
	3.300% due 03/08/22	105,874	102,497	
Potash Corp Of Saskatchewan	\$100,000 principal amount			
	3.000% due 04/01/25	101,433	97,500	
Procter & Gamble Co	\$125,000 principal amount			
	1.700% due 11/03/21	125,353	122,061	
Pseg Power Llc	\$55,000 principal amount			
	4.150% due 09/15/21	56,399	57,110	
Qualcomm Inc	\$75,000 principal amount			
	3.450% due 05/20/25	73,120	75,171	
Schwab (Charles) Corp	\$100,000 principal amount			
	2.200% due 07/25/18	100,235	100,131	
Southern Co	\$50,000 principal amount			
	2.450% due 09/01/18	50,127	50,139	
Spectra Energy Partners	\$25,000 principal amount			
	4.600% due 06/15/21	26,352	26,381	
United Parcel Service	\$100,000 principal amount			
	2.450% due 10/01/22	99,900	99,622	
Verizon Communications	\$100,000 principal amount			
	3.500% due 11/01/24	102,529	101,797	
Viacom Inc	\$100,000 principal amount			
	3.250% due 03/15/23	102,629	97,910	
Total Corporate obligations - U.S.		\$ 3,427,513	\$ 3,474,230	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
International bonds				
Bank of Montreal Series Mtn	\$100,000 principal amount 2.375% due 01/25/19	\$ 101,180	\$ 100,147	
BP Capital Markets PLC	\$75,000 principal amount 3.814% due 02/10/24	77,404	78,917	
Total International bonds		\$ 178,584	\$ 179,064	
Limited Partnership - U.S. equity				
Frontier Cap Appreciation Fund, L.P.	1 unit	\$ 6,138,650	\$ 15,890,032	
Total Limited Partnership - U.S. Equity		\$ 6,138,650	\$ 15,890,032	
Limited Partnership - Multi-class				
Aurora Offshore Fd Ltd	45 units	\$ 63,918	\$ 67,801	
Total Limited Partnership - Multi-Class		\$ 63,918	\$ 67,801	
Total assets held for investment purposes		\$ 178,395,972	\$ 227,174,700	

Pension Plan of Children's Hospital
Medical Center of Akron

EIN #34-0714357 Plan #001

Schedule H, Line 4f- Schedule of Reportable Transactions

For the Year Ended December 31, 2017

(a) Identity of Party Involved	(b) DATE	(c) SHARES	(d) Description of Asset	(e) Purchase Price	(f) Sales Price	(g) Lease Rent	(h) Expense Incurred with Transaction	(i) Cost of Asset	(j) Current Value of Asset at Transaction Date	(k) Net Gain (Loss)
Category 1 - Single Transaction Exceeds 5% of Value										
Federated Government Obligations Fund - Pim	3/2/2017	20,173,574	Money market funds	N/A	\$ 20,173,574	\$ -	\$ -	\$ 20,173,574	N/A	\$ -
Federated Government Obligations Fund - Pim	3/8/2017	19,599,974	Money market funds	N/A	19,599,974	-	-	19,599,974	N/A	-
Federated Government Obligations Fund - Pim	2/28/2017	19,750,257	Money market funds	N/A	19,750,257	-	-	19,750,257	N/A	-
Federated Government Obligations Fund - Pim	3/2/2017	21,173,574	Money market funds	N/A	21,173,574	-	-	21,173,574	N/A	-
Vanguard Russell 1000 Growth ETF	3/8/2017	84,840	Mutual funds - U.S. equities	N/A	9,899,980	-	2,545	9,899,980	N/A	-
Total					90,597,359		2,545	90,597,359		
Category 2 - Series of Transactions with Same Broker Exceeds 5% of Value										
Broker: Merrill Lynch, Pierce, Fenner & Smith Incorporated										
Vanguard Russell 1000 Growth ETF	3/8/2017			N/A	\$ 9,899,980	\$ -	\$ 2,545	\$ 9,899,980	N/A	\$ -
Vanguard Russell 1000 Value ETF	3/8/2017			N/A	9,699,995	-	2,834	9,699,995	N/A	-
Total					19,599,975		5,379	19,599,975		
Category 3 - Series of Transactions in Same Security exceed 5% of value										
Pimco Long Duration Total Return										
BUYS										
	9/21/2017	1,881,720		\$ 21,000,000	N/A	\$ -	\$ -	\$ 21,000,000	\$ 21,000,000	\$ -
	10/2/2017	1,890		21,020	N/A	-	-	21,020	21,020	-
	11/1/2017	5,834		64,936	N/A	-	-	64,936	64,936	-
	12/1/2017	6,405		71,482	N/A	-	-	71,482	71,482	-
	12/13/2017	46,589		514,344	N/A	-	-	514,344	514,344	-
	12/27/2017	3,844		42,287	N/A	-	-	42,287	42,287	-
Total					21,714,069			21,714,069	21,714,069	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2017

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		1		0		0		0		0		0		0		0	
30 - 34	0		1		17		74	60,093	2		0		0		0		0		0	
35 - 39	0		5		8		115	74,401	37	67,511	1		0		0		0		0	
40 - 44	0		2		7		84	69,900	56	78,442	3		0		0		0		0	
45 - 49	0		4		18		80	70,664	65	73,090	34	93,636	33	79,501	3		0		0	
50 - 54	0		7		10		63	86,631	57	104,081	30	89,169	45	77,132	27	74,444	0		0	
55 - 59	0		3		8		61	55,843	64	83,488	19		41	68,904	36	83,467	41	76,642	1	
60 - 64	0		1		5		53	76,597	52	79,327	14		28	74,552	19		40	86,394	34	60,709
65 - 69	0		1		1		9		15		6		8		7		6		9	
70 & Over	0		0		1		2		1		2		2		0		2		2	

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
 EIN / PN: 34-0714357 / 001
 Plan Sponsor: Children's Hospital Medical Center of Akron
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

- | | Reflecting
HATFA
Corridors | Not
Reflecting
Corridors |
|---------------------------|----------------------------------|--------------------------------|
| ■ First segment rate | 4.16% | 1.52% |
| ■ Second segment rate | 5.72% | 3.80% |
| ■ Third segment rate | 6.48% | 4.79% |
| ■ Effective interest rate | 5.97% | 4.20% |
| ■ Lump sum interest rate | 3 segment rates | |

Annual rates of increase:

- Compensation:
 - Representative rates
- The following has been utilized as the assumed annual salary growth at the indicated ages:

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

- **Healthy** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using the static mortality option.
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
- **Lump sum** Pension Protection Act unisex mortality table for 2017.

Termination

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

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

Disability

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Retirement

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

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

The average retirement age is age 63.

Benefit commencement date:

- Pre-retirement death benefit The later of the death of the active participant or the date the participant would have attained age 55 with 10 years of service or age 65, if earlier
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Age 65
- Retirement benefit Upon termination of employment

Form of payment

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

Percent married

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

Spouse age

Female spouses are assumed to be three years younger than the male spouses.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2016 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	None.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2017. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussion with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
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Assumptions Rationale - Significant Demographic Assumptions

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

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

Change in methods since prior valuation None.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Children's Hospital Medical Center of Akron
EIN/PN	34-0714357 / 001
Plan Name	The Pension Plan of Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2017
Enrolled Actuary	Brian A. Hartman
Enrollment Number	17-07613

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

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

Pension Plan of Children's Hospital
Medical Center of Akron

EIN #34-0714357 Plan #001

Schedule H, Line 4j- Schedule of Reportable Transactions

For the Year Ended December 31, 2017

(a) Identity of Party Involved	(b) DATE	(c) SHARES	(d) Description of Asset	(e) Purchase Price	(f) Sales Price	(g) Lease Rental	(h) Expense Incurred with Transaction	(i) Cost of Asset	(j) Current Value of Asset at Transaction Date	(k) Net Gain (Loss)
Category 1 - Single Transaction Exceeds 5% of Value										
Federated Government Obligations Fund - Pfm	3/2/2017	20,173.574	Money market funds	N/A	\$ 20,173.574	-	\$ -	\$ 20,173.574	N/A	\$ -
Federated Government Obligations Fund - Pfm	3/8/2017	19,599.974	Money market funds	N/A	19,599.974	-	-	19,599.974	N/A	-
Federated Government Obligations Fund - Pfm	2/28/2017	19,750.257	Money market funds	N/A	19,750.257	-	-	19,750.257	N/A	-
Federated Government Obligations Fund - Pfm	3/2/2017	21,173.574	Money market funds	N/A	21,173.574	-	-	21,173.574	N/A	-
Vanguard Russell 1000 Growth ETF	3/8/2017	84,840	Mutual funds - U.S. equities	N/A	9,899.980	-	2,545	9,899.980	N/A	-
Total					90,597.359		2,545	90,597.359		
Category 2 - Series of Transactions with Same Broker Exceeds 5% of Value										
Broker: Merrill Lynch, Pierce, Fenner & Smith Incorporated										
Vanguard Russell 1000 Growth ETF	3/8/2017			N/A	\$ 9,899.980	-	\$ 2,545	\$ 9,899.980	N/A	\$ -
Vanguard Russell 1000 Value ETF	3/8/2017			N/A	9,699.995	-	2,834	9,699.995	N/A	-
Total					19,599.975		5,379	19,599.975		
Category 3 - Series of Transactions in Same Security exceed 5% of value										
Pimco Long Duration Total Return										
BUYS										
	9/21/2017	1,881.720		\$ 21,000.000	N/A	-	\$ -	\$ 21,000.000	\$ 21,000.000	\$ -
	10/2/2017	1,890		21,020	N/A	-	-	21,020	21,020	-
	11/1/2017	5,834		64,936	N/A	-	-	64,936	64,936	-
	12/1/2017	6,405		71,482	N/A	-	-	71,482	71,482	-
	12/13/2017	48,589		514,344	N/A	-	-	514,344	514,344	-
	12/27/2017	3,844		42,287	N/A	-	-	42,287	42,287	-
Total					21,714.069			21,714.069	21,714.069	

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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____

► Round off amounts to nearest dollar.

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

A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 34-0714357	

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

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2017</u>			
2 Assets:						
a Market value		2a	194356737			
b Actuarial value		2b	198213777			
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		773	66509364	67621031		
b For terminated vested participants		382	16457267	16457267		
c For active participants		1485	124409289	126222597		
d Total		2640	207375920	210300895		
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 5.97%				
6 Target normal cost		6 8963538				

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			08/24/2018 Date
BRIAN A HARTMAN Type or print name of actuary		1707613 Most recent enrollment number	
TOWERS WATSON DELAWARE INC. Firm name		216-937-4000 Telephone number (including area code)	

1001 LAKESIDE AVENUE
 SUITE 1500
 CLEVELAND OH 44114-1172

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 ☐

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

Schedule SB (Form 5500) 2017
 v. 170203

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)	804772	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	804772	
10 Interest on line 9 using prior year's actual return of 8.35%	67198	
11 Prior year's excess contributions to be added to prefunding balance		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.16%		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	871970	

Part III Funding Percentages

14 Funding target attainment percentage	14	93.83%
15 Adjusted funding target attainment percentage	15	93.83%
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	105.89%
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
01/03/2017	1000000		07/06/2017	1000000	
02/01/2017	1000000		08/01/2017	1000000	
03/01/2017	1000000		09/01/2017	1000000	
04/03/2017	1000000		10/02/2017	1000000	
05/02/2017	1000000		10/13/2017	2000000	
06/02/2017	1000000				
Totals ► 18(b)				12000000	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	11695141

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 4.16%	2nd segment 5.72%	3rd segment 6.48%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prescribed - combined	☒ Prescribed - separate	Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions)			
a Target normal cost (line 6)	31a	8963538	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments	Outstanding Balance	Installment	
a Net short/fall amortization installment	12959088	2128037	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	11091575	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	11091575	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	11695141	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	603566	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2017

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

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

Weighted Retirement Age: 63.40

Average Retirement Age: 63

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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

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

Participation date Date of becoming a covered employee.

Definitions

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

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

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

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

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

Monthly pension benefit The monthly benefit is equal to the greater of:

- a) The sum of
 - (i) 1.0% of final 5-year average monthly compensation multiplied by years of vesting service, and
 - (ii) 0.65% of final 5-year average monthly compensation in excess of Social Security Covered Compensation, multiplied by years of vesting service, not to exceed 35 years.

If the Social Security Retirement Age is age 66, the 1.0% factor becomes 0.9333% and the 0.65% factor becomes 0.606645%. If the Social Security Retirement Age is age 67, the 1.0% factor becomes 0.8667% and the 0.65% factor becomes 0.563355%. These changes are not applicable for participants born before 1938.

Or

- b) \$15.00 multiplied by the sum of
 - (i) years of benefit service at January 1, 1989, and
 - (ii) years of vesting service after January 1, 1989.

Monthly preretirement death benefit The benefit paid to the surviving spouse is equal to the benefit she would have received if the employee had retired on the day prior to his death and had elected a 50% Joint and Survivor option.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Disability Permanent and total disability.

Pre-retirement death benefit Death after completion of five years of vesting service, provided that the employee has been married to his current spouse for at least one year.

Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

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

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

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

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Vested termination	Monthly pension benefit (determined in the same manner as for early retirement) is payable commencing at age 65.
Total disability retirement	The monthly pension benefit is determined based on the participant's average monthly compensation at date of retirement and years of vesting and benefit commencement date on which LTD payments cease, if earlier. This benefit is payable as of the participant's Normal Retirement Date.
Pre-retirement death	The monthly pre-retirement death benefit is payable to the spouse at the later of: a) the date of the employee's death or b) the date of which the employee would have been age 55 with 10 years of service or age 65.
Post-retirement death	A lump sum death benefit of \$5,000 is payable to the beneficiary of the participant.

Other Plan Provisions

Forms of payment	A participant may elect to receive his benefit on a straight-life, 100% Joint and Survivor, 75% Joint and Survivor, 50% Joint and Survivor basis, 180 months certain and continuous, 120 months certain and continuous, 60 months certain and continuous, or a lump sum. Unless otherwise elected, any benefit payable under the Plan shall be paid: a) on a 50% Joint and Survivor basis, if the employee has been married to his current spouse for at least one year; or b) on a straight-life basis otherwise, with the further provision that any benefits payable under (a) above shall be actuarially equivalent to a straight-life benefit.
Death benefit	The beneficiary of a participant who dies while receiving a normal, early, or disability retirement benefit shall be entitled to receive a lump sum death benefit of \$5,000, if retired after January 1, 1971.
Pension increases	None.
Plan participants' contributions	None.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since prior year.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2017

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Equities - U.S.				
Aerojet Rocketdyne Holdings Inc	2,960 shares	\$ 64,734	\$ 92,352	
Allegheny Technologies Inc	5,537 shares	96,962	133,663	
Allele Inc New Common	1,619 shares	81,387	120,389	
Alliant Energy Corp	3,761 shares	129,141	160,256	
Ally Financial Inc	13,678 shares	254,481	398,850	
Alphabet Inc - Cl A	1,000 shares	212,686	1,053,400	
Alphabet Inc - Cl C	1,002 shares	213,084	1,048,493	
Amazon.Com Inc	2,370 shares	115,684	2,771,644	
American Campus Communities	3,066 shares	122,640	125,798	
American Eagle Outfitters Inc New	5,529 shares	75,903	103,945	
American Financial Group Inc New	2,340 shares	86,740	253,984	
Amgen Inc	9,450 shares	735,531	1,643,355	
Aramark	3,188 shares	109,710	136,255	
Arrow Electronics Inc	1,561 shares	87,851	125,520	
Assurant Inc	1,349 shares	101,851	136,033	
Atmos Energy Corp	1,505 shares	105,299	129,264	
BankUnited Inc	4,187 shares	138,938	170,495	
Brunswick Corp	1,830 shares	79,053	101,053	
Caci Intl Inc Cl A	940 shares	98,706	124,409	
Calatlantic Group Inc	1,076 shares	29,468	60,676	
Caleres Inc	4,269 shares	110,400	142,926	
Carpenter Technology	2,511 shares	102,806	128,036	
Casseys General Stores Inc	622 shares	52,482	69,627	
Charles River Laboratories Com	944 shares	47,176	103,321	
Cinemark Holdings Inc	2,079 shares	75,012	72,391	
Cisco Systems	39,100 shares	186,680	1,497,530	
Cit Group Inc	15,300 shares	564,673	753,219	
Cno Financial Group Inc	4,964 shares	119,582	122,561	
Cognizant Tech Solutions Crp	14,200 shares	35,745	1,008,484	
Comerica Inc	2,146 shares	111,832	186,294	
Cree Inc	2,326 shares	64,555	86,388	
Cypress Semiconductor Corp	6,063 shares	64,520	92,400	
D.R. Horton Inc	2,003 shares	35,751	102,293	
Dana Inc	4,212 shares	80,800	134,826	
Ddr Corp	27,779 shares	334,849	248,900	
Diamondback Energy Inc	1,425 shares	127,077	179,906	
Diamondrock Hospitality Co	8,150 shares	78,183	92,014	
Duke Realty Corp	6,232 shares	123,557	169,573	
E Trade Financial Corporation	5,722 shares	176,407	283,640	
Emcor Group Inc	1,954 shares	88,942	159,740	
Facebook Inc-A	6,600 shares	648,947	1,164,636	
Ferro Corp	3,273 shares	72,105	77,210	
First American Financial	2,673 shares	114,733	149,795	
First Hawaiian Inc	1,353 shares	37,698	39,481	
First Horizon National Corp	5,606 shares	114,877	112,064	
Forest City Realty Trust Inc - A	4,817 shares	105,387	116,090	
Gallagher Arthur J	1,910 shares	90,844	120,865	
Genessee & Wyoming "A"	1,383 shares	107,858	108,884	
G-lli Apparel Group Ltd	3,184 shares	78,831	117,458	
Great Plains Energy Inc	4,495 shares	125,228	144,919	
Hanesbrands Inc	5,276 shares	112,921	110,321	
Harsco Corp	2,012 shares	37,081	37,524	
Healthsouth Corp	2,341 shares	108,508	115,669	
Hill-Rom Holdings Inc	1,826 shares	100,047	153,914	
Hostess Brands Inc	5,983 shares	93,604	88,608	
Huntington Bancshares Inc	11,175 shares	110,944	162,708	
Huntington Ingalls Indus	569 shares	74,817	134,113	
Iberiabank Corp	2,262 shares	176,977	175,305	
IBM Corp	5,525 shares	559,057	847,646	
ITT Inc	2,576 shares	102,463	137,481	
JP Morgan Chase & Co	7,400 shares	267,848	791,356	
Kapstone Paper And Packaging	3,571 shares	81,037	81,026	
Kimco Realty Corp	5,781 shares	113,740	104,925	
Kla-Tencor Corp	16,100 shares	322,763	1,691,627	
Klx Inc	1,769 shares	109,273	120,734	
Knight-Swift Transportation Holdings Inc	3,296 shares	95,082	144,101	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Kohls Corp	1,469 shares	\$ 78,405	\$ 79,664	
Lamb Weston Holdings Inc	2,289 shares	104,997	129,214	
Lowes Companies Inc	12,875 shares	1,027,348	1,196,603	
Lpl Financial Holdings Inc	2,559 shares	85,811	146,221	
Mack-Cali Realty Corp	3,864 shares	84,846	83,308	
Macy'S Inc	5,335 shares	117,127	134,389	
Manpower Inc	1,240 shares	106,278	155,376	
Mastec Inc	2,600 shares	112,979	127,270	
Medical Properties Trust Inc	2,318 shares	27,464	31,942	
Meritor Inc	6,197 shares	86,926	145,382	
Mgic Investment Corp	7,541 shares	116,418	106,404	
Molina Healthcare Inc	1,362 shares	68,905	104,438	
Nuance Communications	8,722 shares	149,706	142,605	
Oclaro Inc	6,345 shares	44,890	42,765	
Old Dominion Freight Line	919 shares	63,220	120,894	
On Semiconductor Corp	5,796 shares	65,330	121,368	
Pacwest Bancorp	5,588 shares	242,660	281,635	
Parsley Energy Inc - Class A	5,026 shares	123,008	147,965	
Patterson Co Inc	3,012 shares	110,350	108,824	
Pepsico Inc	11,700 shares	1,247,849	1,403,064	
Pilgrim's Pride Corp	3,436 shares	86,178	106,722	
Pinnacle Foods Inc	1,737 shares	99,327	103,299	
Pinnacle West Capital	1,636 shares	95,482	139,354	
Prim Resources Inc	1,889 shares	38,973	76,410	
Primerica Inc	1,099 shares	61,597	111,603	
Propetro Holding Corp	8,949 shares	131,153	180,412	
Qualcomm Inc	13,325 shares	582,542	853,067	
Range Resources Corp	5,484 shares	119,862	93,557	
Raymond James Financial Inc	1,256 shares	63,666	112,161	
Regal Entertainment Group-A	2,654 shares	44,851	61,069	
Rpc Energy Services Inc	5,621 shares	119,879	143,504	
Rsp Permian Inc	4,305 shares	144,894	175,127	
Sally Beauty Co Inc	3,865 shares	75,505	72,507	
Schwab (Charles) Corp	52,400 shares	496,905	2,691,788	
Signature Bank	838 shares	116,194	115,024	
Skywest Inc	2,664 shares	107,334	141,458	
State Street Corp	16,250 shares	923,169	1,586,163	
Sterling Bancorp	3,006 shares	73,087	73,948	
Stifel Financial Corp	1,999 shares	75,361	119,060	
Summit Materials Inc - C I A	3,786 shares	108,692	119,032	
Sunstone Hotel Investors	5,203 shares	41,710	86,006	
Synovus Finl Corp	6,890 shares	161,864	330,307	
Tcf Finl Corp	50,200 shares	654,501	1,029,100	
Tech Data Corp	1,594 shares	124,734	156,164	
Tegna Inc	12,267 shares	157,208	172,719	
Teradata Corp	3,465 shares	107,929	133,264	
Teradyne Inc	2,560 shares	50,999	107,187	
Timken Co	2,125 shares	93,972	104,444	
U S Bancorp	26,050 shares	786,988	1,395,759	
Ugi Corp New	2,108 shares	43,075	98,971	
United Parcel Service C I B	7,400 shares	772,308	881,710	
Univar Inc	3,491 shares	70,136	108,081	
Us Concrete Inc	1,466 shares	117,804	122,631	
Us Silica Holdings Inc	3,628 shares	141,844	118,128	
Vectrus	19,999 shares	406,003	616,969	
Voya Financial Inc.	3,418 shares	133,361	169,088	
Wells Fargo & Co	23,350 shares	1,186,356	1,416,645	
Western Alliance Bancorp	4,584 shares	74,319	259,546	
Westlake Chemical Corp	1,542 shares	89,093	164,269	
Wyndham Worldwide Corp	1,463 shares	78,449	169,518	
Xilinx	17,000 shares	720,457	1,146,140	
Xpo Logistics Inc	1,656 shares	51,929	151,673	
Zions Bancorp	4,528 shares	129,964	230,158	
Total Equities - U.S.		\$ 23,307,719	\$ 42,626,436	
Equities - International				

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Arch Capital Group Ltd	2,378 shares	\$ 69,670	\$ 215,851	
Athene Holding Ltd Class A	1,969 shares	107,777	101,817	
Chubb Limited	9,400 shares	456,312	1,374,562	
Flextronics Intl Ltd	6,122 shares	68,263	110,135	
Marvell Technology Group Ltd	5,801 shares	59,699	124,547	
Nabors Industries Ltd W/1 Rt Per Share Exp 7/16/2016	13,345 shares	120,759	91,146	
Teva Pharmaceutical -Sp Adr	15,000 shares	553,294	284,250	
Trinseo S.A.	1,417 shares	77,051	102,874	
Ultra Petroleum Corp	11,623 shares	107,020	105,304	
Venator Materials Plc	5,777 shares	118,587	127,758	
Total Equities - International		\$ 1,738,432	\$ 2,638,244	
Mutual funds - U.S. equities				
Calamos Market Neutral Income Fund-I	1,094,941 shares	\$ 14,327,942	\$ 14,310,875	
Diamond Hill Long/Short - Institutional Class	522,027 shares	12,986,068	13,776,292	
Ishares Russell 2000 Growth Etf	16,363 shares	1,059,120	3,054,972	
Vanguard Russell 1000 Growth ETF	76,972 shares	8,981,863	10,624,445	
Vanguard Russell 1000 Value	84,625 shares	8,690,141	9,187,736	
Total Mutual funds - U.S. equities		\$ 46,045,134	\$ 50,954,320	
Mutual funds - International equities				
American Europacific Growth Fund - R5	363,568 shares	\$ 13,305,153	\$ 20,392,506	
Blackrock Global Allocation Fund - Institutional Class	731,992 shares	14,352,260	14,500,755	
Dodge & Cox International Stock Fund	417,671 shares	14,638,120	19,346,523	
T. Rowe Price Emerging Markets Stock Fund	173,630 shares	5,076,638	7,811,619	
Total Mutual funds - International equities		\$ 47,372,171	\$ 62,051,403	
Mutual funds - U.S. government securities				
Blackrock Strategic Income Opportunities Portfolio	435,185 shares	\$ 4,321,390	\$ 4,334,445	
Federated Mortgage Fund - Institutional	367,732 shares	3,605,603	3,508,167	
Total Mutual funds - U.S. government securities		\$ 7,926,993	\$ 7,842,612	
Mutual funds - U.S. bonds				
Loomis Sayles Bond Fund - Class I	185,436 shares	\$ 2,724,961	\$ 2,551,595	
Pimco Long Duration Total Return Fund	1,946,284 shares	21,714,069	21,428,583	
Total Mutual funds - U.S. Bonds		\$ 24,439,030	\$ 23,980,178	
Mutual funds - International bonds				
Franklin Templeton Templeton Global Total Return Fund	208,610 shares	\$ 2,787,536	\$ 2,513,755	
Total Mutual funds - International bonds		\$ 2,787,536	\$ 2,513,755	
Money market funds				
Federated Government Obligations Fund - Pm	9,852,112 units	\$ 9,852,112	\$ 9,852,112	
Total Money market funds		\$ 9,852,112	\$ 9,852,112	
U.S. government securities				
U.S. Treasury N/B	\$70,000 principal amount 2.375% due 06/30/18	\$ 71,812	\$ 70,273	
U.S. Treasury N/B	\$200,000 principal amount 4.250% due 05/15/39	214,654	252,688	
U.S. Treasury N/B	\$150,000 principal amount 1.125% due 05/31/19	147,848	148,500	
U.S. Treasury N/B	\$70,000 principal amount 1.500% due 05/31/20	70,248	69,300	

Pension Plan of Children's Hospital Medical Center of Akron

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Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
U.S. Treasury N/B	\$150,000 principal amount 1.500% due 08/15/26	\$ 146,952	\$ 139,500	
U.S. Treasury N/B	\$200,000 principal amount 1.750% due 05/15/22	202,660	196,750	
U.S. Treasury N/B	\$70,000 principal amount 1.750% due 11/30/21	70,076	69,016	
U.S. Treasury N/B	\$70,000 principal amount 2.000% due 02/15/22	71,001	69,650	
U.S. Treasury N/B	\$130,000 principal amount 2.000% due 07/31/22	130,226	129,005	
U.S. Treasury N/B	\$50,000 principal amount 2.000% due 08/15/25	49,363	48,719	
U.S. Treasury N/B	\$130,000 principal amount 2.000% due 09/30/20	129,228	130,183	
U.S. Treasury N/B	\$130,000 principal amount 2.000% due 11/30/22	129,853	128,842	
U.S. Treasury N/B	\$200,000 principal amount 2.125% due 12/31/22	200,758	199,156	
U.S. Treasury N/B	\$70,000 principal amount 2.250% due 04/30/21	72,589	70,448	
U.S. Treasury N/B	\$150,000 principal amount 2.250% due 11/15/24	151,043	149,180	
U.S. Treasury N/B	\$70,000 principal amount 2.375% due 05/15/27	71,370	69,792	
U.S. Treasury N/B	\$155,000 principal amount 3.125% due 08/15/44	157,676	166,383	
U.S. Treasury N/B	\$70,000 principal amount 3.625% due 02/15/20	69,005	72,494	
U.S. Treasury N/B	\$200,000 principal amount 4.375% due 05/15/40	239,986	257,688	
U.S. Treasury N/B	\$200,000 principal amount 1.125% due 03/31/20	199,969	196,563	
Total U.S. government securities		\$ 2,596,317	\$ 2,634,130	
U.S. government asset-backed securities				
Federal Farm Credit Bank	\$500,000 principal amount 2.450% due 06/06/23	\$ 504,091	\$ 503,546	
Federal Home Loan Bank	\$250,000 principal amount 1.875% due 12/09/22	250,000	245,243	
Federal Home Loan Bank	\$500,000 principal amount 2.125% due 06/12/26	506,551	481,192	
Federal Home Loan Bank	\$250,000 principal amount 4.300% due 03/06/19	252,170	257,089	
Federal Home Loan Mortgage Corp	\$250,000 principal amount 3.750% due 03/27/19	250,932	255,764	
Federal National Mortgage Association	\$250,000 principal amount 1.250% due 05/06/21	249,200	243,178	
Federal National Mortgage Association	\$500,000 principal amount 2.125% due 04/24/26	508,919	484,371	
Total U.S. government asset-backed securities		\$ 2,521,863	\$ 2,470,383	
Corporate obligations - U.S.				
Aflac Inc	\$100,000 principal amount 3.625% due 06/15/23	\$ 104,912	\$ 104,221	
Allstate Corp	\$65,000 principal amount 5.350% due 06/01/33	63,700	77,567	
Apple Inc	\$250,000 principal amount 2.400% due 05/03/23	250,997	247,340	
AT&T Inc	\$100,000 principal amount 5.500% due 02/01/18	102,847	100,270	
Bank Of America Corp	\$95,000 principal amount 5.625% due 07/01/20	98,725	102,593	
Bank Of New York Mellon	\$100,000 principal amount 4.600% due 01/15/20	101,212	104,626	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2017

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Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Berkshire Hathaway	\$35,000 principal amount 4.250% due 01/15/21	\$ 34,895	\$ 36,941	
Boeing Capital Corp	\$75,000 principal amount 4.700% due 10/27/19	75,713	78,370	
Burlington Northern Santa Fe	\$25,000 principal amount 4.700% due 10/01/19	24,900	26,009	
Capital One Bank Usa Na	\$100,000 principal amount 2.150% due 11/21/18	100,328	99,944	
Cisco Systems	\$100,000 principal amount 4.450% due 01/15/20	100,449	104,513	
Colgate Palmolive Co	\$100,000 principal amount 2.100% due 05/01/23	102,667	97,698	
CVS Health Corporation	\$25,000 principal amount 4.125% due 05/15/21	26,270	25,930	
Discover Bank	\$100,000 principal amount 4.250% due 03/13/26	102,098	104,180	
Duke Energy Corp	\$100,000 principal amount 5.050% due 09/15/19	102,149	104,278	
Exxon Mobil Corp	\$100,000 principal amount 1.912% due 03/06/20	99,910	99,538	
General Elec Cap Corp	\$100,000 principal amount 1.625% due 04/02/18	99,100	99,994	
Goldman Sachs Group Inc	\$85,000 principal amount 3.000% due 04/26/20	84,798	85,339	
Honeywell International Inc	\$100,000 principal amount 5.700% due 03/15/37	106,370	130,676	
Intel Corp	\$100,000 principal amount 4.000% due 12/15/32	102,102	110,141	
Johnson & Johnson	\$100,000 principal amount 2.050% due 03/01/23	102,685	97,905	
JP Morgan Chase & Co	\$100,000 principal amount 1.850% due 03/22/19	100,210	99,611	
JP Morgan Chase & Co	\$25,000 principal amount 4.400% due 07/22/20	26,169	26,263	
Lockheed Martin Corporation	\$50,000 principal amount 4.850% due 09/15/41	51,635	56,933	
MetLife Inc	\$85,000 principal amount 3.600% due 04/10/24	86,109	88,910	
Occidental Petroleum Corp	\$75,000 principal amount 3.125% due 02/15/22	76,027	76,778	
Pacific Gas & Elec Co	\$55,000 principal amount 3.500% due 10/01/20	55,940	56,406	
Pepsico Inc	\$100,000 principal amount 2.750% due 03/01/23	100,645	100,937	
PNC Funding Corp	\$100,000 principal amount 3.300% due 03/08/22	105,874	102,497	
Potash Corp Of Saskatchewan	\$100,000 principal amount 3.000% due 04/01/25	101,433	97,500	
Procter & Gamble Co	\$125,000 principal amount 1.700% due 11/03/21	125,353	122,061	
Pseg Power Llc	\$55,000 principal amount 4.150% due 09/15/21	56,399	57,110	
Qualcomm Inc	\$75,000 principal amount 3.450% due 05/20/25	73,120	75,171	
Schwab (Charles) Corp	\$100,000 principal amount 2.200% due 07/25/18	100,235	100,131	
Southern Co	\$50,000 principal amount 2.450% due 09/01/18	50,127	50,139	
Spectra Energy Partners	\$25,000 principal amount 4.600% due 06/15/21	26,352	26,381	
United Parcel Service	\$100,000 principal amount 2.450% due 10/01/22	99,900	99,622	
Verizon Communications	\$100,000 principal amount 3.500% due 11/01/24	102,529	101,797	
Viacom Inc	\$100,000 principal amount 3.250% due 03/15/23	102,629	97,910	
Total Corporate obligations - U.S.		\$ 3,427,513	\$ 3,474,230	

Pension Plan of Children's Hospital Medical Center of Akron

Schedule H, Line 4i - Schedule of Assets
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December 31, 2017

EIN 34-0714357 Plan #001

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Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
International bonds				
Bank of Montreal Series Mtn	\$100,000 principal amount 2.375% due 01/25/19	\$ 101,180	\$ 100,147	
BP Capital Markets PLC	\$75,000 principal amount 3.814% due 02/10/24	77,404	78,917	
Total International bonds		\$ 178,584	\$ 179,064	
Limited Partnership - U.S. equity				
Frontier Cap Appreciation Fund, L.P.	1 unit	\$ 6,138,650	\$ 15,890,032	
Total Limited Partnership - U.S. Equity		\$ 6,138,650	\$ 15,890,032	
Limited Partnership - Multi-class				
Aurora Offshore Fd Ltd	45 units	\$ 63,918	\$ 67,801	
Total Limited Partnership - Multi-Class		\$ 63,918	\$ 67,801	
Total assets held for investment purposes		\$ 178,395,972	\$ 227,174,700	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2017

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2017	12,959,088	7	12,959,088	2,128,037
Total					12,959,088	2,128,037

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2017