

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____	
B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1961</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1961</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1961</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u> <u>ONE PERKINS SQUARE</u> <u>AKRON, OH 44308-1062</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0714357</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-543-5019</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714357</u>	2c Plan Sponsor's telephone number <u>330-543-5019</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-0714357</u>					
2c Plan Sponsor's telephone number <u>330-543-5019</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2020	RHONDA LARIMORE
	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 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2520
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1303
a(2) Total number of active participants at the end of the plan year	6a(2) 1225
b Retired or separated participants receiving benefits.....	6b 763
c Other retired or separated participants entitled to future benefits	6c 371
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2359
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 76
f Total. Add lines 6d and 6e	6f 2435
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2019			
2	Assets:			
a	Market value	2a	203269947	
b	Actuarial value	2b	217418870	
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	823	83231932	84368979
b	For terminated vested participants	398	21171529	21171529
c	For active participants	1303	133705346	135297156
d	Total	2524	238108807	240837664
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	5.61 %	
6	Target normal cost	6	9680956	

Statement by Enrolled Actuary

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

SIGN HERE		08/04/2020
BRIAN A HARTMAN	Signature of actuary	Date
WILLIS TOWERS WATSON US LLC	Type or print name of actuary	20-07613
1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172	Firm name	Most recent enrollment number
	Address of the firm	216-937-4000
		Telephone number (including area code)

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)	1014276	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	1014276	
10 Interest on line 9 using prior year's actual return of <u>-7.33</u> %	-74346	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		233953
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>5.79</u> %		13546
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		247499
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	939930	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	90.27 %
15 Adjusted funding target attainment percentage	15	90.27 %
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	94.93 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/04/2019	1500000		07/02/2019	3000000	
02/01/2019	1500000		08/01/2019	1500000	
03/01/2019	1500000		09/01/2019	1500000	
04/03/2019	1500000		10/01/2019	1500000	
05/02/2019	1500000		11/01/2019	1500000	
06/01/2019	1500000		12/01/2019	1500000	
Totals ▶			18(b)	19500000	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	19015261

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29****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** 9680956**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 23418794 Installment 4342378**b** Waiver amortization installment**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 14023334

Carryover balance Prefunding balance Total balance

35 Balances elected for use to offset funding requirement**36** Additional cash requirement (line 34 minus line 35) **36** 14023334**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 19015261**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 4991927**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

OAK ASSOCIATES

34-1818085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	171594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTEGRITY

86-1063006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	94681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	82452	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	D Employer Identification Number (EIN) <u>34-0714357</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....	1b(1)			
(2) Participant contributions.....	1b(2)			
(3) Other.....	1b(3)		309388	967735
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		3781653	8033388
(2) U.S. Government securities	1c(2)		5252244	4274247
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)		3297257	4332105
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common.....	1c(4)(B)		178177525	210770581
(5) Partnership/joint venture interests	1c(5)		12451880	13725650
(6) Real estate (other than employer real property).....	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans.....	1c(8)			
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)			
(12) Value of interest in 103-12 investment entities.....	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)			
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other.....	1c(15)			

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	203269947	242103706

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	203269947	242103706
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	19500000	
(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)		19500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	41215	
(B) U.S. Government securities	2b(1)(B)	59079	
(C) Corporate debt instruments	2b(1)(C)	70327	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	36410	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		207031
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	8592531	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8592531
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	59192540	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	54641337	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4551203
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	29181882	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		29181882

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		62032647

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22850161	
(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)		22850161
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	266275	
(4) Other	2i(4)	82452	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		348727
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23198888

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		38833759
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(2) EIN: **34-1523030**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4229652. (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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>61</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 79.0 % Investment-Grade Debt: 17.7 % High-Yield Debt: _____ % Real Estate: _____ % Other: 3.3 %

- 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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Pension Plan of Children's Hospital
Medical Center of Akron

Audited Financial Statements and Supplemental Schedule
With Independent Auditors' Report

December 31, 2019 and 2018

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

December 31, 2019 and 2018

Independent Auditors' Report	1-2
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Financial Statements

Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-13

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14-19
Schedule H, Line 4j – Schedule of Reportable Transactions	20

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

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of Pension Plan of Children's Hospital Medical Center of Akron (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

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



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

July 27, 2020

Pension Plan of Children's Hospital Medical Center of Akron
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018
(In Thousands)

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value	\$ 241,136	\$ 202,961
Receivables:		
Interest	66	254
Dividends	902	55
Total receivables	<u>968</u>	<u>309</u>
Net assets available for benefits	<u>\$ 242,104</u>	<u>\$ 203,270</u>

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

Pension Plan of Children's Hospital Medical Center of Akron
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2019 and 2018
(In Thousands)

	<u>2019</u>	<u>2018</u>
Additions:		
Investment income:		
Interest	\$ 207	\$ 459
Dividends	8,593	6,387
Total investment income	<u>8,800</u>	<u>6,846</u>
Employer contributions	<u>19,500</u>	<u>12,000</u>
Total additions	<u>28,300</u>	<u>18,846</u>
Deductions:		
Benefit payments to participants	22,850	19,512
Administrative fees and expenses	<u>349</u>	<u>328</u>
Total deductions	<u>23,199</u>	<u>19,840</u>
Net increase (decrease)	5,101	(994)
Net appreciation (depreciation) in fair value of investments	33,733	(23,116)
Net assets available for benefits beginning of year	<u>203,270</u>	<u>227,380</u>
Net assets available for benefits end of year	<u><u>\$ 242,104</u></u>	<u><u>\$ 203,270</u></u>

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

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

December 31, 2019 and 2018
(Dollars in Thousands)

1. Description of the Plan

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

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

The Plan is subject to the provisions of ERISA.

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

2. Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the December 31, 2019 and 2018 Statements of Net Assets Available for Benefits. Fair values of investments in debt and equity securities are based on quoted market prices.

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

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

December 31, 2019 and 2018
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

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

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

Fair Value of Financial Assets and Liabilities

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

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

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

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

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

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

December 31, 2019 and 2018
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

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

Use of Estimates

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

Administrative Fees

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through July 27, 2020, the date the financial statements were available to be issued.

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has also led to extreme volatility in financial markets and has affected and may continue to affect Plan assets. While the potential economic impact brought by, and the duration of, COVID-19 may be difficult to assess or predict, a widespread pandemic could result in significant disruption of global financial markets. The extent to which COVID-19 impacts the financial markets will depend on future developments that are highly uncertain and cannot be predicted.

The Plan is in the process of reviewing the CARES Act and any resulting changes to the Plan.

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

December 31, 2019 and 2018
(Dollars in Thousands)

3. Accumulated Plan Benefits

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

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

	2019	2018
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 70,527	\$ 64,943
Other participants	136,621	141,582
Total	207,148	206,525
Nonvested benefits:	2,299	2,408
Total	<u>\$ 209,447</u>	<u>\$ 208,933</u>

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

	2019	2018
Actuarial present value of accumulated plan benefits - beginning of year	\$ 208,933	\$ 201,136
Increase during the year attributable to:		
Benefits accumulated	8,939	8,900
Actuarial loss (gain)	2,478	(2,835)
Decrease in the discount period	15,609	15,856
Assumption changes	(7,007)	(3,228)
Plan amendments	-	-
Benefits paid	(19,505)	(10,896)
Actuarial present value of accumulated plan Benefits - end of year (January 1)	<u>\$ 209,447</u>	<u>\$ 208,933</u>

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

December 31, 2019 and 2018
(Dollars in Thousands)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are:

	2019	2018
Actuarial cost method	Projected Unit Credit Cost Method	Projected Unit Credit Cost Method
Discount rate	7.50%	7.50%
Mortality basis	RP-2014 Employee and Annuitant Tables for males and females, projected with Scale MP-2018	RP-2014 Employee and Annuitant Tables for males and females, projected with Scale MP-2017
Salary increases	Age graded from 4.5% to 2.5%	Age graded from 4.5% to 2.5%
Disability	Revenue Ruling 96-7 Mortality Tables	Revenue Ruling 96-7 Mortality Tables

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

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

December 31, 2019 and 2018
(Dollars in Thousands)

4. Assets and Liabilities Measured at Fair Value

The Plan's investments are held by Huntington National Bank. The following table summarizes Children's investments measured at fair value on a recurring basis as of December 31, 2019 and 2018, aggregated by the level in the fair value hierarchy within which those measurements are measured:

	2019			
	Level 1	Level 2	Level 3	Total
Equities - U.S.	\$ 43,787	\$ -	\$ -	\$ 43,787
Equities - International	4,416	-	-	4,416
Mutual funds - U.S. equities	56,904	-	-	56,904
Mutual funds - International equities	64,171	-	-	64,171
Mutual funds - U.S. government securities	4,636	-	-	4,636
Mutual funds - International bonds	30,460	-	-	30,460
Mutual funds - U.S. corporate obligations	2,765	-	-	2,765
Mutual funds - Asset backed securities	3,631	-	-	3,631
International bonds	-	182	-	182
Money market funds	8,034	-	-	8,034
U.S. government securities	-	2,750	-	2,750
U.S. government asset-backed securities	-	1,524	-	1,524
Corporate obligations - U.S.	-	4,150	-	4,150
Total investment in hierarchy	<u>\$ 218,804</u>	<u>\$ 8,606</u>	<u>\$ -</u>	227,410
Limited Partnership - U.S. equity *				13,726
Total investments at fair value				<u>\$ 241,136</u>

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

December 31, 2019 and 2018
(Dollars in Thousands)

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

	2018			
	Level 1	Level 2	Level 3	Total
Equities - U.S.	\$ 37,689	\$ -	\$ -	\$ 37,689
Equities - International	2,873	-	-	2,873
Mutual funds - U.S. equities	65,248	-	-	65,248
Mutual funds - International equities	35,966	-	-	35,966
Mutual funds - U.S. government securities	4,314	-	-	4,314
Mutual funds - International bonds	2,565	-	-	2,565
Mutual funds - U.S. corporate obligations	26,007	-	-	26,007
Mutual funds - Asset backed securities	3,516	-	-	3,516
International bonds	-	267	-	267
Money market funds	3,782	-	-	3,782
U.S. government securities	-	2,818	-	2,818
U.S. government asset-backed securities	-	2,435	-	2,435
Corporate obligations - U.S.	-	3,030	-	3,030
Total investment in hierarchy	<u>\$ 181,960</u>	<u>\$ 8,550</u>	<u>\$ -</u>	190,510
Limited Partnership - U.S. equity *				12,432
Limited Partnership - Multi-class *				<u>19</u>
Total investments at fair value				<u>\$ 202,961</u>

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

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

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

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

December 31, 2019 and 2018
(Dollars in Thousands)

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

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

There are no unfunded commitments in the Plan.

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

2019			
	Fair Value	Redemption Frequency	Redemption Notice Period
U.S. equity	\$ 13,726	Monthly	30-60 days
Total limited partnerships	<u>\$ 13,726</u>		
2018			
	Fair Value	Redemption Frequency	Redemption Notice Period
U.S. equity	\$ 12,432	Monthly	30-60 days
Multi-class	19	In Liquidation	NA
Total limited partnerships	<u>\$ 12,451</u>		

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

December 31, 2019 and 2018
(Dollars in Thousands)

5. Income Tax Status

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

Accounting principles generally accepted in the United States of America require the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018 and for the years then ended, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Transactions with Parties in Interest

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

7. Risks and Uncertainties

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

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

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Equities - U.S.				
AGNC Investment Corp	10,716 shares	\$ 198,811	\$ 189,459	
Alaska Air Group	1,151 shares	77,364	77,980	
Allegheny Technologies Inc	3,080 shares	63,952	63,633	
Allete Inc New Common	1,013 shares	86,158	82,225	
Alliant Energy Corp	2,854 shares	97,998	156,171	
Alphabet Inc - Cl A	1,000 shares	212,686	1,339,390	
Alphabet Inc - Cl C	1,002 shares	213,084	1,339,694	
Amazon.Com Inc	1,805 shares	88,106	3,335,351	
American Eagle Outfitters Inc New	5,717 shares	96,534	84,040	
American Financial Group Inc New	1,660 shares	61,533	182,019	
Americold Realty Trust	4,176 shares	123,311	146,411	
Amgen Inc	9,680 shares	779,694	2,333,558	
Apartment Invt & Mgmt CO -A	3,166 shares	138,882	163,524	
Aramark	3,209 shares	107,244	139,271	
Arrow Electronics Inc W/1 Rt/Sh	1,547 shares	116,764	131,093	
Assurant Inc	924 shares	98,819	121,118	
BankUnited Inc	4,199 shares	138,531	153,515	
Beacon Roofing Supply Inc	3,208 shares	101,402	102,592	
Bed Bath & Beyond Inc	6,237 shares	90,559	107,900	
Belden Inc	1,702 shares	86,775	93,610	
BJ's Wholesale Club Holdings Inc	3,424 shares	87,496	77,862	
Black Hills Corp	1,483 shares	78,548	116,475	
Brookdale Senior Living Inc	7,257 shares	66,367	52,758	
Brunswick Corp	1,972 shares	89,431	118,281	
Caleres Inc	2,762 shares	69,559	65,598	
Callon Petroleum Corp	1,373 shares	6,672	6,632	
Camden Property Trust	1,621 shares	143,917	171,988	
Carpenter Technology	1,311 shares	55,060	65,262	
Chart Inds Inc	1,791 shares	106,155	120,875	
Cinemark Holdings Inc	2,835 shares	104,122	95,965	
Cisco Systems	40,100 shares	229,643	1,923,196	
Cit Group Inc	17,000 shares	653,784	775,710	
Clean Harbors Inc	1,252 shares	79,244	107,359	
Cleveland-Cliffs Inc	13,029 shares	136,798	109,444	
Cognizant Tech Solutions Crp	14,200 shares	35,745	880,684	
Colfax Corp	2,669 shares	84,489	97,098	
Conduent Inc	8,860 shares	74,183	54,932	
Curtiss-Wright Corp W/1 RT/SH	731 shares	80,263	102,991	
Dana Inc	3,432 shares	65,870	62,462	
Delek Us Holdings Inc	2,380 shares	97,340	79,801	
Diamondback Energy Inc	1,456 shares	138,350	135,204	
Diamondrock Hospitality Co	8,621 shares	84,331	95,521	
Diodes Inc	1,637 shares	55,743	92,278	
Duke Realty Corp New W/1 Rt/Sh	6,225 shares	138,675	215,821	
Dycom Inds Inc	2,492 shares	162,464	117,498	
East West Bancorp Inc	3,244 shares	151,580	157,983	
Emcor Group Inc	1,109 shares	50,479	95,707	
Facebook Inc-A	6,600 shares	648,947	1,354,650	
First American Financial	1,668 shares	90,024	97,278	
Gallagher Arthur J	1,159 shares	55,125	110,372	
G-lli Apparel Group Ltd	3,124 shares	81,563	104,654	
Graphic Packaging Holding Co	5,792 shares	80,442	96,437	
Great Western Bancorp Inc	3,844 shares	120,842	133,541	
Grocery Outlet Holding Corp	1,853 shares	69,803	60,130	
Hancock Holding Co	1,660 shares	80,352	72,841	
Hanover Insurance Group Common	820 shares	98,967	112,069	
Healthsouth Corporation	1,980 shares	99,609	137,155	
Helix Energy Solutions Group Common Stock	13,275 shares	116,794	127,838	
Highwoods Pptys Inc Com W/1 Rt/Sh	3,571 shares	172,139	174,658	
Hill-Rom Holdings Inc	1,036 shares	56,763	117,617	
Hollyfrontier Corp	2,103 shares	141,501	106,643	
Hologic Inc 1 Rt Per Share Exp 11-20-14	2,126 shares	88,388	110,998	
Huntsman Corp	4,020 shares	97,887	97,123	
Iberiabank Corp	816 shares	63,671	61,061	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
Identity of Issue, Borrower Lessor, or Similar Party				
Ibm Corp		5,525 shares	\$ 559,057	\$ 740,571
Ingevity Corporation		1,060 shares	96,507	92,623
Kemper Corp 1 RT PER Share Exp 08-04-14		1,326 shares	102,649	102,765
Kennametal Inc W/1 RT/SH		2,656 shares	79,791	97,980
Kimco Realty Corp		3,216 shares	59,295	66,603
Kirby Corp		1,168 shares	102,160	104,571
Kla-Tencor Corp		13,100 shares	262,621	2,334,027
Knight-Swift Transportation Holdings Inc		2,612 shares	76,892	93,614
Kohls Corp		2,527 shares	134,072	128,751
Laboratory Corp Amer Hldgs Inc W/1 RT/SH		3,300 shares	550,011	558,261
Lamb Weston Holdings Inc		1,449 shares	66,466	124,657
Louisiana Pac W/1 RT/SH Expires 06/06/2008		3,375 shares	88,251	100,136
Lowes Companies Inc		13,700 shares	1,109,462	1,640,712
Lpl Financial Holdings Inc		1,341 shares	58,167	123,707
Lumentum Holdings Inc		1,344 shares	87,890	106,579
Mack-Cali Realty Corp		4,340 shares	92,029	100,384
Macom Technology Solutions Holdings Inc		4,331 shares	77,379	115,205
Macy's Inc		4,102 shares	63,995	69,734
Magellan Health Inc New Common		1,534 shares	111,704	120,036
Medical Properties Trust Inc		7,037 shares	134,664	148,551
Meritor Inc		3,826 shares	62,793	100,203
MGIC Investment Corp W/1 RT/SH EXPIRES 07/1		6,781 shares	92,961	96,087
MKS Instruments Inc Electronic Compo-Semicon		1,018 shares	93,083	111,990
Ncr Corp		3,375 shares	102,395	118,665
Newell Brands Inc		4,862 shares	96,682	93,448
Nuance Communications Common Stock New 1R		7,848 shares	111,688	139,930
Old Dominion Freight Line		551 shares	45,893	104,569
ON Semiconductor Corp		5,968 shares	124,014	145,500
Oshkosh Corp		1,218 shares	105,064	115,284
Parsley Energy Inc - Class A		5,055 shares	116,953	95,590
People's United Financial Inc		5,371 shares	85,934	90,770
Pepsico Inc		12,450 shares	1,333,698	1,701,542
Performance Food Group Co		2,709 shares	83,803	139,459
Pfizer Inc		42,000 shares	1,539,350	1,645,560
Pilgrim's Pride Corp		2,693 shares	77,534	88,102
Pinnacle West Capital		1,033 shares	60,289	92,898
Pnm Resources Inc		2,639 shares	71,552	133,824
Post Holdings Inc		956 shares	94,346	104,300
Primerica Inc		706 shares	43,640	92,175
Pulte Group		2,817 shares	79,499	109,300
Qualcomm Inc		13,325 shares	582,542	1,175,665
Quanta Services Inc		2,732 shares	90,897	111,220
Ralph Lauren Corp		1,033 shares	128,550	121,088
Regal Beloit Corporation		1,155 shares	93,385	98,880
SAIC Inc Leidos Holdings Inc-W/I		1,335 shares	86,691	130,683
Schwab (Charles) Corp		50,500 shares	478,887	2,401,780
Site Centers Corp		9,015 shares	212,020	126,390
Skywest Inc		1,622 shares	66,474	104,830
State Street Corp		16,250 shares	923,169	1,285,375
Sterling Bancorp		5,561 shares	130,986	117,226
Stifel Financial Corp		1,665 shares	62,769	100,982
Store Capital Corp		4,008 shares	137,683	149,258
Summit Materials Inc - CL A		4,496 shares	91,042	107,454
Synnex Corp		1,083 shares	88,795	139,490
Textron Inc		1,988 shares	86,096	88,665
U S Bancorp		32,050 shares	1,096,883	1,900,245
Ugi Corp New		2,412 shares	69,601	108,926
Umpqua Holdings Corp		8,171 shares	137,259	144,627
US Concrete Inc		1,637 shares	78,308	68,197
Verint Systems Inc		2,015 shares	96,451	111,550
VIAVI Solutions Inc		5,741 shares	72,426	86,115
Voya Financial Inc.		2,836 shares	110,653	172,939
WES Banco Inc		3,360 shares	126,461	126,974
Western Alliance Bancorp		2,686 shares	107,936	153,102
Wolverine World Wide Inc		2,871 shares	83,631	96,868
Wpx Energy Inc		10,891 shares	166,393	149,642
Wyndham Worldwide Corp		2,439 shares	92,320	126,072
Xilinx		17,000 shares	720,457	1,662,090
Zimmer Biomet Holdings Inc		5,200 shares	596,958	778,336
Zions Bancorp		2,709 shares	90,470	140,651
Total Equities - U.S.			\$ 23,507,758	\$ 43,786,987

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Equities - International				
Alcon Inc	2,600 shares	\$ 116,856	\$ 147,082	
Chubb Limited	9,400 shares	456,312	1,463,204	
Everest Re Group Ltd	315 shares	67,940	87,532	
Flextronics Intl Ltd	10,521 shares	94,132	132,775	
Gilead Sciences Inc	17,350 shares	1,341,719	1,127,403	
Lions Gate Entertainment Corp	5,899 shares	88,644	58,577	
Novartis AG ADR	13,000 shares	845,003	1,230,970	
Perrigo Company PLC	1,268 shares	98,408	65,480	
Steris Plc	679 shares	74,179	103,459	
Total Equities - International		\$ 3,183,193	\$ 4,416,482	
Mutual funds - U.S. equities				
Calamos Market Neutral Income Fund-I	1,248,505 shares	\$ 16,333,437	\$ 16,617,607	
Diamond Hill Long/Short - Institutional Class	601,542 shares	15,093,614	16,229,595	
Ishares Russell 2000 Growth Etf	16,363,00 shares	1,059,120	3,505,282	
Vanguard Russell 1000 Growth ETF	57,535 shares	6,713,759	10,409,808	
Vanguard Russell 1000 Value	84,625 shares	8,690,141	10,142,306	
Total Mutual funds - U.S. equities		\$ 47,890,071	\$ 56,904,598	
Mutual funds - International equities				
American Euripacific Growth Fund - R5	370,392 shares	\$ 14,037,097	\$ 20,560,447	
Blackrock Global Allocation Fund - Institutional Class	812,458 shares	15,882,367	15,704,820	
Dodge & Cox International Stock Fund	461,478 shares	16,485,942	20,120,449	
T. Rowe Price Emerging Markets Stock Fund	166,312 shares	4,905,644	7,785,044	
Total Mutual funds - International equities		\$ 51,311,050	\$ 64,170,760	
Mutual funds - Mortgage Backed Securities				
Ishares MBS ETF	33,600 shares	\$ 3,445,989	\$ 3,630,816	
Total Mutual funds - Mortgage Backed Securities		\$ 3,445,989	\$ 3,630,816	
Mutual funds - U.S. government securities				
Blackrock Strategic Income Opportunities Portfolio	464,975 shares	\$ 4,614,004	\$ 4,635,796	
Total Mutual funds - U.S. government securities		\$ 4,614,004	\$ 4,635,796	
Mutual funds - U.S. bonds				
Loomis Sayles Bond Fund - Class I	199,938 shares	\$ 2,920,673	\$ 2,765,143	
Total Mutual funds - U.S. Bonds		\$ 2,920,673	\$ 2,765,143	
Mutual funds - International bonds				
Pimco Long Duration Total Return Fund	2,607,699 shares	\$ 28,826,255	\$ 27,902,382	
Prudential Global Total Return CL Z		2,618,640	2,557,617	
Total Mutual funds - International bonds		\$ 31,444,895	\$ 30,459,999	
Money market funds				
Federated Government Obligations Fund - Prm	8,026,531 units	\$ 40,139,511	\$ 8,033,388	
Total Money market funds		\$ 40,139,511	\$ 8,033,388	
U.S. government securities				
U.S. Treasury N/B	\$200,000 principal amount			
	4.250% due 05/15/39	\$ 213,402	\$ 263,188	
U.S. Treasury N/B	\$150,000 principal amount			
	1.5% due 08/15/2026	146,952	146,953	
U.S. Treasury N/B	\$70,000 principal amount			
	1.750% due 11/30/21	70,038	70,197	
U.S. Treasury N/B	\$70,000 principal amount			
	2.000% due 02/15/22	70,571	70,558	
U.S. Treasury N/B	\$275,000 principal amount			
	2.000% due 02/15/25	266,543	278,867	
U.S. Treasury N/B	\$50,000 principal amount			
	2.000% due 08/15/25	49,363	50,641	
U.S. Treasury N/B	\$130,000 principal amount			

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
	2.000% due 07/31/22			
U.S. Treasury N/B	\$130,000 principal amount	\$ 130,138	\$	131,280
	2.000% due 11/30/22			
U.S. Treasury N/B	\$70,000 principal amount	129,853		131,381
	2.250% due 04/30/21			
U.S. Treasury N/B	\$150,000 principal amount	71,122		70,580
	2.250% due 11/15/24			
U.S. Treasury N/B	\$70,000 principal amount	150,761		153,820
	2.375% due 05/15/27			
U.S. Treasury N/B	\$300,000 principal amount	71,105		72,548
	3.000% due 05/15/47			
U.S. Treasury N/B	\$205,000 principal amount	299,027		337,031
	3.125% due 08/15/44			
U.S. Treasury N/B	\$150,000 principal amount	215,449		233,316
	2.875% due 02/15/20			
U.S. Treasury N/B	\$200,000 principal amount	151,805		161,438
	4.375% due 05/15/40			
U.S. Treasury N/B	\$275,000 principal amount	237,418		268,531
	3.000% due 08/15/2048			
		280,441		309,762
Total U.S. government securities		\$ 2,547,988	\$	2,750,091
U.S. government asset-backed securities				
Federal Farm Credit Bank	\$500,000 principal amount			
	2.450% due 06/06/23	\$ 502,664	\$	513,202
Federal Home Loan Bank	\$500,000 principal amount			
	2.125% due 06/12/26	505,109		504,181
Federal National Mortgage Association	\$500,000 principal amount			
	2.125% due 04/24/26	506,952		506,773
Total U.S. government asset-backed securities		\$ 1,514,725	\$	1,524,156
Corporate obligations - U.S.				
Aflac Inc	\$100,000 principal amount			
	3.625% due 06/15/23	\$ 103,210	\$	105,139
Allstate Corp	\$65,000 principal amount			
	5.350% due 06/01/33	63,700		81,194
Apple Inc	\$250,000 principal amount			
	2.400% due 05/03/23	250,649		254,060
Applied Materials Inc	\$100,000 principal amount			
	4.350% due 04/01/46	100,646		120,631
Avalonbay Communities Inc	\$55,000 principal amount			
	3.625% due 10/01/20	55,141		55,444
Avalobay Communities Inc Series Mtn	\$150,000 principal amount			
	3.2% due 01/15/2028-2027	155,810		156,384
Bank Of America Corp	\$95,000 principal amount			
	5.625% due 07/01/20	96,297		96,649

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

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Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Berkshire Hathaway	\$35,000 principal amount 4.250% due 01/15/21	\$ 34,895	\$ 35,847	
Caterpillar Finl Svcs Corp Domestic Mtn Series M	\$100,000 principal amount 2.750% due 08/20/21	100,186	101,272	
CBOE holdings Inc	\$250,000 principal amount 3.650% due 01/12/2027-2026	249,629	268,117	
Colgate Palmolive Co	\$100,000 principal amount 2.100% due 05/01/23	101,724	100,762	
CVS Health Corporation	\$25,000 principal amount 2.100% due 05/01/23	25,558	25,572	
Discover Bank	\$100,000 principal amount 4.250% due 03/13/26	101,669	108,017	
Gilead Sciences Inc	\$100,000 principal amount 3.5% due 02/01/2025-2024	106,092	106,076	
Goldman Sachs Group Inc	\$85,000 principal amount 3.000% due 04/26/20	84,798	86,116	
Honeywell International Inc	\$100,000 principal amount 5.700% due 03/15/37	106,020	135,557	
IBM Credit LLC	\$275,000 principal amount 3.450% due 11/30/20	277,176	279,223	
Intel Corp	\$100,000 principal amount 4.000% due 12/15/32	101,893	115,803	
Intercontinental Exchange	\$250,000 principal amount 3.750% due 12/15/32	256,067	272,779	
Johnson & Johnson	\$100,000 principal amount 2.050% due 03/01/23	101,735	100,569	
Jp Morgan Chase & Co	\$25,000 principal amount 4.400% due 07/22/20	25,401	25,341	
Lockheed Martin Corporation	\$50,000 principal amount 4.850% due 09/15/41	51,570	60,464	
Mastercard Inc	\$100,000 principal amount 3.500% due 02/26/27	99,617	108,182	
Medlife Inc	\$85,000 principal amount 3.600% due 04/10/24	85,795	90,534	
Occidental Petroleum Corp	\$75,000 principal amount 3.125% due 02/15/22	75,588	76,239	
Pepsico Inc	\$100,000 principal amount 2.750% due 03/01/23	100,422	102,686	
Pnc Funding Corp	\$100,000 principal amount 3.300% due 03/08/22	103,977	102,716	
Procter & Gamble Co	\$125,000 principal amount 1.700% due 11/03/21	125,179	125,365	
Pseg Power Llc	\$55,000 principal amount 4.150% due 09/15/21	55,725	56,640	
Qualcomm Inc	\$75,000 principal amount 3.45% 05/20/2025-2025	73,339	79,061	
Schwab (Charles)	\$100,000 principal amount 3.450% due 05/20/25	108,217	108,158	
Spectra Energy Partners	\$25,000 principal amount 4.600% due 06/15/21	25,597	25,738	
United Parcel Service	\$100,000 principal amount 2.450% due 10/01/22	99,900	101,559	
Unitedhealth Group	\$100,000 principal amount 3.7% 12/15/2025	108,225	107,829	
US Bancorp Series Mtn	\$150,000 principal amount 3.9% 04/26/2028-2028	167,722	168,254	
Verizon Communications	\$100,000 principal amount 3.500% due 11/01/24	101,864	105,840	
Viacom Inc	\$100,000 principal amount 3.250% due 03/15/23	101,719	100,466	
Total Corporate obligations - U.S.		\$ 3,982,752	\$ 4,150,283	
International bonds				
BP Capital Markets PLC	\$75,000 principal amount 3.814% due 02/10/24	\$ 77,404	\$ 80,033	
Nutrien LTD	\$100,000 principal amount 3.000% due 04/01/25	101,433	101,789	
Total International bonds		\$ 178,837	\$ 181,822	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Limited Partnership - U.S. equity				
Frontier Cap Appreciation Fund, L.P.	1 unit	\$ 4,778,465	\$ 13,725,650	
Total Limited Partnership - U.S. Equity		\$ 4,778,465	\$ 13,725,650	
Total assets held for investment purposes		\$ 221,459,911	\$ 241,135,971	

Pension Plan of Children's Hospital
Medical Center of Akron

EIN #34-0714357 Plan #001

Schedule H, Line 4j- Schedule of Reportable Transactions

For the Year Ended December 31, 2019

(a) Identity of Party Involved	DATE	SHARES	(b) Description of Asset	(c) Purchase Price	(d) Sales Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain (Loss)
Series of Transactions in Same Security exceed 5% of value										
Federated Government Obligation Fund - Prm	228 Transactions	36,092,507	Money market funds	N/A	\$ 36,092,507	\$ -	\$ -	\$ 36,092,507	N/A	\$ -
Federated Government Obligation Fund - Prm	372 Transactions	40,337,384	Money market funds	\$ 40,337,384	N/A	\$ -	\$ -	\$ 40,337,384	\$ 40,337,384	\$ -

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Equities - U.S.				
AGNC Investment Corp	10,716 shares	\$ 198,811	\$ 189,459	
Alaska Air Group	1,151 shares	77,364	77,980	
Allegheny Technologies Inc	3,080 shares	63,952	63,633	
Allete Inc New Common	1,013 shares	86,158	82,225	
Alliant Energy Corp	2,854 shares	97,998	156,171	
Alphabet Inc - Cl A	1,000 shares	212,686	1,339,390	
Alphabet Inc - Cl C	1,002 shares	213,084	1,339,694	
Amazon.Com Inc	1,805 shares	88,106	3,335,351	
American Eagle Outfitters Inc New	5,717 shares	96,534	84,040	
American Financial Group Inc New	1,660 shares	61,533	182,019	
Americold Realty Trust	4,176 shares	123,311	146,411	
Amgen Inc	9,680 shares	779,694	2,333,558	
Apartment Invt & Mgmt CO -A	3,166 shares	138,882	163,524	
Aramark	3,209 shares	107,244	139,271	
Arrow Electronics Inc W/1 Rt/Sh	1,547 shares	116,764	131,093	
Assurant Inc	924 shares	98,819	121,118	
BankUnited Inc	4,199 shares	138,531	153,515	
Beacon Roofing Supply Inc	3,208 shares	101,402	102,592	
Bed Bath & Beyond Inc	6,237 shares	90,559	107,900	
Belden Inc	1,702 shares	86,775	93,610	
BJ's Wholesale Club Holdings Inc	3,424 shares	87,496	77,862	
Black Hills Corp	1,483 shares	78,548	116,475	
Brookdale Senior Living Inc	7,257 shares	66,367	52,758	
Brunswick Corp	1,972 shares	89,431	118,281	
Caleres Inc	2,762 shares	69,559	65,598	
Callon Petroleum Corp	1,373 shares	6,672	6,632	
Camden Property Trust	1,621 shares	143,917	171,988	
Carpenter Technology	1,311 shares	55,060	65,262	
Chart Inds Inc	1,791 shares	106,155	120,875	
Cinemark Holdings Inc	2,835 shares	104,122	95,965	
Cisco Systems	40,100 shares	229,643	1,923,196	
Cit Group Inc	17,000 shares	653,784	775,710	
Clean Harbors Inc	1,252 shares	79,244	107,359	
Cleveland-Cliffs Inc	13,029 shares	136,798	109,444	
Cognizant Tech Solutions Crp	14,200 shares	35,745	880,684	
Colfax Corp	2,669 shares	84,489	97,098	
Conduent Inc	8,860 shares	74,183	54,932	
Curtiss-Wright Corp W/1 RT/SH	731 shares	80,263	102,991	
Dana Inc	3,432 shares	65,870	62,462	
Delek Us Holdings Inc	2,380 shares	97,340	79,801	
Diamondback Energy Inc	1,456 shares	138,350	135,204	
Diamondrock Hospitality Co	8,621 shares	84,331	95,521	
Diodes Inc	1,637 shares	55,743	92,278	
Duke Realty Corp New W/1 Rt/Sh	6,225 shares	138,675	215,821	
Dycom Inds Inc	2,492 shares	162,464	117,498	
East West Bancorp Inc	3,244 shares	151,580	157,983	
Emcor Group Inc	1,109 shares	50,479	95,707	
Facebook Inc-A	6,600 shares	648,947	1,354,650	
First American Financial	1,668 shares	90,024	97,278	
Gallagher Arthur J	1,159 shares	55,125	110,372	
G-iii Apparel Group Ltd	3,124 shares	81,563	104,654	
Graphic Packaging Holding Co	5,792 shares	80,442	96,437	
Great Western Bancorp Inc	3,844 shares	120,842	133,541	
Grocery Outlet Holding Corp	1,853 shares	69,803	60,130	
Hancock Holding Co	1,660 shares	80,352	72,841	
Hanover Insurance Group Common	820 shares	98,967	112,069	
Healthsouth Corporation	1,980 shares	99,609	137,155	
Helix Energy Solutions Group Common Stock	13,275 shares	116,794	127,838	
Highwoods Pptys Inc Com W/1 Rt/Sh	3,571 shares	172,139	174,658	
Hill-Rom Holdings Inc	1,036 shares	56,763	117,617	
Hollyfrontier Corp	2,103 shares	141,501	106,643	
Hologic Inc 1 Rt Per Share Exp 11-20-14	2,126 shares	88,388	110,998	
Huntsman Corp	4,020 shares	97,887	97,123	
Iberiabank Corp	816 shares	63,671	61,061	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Ibm Corp	5,525 shares	\$ 559,057	\$ 740,571	
Ingevity Corporation	1,060 shares	96,507	92,623	
Kemper Corp 1 RT PER Share Exp 08-04-14	1,326 shares	102,649	102,765	
Kennametal Inc W/1 RT/SH	2,656 shares	79,791	97,980	
Kimco Realty Corp	3,216 shares	59,295	66,603	
Kirby Corp	1,168 shares	102,160	104,571	
Kla-Tencor Corp	13,100 shares	262,621	2,334,027	
Knight-Swift Transportation Holdings Inc	2,612 shares	76,892	93,614	
Kohls Corp	2,527 shares	134,072	128,751	
Laboratory Corp Amer Hldgs Inc W/1 RT/SH	3,300 shares	550,011	558,261	
Lamb Weston Holdings Inc	1,449 shares	66,466	124,657	
Louisiana Pac W/1 RT/SH Expires 06/06/2008	3,375 shares	88,251	100,136	
Lowes Companies Inc	13,700 shares	1,109,462	1,640,712	
Lpl Financial Holdings Inc	1,341 shares	58,167	123,707	
Lumentum Holdings Inc	1,344 shares	87,890	106,579	
Mack-Cali Realty Corp	4,340 shares	92,029	100,384	
Macom Technology Solutions Holdings Inc	4,331 shares	77,379	115,205	
Macy's Inc	4,102 shares	63,995	69,734	
Magellan Health Inc New Common	1,534 shares	111,704	120,036	
Medical Properties Trust Inc	7,037 shares	134,664	148,551	
Meritor Inc	3,826 shares	62,793	100,203	
MGIC Investment Corp W/1 RT/SH EXPIRES 07/1	6,781 shares	92,961	96,087	
MKS Instruments Inc Electronic Compo-Semicon	1,018 shares	93,083	111,990	
Ncr Corp	3,375 shares	102,395	118,665	
Newell Brands Inc	4,862 shares	96,682	93,448	
Nuance Communications Common Stock New 1R	7,848 shares	111,688	139,930	
Old Dominion Freight Line	551 shares	45,893	104,569	
ON Semiconductor Corp	5,968 shares	124,014	145,500	
Oshkosh Corp	1,218 shares	105,064	115,284	
Parsley Energy Inc - Class A	5,055 shares	116,953	95,590	
People's United Financial Inc	5,371 shares	85,934	90,770	
Pepsico Inc	12,450 shares	1,333,698	1,701,542	
Performance Food Group Co	2,709 shares	83,803	139,459	
Pfizer Inc	42,000 shares	1,539,350	1,645,560	
Pilgrim's Pride Corp	2,693 shares	77,534	88,102	
Pinnacle West Capital	1,033 shares	60,289	92,898	
Pnm Resources Inc	2,639 shares	71,552	133,824	
Post Holdings Inc	956 shares	94,346	104,300	
Primerica Inc	706 shares	43,640	92,175	
Pulte Group	2,817 shares	79,499	109,300	
Qualcomm Inc	13,325 shares	582,542	1,175,665	
Quanta Services Inc	2,732 shares	90,897	111,220	
Ralph Lauren Corp	1,033 shares	128,550	121,088	
Regal Beloit Corporation	1,155 shares	93,385	98,880	
SAIC Inc Leidos Holdings Inc-W/I	1,335 shares	86,691	130,683	
Schwab (Charles) Corp	50,500 shares	478,887	2,401,780	
Site Centers Corp	9,015 shares	212,020	126,390	
Skywest Inc	1,622 shares	66,474	104,830	
State Street Corp	16,250 shares	923,169	1,285,375	
Sterling Bancorp	5,561 shares	130,986	117,226	
Stifel Financial Corp	1,665 shares	62,769	100,982	
Store Capital Corp	4,008 shares	137,683	149,258	
Summit Materials Inc - CL A	4,496 shares	91,042	107,454	
Synnex Corp	1,083 shares	88,795	139,490	
Textron Inc	1,988 shares	86,096	88,665	
U S Bancorp	32,050 shares	1,096,883	1,900,245	
Ugi Corp New	2,412 shares	69,601	108,926	
Umpqua Holdings Corp	8,171 shares	137,259	144,627	
US Concrete Inc	1,637 shares	78,308	68,197	
Verint Systems Inc	2,015 shares	96,451	111,550	
VIAVI Solutions Inc	5,741 shares	72,426	86,115	
Voya Financial Inc,	2,836 shares	110,653	172,939	
WES Banco Inc	3,360 shares	126,461	126,974	
Western Alliance Bancorp	2,686 shares	107,936	153,102	
Wolverine World Wide Inc	2,871 shares	83,631	96,868	
Wpx Energy Inc	10,891 shares	166,393	149,642	
Wyndham Worldwide Corp	2,439 shares	92,320	126,072	
Xilinx	17,000 shares	720,457	1,662,090	
Zimmer Biomet Holdings Inc	5,200 shares	596,958	778,336	
Zions Bancorp	2,709 shares	90,470	140,651	
Total Equities - U.S.		\$ 23,507,758	\$ 43,786,987	

Pension Plan of Children's Hospital Medical Center of Akron

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Equities - International				
Alcon Inc	2,600 shares	\$ 116,856	\$ 147,082	
Chubb Limited	9,400 shares	456,312	1,463,204	
Everest Re Group Ltd	315 shares	67,940	87,532	
Flextronics Int'l Ltd	10,521 shares	94,132	132,775	
Gilead Sciences Inc	17,350 shares	1,341,719	1,127,403	
Lions Gate Entertainment Corp	5,899 shares	88,644	58,577	
Novartis AG ADR	13,000 shares	845,003	1,230,970	
Perrigo Company PLC	1,268 shares	98,408	65,480	
Steris Plc	679 shares	74,179	103,459	
Total Equities - International		\$ 3,183,193	\$ 4,416,482	
Mutual funds - U.S. equities				
Calamos Market Neutral Income Fund-I	1,248,505 shares	\$ 16,333,437	\$ 16,617,607	
Diamond Hill Long/Short - Institutional Class	601,542 shares	15,093,614	16,229,595	
Ishares Russell 2000 Growth Etf	16,363,00 shares	1,059,120	3,505,282	
Vanguard Russell 1000 Growth ETF	57,535 shares	6,713,759	10,409,808	
Vanguard Russell 1000 Value	84,625 shares	8,690,141	10,142,306	
Total Mutual funds - U.S. equities		\$ 47,890,071	\$ 56,904,598	
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Pension Plan of Children's Hospital Medical Center of Akron

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	2.000% due 07/31/22	\$ 130,138	\$ 131,280	
U.S. Treasury N/B	\$130,000 principal amount			
	2.000% due 11/30/22	129,853	131,381	
U.S. Treasury N/B	\$70,000 principal amount			
	2.250% due 04/30/21	71,122	70,580	
U.S. Treasury N/B	\$150,000 principal amount			
	2.250% due 11/15/24	150,761	153,820	
U.S. Treasury N/B	\$70,000 principal amount			
	2.375% due 05/15/27	71,105	72,548	
U.S. Treasury N/B	\$300,000 principal amount			
	3.000% due 05/15/47	299,027	337,031	
U.S. Treasury N/B	\$205,000 principal amount			
	3.125% due 08/15/44	215,449	233,316	
U.S. Treasury N/B	\$150,000 principal amount			
	2.875% due 02/15/20	151,805	161,438	
U.S. Treasury N/B	\$200,000 principal amount			
	4.375% due 05/15/40	237,418	268,531	
U.S. Treasury N/B	\$275,000 principal amount			
	3.000% due 08/15/2048	280,441	309,762	
Total U.S. government securities		\$ 2,547,988	\$ 2,750,091	
U.S. government asset-backed securities				
Federal Farm Credit Bank	\$500,000 principal amount			
	2.450% due 06/06/23	\$ 502,664	\$ 513,202	
Federal Home Loan Bank	\$500,000 principal amount			
	2.125% due 06/12/26	505,109	504,181	
Federal National Mortgage Association	\$500,000 principal amount			
	2.125% due 04/24/26	506,952	506,773	
Total U.S. government asset-backed securities		\$ 1,514,725	\$ 1,524,156	
Corporate obligations - U.S.				
Aflac Inc	\$100,000 principal amount			
	3.625% due 06/15/23	\$ 103,210	\$ 105,139	
Allstate Corp	\$65,000 principal amount			
	5.350% due 06/01/33	63,700	81,194	
Apple Inc	\$250,000 principal amount			
	2.400% due 05/03/23	250,649	254,060	
Applied Materials Inc	\$100,000 principal amount			
	4.350% due 04/01/46	100,646	120,631	
Avalonbay Communities Inc	\$55,000 principal amount			
	3.625% due 10/01/20	55,141	55,444	
Avalonbay Communities Inc Series Mtn	\$150,000 principal amount			
	3.2% due 01/15/2028-2027	155,810	156,384	
Bank Of America Corp	\$95,000 principal amount			
	5.625% due 07/01/20	96,297	96,649	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Berkshire Hathaway	\$35,000 principal amount 4.250% due 01/15/21	\$ 34,895	\$ 35,847	
Caterpillar Financial Services Corp Domestic Mtn Series M	\$100,000 principal amount 2.750% due 08/20/21	100,186	101,272	
CBOE Holdings Inc	\$250,000 principal amount 3.650% due 01/12/2027-2026	249,629	268,117	
Colgate Palmolive Co	\$100,000 principal amount 2.100% due 05/01/23	101,724	100,762	
CVS Health Corporation	\$25,000 principal amount 2.100% due 05/01/23	25,558	25,572	
Discover Bank	\$100,000 principal amount 4.250% due 03/13/26	101,669	108,017	
Gilead Sciences Inc	\$100,000 principal amount 3.5% due 02/01/2025-2024	106,092	106,076	
Goldman Sachs Group Inc	\$85,000 principal amount 3.000% due 04/26/20	84,798	86,116	
Honeywell International Inc	\$100,000 principal amount 5.700% due 03/15/37	106,020	135,557	
IBM Credit LLC	\$275,000 principal amount 3.450% due 11/30/20	277,176	279,223	
Intel Corp	\$100,000 principal amount 4.000% due 12/15/32	101,893	115,803	
Intercontinental Exchange	\$250,000 principal amount 3.750% due 12/15/32	256,067	272,779	
Johnson & Johnson	\$100,000 principal amount 2.050% due 03/01/23	101,735	100,569	
Jp Morgan Chase & Co	\$25,000 principal amount 4.400% due 07/22/20	25,401	25,341	
Lockheed Martin Corporation	\$50,000 principal amount 4.850% due 09/15/41	51,570	60,464	
Mastercard Inc	\$100,000 principal amount 3.500% due 02/26/27	99,617	108,182	
Medlife Inc	\$85,000 principal amount 3.600% due 04/10/24	85,795	90,534	
Occidental Petroleum Corp	\$75,000 principal amount 3.125% due 02/15/22	75,588	76,239	
Pepsico Inc	\$100,000 principal amount 2.750% due 03/01/23	100,422	102,686	
Pnc Funding Corp	\$100,000 principal amount 3.300% due 03/08/22	103,977	102,716	
Procter & Gamble Co	\$125,000 principal amount 1.700% due 11/03/21	125,179	125,365	
Pseg Power LLC	\$55,000 principal amount 4.150% due 09/15/21	55,725	56,640	
Qualcomm Inc	\$75,000 principal amount 3.45% 05/20/2025-2025	73,339	79,061	
Schwab (Charles)	\$100,000 principal amount 3.450% due 05/20/25	108,217	108,158	
Spectra Energy Partners	\$25,000 principal amount 4.600% due 06/15/21	25,597	25,738	
United Parcel Service	\$100,000 principal amount 2.450% due 10/01/22	99,900	101,559	
UnitedHealth Group	\$100,000 principal amount 3.7% 12/15/2025	108,225	107,829	
US Bancorp Series Mtn	\$150,000 principal amount 3.9% 04/26/2028-2028	167,722	168,254	
Verizon Communications	\$100,000 principal amount 3.500% due 11/01/24	101,864	105,840	
Viacom Inc	\$100,000 principal amount 3.250% due 03/15/23	101,719	100,466	
Total Corporate obligations - U.S.		\$ 3,982,752	\$ 4,150,283	
International bonds				
BP Capital Markets PLC	\$75,000 principal amount 3.814% due 02/10/24	\$ 77,404	\$ 80,033	
Nutrien LTD	\$100,000 principal amount 3.000% due 04/01/25	101,433	101,789	
Total International bonds		\$ 178,837	\$ 181,822	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2019

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
Limited Partnership - U.S. equity				
Frontier Cap Appreciation Fund, L.P.	1 unit	\$ 4,778,465	\$ 13,725,650	
Total Limited Partnership - U.S. Equity		\$ 4,778,465	\$ 13,725,650	
Total assets held for investment purposes		\$ 221,459,911	\$ 241,135,971	

Pension Plan of Children's Hospital
Medical Center of Akron

EIN #34-0714357 Plan #001

Schedule H, Line 4j- Schedule of Reportable Transactions

For the Year Ended December 31, 2019

(a) Identity of Party Involved	DATE	SHARES	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Sales Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred with Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset at Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
Series of Transactions in Same Security exceed 5% of value										
Federated Government Obligation Fund - Prm	228 Transactions	36,092,507	Money market funds	N/A	\$ 36,092,507	\$ -	\$ -	\$ 36,092,507	N/A	\$ -
Federated Government Obligation Fund - Prm	372 Transactions	40,337,384	Money market funds	\$ 40,337,384	N/A	\$ -	\$ -	\$ 40,337,384	\$ 40,337,384	\$ -

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The decrement timing used in the valuation was changed from alternative middle of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. Under alternative middle of year decrement timing, all decrements, and commencement of immediate benefits for actives, are assumed to occur at the middle of the year, and all other events are assumed to occur on valuation date anniversaries. The change in funding method meets the parameters for automatic approval of software changes under IRS Rev. Proc. 2017-56.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was amended and restated effective January 1, 2012. The most recent amendment was executed November 10, 2016.

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

Participation date Date of becoming a covered employee.

Definitions

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

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

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

The monthly benefit is equal to the greater of:

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

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

Or

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

Monthly preretirement death benefit

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

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.

Postponed retirement

Retirement after NRD.

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service.

Disability

Permanent and total disability.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

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

Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

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

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

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

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

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

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

Other Plan Provisions

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

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.74%	2.28%
■ Second segment rate	5.35%	3.81%
■ Third segment rate	6.11%	4.46%
■ Effective interest rate	5.61%	4.09%
■ Lump sum interest rate	3 segment rates	

Annual rates of increase:

- Compensation:
 - Representative rates

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

Age	Salary Increase (%)
29 & Under	4.50
30 – 34	4.50
35 – 39	4.50
40 – 44	4.50
45 – 49	4.00
50 – 54	3.00
55 – 59	3.00
60 & Over	2.50

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

- **Healthy** Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
- **Lump sum** Pension Protection Act unisex mortality table for 2019.

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

Service	Rate
0	.0550
5	.0550
10	.0550
15 – 19	.0275
20 – 24	.0225
25 +	.0225

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Retirement

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

Age	Rate (%)
55	3.0%
56	3.0
57	3.0
58	3.0
59	5.0
60	5.0
61	5.0
62	12.5
63	12.5
64	12.5
65	25.0
66	40.0
67	30.0
68	30.0
69	30.0
70	30.0
71	30.0
72	100.0

The average retirement age is age 64.

Benefit commencement date:

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

Form of payment

25% of participants are assumed to elect a single life annuity, 15% of married participants are assumed to elect a joint and 50% survivor annuity (40% single life annuity assumption for single participants), and 60% of participants are assumed to elect a lump sum.

Percent married

85% of males; 50% of females.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2018 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	None

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2019. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussion with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

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

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h)

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Termination Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Retirement Retirement rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables, based on RP-2014 and subsequent Society of Actuaries studies, published by the IRS in October 2017 in regulation §1.430(h)(3)-1.
- The decrement timing used in the valuation was changed from alternative middle of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. Under alternative middle of year decrement timing, all decrements, and commencement of immediate benefits for actives, are assumed to occur at the middle of the year, and all other events are assumed to occur on valuation date anniversaries. The change in funding method meets the parameters for automatic approval of software changes under IRS Rev. Proc. 2017-56.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357 / 001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Children's Hospital Medical Center of Akron
EIN/PN	34-0714357/001
Plan Name	The Pension Plan of Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2019
Enrolled Actuary	Brian A. Hartman
Enrollment Number	20-07613

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2019

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2019	12,709,763	7	12,709,763	2,065,181
2. Shortfall	01/01/2018	913,690	6	808,871	149,160
3. Shortfall	01/01/2017	12,959,088	5	9,900,160	2,128,037
Total				23,418,794	4,342,378

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357 / 001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2019

Attained Age	Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	2	35	0	0	0	0	0	0	37
35-39	0	4	6	70,802	30	0	0	0	0	0	69,198
40-44	0	2	4	68,196	66,785	17	0	0	0	0	136
45-49	0	5	10	77,563	81,142	32	25	1	0	0	64,197
50-54	0	4	10	77,965	86,579	91,299	73,173	34	1	0	158
55-59	0	6	2	72,078	85,403	104,230	91,054	85,008	30	2	76,181
60-64	0	1	5	68,165	97,775	107,882	74,243	79,118	83,869	28	196
65-69	0	0	0	77,876	71,509	19	82,408	82,537	89,420	86,826	79,355
70 & over	0	2	0	1	1	1	4	7	7	17	225
Total	0	24	39	382	357	153	121	110	69	48	83,600
		34,240	34,166	73,120	84,942	95,617	82,755	83,968	90,485	86,753	83,542
											241
											83,542
											228
											78,549
											72
											104,092
											10
											1,303
											80,351

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
 EIN / PN: 34-0714357 / 001
 Plan Sponsor: Children's Hospital Medical Center of Akron
 Valuation Date: January 1, 2019

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PENSION PLAN OF CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2019	
2 Assets:	
a Market value.....	2a 203,269,947
b Actuarial value.....	2b 217,418,870
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 823 (2) Vested Funding Target 83,231,932 (3) Total Funding Target 84,368,979
b For terminated vested participants.....	398 21,171,529 21,171,529
c For active participants.....	1,303 133,705,346 135,297,156
d Total.....	2,524 238,108,807 240,837,664
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 5.61%
6 Target normal cost.....	6 9,680,956

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	Brian A. Hartman 	08/04/2020
Signature of actuary		Date
Brian A. Hartman		2007613
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).....	1,014,276	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).....	1,014,276	0
10 Interest on line 9 using prior year's actual return of <u>-7.33%</u>	-74,346	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		233,953
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>5.79%</u>		13,546
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.....		247,499
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	939,930	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	90.27%
15 Adjusted funding target attainment percentage.....	15	90.27%
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	94.93%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/04/2019	1,500,000				
02/01/2019	1,500,000				
03/01/2019	1,500,000				
04/03/2019	1,500,000				
05/02/2019	1,500,000				
06/01/2019	1,500,000				
07/02/2019	3,000,000				
08/01/2019	1,500,000				
09/01/2019	1,500,000				
10/01/2019	1,500,000				
11/01/2019	1,500,000				
12/01/2019	1,500,000				
Totals ▶			18(b)	19,500,000	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	
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	19,015,261

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	9,680,956	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	23,418,794		4,342,378
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	14,023,334	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	14,023,334	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	19,015,261	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4,991,927	
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, 2019

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

Age of Retirement (A)	Rates of Retirement (B)	% of Retiring (C)	Weighted Ages (A) * (C)
55	0.030	0.030000	1.650000
56	0.030	0.029100	1.629600
57	0.030	0.028227	1.608939
58	0.030	0.027380	1.588051
59	0.050	0.044265	2.611614
60	0.050	0.042051	2.523085
61	0.050	0.039949	2.436879
62	0.125	0.094878	5.882466
63	0.125	0.083019	5.230177
64	0.125	0.072641	4.649046
65	0.250	0.127122	8.262953
66	0.400	0.152547	10.068090
67	0.300	0.068646	4.599287
68	0.300	0.048052	3.267553
69	0.300	0.033637	2.320924
70	0.300	0.023546	1.648192
71	0.300	0.016482	1.170216
72	1.000	0.038458	2.768963

Weighted Retirement Age: 63.916035

Average Retirement Age: 64

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
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