

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="margin-top: 5px;"> ☐ special extension (enter description) </div>	

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1958</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1958</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>AKRON GENERAL MEDICAL CENTER</u> <u>1 AKRON GENERAL AVENUE</u> <u>AKRON, OH 44307</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0714478</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-344-6772</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714478</u>	2c Plan Sponsor's telephone number <u>330-344-6772</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-0714478</u>					
2c Plan Sponsor's telephone number <u>330-344-6772</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.	10/11/2019	TIMOTHY LONGVILLE
	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 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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 3197
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1269 6a(2) 1172 6b 1346 6c 591 6d 3109 6e 71 6f 3180 6g 6h
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 1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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)** ☐ 0 **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ 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 AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AKRON GENERAL MEDICAL CENTER	D Employer Identification Number (EIN) 34-0714478
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2018			
2	Assets:			
a	Market value.....	2a	167429299	
b	Actuarial value	2b	167429299	
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	1380	81340443	81340443
b	For terminated vested participants	583	18097242	18097242
c	For active participants	1278	65295295	66947263
d	Total	3241	164732980	166384948
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	5.62 %	
6	Target normal cost	6	1744820	

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

<div>SIGN HERE</div>			10/03/2019
Signature of actuary		Date	
DAVID M. HAUER		17-06576	
Type or print name of actuary		Most recent enrollment number	
WILLIS TOWERS WATSON US LLC		216-937-4000	
Firm name		Telephone number (including area code)	
1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172			
Address of the firm			

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.93</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.91</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.62%
15 Adjusted funding target attainment percentage	15	100.62%
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	101.52%
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
09/12/2019	36300000	0			
Totals ▶			18(b)	36300000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	33082941

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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ 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)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1744820	
b Excess assets, if applicable, but not greater than line 31a	31b	1044351	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	700469	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	700469	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	33082941	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	32382472	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AKRON GENERAL MEDICAL CENTER	D Employer Identification Number (EIN) 34-0714478	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STATE STREET GLOBAL ADVISORS TRUST

81-4017137

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

98-0430284

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ELEMENT CAPITAL MANAGEMENT LLC, 600 LEXINGTON AVENUE 34TH FLOOR NEW YORK, NY 10022

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

98-0467285

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

GOLDENTREE ASSET MANAGEMENT LP

13-4118850

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

HG VORA CAPITAL MANAGEMENT

26-4376989

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

LSV ASSET MANAGEMENT

155 NORTH WACKER DRIVE
SUITE 4600
CHICAGO, IL 60606

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

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

PO BOX 95135
CHICAGO, IL 60694-5135

(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?
15	RECORDKEEPER	95185	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

1001 LAKESIDE AVENUE
SUITE 1500
CLEVELAND, OH 44114-1172

(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?
11	ACTUARIAL	90897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARATHON LONDON ASSET MANAGEMENT

5 UPPER ST MARTINS LANE
LONDON, ENGLAND WC2H 9EA GB

(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	83726	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)

NUMERIC INVESTORS LLC

04-3068821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGEMENT	70349	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HARTLAND & CO LLC

1100 SUPERIOR AVENUE
SUITE 700
CLEVELAND, OH 44114

(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	59967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITADEL ADVISORS, LLC

46-1648666

(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	34823	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

PNC BANK NATIONAL ASSOCIATION

22-1146430

(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	32021	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18	CUSTODIAL	30682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

1607 CAPITAL PARTNERS, LLC

26-0529973

(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	28757	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)

RYAN LABS ASSET MANAGEMENT INC

47-3503928

(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	25577	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VWH OFFSHORE FUND, LP

82-2227722

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT MANAGEMENT	0	Yes ☒ No ☐	Yes ☐ No ☒	23781	Yes ☐ No ☒

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

ARROWSTREET CAPITAL, LIMITED PARTNE

04-3472863

(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	22370	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)

SCOPIA INTERNATIONAL

152 WEST 57TH STREET
33RD FLOOR
NEW YORK, NY 10019

(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	19496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAGNETAR CONSTELLATION FUND LTD

04-3818748

(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	14744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRACEBRIDGE CAPITAL, LLC

888 BOYLSTON STREET
15TH FLOOR
BOSTON, MA 02199

(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	13415	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

MEADEN & MOORE LTD

PO BOX 92947
CLEVELAND, OH 44194-2947

(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?
10	AUDIT	11100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(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	9057	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27	INVESTMENT MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	5077	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2018</div> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AKRON GENERAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714478</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARROWSTREET INTL EQUITY ALPHA EXTEN</u>		
b Name of sponsor of entity listed in (a): <u>ARROWSTREET CAPITAL LTD</u>		
c EIN-PN <u>45-6500555-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4787753</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MARATHON-LONDON INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>MARATHON ASSET MANAGEMENT LTD</u>		
c EIN-PN <u>22-3321401-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4796363</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL 3000 ERISA FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4460071</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA MSCI EMERGING MARKETS</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-163</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5894919</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) 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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AKRON GENERAL MEDICAL CENTER	D Employer Identification Number (EIN) 34-0714478

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	36300000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	386237	262239
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3579573	2670654
(2) U.S. Government securities	1c(2)	16202750	42914948
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	35008956	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	0	2199269
(5) Partnership/joint venture interests	1c(5)	0	21884351
(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)	0	19939106
(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)	106982192	56266079
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	5269591	0

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	167429299	182436646

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	98668	897137
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	98668	897137

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	167330631	181539509
---	-----------	-----------	-----------

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)	36300000	
(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)		36300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	114	
(B) U.S. Government securities	2b(1)(B)	391574	
(C) Corporate debt instruments	2b(1)(C)	515130	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	82221	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		989039
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	14942	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1036666	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1051608
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	70423287	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	73071336	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-2648049
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-4290028	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4290028

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-549341
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-58630
(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)		-3009390
c Other income.....	2c		-694206
d Total income. Add all income amounts in column (b) and enter total	2d		27091003

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10814614	
(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)		10814614
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)	326868	
(3) Investment advisory and management fees.....	2i(3)	307971	
(4) Other	2i(4)	1432672	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2067511
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12882125

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14208878
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: MAYER HOFFMAN MCCANN P.C.

(2) EIN: 43-1947695

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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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 _____.

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 4154147. (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 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AKRON GENERAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714478</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>26</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

Part III	Amendments
-----------------	-------------------

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) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

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

Stock: 35.8% Investment-Grade Debt: 47.4% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 16.8%

- 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):



**AKRON GENERAL MEDICAL CENTER
RETIREMENT INCOME PLAN**

FINANCIAL STATEMENTS

Years Ended December 31, 2018 and 2017





6050 Oak Tree Boulevard, Suite 500 ■ Cleveland, OH 44131
Main: 216.447.9000 ■ Fax: 216.447.9007 ■ www.mhmcpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Akron General Medical Center Retirement Income Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year 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 the 2018 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon / BNY Mellon, N.A. from April 1, 2018 to December 31, 2018 and JP Morgan Chase, NA from January 1, 2018 through March 31, 2018, the trustees of the Plan, except for comparing the information with the related information included in the 2018 financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of December 31, 2018 and for the year then ended, that the information provided to the plan administrator by the trustees is complete and accurate.



Member of Kreston International — a global network of independent accounting firms



Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2018 financial statements.

Other Matter

The supplemental schedules of assets (held at end of year), assets (acquired and disposed of within year), and reportable transactions as of or for the year ended December 31, 2018 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the 2018 financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – 2017 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2017 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by JP Morgan Chase, NA, the trustee of the Plan. Their report, dated October 2, 2018, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Mayer Hoffman McCann P.C.

Cleveland, Ohio
October 7, 2019

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
<u>ASSETS</u>		
Investments at fair value		
Cash and cash equivalents	\$ 2,670,654	\$ 3,579,573
Corporate bonds and notes	-	35,008,956
U.S. government and related securities	42,914,948	16,202,750
Common stocks	2,199,269	82,969,917
Registered investment companies	56,266,079	24,012,275
Common collective trusts	19,939,106	-
Alternative investments	21,884,351	5,269,591
	<u>145,874,407</u>	<u>167,043,062</u>
Receivables		
Employer contribution	36,300,000	-
Accrued interest and dividends	211,653	386,237
Due from broker	50,586	-
	<u>36,562,239</u>	<u>386,237</u>
TOTAL ASSETS	<u>182,436,646</u>	<u>167,429,299</u>
<u>LIABILITIES</u>		
Accrued expenses	75,703	98,668
Due to broker	821,434	-
TOTAL LIABILITIES	<u>897,137</u>	<u>98,668</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 181,539,509</u></u>	<u><u>\$ 167,330,631</u></u>

See Notes to Financial Statements

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Investment income (loss)		
Net (depreciation) appreciation in fair value of investments	\$ (11,249,645)	\$ 16,956,045
Interest	989,039	1,489,865
Dividends	<u>1,051,608</u>	<u>2,325,430</u>
Net investment (loss) income	(9,208,998)	20,771,340
Employer contribution	<u>36,300,000</u>	<u>-</u>
TOTAL ADDITIONS	<u>27,091,002</u>	<u>20,771,340</u>
Benefits paid to participants	10,814,614	7,753,629
Administrative expenses	<u>2,067,510</u>	<u>1,837,219</u>
TOTAL DEDUCTIONS	<u>12,882,124</u>	<u>9,590,848</u>
NET INCREASE	14,208,878	11,180,492
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>167,330,631</u>	<u>156,150,139</u>
End of year	<u>\$ 181,539,509</u>	<u>\$ 167,330,631</u>

See Notes to Financial Statements

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of Plan

The following description of the Akron General Medical Center (Medical Center) Retirement Income Plan (Plan) provides only general information. Participants should refer to the Plan document or the Summary Plan Description for a more complete description of the Plan's provisions.

General – The Plan is a noncontributory defined benefit plan sponsored by the Medical Center and provides for retirement and death benefits for non-bargaining and United Steel Workers AFL-CIO, LLC employees hired before January 1, 2004, Ohio Nurses Association employees hired before January 2, 2005, and employees of Edwin Shaw Rehab Institute who were employed continuously from December 31, 2003 through May 15, 2015 and opted out of the Ohio Public Employees Retirement System (OPERS). Participants are eligible for normal retirement benefits upon reaching age 65. The amount of individual pensions is based upon several factors including, among other items, compensation, years of service and age. The Plan also provides for the payment of early retirement benefits, disability benefits, as well as the payment of benefits to the surviving spouse of a participant. Benefits require five years of vested service except for disability benefits which require ten years of vested service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

All benefit accruals have ceased as of January 1, 2018. Benefit accruals ceased for all non-bargaining employees at various dates through January 1, 2018, for United Steel Worker employees on January 1, 2017 and for Ohio Nurse Association employees on January 1, 2012. Vested benefits earned through these dates will be available for distribution in accordance with the Plan.

Effective January 1, 2018 the Plan was amended to allow non-bargaining employees, at the time of retirement or other termination of employment, the option for a lump sum benefit.

On November 1, 2015, the Cleveland Clinic Foundation (CCF or the System) became the full member of Akron General Health System (AGHS) with limited reserve powers pursuant to an affiliation agreement that was effective in September 2014. This change in members did not affect the administration or any feature of the Plan.

The System, by action of its Board, has established a Retirement Committee to act on its behalf as the Plan Administrator. The Retirement Committee has overall responsibility for the operation and administration of the Plan, including actions with respect to contracts, trusts, investment of the Plan assets and other Plan matters as required.

(2) Summary of significant accounting policies

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

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Payment of benefits - Benefits are recorded when paid.

Administrative expenses - The Plan's expenses are paid either by the Plan or the Medical Center, as provided by the Plan document. Expenses that are paid directly by the Medical Center are excluded from these financial statements. The Medical Center may obtain reimbursement from the Plan for certain administrative expenses paid on behalf of the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses reduce net (depreciation) appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment trustees. See Note 4 for discussions of fair value measurements.

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

Privately held registered investment company funds, common collective trusts and alternative investments are valued using, as a practical expedient, the Net Asset Value (NAV) per share as provided by the respective investment companies, partnerships or third-party fund administrators.

The Plan posted collateral totaling \$394,434 at December 31, 2018, with a third-party investment firm. The collateral is restricted to support certain investment activity managed by that firm. The collateral is included in U.S. government securities on the accompanying statements of net assets available for benefits. There was no collateral posted at December 31, 2017.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits (see Note 5) are those future periodic payments, including lump-sum, 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 are based on plan provisions in effect at the time of the employee's service, and consider compensation, age, and years of service. 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.

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

New Accounting Pronouncements - In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement, Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. This ASU intends to improve the effectiveness of disclosures in the notes to financial statements by modifying disclosure requirements for fair value measurements. The ASU is effective for the Plan for annual reporting periods beginning after December 15, 2019 with early adoption permitted. The Plan is currently assessing the impact that ASU 2018-13 will have on its financial statements and will adopt the provisions upon the effective date.

Reclassifications – Certain amounts in the 2017 financial statements have been reclassified to conform to the current year presentation. Such reclassifications had no impact on previously reported net assets available for benefits. Certain investments presented on the 2017 statement of net assets available for benefits and in Note 4 were also reclassified to conform to the current year presentation.

(3) Information prepared and certified by the trustees

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JP Morgan Chase, NA (for the period from January 1, 2018 to March 31, 2018) and The Bank of New York Mellon/BNY Mellon, N.A. (for the period April 1, 2018 to December 31, 2018), the Trustees of the Plan, certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments:

- Investments, at fair value
- Net (depreciation) appreciation in fair value of investments
- Interest and dividends
- Schedule of assets (held at end of year)
- Schedule of assets (acquired and disposed of within year)
- Schedule of reportable transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(4) Fair value measurements

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

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments which are measured at fair value on a recurring basis:

Investments at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 2,646,888	\$ 23,766	\$ -	\$ 2,670,654
Fixed income securities:				
U.S. government and related securities	42,914,948	-	-	42,914,948
Common stocks	2,199,269	-	-	2,199,269
Registered investment companies	12,011,499	-	-	12,011,499
Investments measured at fair value	<u>\$ 59,772,604</u>	<u>\$ 23,766</u>	<u>\$ -</u>	<u>\$ 59,796,370</u>

Investments at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 3,579,573	\$ -	\$ -	\$ 3,579,573
Fixed income securities:				
Corporate bonds and notes	-	35,008,956	-	35,008,956
U.S. government and related securities	16,202,750	-	-	16,202,750
Common stocks	82,969,917	-	-	82,969,917
Registered investment companies	24,012,275	-	-	24,012,275
Investments measured at fair value	<u>\$ 126,764,515</u>	<u>\$ 35,008,956</u>	<u>\$ -</u>	<u>\$ 161,773,471</u>

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

Total investments at fair value at December 31, 2018 and 2017 are comprised of the following:

	<u>2018</u>	<u>2017</u>
Investments measured at fair value	\$ 59,796,370	\$ 161,773,471
Investments measured at net asset value ^(a)		
Privately held registered investment company funds	44,254,580	-
Common collective trust funds	19,939,106	-
Alternative investments:		
Hedge funds	21,226,422	5,269,591
Private equity funds	657,929	-
Total investments at fair value	<u>\$ 145,874,407</u>	<u>\$ 167,043,062</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair value for Level 1 investments is based upon quoted market prices. Level 1 investments are actively-traded, liquid securities that are traded on many of the world's major exchanges, and fair value is determined at the closing prices on the respective exchange or market. Level 1 investments in registered investment companies are open-end mutual funds that are registered with the Securities and Exchange Commission, and are required to publish and transact at their daily NAV.

Fair value for Level 2 investments for fixed income securities and common and preferred stocks is primarily determined using techniques that are consistent with the market approach. Valuations are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs include broker/dealer quotes, reported/comparable trades, and benchmark yields. These inputs are obtained from various sources including market participants, dealers, and brokers.

Hedge funds generally contain lock-up provisions that do not allow for redemption of investments for up to 2 years after acquisition. Following the lock-up period, the funds can generally be redeemed providing there are no restrictions on the underlying securities. Redemptions are determined by the fund's management and have redemption frequencies ranging from monthly to annually which require redemption notifications that range from 5 to 120 days. The Plan had unfunded commitments in these funds totaling \$500,000 as of December 31, 2018.

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

Private equity funds do not have redemption rights. Distribution from such funds will be received as the underlying investments in the fund are liquidated. It is estimated that the investments in these funds would be liquidated over a weighted average period of approximately 7 years. The Plan had unfunded commitments in these funds totaling \$1,838,089 as of December 31, 2018.

(5) Actuarial present value of accumulated plan benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and 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 date of payment. The actuarial present value of accumulated plan benefits is presented based on a beginning-of-year benefit information date.

The significant assumptions underlying the actuarial computations are as follows:

Long-term rate of return	6.00% per year
Mortality	IRS 2018 prescribed mortality (RP2014) gender-distinct with no collar or quartile adjustment
Retirement	Rates varying by age (55 to 65)

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

A summary of the actuarial present value of accumulated plan benefits as of January 1, 2018 is as follows:

Vested benefits	
Participants currently receiving payments	\$ 80,644,634
Other participants	<u>82,836,845</u>
Total vested benefits	163,481,479
Nonvested benefits	<u>1,725,639</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 165,207,118</u></u>

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Actuarial present value of accumulated plan benefits (continued)

The change in the actuarial present value of accumulated plan benefits for the year ending January 1, 2018 consists of the following:

Actuarial present value of accumulated plan benefits at January 1, 2017	\$ 148,859,035
Benefits accumulated	253,103
Change in actuarial assumptions	11,643,542
Plan amendments	3,227,555
Actuarial gains	(825,872)
Increase due to passage of time	9,803,384
Decrease due to benefits paid	<u>(7,753,629)</u>
Actuarial present value of accumulated plan benefits at January 1, 2018	<u>\$ 165,207,118</u>

(6) Funding policy

The Medical Center has voluntarily agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The contributions of the Medical Center are made in amounts sufficient to fund the Plan's current service cost on a current basis and to fund past service cost plus interest thereon over a period of 30 years. The Medical Center may elect to increase its contributions above the minimum amount required by ERISA. The Plan has met the ERISA minimum funding requirements in 2018 and 2017.

(7) Related party transactions and party-in-interest transactions

Fees for legal, accounting and other services are paid by the Medical Center. Administrative and trustee fees are paid by the Plan. Other party-in-interest transactions include the purchase and sale of investments through the trustees. Such transactions are exempt from being prohibited transactions. Certain fees incurred by the Plan for the investment management services are included in net (depreciation) appreciation in fair value of the investments, as they are deducted from the NAV of the respective investment, rather than through a direct payment.

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(8) Plan termination

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

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

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

(9) Tax status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated May 21, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (Code) and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter and the Plan Administrator believes that the Plan and the related trust continue to be operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no tax audits for any periods.

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(10) **Risks and uncertainties**

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

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

(11) **Subsequent events**

The Plan has evaluated events that have occurred subsequent to the year ended December 31, 2018 through October 7, 2019, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2018

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. Frozen Bft.	No.	Avg. Frozen Bft.	No.	Avg. Frozen Bft.	No.	Avg. Frozen Bft.	No.	Avg. Frozen Bft.	No.	Avg. Frozen Bft.	No.	Avg. Frozen Bft.	No.	Avg. Frozen Bft.	No.	Avg. Frozen Bft.	No.	Avg. Frozen Bft.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		5		5		1		0		0		0		0		0	
35 - 39	1		1		29	3,358	51	4,136	12		0		0		0		0		0	
40 - 44	1		5		29	2,768	53	4,653	27	4,351	8		0		0		0		0	
45 - 49	3		4		27	2,914	50	4,387	57	5,784	43	6,330	7		0		0		0	
50 - 54	8		4		16		38	4,602	54	5,578	73	7,395	47	8,735	2		0		0	
55 - 59	2		6		25	3,155	45	4,537	56	6,225	66	7,367	55	9,987	37	10,302	7		7	
60 - 64	4		5		14		43	4,282	27	7,333	31	7,572	32	10,666	42	10,648	18		19	
65 - 69	0		1		2		9		3		15		9		10		10		8	
70 & Over	0		0		1		1		2		4		0		0		0		1	

Plan Name: Akron General Medical Center Retirement Income Plan
 EIN / PN: 34-0714478 / 001
 Plan Sponsor: Akron General Medical Center
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.92%	1.75%
■ Second segment rate	5.52%	3.76%
■ Third segment rate	6.29%	4.66%
■ Effective interest rate	5.62%	3.94%

Annual rates of increase:

- Future increases in maximum benefits and plan compensation limitations It is assumed that maximum benefit and plan compensation limitations under the IRC will not increase in the future.

Demographic Assumptions

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

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

Mortality Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

Plan Name: Akron General Medical Center Retirement Income Plan
EIN / PN: 34-0714478 / 001
Plan Sponsor: Akron General Medical Center
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Termination

The Vaughn Ultimate withdrawal rates were used. The following are illustrative:

Annual Probability of Withdrawal		
Attained Age	Males	Females
20	.186	.186
25	.136	.136
35	.079	.079
45	.055	.055
55	Nil	Nil

Disability

Wyatt 1985 Disability Study Class 1 male and female rates. The rates at the following ages illustrate the incidence of disability assumed:

Annual Rate of Disability (per 1,000 lives)		
Attained Age	Males	Females
25	.38	.47
35	.69	1.36
45	2.02	3.23
55	7.22	9.52

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.

Percentage retiring during the year	
Age	Incidence of Retirement
55-61	.02
62	.35
63	.10
64	.10
65	1.00

Form of payment

Termination: 50% single lump sum distribution assumed upon termination, 42.5% single lump sum distribution at normal retirement and 7.5% single life annuity at normal retirement.

Retirement: 75% single lump sum, 25% elect a single life.

Percent married

85% of participants are assumed to be married.

Plan Name: Akron General Medical Center Retirement Income Plan
EIN / PN: 34-0714478 / 001
Plan Sponsor: Akron General Medical Center
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Administrative expenses	Plan-related expenses are assumed to be the actual administrative expenses paid during the prior year. The amount included this year for plan-related expenses is \$1,744,820.
--------------------------------	--

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

Methods

Valuation date	First day of plan year.
-----------------------	-------------------------

Funding target	Present value of accrued benefits.
-----------------------	------------------------------------

Target normal cost	Plan-related expenses expected to be paid from plan assets during plan year.
---------------------------	--

Actuarial value of assets	The market value of assets as of the valuation date, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
----------------------------------	--

Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Akron General and, based on that review, is not aware of any significant benefits required to be valued that were not.
----------------------------	---

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

Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
---------------------------------------	--

Administrative expenses	Administrative expenses are estimated to be the actual expenses paid from the trust the preceding year.
--------------------------------	---

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.

Sources of Data and Other Information

Alight furnished participant data as of January 1, 2018. 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 discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data were 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.

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

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2016 to September 2017, and the interest rate corridors of HATFA were applied.
- The mortality table used to calculate the funding target was updated to include one additional year of projected mortality improvement, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were updated from \$1,611,505 for 2017 to \$1,744,820 for 2018.
- As a result of the introduction of a lump sum option effective January 1, 2018, the form of payment assumption for the plan was changed to reflect the following:
 - For terminations: 50% elect lump sum at termination date, 42.5% elect lump sum payable at normal retirement date and 7.5% elect a single life annuity at normal retirement date.
 - For retirements: 75% elect a lump sum benefit at retirement and 25% elect a single life annuity at retirement.
- Effective January 1, 2018, the actuarial value of assets equals the market value of assets. This change in method has automatic approval under Rev. Proc. 2017-56.

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2018

EIN: 34-0714478
Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or loss
Category (i) - Single transactions in excess of 5% of Plan assets								
JP Morgan Chase	VANGUARD DIVIDEND GROWTH FUND OPEN-END FUND	N/A	\$ 8,460,527	\$ -	\$ -	\$ 5,863,588	\$ 8,460,527	\$ 2,596,939
JP Morgan Chase	VANGUARD INSTITUTIONAL INDEX FUND OPEN-END FUND	N/A	43,583,637	-	-	33,307,830	43,583,637	\$ 10,275,807
Category (iii) - Series of transactions in excess of 5% of Plan assets								
JP Morgan Chase	VANGUARD DIVIDEND GROWTH FUND OPEN-END FUND 1 sale	N/A	8,460,527	-	-	5,863,588	8,460,527	2,596,939
JP Morgan Chase	VANGUARD INSTITUTIONAL INDEX FUND OPEN-END FUND 1 purchase, 1 sale	182,323 N/A	N/A 43,583,637	- -	- -	182,323 33,307,830	182,323 43,583,637	N/A 10,275,807
Category (iv) - Transactions with same party in excess of 5% of Plan assets								
JP Morgan Chase	VANGUARD DIVIDEND GROWTH FUND OPEN-END FUND 1 sale	N/A	8,460,527	-	-	5,863,588	8,460,527	2,596,939
JP Morgan Chase	VANGUARD INSTITUTIONAL INDEX FUND OPEN-END FUND 1 purchase, 1 sale	182,323 N/A	N/A 43,583,637	- -	- -	182,323 33,307,830	182,323 43,583,637	N/A 10,275,807
JP Morgan Chase	FEDERATED TOTAL RETURN BOND FUND OPEN-END FUND 4 purchases	205,464	N/A	-	-	205,464	205,464	N/A
JP Morgan Chase	OPPENHEIMER DEVELOPING MARKETS FUND OPEN-END FUND 1 sale	N/A	6,981,133	-	-	5,360,494	6,981,133	1,620,639

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2018

EIN: 34-0714478
Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or loss
JP Morgan Chase	PIMCO DIVERSIFIED INCOME FUND OPEN-END FUND 3 purchases, 1 sale	45,975 N/A	N/A 4,327,132	- -	- -	45,975 4,588,763	45,975 4,327,132	N/A (261,631)
JP Morgan Chase	TOUCHSTONE INTERNATIONAL SMALL CAP FUND OPEN-END 1 sale	N/A	2,069,273	-	-	1,756,415	2,069,273	312,858
JP Morgan Chase	TRANSAMERICA INTERNATIONAL EQUITY OPEN-END FUND 1 sale	N/A	6,113,462	-	-	5,326,003	6,113,462	787,459
JP Morgan Chase	VANGUARD DEVELOPED MARKETS INDEX FUND OPEN-END 1 purchase, 1 sale	27,225 N/A	N/A 7,376,751	- -	- -	27,225 6,066,646	27,225 7,376,751	N/A 1,310,105
JP Morgan Chase	VANGUARD MID-CAP INDEX FUND OPEN-END FUND 1 purchase, 1 sale	16,072 N/A	N/A 4,783,288	- -	- -	16,072 2,504,370	16,072 4,783,288	N/A 2,278,918

There were no category (ii) reportable transactions during 2018.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► 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 Akron General Medical Center Retirement Income Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Akron General Medical Center	D Employer Identification Number (EIN) 34-0714478	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	167,429,299	
b Actuarial value	2b	167,429,299	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,380	81,340,443	81,340,443
b For terminated vested participants	583	18,097,242	18,097,242
c For active participants	1,278	65,295,295	66,947,263
d Total	3,241	164,732,980	166,384,948
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		5.62%
6 Target normal cost	6		1,744,820

Statement by Enrolled Actuary

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

SIGN HERE	<div style="text-align: center;"> David M. Hauer Signature of actuary </div> <div style="text-align: center; margin-top: 20px;"> Type or print name of actuary Willis Towers Watson US LLC Firm name </div> <div style="text-align: center; margin-top: 20px;"> 1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172 Address of the firm </div>	<div style="text-align: center;"> OCTOBER 3, 2019 Date 1706576 Most recent enrollment number 216-937-4000 Telephone number (including area code) </div>
------------------	--	---

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) 2018
v. 171027

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>13.93%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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>5.91%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage.....	14	100.62%
15 Adjusted funding target attainment percentage.....	15	100.62%
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	101.52%
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
09/12/2019	36,300,000	0			
Totals ▶			18(b)	36,300,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 33,082,941
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: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ 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)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1,744,820	
b Excess assets, if applicable, but not greater than line 31a	31b	1,044,351	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	700,469	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	700,469	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	33,082,941	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	32,382,472	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2018

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, as illustrated below.

<u>Age at Retirement</u> (1)	<u>Rates of Retirement</u> (2)	<u>Percent Retiring</u> (3)	<u>Weighted Ages</u> (1) x (3)
55	2.00%	2.00%	1.10
56	2.00%	1.96%	1.10
57	2.00%	1.92%	1.09
58	2.00%	1.88%	1.09
59	2.00%	1.84%	1.09
60	2.00%	1.81%	1.08
61	2.00%	1.77%	1.08
62	35.00%	30.38%	18.84
63	10.00%	5.64%	3.55
64	10.00%	5.08%	3.25
65	100.00%	45.71%	29.71
Weighted Average Retirement Age			63

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Akron General Medical Center
EIN/PN	34-0714478 / 001
Plan Name	Akron General Medical Center Retirement Income Plan
Valuation Date	January 1, 2018
Enrolled Actuary	David M. Hauer
Enrollment Number	17-06576

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan

Akron General Medical Center Retirement Income Plan

Effective Date and Most Recent Amendment

October 1, 1958 (as amended and restated January 1, 2013), most recently amended by the Sixth Amendment signed December 19, 2017.

Plan Year

Twelve-month period commencing each January 1.

Coverage and Participation

January 1 or July 1 following at least one year of service. Effective in 1997, employees of NHV Physician Professional Corporation are also eligible to participate.

No USWA employees and other non-bargaining caregivers hired after January 1, 2004 will be eligible to participate in the plan. No ONA employees hired after January 1, 2005 will be eligible to participate in the plan.

Effective May 15, 2005, Edwin Shaw caregivers were provided a one-time opportunity to become a participant in the plan.

Retirement Dates

a) Normal: Age 65.

b) Early: After attainment of age 55 and completion of 10 years of service (five years of service for non-bargaining participants).

c) Disability: In the event of total and permanent disability, a benefit is payable if the employee has 10 or more years of service.

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Credited Service

Service will be credited for each year the participant is credited with at least 1,000 hours of service. Partial service will be pro-rated and recorded to the nearest 1/10th of a year of credited service, during year of hire or year of termination.

Vesting Service

One year of vesting service will be credited for each year the participant is credited with 1,000 or more hours of service. No vesting service is credited for less than 1,000 hours of service.

Normal Retirement Benefit

a) Basic Benefit: Monthly benefit unit per year of Credited Service varies by bargaining employee classification as follows:

FOR CAREGIVERS REPRESENTED BY ONA

Prior to January 1, 2002:

Date Credited Service Ceases to Accumulate	Rate per Month Per Year of Service
January 1, 1991 to December 31, 1991	\$14.00
January 1, 1992 to December 31, 1992	\$16.00
January 1, 1993 to December 31, 1993	\$19.00
January 1, 1994 to December 31, 1994	\$20.00
January 1, 1995 to December 31, 1995	\$21.00
January 1, 1996 to December 31, 1996	\$22.00
January 1, 1997 to December 31, 1997	\$23.00
January 1, 1998 to December 31, 1998	\$24.00
January 1, 1999 to December 31, 2001	\$25.00

Subsequent to January 1, 2002:

The monthly benefit is equal to the greater of 1/12 of 1% of compensation or \$25.00 for each plan year commencing on or after January 1, 2002.

Accrued benefits are frozen as of December 31, 2011 for all ONA participants.

Plan Name: Akron General Medical Center Retirement Income Plan
EIN / PN: 34-0714478 / 001
Plan Sponsor: Akron General Medical Center
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

FOR CAREGIVERS REPRESENTED BY USWA

Date Credited Service Ceases to Accumulate	Rate per Month Per Year of Service
April 1, 1990 to March 31, 1991	\$11.00
April 1, 1991 to March 31, 1992	\$12.00
April 1, 1992 to March 31, 1993	\$13.00
April 1, 1993 to April 30, 1994	\$14.00
May 1, 1994 to March 31, 1995	\$14.50
April 1, 1995 to March 31, 1996	\$15.50
April 1, 1996 to March 31, 1997	\$16.50
April 1, 1997 to March 31, 1998	\$17.50
April 1, 1998 to March 31, 1999	\$18.50
April 1, 1999 to March 31, 2003	\$19.50
April 1, 2003 to March 31, 2005	\$20.00

April 1, 2005 to March 31, 2007:

- \$20.50 for service on and after January 1, 2005 plus \$20.00 for service before January 1, 2005.

April 1, 2007 to December 31, 2016:

- \$21.00 for service on and after January 1, 2007, plus \$20.50 for service from January 1, 2005 - December 31, 2006, plus \$20.00 for service before January 1, 2005.
- Accrued benefits were frozen effective May 16, 2013 for USWA participants who did not meet the Rule of 75 (age plus service).
- Accrued benefits were frozen effective December 31, 2016 for all remaining USWA participants.

FOR NON-BARGAINING CAREGIVERS

Prior to January 1, 1996 – The monthly past service benefit at January 1, 1996 is equal to the greater of a) 1/12 of 0.6% of final average pay as of December 31, 1995, plus 1/12 of 0.6% of final average pay in excess of Social Security Covered Compensation, the sum multiplied by years of Credited Service at January 1, 1996 to a maximum of 30 years, b) \$20.00 multiplied by years of Credited Service at January 1, 1996, or c) the sum of A) and B) below:

A) \$20 times years of Credited Service as of December 31, 1990 or, if greater, 0.6% of 1990 Final Average Monthly Pay, plus 0.6% of 1990 Final Average Monthly Pay in excess of Social Security Covered Compensation, the sum multiplied by years of Credited Service at December 31, 1990 to a maximum of 30 years.

Plan Name: Akron General Medical Center Retirement Income Plan
EIN / PN: 34-0714478 / 001
Plan Sponsor: Akron General Medical Center
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

B) \$20 times years of Credited Service between January 1, 1991 and December 31, 1995 or, if greater, 1/12 of 1% of the compensation during each Plan year which commences on or after January 1, 1991 and ends on or before December 31, 1995.

Subsequent to January 1, 1996 – The monthly future service benefit is equal to the greater of a) 1/12 of 1% of compensation for all Plan Years commencing on or after January 1, 1996, or b) \$20.00 multiplied by years of Credited Service after January 1, 1996.

Accrued benefits are frozen effective August 30, 2009 for non-bargaining caregivers who were not age 55 with at least 10 years of service as of August 29, 2009, and frozen effective December 31, 2017 for all remaining non-bargaining caregivers.

“Compensation” means total salary or wages, including overtime pay, overtime premium, shift differential, on call or call-in pay, or other paid time off, but excludes imputed income, car allowances, expense reimbursements of any kind, or any other special bonus of any kind. Effective January 1, 1994, compensation recognized for pension purposes is limited to \$150,000 (indexed).

(b) Supplemental Benefit

i) **Eligibility** – Caregivers who meet the requirements of eligibility for coverage must also have earnings in excess of \$3,900 per year (\$4,800 per year prior to October 1, 1965) and must make the required contributions. Effective January 1, 1991, the caregivers must be an ONA or USWA participant to make contributions and accrue benefits on or after that date. Effective April 1, 1995, employee contributions by USWA caregivers ceased. Effective June 11, 1995, employee contributions by ONA caregivers ceased.

ii) **Past Service Benefit** – Monthly past service benefit at retirement is 1/12 of 1% of October 1, 1958 annual earnings in excess of \$4,800 times years of Credited Service prior to October 1, 1958.

iii) **Future Service Benefit** – The monthly future service benefit at retirement is 1/12 of 1-1/2% of each year’s pension earnings. “Pension earnings” are base earnings in excess of \$4,800 for the period from October 1, 1958 to September 30, 1965, and base earnings in excess of \$3,900 after October 1, 1965.

Early Retirement Benefit

Upon early retirement, an employee will be entitled to his accrued benefits, reduced 1/180 per month for the first 60 months and 1/360 per month for the next 60 months of early payments.

Disability Retirement Benefit

An eligible disability pensioner will receive his accrued Basic Benefit at time of disability without actuarial reduction plus the actuarially reduced accrued Supplemental Benefit.

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Employee Contributions

- a) Basic Benefit – none.
- b) Supplemental Benefit – 3% of annual earnings in excess of \$3,900 (5% of annual earnings in excess of \$4,800 prior to October 1, 1965). This applies only to bargaining unit participants on or after January 1, 1991. Effective April 1, 1995, employee contributions by USWA caregivers ceased. Effective June 11, 1995, employee contributions by ONA caregivers ceased.

Benefit Upon Termination of Service

A caregiver who terminates after five years of service is entitled to receive his accrued Basic and Supplemental Benefits commencing at age 65.

In all other cases of termination, the employee contributions, if any, with applicable interest are returned. This benefit is also paid in the event of the death of a caregiver.

Pre-Retirement Spouse's Benefit

Upon death after completion of five years of service, provided that the caregiver has been married to his current spouse for at least one year, a spouse's benefit is payable.

The surviving spouse will receive the benefit she would have received if the caregiver had retired on the day prior to his death and had elected a 50% Joint and Survivor option. If death occurs prior to early retirement age, benefits to the spouse will commence with the month following the date that the caregiver would have first reached eligibility for early retirement.

Form of Payment

A participant may elect to receive his benefit on straight-life, 100% Joint and Survivor, 50% Joint and Survivor, or 120 months Certain and Continuous benefit basis. Non-bargained participants may elect a full lump sum option. Unless otherwise elected, any benefit payable under the plan shall be paid:

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

with the provision that all benefits paid shall be actuarially equivalent to a straight-life benefit.

Actuarial equivalence uses the UP-1984 Mortality Table (with a 3-year setback) and a discount rate of 7%.

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

- Accruals for remaining grandfathered non-bargaining participants ceased ("froze") as of December 31, 2017.
- Effective January 1, 2018 a lump sum option is offered to all non-bargaining terminated participants, regardless of eligibility for retirement under prior age and service eligibility requirements.
- Effective January 1, 2018, monthly payment for retirees who are rehired will no longer be suspended if re-employed full-time.

Plan Name: Akron General Medical Center Retirement Income Plan
EIN / PN: 34-0714478 / 001
Plan Sponsor: Akron General Medical Center
Valuation Date: January 1, 2018

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2018

EIN: 34-0714478
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
Cash and cash equivalents				
*	DREYFUS GOVT CASH MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	2,646,889	\$ 2,646,888	\$ 2,646,888
*	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	23,766	23,766	23,766
	Total cash and cash equivalents		<u>2,670,654</u>	<u>2,670,654</u>
U.S. government and related securities				
	U S TREASURY BOND 6.250% 05/15/2030 DD 11/15/99	2,200,000	2,923,250	2,950,486
	U S TREASURY BOND 3.125% 11/15/2041 DD 11/15/11	3,100,000	3,143,109	3,173,997
	U S TREASURY BOND 3.125% 02/15/2043 DD 02/15/13	5,100,000	5,159,168	5,202,204
	U S TREASURY BOND 2.750% 08/15/2047 DD 08/15/17	6,300,000	5,923,230	5,966,541
	U S TREASURY BOND 2.750% 11/15/2047 DD 11/15/17	6,200,000	5,826,305	5,866,502
	U S TREASURY NOTE 2.000% 10/31/2022 DD 10/31/17	2,000,000	1,939,922	1,964,540
	U S TREASURY NOTE 2.250% 11/15/2027 DD 11/15/17	4850000	4,590,508	4,685,003
	U S TREASURY BD CPN STRIP 0.000% 02/15/2036 DD 02/15/06	5000000	2,940,300	3,035,000
	U S TREASURY BD CPN STRIP 0.000% 11/15/2031 DD 08/15/07	4400000	2,955,260	3,038,728
	U S TREASURY BD CPN STRIP 0.000% 11/15/2033 DD 08/15/07	4,700,000	2,962,974	3,052,274
	U S TREASURY BD CPN STRIP 0.000% 11/15/2035 DD 08/15/07	5,000,000	2,960,800	3,052,250
	US 10YR ULTRA FUTURE (CBT) EXP MAR 19	111	-	455,842
	US 10 YR TREAS NTS FUT (CBT) EXP MAR 19	161	-	471,581
	Total U.S. government and related securities		<u>41,324,826</u>	<u>42,914,948</u>
Common stocks				
	ACI WORLDWIDE INC	930	23,454	25,733
	ACTUANT CORP	550	13,998	11,545
	ADTRAN INC	1,100	18,875	11,814
	ALLSCRIPTS HEALTHCARE SOLUTION	2,700	36,391	26,028
	AMERICAN AXLE & MANUFACTURING	1,350	15,664	14,985
	APOLLO INVESTMENT CORP	817	13,226	10,127
	APPLIED INDUSTRIAL TECHNOLOGIE	210	15,230	11,327
	ARMSTRONG WORLD INDUSTRIES INC	585	38,229	34,053
	ARTISAN PARTNERS ASSET MANAGEM	730	20,959	16,140
	AVNET INC	450	18,067	16,245
	BANCORP INC/THE	900	8,512	7,164
	BEACON ROOFING SUPPLY INC	1,130	37,071	35,844
	BLOOMIN' BRANDS INC	270	5,362	4,830
	BRINK'S CO/THE	705	45,455	45,578
	BROOKLINE BANCORP INC	1,550	25,659	21,421
	BUILDERS FIRSTSOURCE INC	2,310	30,305	25,202

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2018

EIN: 34-0714478
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	CNO FINANCIAL GROUP INC	3,610	70,518	53,717
	CABOT CORP	900	49,206	38,646
	CELANESE CORP	610	60,999	54,882
	CIVEO CORP	1,200	4,620	1,716
	CLEAN HARBORS INC	590	39,704	29,117
	COLUMBIA SPORTSWEAR CO	290	25,049	24,386
	COMMERCIAL METALS CO	1,660	32,182	26,593
	COMMSCOPE HOLDING CO INC	1,500	26,552	24,585
	COOPER-STANDARD HOLDINGS INC	370	26,018	22,984
	COPART INC	200	9,951	9,556
	COVANTA HOLDING CORP	3,040	49,618	40,797
	CROWN HOLDINGS INC	2,075	95,109	86,258
	DSW INC	1,000	28,009	24,700
	DOLBY LABORATORIES INC	395	26,504	24,427
	EAGLE MATERIALS INC	295	23,513	18,004
	EL PASO ELECTRIC CO	660	38,750	33,086
	ENERGIZER HOLDINGS INC	840	45,303	37,926
	FNB CORP/PA	3,865	45,432	38,032
	FIRST HORIZON NATIONAL CORP	7,812	126,691	102,806
	FIRST MIDWEST BANCORP INC/IL	1,720	43,024	34,073
	GENTHERM INC	800	32,207	31,984
	PH GLATFELTER CO	1,300	23,641	12,688
	GRANITE CONSTRUCTION INC	915	38,958	36,856
	GRAPHIC PACKAGING HOLDING CO	4,480	55,031	47,667
	HARSCO CORP	620	15,943	12,313
	HOPE BANCORP INC	3,740	58,670	44,356
	HYSTER-YALE MATERIALS HANDLING	240	14,577	14,870
	INVESTORS BANCORP INC	9,205	109,190	95,732
	JELD-WEN HOLDING INC	1,810	33,535	25,720
	KLX ENERGY SERVICES HOLDINGS I	480	13,909	11,256
	KENNAMETAL INC	1,160	46,973	38,605
	KEYCORP	4,425	82,455	65,402
	KOPPERS HOLDINGS INC	780	24,095	13,291
	MRC GLOBAL INC	1,650	29,676	20,180
	MTS SYSTEMS CORP	550	28,736	22,072
	MATSON INC	1,000	38,065	32,020
	HERMAN MILLER INC	670	23,981	20,268
	NCR CORP	1,000	25,234	23,080
	NATIONAL GENERAL HOLDINGS CORP	1,360	33,806	32,926
	PBF ENERGY INC	180	9,041	5,881
	PATTERSON-UTI ENERGY INC	3,210	52,526	33,224
	PRESTIGE CONSUMER HEALTHCARE I	670	25,750	20,690

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2018

EIN: 34-0714478
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	RANGE RESOURCES CORP	1,870	31,873	17,896
	SIMMONS FIRST NATIONAL CORP	530	15,133	12,789
	SOTHEBY'S	300	12,644	11,922
	SPROUTS FARMERS MARKET INC	390	10,306	9,169
	SYKES ENTERPRISES INC	850	24,740	21,021
	TCF FINANCIAL CORP	1,310	29,879	25,532
	TRI POINTE GROUP INC	2,140	25,007	23,390
	TENNECO INC	1,550	56,063	42,455
	TEREX CORP	1,100	38,587	30,327
	TETRA TECHNOLOGIES INC	3,200	12,675	5,376
	TEXAS CAPITAL BANCSHARES INC	560	33,900	28,610
	TUPPERWARE BRANDS CORP	650	19,652	20,521
	US SILICA HOLDINGS INC	1,050	19,640	10,689
	UNITED BANKSHARES INC/WV	930	32,586	28,932
	VERINT SYSTEMS INC	490	22,074	20,732
	WADDELL & REED FINANCIAL INC	700	14,111	12,656
	JOHN WILEY & SONS INC	300	16,628	14,091
	WPX ENERGY INC	2,550	47,787	28,943
	ASSURED GUARANTY LTD	450	18,316	17,226
	CARDTRONICS PLC	650	20,768	16,900
	JANUS HENDERSON GROUP PLC	1,575	36,961	32,634
	WHITE MOUNTAINS INSURANCE GROU	36	32,220	30,877
	TRINSEO SA	450	21,073	20,601
	FLEX LTD	1,390	10,899	10,578
	Total common stocks		<u>2,652,726</u>	<u>2,199,269</u>
	Common collective trusts			
	ARROWSTREET INTL EQUITY ALPHA EXTENSION FUND II	4,787,753	5,500,000	4,787,753
	THE MARATHON-LONDON INTERNATIONAL-GROUP TRUST FUND	4,796,363	5,416,603	4,796,363
	SSGA RUSSELL 3000 ERISA FUND	4,460,071	4,980,721	4,460,071
	SSGA MSCI EMERGING MARKETS	5,894,919	6,780,421	5,894,919
	Total common collective trusts		<u>22,677,745</u>	<u>19,939,106</u>
	Alternative investments			
	FARALLON CAPITAL OFFSHORE INVESTMENT II	2,070,000	2,070,000	2,070,000
	MAGNETAR CONSTELLATION FUND LTD	2,001,908	2,001,908	2,001,908

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2018

EIN: 34-0714478
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	BRACEBRIDGE (BIL FUND LTD)	2,019,063	2,019,063	2,019,063
	SCOPIA PX INTERNATIONAL CL F SUB CL F2 SER 2 FEB 2012	1,773,926	1,773,926	1,773,926
	CITADEL GLOBAL EQUITIES FUND LTD	2,068,801	2,068,801	2,068,801
	HG VORA SPECIAL OPPORTUNITIES FUND	1,984,971	1,984,971	1,984,971
	MW EUREKA FUND	3,809,937	3,809,937	3,809,937
	VWH OFFSHORE FUND LP	101,111	101,111	101,111
	NEON LIBERTY EM	2,566,967	2,566,967	2,566,967
	TCW DIRECT LENDING VII LLC	556,818	556,818	556,818
	ELEMENT CAPITAL FEEDER FUND LTD	1,930,235	1,930,235	1,930,235
	WINDACRE DOMESTIC	1,000,614	1,000,614	1,000,614
	Total alternative investments		<u>21,884,351</u>	<u>21,884,351</u>
	Registered investment companies			
	AG MORTGAGE INVESTMENT TRUST I	700	12,157	11,151
	LSV VALUE EQUITY FUND	268,371	7,350,607	6,180,584
	ALEXANDER & BALDWIN INC	850	17,107	15,623
	BRIXMOR PROPERTY GROUP INC	4,000	63,953	58,760
	CHATHAM LODGING TRUST	1,300	26,042	22,984
	COLONY CAPITAL INC	9,300	54,067	43,524
	FRANKLIN STREET PROPERTIES COR	3,050	23,010	19,002
	KITE REALTY GROUP TRUST	960	15,001	13,526
	PEBBLEBROOK HOTEL TRUST	430	14,168	12,173
	POTLATCHDELTIC CORP	250	9,188	7,910
	RAYONIER INC	1,050	32,284	29,075
	RETAIL PROPERTIES OF AMERICA I	1,150	13,630	12,478
	RYMAN HOSPITALITY PROPERTIES I	235	18,960	15,672
	TOUCHSTONE SANDS CAP INC GRW	293,881	6,383,790	5,569,038
	CLIFTON DEFENSIVE EQUITY FUND	2,965,517	3,057,431	2,965,517
	GOLDENTREE HIGH YIELD VALUE FD	7,758,613	8,000,000	7,758,613
	L&G LONG DURATION US CREDIT CIT FUND	18,400,676	18,959,573	18,400,676
	NUMERIC EM SMALL CAP FUND	7,074,205	9,250,000	7,074,205
	1607 CAPITAL INTL FD	6,124,245	6,970,427	6,124,245
	NUMERIC EM ALPHA FD	1,931,324	2,000,000	1,931,324
	Total registered investment companies		<u>62,271,395</u>	<u>56,266,079</u>
			<u>\$ 153,481,698</u>	<u>\$ 145,874,407</u>

* Party-in-interest as defined by ERISA

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED WITHIN YEAR)

Year Ended December 31, 2018

EIN: 34-0714478
Plan Number: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
TEXAS INSTRUMENTS INC	4.150% 05/15/2048 DD 05/07/18	\$ 39,822	\$ 40,839
AMEREN ILLINOIS CO	CALLABLE BOND FIXED 3.700% SEMI-ANNUAL 12/01/2047	156,076	146,441
ANDEAVOR LLC	CALLABLE NOTES FIXED 4.750% SEMI-ANNUAL 12/15/2023	187,588	181,162
AT&T INC	CALLABLE NOTES FIXED 3.400% SEMI-ANNUAL 05/15/2025	157,799	157,055
AT&T INC	CALLABLE NOTES FIXED 3.800% SEMI-ANNUAL 03/01/2024	152,169	149,508
BURLINGTON NORTHERN SANTA FE LLC	CALLABLE NOTES FIXED 5.150% SEMI-ANNUAL 09/01/2043	129,340	119,577
ERP OPERATING LP	CALLABLE NOTES FIXED 3.250% SEMI-ANNUAL 08/01/2027	157,912	153,675
FORD MOTOR CREDIT CO LLC	NOTES FIXED 2.343% SEMI-ANNUAL 11/02/2020	304,222	301,773
UNION ELECTRIC CO	CALLABLE NOTES FIXED 2.950% SEMI-ANNUAL 06/15/2027	153,515	151,010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

Effective January 1, 2018, the actuarial value of assets equals the market value of assets. This change in method has automatic approval under Rev. Proc. 2017-56.

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

As a result of the introduction of a lump sum option effective January 1, 2018, the form of payment assumption for the plan was changed to reflect the following:

- For terminations: 50% elect lump sum at termination date, 42.5% elect lump sum payable at normal retirement date and 7.5% elect a single life annuity at normal retirement date.
- For retirements: 75% elect a lump sum benefit at retirement and 25% elect a single life annuity at retirement.

Plan Name:	Akron General Medical Center Retirement Income Plan
EIN / PN:	34-0714478 / 001
Plan Sponsor:	Akron General Medical Center
Valuation Date	January 1, 2018