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

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1958

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)
AKRON GENERAL MEDICAL CENTER

1 AKRON GENERAL AVENUE
AKRON, OH 44307

2b Employer Identification Number (EIN)
34-0714478

2c Plan Sponsor's telephone number
330-344-6772

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	TIMOTHY LONGVILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	3144
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)**	1220
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1087
b Retired or separated participants receiving benefits	**6b**	1335
c Other retired or separated participants entitled to future benefits	**6c**	573
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2995
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	69
f Total. Add lines **6d** and **6e**	**6f**	3064
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**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

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
AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AKRON GENERAL MEDICAL CENTER

D Employer Identification Number (EIN)
34-0714478

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	180234153
b Actuarial value	**2b**	180234153

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	1417	88555282	88555282
b For terminated vested participants	591	18026869	18026869
c For active participants	1172	57148013	58865910
d Total	3180	163730164	165448061

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**	5.54 %
6 Target normal cost	**6**	1787483

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

	10/02/2020
Signature of actuary	Date
DAVID M. HAUER	20-06576
Type or print name of actuary	Most recent enrollment number
WILLIS TOWERS WATSON US LLC	216-937-4000
Firm name	Telephone number (including area code)
1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -5.92 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		32382472
	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 5.62 %		1819895
	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		34202367
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	108.93 %
15	Adjusted funding target attainment percentage	15	108.93 %
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	100.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	1787483
b Excess assets, if applicable, but not greater than line 31a	**31b**	1787483

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AKRON GENERAL MEDICAL CENTER

D Employer Identification Number (EIN)
34-0714478

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

1607 CAPITAL PARTNERS

26-0529973

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

ARCM FEEDER FUND IV LTD

2 QUEENS ROAD
HONG KONG, HONG KONG 00000 CN

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

CITADEL ADVISORS LLC

46-1648666

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

GOLDENTREE ASSET MANAGEMENT LP

13-4118850

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

HG VORA CAPITAL MANAGEMENT

26-4376989

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

HUDSON BAY CAPITAL MANAGEMENT LP

37-1511773

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

MARSHALL WACE LLP

98-0430284

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

MW EUREKA (US) FUND, OF MARSHALL WA

98-0430284

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

NUMERIC INVESTORS LLC

04-3068821

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

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

BIL, LTD.

888 BOYLSTON ST
15TH FLOOR
BOSTON, MA 02199

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

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	CUSTODIAL	138773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

PO BOX 95135
CHICAGO, IL 60694-5135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	111950	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON

1001 LAKESIDE AVENUE
SUITE 1500
CLEVELAND, OH 44114-1172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	80575	Yes [ ] No [X]	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)

NISA INVESTMENT ADVISORS

48-1140940

(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	54224	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUDSON BAY INTERNATIONAL ASSOCIATES

46-4249963

(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	0	Yes [X] No [ ]	Yes [ ] No [X]	50117	Yes [ ] No [X]

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

VWH OFFSHORE FUND, LP

82-2227722

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT MANAGEMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	16592	Yes [ ] No [X]

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)

ARROWSTREET CAPITAL, LIMITED PARTNE

04-3472863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	23031	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FULLER & THALER ASSET MANAGEMENT, I

94-3176968

(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?
27 51	INVESTMENT MANAGEMENT	21791	Yes [X] No [ ]	Yes [ ] No [X]	81	Yes [ ] No [X]

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

MARATHON ASSET MANAGEMENT LLP

95-4328983

(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 21	INVESTMENT MANAGEMENT	13900	Yes [ ] No [X]	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)

MAYER HOFFMAN MCCANN P.C.

4040 EMBASSY PARKWAY
AKRON, OH 44333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	13000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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	5205	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AKRON GENERAL MEDICAL CENTER

D Employer Identification Number (EIN)
34-0714478

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SS RUSSELL 1000 NL V			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 04-0025081-123	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7619903
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI WORLD EX-U.S.			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 04-0025081-204	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2782059
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 3000 ERISA FUND			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 04-0025081-042	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6051183
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EMERGING MARKETS			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 04-0025081-163	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2756742
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INV GRADE CORPLONG BO			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 04-6913417-120	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42833724
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AKRON GENERAL MEDICAL CENTER

D Employer Identification Number (EIN)
34-0714478

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36300000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	262239	853955
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2670654	8142582
(2) U.S. Government securities	1c(2)	42914948	39610759
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2199269	2614921
(5) Partnership/joint venture interests	1c(5)	21884351	32578008
(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)	19939106	62043611
(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)	56266079	47687284
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	182436646	193531120
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	897137	127610
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	897137	127610
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	181539509	193403510

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	397	
	(B) U.S. Government securities	2b(1)(B)	712193	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	211855	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		924445
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	68215	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	581144	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		649359
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	51740349	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	44332479	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		7407870
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	12090643	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		12090643

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1204908
(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)		2021462
c Other income	2c		492944
d Total income. Add all **income** amounts in column (b) and enter total	2d		24791631
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11721679	
(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)		11721679
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)	251808	
(3) Investment advisory and management fees	2i(3)	439121	
(4) Other	2i(4)	515022	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1205951
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12927630
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11864001
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: MAYER HOFFMAN MCCANN P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	4a		X	
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.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4233389. (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.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AKRON GENERAL MEDICAL CENTER

D Employer Identification Number (EIN)
34-0714478

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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** 34

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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: 15.8 % Investment-Grade Debt: 63.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 21.2 %

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_____

AKRON GENERAL MEDICAL CENTER
RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2019 and 2018

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

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Akron General Medical Center Retirement Income Plan (the "Plan"), which comprise the 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon / BNY Mellon, N.A. for 2019 and from April 1, 2018 to December 31, 2018 and JP Morgan Chase, NA from January 1, 2018 through March 31, 2018, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of December 31, 2019 and 2018 and for the years then ended, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Mayer Hoffman McCann P.C.

Cleveland, Ohio
October 5, 2020

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments at fair value		
Cash and cash equivalents	$ 8,142,582	$ 2,670,654
U.S. government and related securities	39,610,759	42,914,948
Common stocks	2,614,921	2,199,269
Registered investment companies	47,687,284	56,266,079
Common collective trusts	62,043,611	19,939,106
Alternative investments	32,578,008	21,884,351
	192,677,165	145,874,407
Receivables		
Employer contribution	-	36,300,000
Accrued interest and dividends	199,966	211,653
Due from broker	653,989	50,586
	853,955	36,562,239
TOTAL ASSETS	193,531,120	182,436,646
LIABILITIES		
Accrued expenses	127,610	75,703
Due to broker	-	821,434
TOTAL LIABILITIES	127,610	897,137
NET ASSETS AVAILABLE FOR BENEFITS	$ 193,403,510	$ 181,539,509

See Notes to Financial Statements

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2019 and 2018

	2019	2018
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 23,217,826	$ (11,249,645)
Interest	924,446	989,039
Dividends	649,359	1,051,608
Net investment income (loss)	24,791,631	(9,208,998)
Employer contribution	-	36,300,000
TOTAL ADDITIONS	24,791,631	27,091,002
Benefits paid to participants	11,721,679	10,814,614
Administrative expenses	1,205,951	2,067,510
TOTAL DEDUCTIONS	12,927,630	12,882,124
NET INCREASE	11,864,001	14,208,878
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	181,539,509	167,330,631
End of year	$ 193,403,510	$ 181,539,509

See Notes to Financial Statements

(1) Description of Plan

The following description of the Akron General Medical Center (Medical Center) Retirement Income Plan (Plan) provides only general information. Participants should refer to the Plan document or the Summary Plan Description for a more complete description of the Plan's provisions. Copies of these documents are available from the Total Rewards Department at The Cleveland Clinic Foundation ("Foundation").

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

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

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

The Plan Administrator is Akron General Medical Center (AGMC). The Board of Directors of AGMC has authorized the Retirement Committee of the Foundation to act on behalf of AGMC to perform its duties as Plan Administrator. The Retirement Committee has overall responsibility for the operation and administration of the Plan, including actions with respect to contracts, trusts, evaluation and engagement of investment fund managers and other Plan matters as required.

(2) Summary of significant accounting policies

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

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

(2) Summary of significant accounting policies (continued)

Payment of benefits - Benefits are recorded when paid.

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

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

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

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

The Plan posted collateral totaling $743,624 and $394,434 at December 31, 2019 and 2018, respectively, with a third-party investment firm. The collateral is restricted to support certain investment activity managed by that firm. The collateral is included in U.S. government securities on the accompanying statements of net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits (see Note 5) are those future periodic payments, including lump-sum, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits are based on plan provisions in effect at the time of the employee's service, and consider compensation, age, and years of service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

(2) Summary of significant accounting policies (continued)

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

(3) Information prepared and certified by the trustees

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JP Morgan Chase, NA (for the period from January 1, 2018 to March 31, 2018) and The Bank of New York Mellon/BNY Mellon, N.A. ("BNY Mellon") (for the period April 1, 2018 to December 31, 2018 and plan year ended December 31, 2019), the trustees of the Plan, certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments:

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

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

(4) Fair value measurements

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

(4) Fair value measurements (continued)

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

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

- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

	Investments at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 8,142,582	$ -	$ -	$ 8,142,582
Fixed income securities:				
U.S. government and related securities	39,610,759	-	-	39,610,759
Common stocks	2,614,921	-	-	2,614,921
Registered investment companies	299,280	-	-	299,280
Investments measured at fair value	$ 50,667,542	$ -	$ -	$ 50,667,542

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

(4) Fair value measurements (continued)

Total investments at fair value at December 31, 2019 and 2018 are comprised of the following:

	2019	2018
Investments measured at fair value	$ 50,667,542	$ 59,796,370
Investments measured at net asset value[(a)]		
Privately held registered investment company funds	47,388,004	44,254,580
Common collective trust funds	62,043,611	19,939,106
Alternative investments:		
Hedge funds	31,195,770	21,226,422
Private equity funds	1,382,238	657,929
Total investments at fair value	$ 192,677,165	$ 145,874,407

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

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

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

Hedge funds generally contain lock-up provisions that do not allow for redemption of investments for up to 2 years after acquisition. Following the lock-up period, the funds can generally be redeemed providing there are no restrictions on the underlying securities. Redemptions are determined by the fund's management and have redemption frequencies ranging from monthly to annually which require redemption notifications that range from 30 to 120 days. The Plan had unfunded commitments in these funds totaling $500,000 as of December 31, 2019.

(4) Fair value measurements (continued)

Private equity funds do not have redemption rights. Distribution from such funds will be received as the underlying investments in the fund are liquidated. It is estimated that the investments in these funds would be liquidated over a weighted average period of approximately 6 years. The Plan had unfunded commitments in these funds totaling $3,090,219 as of December 31, 2019.

(5) Actuarial present value of accumulated plan benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits is presented based on a beginning-of-year benefit information date.

The significant assumptions underlying the actuarial computations are as follows:

Long-term rate of return	6.8% per year
Mortality	IRS 2018 prescribed mortality (RP2014) (separate annuitants and non-annuitants) (Scale MP 2018)
Retirement	Rates varying by age (55 to 65)

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

A summary of the actuarial present value of accumulated plan benefits as of January 1, 2019 is as follows:

Vested benefits		
Participants currently receiving payments	$	79,078,178
Other participants		70,295,010
Total vested benefits		149,373,188
Nonvested benefits		1,164,390
Total actuarial present value of accumulated plan benefits	$	150,537,578

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

The change in the actuarial present value of accumulated plan benefits for the year ending January 1, 2019 consists of the following:

Actuarial present value of accumulated plan benefits at January 1, 2018	$	165,207,118
Change in actuarial assumptions		(10,991,027)
Actuarial gains		(2,451,888)
Increase due to passage of time		9,587,989
Decrease due to benefits paid		(10,814,614)
Actuarial present value of accumulated plan benefits at January 1, 2019	$	150,537,578

(6) Funding policy

The Medical Center has voluntarily agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The contributions of the Medical Center are made in amounts sufficient to fund the Plan's current service cost on a current basis and to fund past service cost plus interest thereon over a period of 30 years. The Medical Center may elect to increase its contributions above the minimum amount required by ERISA. The Plan has met the ERISA minimum funding requirements in 2019 and 2018.

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

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

(8) Plan termination

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

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

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

(9) Tax status

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

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

(10) Risks and uncertainties

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

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

(11) Subsequent events

Effective January 1, 2020, the Plan's assets transferred into the Cleveland Clinic Health System Pension Trust resulting in the creation of a Master Trust Portfolio. In addition to the Plan, CCHS Retirement Plan and Indian River Memorial Hospital, Inc. Pension Plan are participants in the Master Trust.

On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus (COVID-19) as a global pandemic. On March 13, 2020, a national state of emergency was declared in the United States related to the pandemic as the rates of infection continued to rise in many locations around the world and across the United States.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant instability in financial markets. As a result, there has been heightened market risk and the Plan's investment portfolio has incurred significant volatility in fair value since December 31, 2019. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time.

In December 2019, the Setting Every Community Up for Retirement Enhancement (SECURE Act) was signed into law, related to required minimum distributions and the limitation of life-time or stretch distributions to remain compliant under the applicable laws and regulations. These provisions are effective beginning January 1, 2020.

(11) Subsequent events (continued)

The Plan is in the process of operationally being amended to implement certain changes permitted by the above law change.

The Plan has evaluated events that have occurred subsequent to the year ended December 31, 2019 through October 5, 2020, which is the date the financial statements were available to be issued. Except for the events discussed above, no significant matters were identified for disclosure during this evaluation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2019

Number of participants and average annual frozen benefit, distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
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	1	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	1	20	42	10	0	0	0	0	0	73
	-	-	3,194	3,821	-	-	-	-	-	-	3,569
40-44	0	2	29	56	32	7	0	0	0	0	126
	-	-	2,717	4,464	3,982	-	-	-	-	-	3,869
45-49	0	4	23	50	47	35	8	0	0	0	167
	-	-	2,713	4,511	5,863	5,945	-	-	-	-	4,931
50-54	2	3	18	34	53	74	35	1	0	0	220
	-	-	-	4,205	5,536	7,390	8,159	-	-	-	6,029
55-59	0	3	13	47	60	64	58	28	5	4	282
	-	-	-	4,720	5,776	7,026	9,388	9,884	-	-	6,974
60-64	0	5	11	38	38	32	32	40	18	16	230
	-	-	-	4,441	6,944	7,002	9,393	10,798	-	-	7,755
65-69	1	1	2	11	5	9	8	9	7	7	60
	-	-	-	-	-	-	-	-	-	-	12,050
70 & over	0	0	1	1	3	3	0	1	1	1	11
	-	-	-	-	-	-	-	-	-	-	-
Total	3	19	119	280	248	224	141	79	31	28	1,172
	-	-	2,804	4,306	5,596	7,205	9,373	10,337	12,387	14,078	6,382

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Akron General Medical Center Retirement Income Plan
EIN / PN: 34-0714478 / 001
Plan Sponsor: Akron General Medical Center
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: Three-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	5.54%	4.02%

Annual rates of increase:

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

Demographic Assumptions

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

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

SCHEDULE SB ATTACHMENTS

Mortality

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-2014 “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).

Termination

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

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

Disability

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

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

Retirement

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

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

SCHEDULE SB ATTACHMENTS

Form of payment	Termination: 50% single lump sum distribution assumed upon termination, 42.5% single lump sum distribution at normal retirement and 7.5% single life annuity at normal retirement. Retirement: 75% single lump sum, 25% elect a single life.
Percent married	85% of participants are assumed to be married.
Administrative expenses	Plan-related expenses are assumed to be the actual administrative expenses paid during the prior year. The amount included this year for plan-related expenses is $1,787,483.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Akron General and, based on that review, is not aware of any significant benefits required to be valued that were not.

Assumptions Rationale - Significant Economic Assumptions

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

SCHEDULE SB ATTACHMENTS

Expected return on plan assets	We understand the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
Administrative expenses	Administrative expenses are estimated to be the actual expenses paid from the trust the preceding year.

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).

Sources of Data and Other Information

Alight furnished participant data as of January 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 discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data were adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing benefit amounts for beneficiaries of deceased active participants were assumed to be 50% of the original active participants' accrued benefit.
- Missing benefit amounts for new terminated vested participants were assumed to be equal to their active frozen benefit.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Source of Prescribed Methods

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

SCHEDULE SB ATTACHMENTS

Change 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 mortality table used to complete §417(e) conversions when calculating the funding target was revised from the IRS table applicable for plan year 2018 to the IRS table applicable for plan year 2019.
- The assumed plan-related expenses added to the target normal cost were updated from $1,744,820 for 2018 to $1,787,483 for 2019.
- The decrement timing assumption was changed from beginning of year decrements to the rounded middle of year decrement timing model.

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2019

EIN: 34-0714478
Plan Number: 001

(a) Identity of party Involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
Category (i) - Single transactions in excess of 5% of Plan assets								
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	N/A	$ 9,992,858	$ -	$ -	$ 9,992,858	$ 9,992,858	-
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	36,300,000	N/A	-	-	36,300,000	36,300,000	N/A
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	N/A	19,631,761	-	-	19,631,761	19,631,761	-
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	N/A	18,233,434	-	-	18,233,434	18,233,434	-
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	N/A	17,592,490	-	-	17,592,490	17,592,490	-
Mellon Trust	L&G LONG DURATION US CREDIT CIT FUND	10,500,000	-	-	-	10,500,000	10,500,000	N/A
Mellon Trust	WTC-CIF II US INV GRADE CORP LONG BOND	17,500,000	-	-	-	17,500,000	17,500,000	N/A
Mellon Trust	WTC-CIF II US INV GRADE CORP LONG BOND	17,500,000	-	-	-	17,500,000	17,500,000	N/A
Category (iii) - Series of transactions in excess of 5% of Plan assets								
Mellon Trust	LSV VALUE EQUITY FUND	$ 133,461	N/A	$ -	$ -	$ 133,461	$ 133,461	N/A
	1 purchase, 1 sale	N/A	7,187,290	-	-	7,484,068	7,187,290	(296,778)
Mellon Trust	TOUCHSTONE SANDS CAP INC GROWTH	411,605	N/A	-	-	411,605	411,605	N/A
	1 purchase, 2 sale	N/A	7,144,130	-	-	6,795,395	7,144,130	348,735
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	121,071,567	N/A	-	-	121,071,567	121,071,567	N/A
	339 purchases, 252 sales	N/A	115,575,874	-	-	115,575,874	115,575,874	-

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2019

EIN: 34-0714478
Plan Number: 001

(a) Identity of party Involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
Mellon Trust	BNY MELLON CASH RESERVE	9,736,894	N/A	-	-	9,736,894	9,736,894	N/A
	41 purchases, 38 sales	N/A	9,760,660	-	-	9,760,660	9,760,660	-
Mellon Trust	L&G LONG DURATION	10,500,000	N/A	-	-	10,500,000	10,500,000	N/A
	1 purchase, 2 sales	N/A	1,750,000	-	-	1,775,752	1,750,000	(25,752)
Mellon Trust	SSGA RUSSELL 3000	6,500,000	N/A	-	-	6,500,000	6,500,000	N/A
	4 purchases, 2 sales	N/A	6,350,000	-	-	6,117,097	6,350,000	232,903
Mellon Trust	WTC-CIF II INV GRADE CORP LONG BOND	42,447,683	N/A	-	-	42,447,683	42,447,683	N/A
	7 purchases							
Mellon Trust	NUMERIC EM ALPHA	6,000,000	N/A	-	-	6,000,000	6,000,000	N/A
	1 purchase, 4 sales	N/A	7,831,846	-	-	8,000,000	7,831,846	(168,154)

There were no category (ii) or (iv) reportable transactions during 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

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
Akron General Medical Center Retirement Income Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Akron General Medical Center

D Employer Identification Number (EIN)
34-0714478

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:		
a Market value	2a	180,234,153
b Actuarial value	2b	180,234,153

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,417	88,555,282	88,555,282
b For terminated vested participants	591	18,026,869	18,026,869
c For active participants	1,172	57,148,013	58,865,910
d Total	3,180	163,730,164	165,448,061

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	5.54%
6 Target normal cost	6	1,787,483

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

DAVID M. HAUER — Signature of actuary

OCTOBER 2, 2020 — Date

David M. Hauer — Type or print name of actuary

2006576 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

216-937-4000 — Telephone number (including area code)

1001 Lakeside Avenue
Suite 1500
Cleveland OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -5.92%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		32,382,472
	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 5.62%		1,819,895
	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		34,202,367
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	**14**	108.93%
15	Adjusted funding target attainment percentage	**15**	108.93%
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**	100.62%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	**17**	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.74 %	5.35 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	1,787,483
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,787,483

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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 – Statement by Enrolled Actuary

Plan Sponsor	Akron General Medical Center
EIN/PN	34-0714478 / 001
Plan Name	Akron General Medical Center Retirement Income Plan
Valuation Date	January 1, 2019
Enrolled Actuary	David M. Hauer
Enrollment Number	20-06576

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

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

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, as illustrated below.

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

Plan Name: Akron General Medical Center Retirement Income Plan
EIN / PN: 34-0714478 / 001
Plan Sponsor: Akron General Medical Center
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Plan

Akron General Medical Center Retirement Income Plan

Effective date and most recent amendment

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

Plan year

Twelve-month period commencing each January 1.

Coverage and participation

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

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

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

Retirement dates

a) Normal: Age 65.

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

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

SCHEDULE SB ATTACHMENTS

Credited service

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

Vesting service

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

Normal retirement benefit

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

FOR CAREGIVERS REPRESENTED BY ONA

Prior to January 1, 2002:

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

Subsequent to January 1, 2002:

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

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

SCHEDULE SB ATTACHMENTS

FOR CAREGIVERS REPRESENTED BY USWA

Date Credited Service Ceases to Accumulate	Rate per Month Per Year of Service
April 1, 1990 to March 31, 1991	$11.00
April 1, 1991 to March 31, 1992	$12.00
April 1, 1992 to March 31, 1993	$13.00
April 1, 1993 to April 30, 1994	$14.00
May 1, 1994 to March 31, 1995	$14.50
April 1, 1995 to March 31, 1996	$15.50
April 1, 1996 to March 31, 1997	$16.50
April 1, 1997 to March 31, 1998	$17.50
April 1, 1998 to March 31, 1999	$18.50
April 1, 1999 to March 31, 2003	$19.50
April 1, 2003 to March 31, 2005	$20.00
April 1, 2005 to March 31, 2007:	
$20.50 for service on and after January 1, 2005 plus $20.00 for service before January 1, 2005.	
April 1, 2007 to December 31, 2016:	
$21.00 for service on and after January 1, 2007, plus $20.50 for service from January 1, 2005 - December 31, 2006, plus $20.00 for service before January 1, 2005.	

Accrued benefits were frozen effective May 16, 2013 for USWA participants who did not meet the Rule of 75 (age plus service).

Accrued benefits were frozen effective December 31, 2016 for all remaining USWA participants.

FOR NON-BARGAINING CAREGIVERS

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

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

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

SCHEDULE SB ATTACHMENTS

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

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

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

(b) Supplemental Benefit

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

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

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

Early retirement benefit

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

Disability retirement benefit

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

SCHEDULE SB ATTACHMENTS

Employee contributions

a) Basic Benefit – none.

b) Supplemental Benefit – 3% of annual earnings in excess of $3,900 (5% of annual earnings in excess of $4,800 prior to October 1, 1965). This applies only to bargaining unit participants on or after January 1, 1991. Effective April 1, 1995, employee contributions by USWA caregivers ceased. Effective June 11, 1995, employee contributions by ONA caregivers ceased.

Benefit upon termination of service

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

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

Pre-retirement spouse's benefit

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

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

Form of payment

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

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

b) on a straight-life basis otherwise,

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

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

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

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

December 31, 2019

EIN: 34-0714478
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Units/ Shares	(d) Cost	(e) Current Value
	Cash and cash equivalents			
*	DREYFUS GOVT CASH MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	8,142,582	$ 8,142,582	$ 8,142,582
	Total cash and cash equivalents		8,142,582	8,142,582
	U.S. government and related securities			
	U S TREASURY BD CPN STRIP 0.000% 02/15/2036 DD 02/15/06	5,000,000	2,940,300	3,450,800
	U S TREASURY BD CPN STRIP 0.000% 11/15/2031 DD 08/15/07	4,400,000	2,955,260	3,406,128
	U S TREASURY BD CPN STRIP 0.000% 11/15/2032 DD 08/15/07	1300000	948,103	979,394
	U S TREASURY BD CPN STRIP 0.000% 11/15/2033 DD 08/15/07	5300000	3,356,202	3,882,939
	U S TREASURY BD CPN STRIP 0.000% 11/15/2035 DD 08/15/07	5000000	2,960,800	3,462,300
	U S TREASURY BOND 6.250% 05/15/2030 DD 11/15/99	100,000	132,875	140,723
	U S TREASURY BOND 3.125% 11/15/2041 DD 11/15/11	2,405,000	2,438,445	2,733,234
	U S TREASURY BOND 3.125% 02/15/2043 DD 02/15/13	5,100,000	5,159,168	5,795,895
	U S TREASURY BOND 2.750% 08/15/2047 DD 08/15/17	6,300,000	5,923,230	6,773,256
	U S TREASURY BOND 2.750% 11/15/2047 DD 11/15/17	6,200,000	5,826,305	6,665,744
	U S TREASURY BOND 3.000% 02/15/2048 DD 02/15/18	740,000	798,275	834,002
	U S TREASURY BOND 3.000% 08/15/2048 DD 08/15/18	1,850,000	2,216,965	2,088,835
	US TREAS BD FUTURE (CBT) EXP MAR 20	39	-	(111,266)
	US 10YR ULTRA FUTURE (CBT) EXP MAR 20	123	-	(214,570)
	US 10YR NOTE FUTURE (CBT) EXP MAR 20	171	-	(182,898)
	US 5YR NOTE FUTURE (CBT) EXP MAR 20	218	-	(93,757)
	Total U.S. government and related securities		35,655,928	39,610,759
	Common stocks			
	COLUMBIA SPORTSWEAR CO	385	34,150	38,573
	AMERICAN AXLE & MANUFACTURING	1,093	11,641	11,761
	COOPER-STANDARD HOLDINGS INC	580	35,690	19,233
	GENTHERM INC	985	39,915	43,724
	TENNECO INC	1,080	30,931	14,148
	BANCORP INC/THE	1,115	10,705	14,462
	CIT GROUP INC	460	19,453	20,990
	FNB CORP/PA	5,050	59,225	64,135
	FIRST HORIZON NATIONAL CORP	6,575	105,645	108,882
	FIRST HAWAIIAN INC	1,045	26,978	30,148
	FIRST MIDWEST BANCORP INC/IL	2,570	60,623	59,264
	HOPE BANCORP INC	3,515	54,474	52,233
	KEYCORP	1,940	35,138	39,266
	SIMMONS FIRST NATIONAL CORP	740	20,416	19,825
	TCF FINANCIAL CORP	1,688	69,421	78,998
	TEXAS CAPITAL BANCSHARES INC	535	31,974	30,372

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

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

December 31, 2019

EIN: 34-0714478
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Units/ Shares	(d) Cost	(e) Current Value
	UNITED BANKSHARES INC/WV	830	29,417	32,088
	COTT CORP	1,365	16,975	18,673
	ARMSTRONG WORLD INDUSTRIES INC	60	4,263	5,638
	BUILDERS FIRSTSOURCE INC	455	6,658	11,562
	EAGLE MATERIALS INC	330	27,034	29,918
	JELD-WEN HOLDING INC	1,775	33,359	41,553
	CABOT CORP	1,155	58,337	54,886
	CELANESE CORP	235	23,894	28,933
	KOPPERS HOLDINGS INC	755	23,102	28,856
	BRINK'S CO/THE	620	42,541	56,222
	HARSCO CORP	370	9,400	8,514
	MTS SYSTEMS CORP	495	26,018	23,775
	MAXIMUS INC	280	21,107	20,829
	NCR CORP	800	21,060	28,128
	SYKES ENTERPRISES INC	1,060	31,595	39,209
	WADDELL & REED FINANCIAL INC	820	16,114	13,710
	JANUS HENDERSON GROUP PLC	655	15,317	16,015
	EL PASO ELECTRIC CO	830	49,863	56,349
	PORTLAND GENERAL ELECTRIC CO	759	40,594	42,345
	ENERGIZER HOLDINGS INC	815	38,751	40,929
	AVNET INC	475	19,305	20,159
	FLEX LTD	1,360	11,453	17,163
	GRANITE CONSTRUCTION INC	1,560	59,280	43,165
	COVANTA HOLDING CORP	2,285	37,058	33,909
	SPROUTS FARMERS MARKET INC	495	12,344	9,578
	PH GLATFELTER CO	1,005	17,935	18,392
	KENNAMETAL INC	550	21,065	20,290
	TRI POINTE GROUP INC	1,069	13,041	16,655
	DOLBY LABORATORIES INC	420	28,073	28,896
	CNO FINANCIAL GROUP INC	3,340	64,474	60,554
	NATIONAL GENERAL HOLDINGS CORP	1,920	46,986	42,432
	ASSURED GUARANTY LTD	475	19,723	23,285
	ENSTAR GROUP LTD	80	13,788	16,549
	WHITE MOUNTAINS INSURANCE GROU	32	29,779	35,696
	HYSTER-YALE MATERIALS HANDLING	295	17,724	17,393
	TEREX CORP	995	31,024	29,631
	APPLIED INDUSTRIAL TECHNOLOGIE	445	28,678	29,677
	JOHN WILEY & SONS INC	470	24,361	22,804
	ACTUANT CORP	565	14,254	14,707
	TRINSEO SA	274	12,218	10,196
	HERMAN MILLER INC	618	23,258	25,740
	PBF ENERGY INC	495	17,067	15,528

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

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

December 31, 2019

EIN: 34-0714478
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Units/ Shares	(d) Cost	(e) Current Value
	RANGE RESOURCES CORP	2,480	35,382	12,028
	WPX ENERGY INC	5,645	79,570	77,562
	KLX ENERGY SERVICES HOLDINGS I	955	22,322	6,150
	MRC GLOBAL INC	1,510	26,265	20,596
	PATTERSON-UTI ENERGY INC	3,152	46,013	33,096
	TETRA TECHNOLOGIES INC	3,689	13,472	7,230
	CROWN HOLDINGS INC	987	48,575	71,597
	GRAPHIC PACKAGING HOLDING CO	6,425	82,403	106,975
	GREIF INC	500	17,022	22,100
	PRESTIGE CONSUMER HEALTHCARE I	885	32,429	35,843
	BEACON ROOFING SUPPLY INC	945	31,200	30,221
	DESIGNER BRANDS INC	2,125	50,500	33,447
	BROOKLINE BANCORP INC	1,980	32,129	32,591
	INVESTORS BANCORP INC	10,409	123,286	124,023
	ACI WORLDWIDE INC	300	8,006	11,366
	ALLSCRIPTS HEALTHCARE SOLUTION	3,790	45,597	37,199
	VERINT SYSTEMS INC	540	24,993	29,894
	COMMERCIAL METALS CO	895	16,089	19,932
	ADTRAN INC	1,040	16,862	10,286
	COMMSCOPE HOLDING CO INC	1,439	24,019	20,419
	MATSON INC	1,230	47,036	50,184
	RESIDEO TECHNOLOGIES INC	2,149	37,679	25,637
	Total common stocks		2,605,515	2,614,921
	Common collective trusts			
	SSGA MSCI EMERGING MARKETS	2,756,742	2,615,426	2,756,742
	SSGA MSCI WORLD EX-U.S.	2,782,059	2,511,767	2,782,059
	SSGA RUSSELL 3000 ERISA FUND	6,051,183	5,362,552	6,051,183
	SS RUSSELL 1000 NL V	7,619,902	6,999,650	7,619,903
	WTC-CIF II US INV GRADE CORPLONG BOND	42,833,724	42,447,683	42,833,724
	Total common collective trusts		59,937,078	62,043,611
	Alternative investments			
	BRACEBRIDGE (BIL FUND LTD)	2,110,503	2,110,503	2,110,503
	CITADEL GLOBAL EQUITIES FUNDII LTD	2,151,986	2,151,986	2,151,986
	FARALLON CAPITAL OFFSHOREINVESTMENT II	2,407,585	2,407,585	2,407,585
	HG VORA SPECIAL OPPORTUNITIESFUND	2,243,048	2,243,048	2,243,048
	MAGNETAR CONSTELLATION FUNDLTD	2,102,725	2,102,725	2,102,725
	MW EUREKA FUND	4,319,271	4,319,271	4,319,270
	NEON LIBERTY EM	3,717,532	3,717,532	3,717,532

AKRON GENERAL MEDICAL CENTER RETIREMENT INCOME PLAN

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

December 31, 2019

EIN: 34-0714478
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Units/ Shares	(d) Cost	(e) Current Value
	ELEMENT CAPITAL FEEDER FUNDLTD	2,112,463	2,112,463	2,112,463
	WINDACRE DOMESTIC	1,305,459	1,305,459	1,305,459
	HUDSON BAY CAPITALINTERNATIONAL FUND	3,200,199	3,200,199	3,200,199
	AKO EUROPEAN LONG	5,525,000	5,525,000	5,525,000
	TCW DIRECT LENDING VII LLC	876,652	876,652	876,652
	VWH OFFSHORE FUND LP	133,652	133,652	133,652
	ARCM FEEDER FUND IV LTD	151,934	151,934	151,934
	HG VORA OPP CAP FD CAYMAN LP	220,000	220,000	220,000
	Total alternative investments		32,578,009	32,578,008
	Registered investment companies			
	AG MORTGAGE INVESTMENT TRUST I	835	14,254	12,876
	ALEXANDER & BALDWIN INC	630	12,970	13,205
	BRIXMOR PROPERTY GROUP INC	2,355	39,464	50,892
	CHATHAM LODGING TRUST	1,625	31,848	29,803
	COLONY CAPITAL INC	3,845	22,227	18,264
	FRANKLIN STREET PROPERTIES COR	3,624	27,763	31,021
	KITE REALTY GROUP TRUST	1,545	24,428	30,174
	PEBBLEBROOK HOTEL TRUST	515	15,487	13,807
	POTLATCHDELTIC CORP	355	13,316	15,361
	RAYONIER INC	1,305	39,830	42,752
	RETAIL PROPERTIES OF AMERICA I	1,420	17,133	19,028
	RYMAN HOSPITALITY PROPERTIES I	255	20,844	22,098
	CLIFTON DEFENSIVE EQUITY FUND	3,448,323	3,047,199	3,448,322
	NUMERIC EM SMALL CAP FUND	1,714,007	1,878,372	1,714,007
	GOLDENTREE HIGH YIELD VALUE FD	7,775,722	7,291,125	7,775,722
	L&G LONG DURATION US CREDITCIT FUND	31,163,702	27,650,369	31,163,702
	WGI EMERGING MARKETS FEEDERLTD	3,286,251	2,982,024	3,286,250
	Total registered investment companies		43,128,653	47,687,284
			$ 182,047,765	$ 192,677,165

* Party-in-interest as defined by ERISA

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The decrement timing used in the valuation was changed from beginning 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, the commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. The change in funding method meets the parameters for automatic approval of software changes under IRS Rev. Proc. 2017-56.