

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/30/2021	RHONDA LARIMORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2435
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1225 6a(2) 1138 6b 761 6c 380 6d 2279 6e 83 6f 2362 6g 6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
	a Market value	2a	242103694	
	b Actuarial value	2b	232526028	
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.....	841	92097542	93245112
	b For terminated vested participants.....	373	27297202	27297202
	c For active participants	1225	123860323	125432448
	d Total.....	2439	243255067	245974762
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	5.46 %	
6	Target normal cost.....	6	8539799	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	08/19/2021
BRIAN A HARTMAN	Date
Type or print name of actuary	20-07613
WILLIS TOWERS WATSON US LLC	Most recent enrollment number
Firm name	216-937-4000
1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.
Schedule SB (Form 5500) 2020 v. 200204

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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>20.83</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4991927
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.61</u> %		280047
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		5271974
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	94.53 %
15 Adjusted funding target attainment percentage	15	94.53 %
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	90.27 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/10/2020	1500000		06/30/2020	1500000	
02/03/2020	1500000		08/03/2020	1500000	
02/13/2020	1500000		09/01/2020	1500000	
03/02/2020	3000000		09/29/2020	1500000	
03/27/2020	3000000		12/11/2020	4200000	
06/01/2020	1500000		07/28/2021	5530000	
Totals ▶			18(b)	65530000	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	62717398

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	8539799
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	13448734	3281757	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	11821556
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)		36	11821556
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	62717398
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	50895842
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

OAK ASSOCIATES

34-1818085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	168064	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

INTEGRITY

86-1063006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	99585	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

KEYBANK NATIONAL ASSOCIATION

34-0797057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	47370	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	13395	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	D Employer Identification Number (EIN) <u>34-0714357</u>	

Part I	Asset and Liability Statement		
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)	5530000
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	967735 39957
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	8033388 16478118
(2) U.S. Government securities		1c(2)	4274247
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	4332105
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	210770581 291126596
(5) Partnership/joint venture interests		1c(5)	13725650
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	242103706	313174671

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	242103706	313174671
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	65530000	
(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)		65530000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(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)	99202	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		99202
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	9083232	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9083232
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	300523959	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	301052801	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-528842
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	24083423	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		24083423

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		98267015

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	26867608	
(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)		26867608
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	267649	
(4) Other.....	2i(4)	60793	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		328442
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		27196050

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		71070965
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4308225.			

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 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON		D Employer Identification Number (EIN) 34-0714357
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 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 57
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☒ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year.....	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
		0
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐	

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 94.6 % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: 5.4 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Pension Plan of Children's Hospital
Medical Center of Akron

Audited Financial Statements and Supplemental Schedules
With Independent Auditors' Report

December 31, 2020 and 2019

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

December 31, 2020 and 2019

Independent Auditors' Report 1-2

Financial Statements

Statements of Net Assets Available for Benefits 3

Statements of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5-12

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 13-15

Schedule H, Line 4j – Schedule of Reportable Transactions 16

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

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of Pension Plan of Children's Hospital Medical Center of Akron (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2020 and 2019, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year then ended, referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

August 4, 2021

Pension Plan of Children's Hospital Medical Center of Akron
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019
(In Thousands)

	<u>2020</u>	<u>2019</u>
Assets		
Investments, at fair value	\$ 307,605	\$ 241,136
Receivables:		
Contributions	5,530	-
Interest	-	66
Dividends	40	902
Total receivables	<u>5,570</u>	<u>968</u>
Net assets available for benefits	<u>\$ 313,175</u>	<u>\$ 242,104</u>

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

Pension Plan of Children's Hospital Medical Center of Akron
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2020 and 2019
(In Thousands)

	<u>2020</u>	<u>2019</u>
Additions:		
Investment income:		
Interest	\$ 99	\$ 207
Dividends	9,083	8,593
Total investment income	<u>9,182</u>	<u>8,800</u>
Employer contributions	<u>65,530</u>	<u>19,500</u>
Total additions	74,712	28,300
Deductions:		
Benefit payments to participants	26,868	22,850
Administrative fees and expenses	<u>328</u>	<u>349</u>
Total deductions	<u>27,196</u>	<u>23,199</u>
Net increase	47,516	5,101
Net appreciation in fair value of investments	23,555	33,733
Net assets available for benefits beginning of year	<u>242,104</u>	<u>203,270</u>
Net assets available for benefits end of year	<u><u>\$ 313,175</u></u>	<u><u>\$ 242,104</u></u>

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

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

December 31, 2020 and 2019
(Dollars in Thousands)

1. Description of the Plan

The Pension Plan of Children's Hospital Medical Center of Akron (the "Plan") is a defined benefit plan that covers substantially all employees and provides for pension, disability, and death benefits. Participants become fully vested in the Plan after five years of credited service. Children's Hospital Medical Center of Akron ("Children's" and "Plan Sponsor") has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants. The Plan has met the Employee Retirement Income Security Act of 1974 ("ERISA") minimum funding requirements. Children's has the right under the Plan to discontinue such contributions at any time and to terminate the Plan. On January 1, 2007, the Plan was amended to exclude from eligibility any employee whose date of employment was on or after January 1, 2007. Children's froze the plan to cease benefit payment accruals to active participants after December 31, 2020, resulting in a curtailment.

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

The Plan is subject to the provisions of ERISA.

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

2. Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the December 31, 2020 and 2019 Statements of Net Assets Available for Benefits. Fair values of investments in debt and equity securities are based on quoted market prices.

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

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

December 31, 2020 and 2019
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

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

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

Fair Value of Financial Assets and Liabilities

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

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

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

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

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

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

December 31, 2020 and 2019
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

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

Use of Estimates

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

Administrative Fees

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through August 4, 2021, the date the financial statements were available to be issued.

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

December 31, 2020 and 2019
(Dollars in Thousands)

3. Accumulated Plan Benefits

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

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

	2020	2019
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 76,385	\$ 70,527
Other participants	138,172	136,621
Total	214,557	207,148
Nonvested benefits:	2,311	2,299
Total	<u>\$ 216,868</u>	<u>\$ 209,447</u>

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

	2020	2019
Actuarial present value of accumulated plan benefits - beginning of year	\$ 209,447	\$ 208,933
Increase during the year attributable to:		
Benefits accumulated	8,583	8,939
Actuarial (gain) loss	(1,930)	2,478
Decrease in the discount period	15,497	15,609
Assumption changes	8,090	(7,007)
Benefits paid	(22,819)	(19,505)
Actuarial present value of accumulated plan benefits - end of year (January 1)	<u>\$ 216,868</u>	<u>\$ 209,447</u>

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

December 31, 2020 and 2019
(Dollars in Thousands)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are:

	2020	2019
Actuarial cost method	Projected Unit Credit Cost Method	Projected Unit Credit Cost Method
Discount rate	7.50%	7.50%
Mortality basis	Pri-2012 Employee and Annuitant Tables for males and females, projected with Scale MP-2019	RP-2014 Employee and Annuitant Tables for males and females, projected with Scale MP-2018
Salary increases	Age graded from 4.5% to 2.5%	Age graded from 4.5% to 2.5%
Disability	Revenue Ruling 96-7 Mortality Tables	Revenue Ruling 96-7 Mortality Tables

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

4. Assets and Liabilities Measured at Fair Value

The Plan's investments are held by KeyBank National Association. The following table summarizes Children's investments measured at fair value on a recurring basis as of December 31, 2020 and 2019, aggregated by the level in the fair value hierarchy within which those measurements are measured:

	2020		
	Level 1	Level 2	Level 3
Equities - U.S.	\$ 45,164	\$ -	\$ -
Equities - International	4,572	-	-
Mutual funds - U.S. equities	52,522	-	-
Mutual funds - International equities	61,691	-	-
Mutual funds - International bonds	127,178	-	-
Money market funds	16,478	-	-
Total investment in hierarchy at fair value	<u>\$ 307,605</u>	<u>\$ -</u>	<u>\$ -</u>

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

December 31, 2020 and 2019
(Dollars in Thousands)

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

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

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

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

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

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

December 31, 2020 and 2019
(Dollars in Thousands)

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

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

There are no unfunded commitments in the Plan.

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

	2019		
	Fair Value	Redemption Frequency	Redemption Notice Period
U.S. equity	\$ 13,726	Monthly	30-60 days
Total limited partnerships	<u>\$ 13,726</u>		

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

December 31, 2020 and 2019
(Dollars in Thousands)

5. Income Tax Status

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

Accounting principles generally accepted in the United States of America require the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, and 2019 and for the years then ended, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Transactions with Parties in Interest

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

7. Risks and Uncertainties

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

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

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2020

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
Equities - U.S.				
			\$	\$
		Aerojet Rocketdyne Holdings Inc	1,415 shares	74,783
		AGNC Investment Corp	7,213 shares	112,523
		Alaska Air Group Inc	1,047 shares	54,444
		Alcoa Upstream Corp	4,444 shares	102,434
		Allegheny Technologies Inc	4,659 shares	78,131
		Allete Inc	953 shares	59,029
		Allison Transmission Hldgs Inc	1,102 shares	47,529
		Ally Financial Inc	4,216 shares	150,343
		Alphabet Inc - Cl A	1,000 shares	1,752,640
		Alphabet Inc - Cl C	1,002 shares	1,755,384
		Amazon.Com Inc	1,305 shares	4,250,294
		American Eagle Outfitters	4,224 shares	84,776
		Americold Realty Trust	2,690 shares	100,418
		Amgen Inc	9,680 shares	2,225,626
		Apartment Income Reit Corp	2,985 shares	113,654
		Aramark	2,212 shares	85,118
		Arch Capital Group Ltd	1,443 shares	52,049
		Arconic Corp	2,651 shares	79,000
		Arrow Electronics Inc	1,074 shares	104,500
		Asbury Automotive Group Inc	503 shares	73,307
		Assurant Inc	862 shares	117,422
		Atkore International Group Inc	1,941 shares	79,794
		Barnes Group Inc	2,141 shares	108,527
		Beacon Roofing Supply Inc	2,322 shares	93,321
		Bed Bath & Beyond Inc	2,016 shares	35,804
		Belden Inc	1,706 shares	71,481
		Black Hills Corp	1,219 shares	74,908
		Blackstone Mortgage Trust Inc	2,235 shares	61,530
		Boise Cascade Co	1,113 shares	53,201
		Brown & Brown Inc	1,192 shares	56,513
		Brunswick Corp	1,482 shares	112,988
		Caesars Entertainment Inc	1,133 shares	84,148
		Camden Property Trust	1,008 shares	100,719
		Carlisle Cos Inc	695 shares	108,545
		Carpenter Technology Corp	2,133 shares	62,113
		Cinemark Holdings Inc	3,710 shares	64,591
		Cisco Sys Inc	40,100 shares	1,794,475
		Cit Group Inc	2,157 shares	77,436
		Clean Harbors Inc	1,176 shares	89,494
		Cognizant Tech Solutions Corp	14,200 shares	1,163,690
		Conduent Inc	13,281 shares	63,749
		Crane Co	1,031 shares	80,067
		Darden Restaurants Inc	745 shares	88,744
		Devon Energy Corp	5,142 shares	81,295
		Diamondback Energy Inc	1,647 shares	79,715
		Diamondrock Hospitality Co	11,343 shares	93,580
		Digital Realty Trust Inc	6,598 shares	920,487
		Diodes Inc	811 shares	57,176
		Discover Financial Services	1,400 shares	126,742
		East West Bancorp Inc	2,529 shares	128,246
		Edgewell Personal Care Co	1,572 shares	54,360
		Emcor Group Inc	1,353 shares	123,745
		Encompass Health Corp	1,364 shares	112,789
		Enpro Industries Inc	984 shares	74,312
		Epr Properties	1,137 shares	36,953
		Eqt Corp	4,651 shares	59,114
		Euronet Worldwide Inc	648 shares	93,908
		Everest RE Group Ltd	294 shares	68,822
		Facebook Inc - Cl A	6,600 shares	1,802,856
		First Indl Rlty Tr Inc	1,988 shares	83,754
		Flex Ltd	6,738 shares	121,149
		Flowserve Corp	1,502 shares	55,349
		Fluor Corp	3,541 shares	56,550
		Fortune Brands Home & Sec Inc	831 shares	71,233
		Gaming & Leisure Properties Inc	1,791 shares	75,938
		Gilead Sciences Inc	17,350 shares	1,010,811
		Grocery Outlet Holding Corp	1,741 shares	68,334
		Hancock Whitney Corp	4,114 shares	139,958
		Hanover Insurance Group Inc	768 shares	89,795
		Highwoods Ppty Inc	3,349 shares	132,721
		Hill-Rom Holdings Inc	733 shares	71,812
		Huntsman Corp	3,796 shares	95,431
		Infinera Corp	7,958 shares	83,400
		International Business Machs	5,525 shares	695,487
		Invesco Ltd	4,538 shares	79,097
		Investors Bancorp Inc	6,962 shares	73,519
		ITT Inc	1,443 shares	111,140
		Jabil Inc	2,059 shares	87,569
		Jack In The Box Inc	964 shares	89,459

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2020

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
		Description of Investment		
Identity of Issue, Borrower		Including Maturity Date,		
Lessor, or Similar Party		Rate of Interest, Par, or		
		Maturity Value	Cost	Current Value
Kinsale Capital Group Inc	380 shares	\$ 49,613	\$ 76,049	
Kirby Corp	1,081 shares	57,318	56,028	
Kla Corp	7,969 shares	1,419,837	2,063,254	
Knight-Swift Transportation Hldgs Inc	1,874 shares	66,202	78,371	
Kohls Corp	2,721 shares	65,879	110,717	
Kontoor Brands Inc	1,317 shares	37,735	53,418	
Korn Ferry	2,004 shares	59,216	87,174	
Kraton Corporation	2,016 shares	35,528	56,025	
Laboratory Corp Amer Hldgs	3,800 shares	648,334	773,490	
Lamb Weston Holdings Inc	1,361 shares	112,774	107,165	
Lear Corp	537 shares	55,024	85,399	
Lincoln Natl Corp Ind	1,019 shares	33,672	51,266	
Lowes Cos Inc	13,700 shares	1,640,712	2,198,987	
LPL Financial Holdings Inc	1,024 shares	89,455	106,721	
Mack-Cali Realty Corp	4,080 shares	91,874	50,837	
Magellan Health Inc	1,154 shares	82,772	95,597	
Manpowergroup Inc	985 shares	61,629	88,827	
Medical Properties Trust Inc	6,610 shares	136,551	144,032	
Meritor Inc	3,284 shares	80,312	91,656	
Mgic Investment Corp	7,708 shares	91,845	96,735	
Mks Instruments Inc	758 shares	82,325	114,041	
Mohawk Inds Inc	612 shares	66,162	86,261	
Mosaic Co	3,542 shares	65,164	81,501	
MRC Global Inc	7,983 shares	38,426	52,927	
NCR Corp New	2,805 shares	85,865	105,384	
Newell Brands Inc	4,719 shares	87,555	100,184	
Nexstar Media Group Inc	942 shares	91,174	102,857	
O-I Glass Inc	5,413 shares	37,219	64,415	
Olin Corp	3,397 shares	40,107	83,430	
On Semiconductor Corp	6,168 shares	137,133	201,879	
Oshkosh Corp	1,009 shares	90,577	86,845	
Pacwest Bancorp	4,299 shares	108,957	109,195	
Parsley Energy Inc	6,115 shares	72,173	86,833	
PDC Energy Inc	3,437 shares	41,872	70,562	
Peoples United Financial Inc	6,661 shares	108,282	86,127	
Pepsico Inc	6,450 shares	881,522	956,535	
Performance Food Group Co	2,217 shares	90,336	105,551	
Perspecta Inc	1,566 shares	34,045	37,709	
Pfizer Inc	19,460 shares	721,319	716,323	
PG&E Corp	5,221 shares	61,548	65,054	
Pinnacle West Cap Corp	969 shares	85,997	77,472	
Primerica Inc	707 shares	87,998	94,689	
Pulte Group Inc	1,966 shares	73,951	84,774	
Qualcomm Inc	13,325 shares	1,175,665	2,029,931	
Quanta Services Inc	1,001 shares	39,596	72,092	
Ralph Lauren Corp	1,201 shares	122,267	124,592	
Reinsurance Group Of America Inc	722 shares	75,655	83,680	
Ryder Sys Inc	1,393 shares	56,968	86,032	
Saia Inc	499 shares	56,641	90,219	
Schwab Charles Corp New	50,500 shares	2,401,780	2,678,520	
Select Medical Holdings Corp	3,417 shares	51,008	94,514	
Site Centers Corp	10,144 shares	124,687	102,657	
Skywest Inc	1,997 shares	107,585	80,499	
Spire Inc	754 shares	42,967	48,286	
Slate Str Corp	10,690 shares	845,579	778,018	
Steel Dynamics Inc	1,824 shares	45,231	67,251	
Steelcase Inc	3,235 shares	42,464	43,834	
Sterling Bancorp	6,119 shares	113,688	110,020	
Steven Madden Ltd	2,354 shares	58,079	83,143	
Stifel Finl Corp	1,983 shares	76,683	100,062	
Store Capital Corp	3,456 shares	112,561	117,435	
Synovus Finl Corp	2,492 shares	81,774	80,666	
Tapestry Inc	2,511 shares	42,028	78,042	
Tegna Inc	4,331 shares	51,326	60,417	
Tri Pointe Homes Inc	2,491 shares	39,690	42,970	
Trinity Inds Inc	2,334 shares	40,823	61,594	
Tutor Perini Corp	2,746 shares	20,947	35,561	
Ugi Corp New	2,264 shares	98,082	79,149	
Umpqua Holdings Corp	7,681 shares	129,227	116,290	
Verint Systems Inc	1,475 shares	78,797	99,091	
Viatis Inc	2,414 shares	41,114	45,238	
Viavi Solutions Inc	3,668 shares	52,973	54,928	
Vici Properties Inc	4,299 shares	83,868	109,625	
Vishay Intertechnology Inc	3,285 shares	66,496	68,032	
Visteon Corp	836 shares	64,010	104,935	
Vistra Corp	2,683 shares	43,915	52,748	
Voya Financial Inc	2,024 shares	118,575	119,031	
Wabtec Corp	1,220 shares	89,611	89,304	
Wesbanco Inc	2,836 shares	101,386	84,967	
Western Alliance Bancorp	2,613 shares	130,994	156,649	
Westlake Chemical Corp	1,369 shares	59,242	111,710	
Wolverine World Wide Inc	3,170 shares	97,224	99,063	

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2020

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
WW International Inc	2,291 shares	\$ 45,574	\$ 55,900	
Wyndham Destinations Inc	2,381 shares	109,257	106,812	
Xilinx Inc	17,000 shares	1,662,090	2,410,090	
Zimmer Biomet Holdings Inc	5,200 shares	778,336	801,268	
Total Equities - U.S.		\$ 37,080,053	\$ 45,164,009	
Equities - International				
Alcon Inc	20,779 shares	\$ 1,281,515	\$ 1,370,998	
Chubb Limited	9,400 shares	1,463,204	1,446,848	
Jazz Pharmaceuticals PLC	545 shares	66,155	69,952	
Lions Gate Entertainment Corp	7,049 shares	60,881	73,169	
Norwegian Cruise Line Hldgs Ltd	3,095 shares	57,092	78,706	
Novartis AG	13,000 shares	1,230,970	1,227,590	
Nvent Electric PLC	3,335 shares	75,600	77,672	
Orion Engineered Carbons S A	1,809 shares	26,904	31,006	
Perrigo Co PLC	1,624 shares	85,279	72,625	
Sensata Technologies Holding PLC	1,966 shares	73,784	103,687	
Total Equities - International		\$ 4,421,384	\$ 4,572,253	
Mutual funds - U.S. equities				
BNY Mellon Small/Mid Cap Growth Fund	298,488 shares	\$ 9,122,428	\$ 11,617,140	
Ishares Russell 2000 Gwth Index	8,238 shares	1,764,744	2,361,835	
Vanguard Russell 1000 Growth Indx Fd ETF	23,985 shares	4,339,606	5,943,723	
Vanguard Russell 1000 Value Indx	50,575 shares	5,791,332	6,059,896	
Calamos Market Neutral Income Fd	950,296 shares	12,663,736	13,199,605	
Diamond Hill Long-Short Fund	501,870 shares	13,536,223	13,339,710	
Total Mutual funds - U.S. equities		\$ 47,218,069	\$ 52,521,909	
Mutual funds - International equities				
American Europacific Growth Fd	271,600 shares	\$ 14,914,165	\$ 18,802,885	
Artisan International Value Fund	461,321 shares	15,690,908	18,388,240	
T Rowe Price Emerging Mkts Stk	151,985 shares	6,958,810	8,327,276	
Blackrock Global Allocation Fund	745,615 shares	14,536,617	16,172,396	
Total Mutual funds - International equities		\$ 52,100,500	\$ 61,690,797	
Mutual funds - International bonds				
Pimco Long Duration Total Return Fund	11,441,001 shares	\$ 126,367,820	\$ 127,177,628	
Total Mutual funds - International bonds		\$ 126,367,820	\$ 127,177,628	
Money market funds				
Federated Government Obligations Fund - Prm	16,478,118 units	\$ 16,478,118	\$ 16,478,118	
Total Money market funds		\$ 16,478,118	\$ 16,478,118	
Total assets held for investment purposes		\$ 283,665,944	\$ 307,604,714	

Pension Plan of Children's Hospital
Medical Center of Akron

EIN #34-0714357 Plan #001

Schedule H, Line 4j- Schedule of Reportable Transactions

For the Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Sales Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain (Loss)
Single Transactions in Same Security exceed 5% of value								
Artisan International Value Fund	Mutual funds - International equities	\$ 19,824,967	N/A	-	-	\$ 19,824,967	\$ 19,824,967	-
Federated Government Obligation Fund - Prm	Money market funds	\$ 19,824,967	N/A	-	-	\$ 19,824,967	\$ 19,824,967	-
Federated Government Obligation Fund - Prm	Money market funds	\$ 32,584,511	N/A	-	-	\$ 32,584,511	\$ 32,584,511	-
Federated Government Obligation Fund - Prm	Money market funds	\$ 13,256,307	N/A	-	-	\$ 13,256,307	\$ 13,256,307	-
Federated Government Obligation Fund - Prm	Money market funds	\$ 50,684,995	N/A	-	-	\$ 50,684,995	\$ 50,684,995	-
Pimco Long Duration Total Return Fund	Mutual funds - International bonds	\$ 92,000,000	N/A	-	-	\$ 92,000,000	\$ 92,000,000	-
Dodge & Cox International Stock Fund	Mutual funds - International equities	N/A	\$ 19,824,967	-	-	\$ 18,485,942	\$ 22,120,449	\$ (2,295,482)
Federated Government Obligation Fund - Prm	Money market funds	N/A	\$ 19,824,967	-	-	\$ 19,824,967	\$ 19,824,967	-
Federated Government Obligation Fund - Prm	Money market funds	N/A	\$ 92,000,000	-	-	\$ 92,000,000	\$ 92,000,000	-
Series of Transactions in Same Security exceed 5% of value								
Artisan International Value Fund	Mutual funds - International equities	\$ 20,053,789	N/A	-	-	\$ 20,053,789	\$ 20,053,789	-
Artisan International Value Fund	Mutual funds - International equities	N/A	\$ 5,000,000	-	-	\$ 4,362,881	\$ 4,362,881	\$ 637,119
BNY Mellon Small/Mid Cap Growth Fund	Mutual funds - U.S. equities	\$ 12,454,362	N/A	-	-	\$ 12,454,362	\$ 12,454,362	-
BNY Mellon Small/Mid Cap Growth Fund	Mutual funds - U.S. equities	N/A	\$ 4,000,000	-	-	\$ 3,331,934	\$ 3,331,934	\$ 668,066
Dodge & Cox International Stock Fund	Mutual funds - International equities	\$ 2,000,000	N/A	-	-	\$ 2,000,000	\$ 2,000,000	-
Dodge & Cox International Stock Fund	Mutual funds - International equities	N/A	\$ 19,824,967	-	-	\$ 18,485,942	\$ 22,120,449	\$ (2,295,482)
Federated Government Obligation Fund - Prm	Money market funds	\$ 195,318,761	N/A	-	-	\$ 195,318,761	\$ 195,318,761	-
Federated Government Obligation Fund - Prm	Money market funds	N/A	\$ 178,840,643	-	-	\$ 178,840,643	\$ 178,840,643	-
Pimco Long Duration Total Return Fund	Mutual funds - International bonds	\$ 98,385,621	N/A	-	-	\$ 98,385,621	\$ 98,385,621	-

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2020

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
Equities - U.S.				
		1,415 shares	\$ 54,988	\$ 74,783
		7,213 shares	121,644	112,523
		1,047 shares	37,995	54,444
		4,444 shares	34,174	102,434
		4,659 shares	46,889	78,131
		953 shares	75,125	59,029
		1,102 shares	44,177	47,529
		4,216 shares	97,177	150,343
		1,000 shares	1,339,390	1,752,640
		1,002 shares	1,339,694	1,755,384
		1,305 shares	2,411,431	4,250,294
		4,224 shares	59,252	84,776
		2,690 shares	93,761	100,418
		9,680 shares	2,333,558	2,225,626
		2,985 shares	113,281	114,654
		2,212 shares	63,165	85,118
		1,443 shares	50,825	52,049
		2,651 shares	54,649	79,000
		1,074 shares	83,311	104,500
		503 shares	27,957	73,307
		862 shares	109,818	117,422
		1,941 shares	56,497	79,794
		2,141 shares	79,370	108,527
		2,322 shares	69,149	93,321
		2,016 shares	31,032	35,804
		1,706 shares	85,366	71,481
		1,219 shares	87,921	74,908
		2,235 shares	52,408	61,530
		1,113 shares	48,703	53,201
		1,192 shares	54,531	56,513
		1,482 shares	85,047	112,988
		1,133 shares	44,947	84,148
		1,008 shares	105,491	100,719
		695 shares	86,874	108,545
		2,133 shares	46,543	62,113
		3,710 shares	99,597	64,591
		40,100 shares	1,923,196	1,794,475
		2,157 shares	41,058	77,436
		1,176 shares	95,520	89,494
		14,200 shares	880,684	1,163,690
		13,281 shares	60,517	63,749
		1,031 shares	58,295	80,067
		745 shares	45,049	88,744
		5,142 shares	54,908	81,295
		1,647 shares	100,897	79,715
		11,343 shares	107,923	93,580
		6,598 shares	1,004,120	920,487
		811 shares	42,780	57,176
		1,400 shares	58,386	126,742
		2,529 shares	117,040	128,246
		1,572 shares	55,772	54,360
		1,353 shares	104,614	123,745
		1,364 shares	93,452	112,789
		984 shares	58,363	74,312
		1,137 shares	35,075	36,953
		4,651 shares	56,549	59,114
		648 shares	65,322	93,908
		294 shares	79,044	68,822
		6,600 shares	1,354,650	1,802,856
		1,988 shares	78,695	83,754
		6,738 shares	80,686	121,149
		1,502 shares	44,181	55,349
		3,541 shares	39,492	56,550
		831 shares	45,476	71,233
		1,791 shares	53,305	75,938
		17,350 shares	1,127,403	1,010,811
		1,741 shares	55,956	68,334
		4,114 shares	125,975	139,958
		768 shares	101,291	89,795
		3,349 shares	159,775	132,721
		733 shares	80,663	71,812
		3,796 shares	85,854	95,431
		7,958 shares	48,331	83,400
		5,525 shares	740,571	695,487
		4,538 shares	52,652	79,097
		6,962 shares	59,167	73,519
		1,443 shares	76,870	111,140
		2,059 shares	54,033	87,569
		964 shares	68,274	89,459

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2020

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
Identity of Issue, Borrower Lessor, or Similar Party				
Kinsale Capital Group Inc	380 shares	\$	49,613	\$ 76,049
Kirby Corp	1,081 shares		57,318	56,028
Kla Corp	7,969 shares		1,419,837	2,063,254
Knight-Swift Transportation Hldgs Inc	1,874 shares		66,202	78,371
Kohls Corp	2,721 shares		65,879	110,717
Kontoor Brands Inc	1,317 shares		37,735	53,418
Korn Ferry	2,004 shares		59,216	87,174
Kraton Corporation	2,016 shares		35,528	56,025
Laboratory Corp Amer Hldgs	3,800 shares		648,334	773,490
Lamb Weston Holdings Inc	1,361 shares		112,774	107,165
Lear Corp	537 shares		55,024	85,399
Lincoln Natl Corp Ind	1,019 shares		33,672	51,266
Lowes Cos Inc	13,700 shares		1,640,712	2,198,987
LPL Financial Holdings Inc	1,024 shares		89,455	106,721
Mack-Cali Realty Corp	4,080 shares		91,874	50,837
Magellan Health Inc	1,154 shares		82,772	95,597
Manpowergroup Inc	985 shares		61,629	88,827
Medical Properties Trust Inc	6,610 shares		136,551	144,032
Meritor Inc	3,284 shares		80,312	91,656
Mgic Investment Corp	7,708 shares		91,845	96,735
Mks Instruments Inc	758 shares		82,325	114,041
Mohawk Inds Inc	612 shares		66,162	86,261
Mosaic Co	3,542 shares		65,164	81,501
MRC Global Inc	7,983 shares		38,426	52,927
NCR Corp New	2,805 shares		85,865	105,384
Newell Brands Inc	4,719 shares		87,555	100,184
Nexstar Media Group Inc	942 shares		91,174	102,857
O-I Glass Inc	5,413 shares		37,219	64,415
Olin Corp	3,397 shares		40,107	83,430
On Semiconductor Corp	6,168 shares		137,133	201,879
Oshkosh Corp	1,009 shares		90,577	86,845
Pacwest Bancorp	4,299 shares		108,957	109,195
Parsley Energy Inc	6,115 shares		72,173	86,833
PDC Energy Inc	3,437 shares		41,872	70,562
Peoples United Financial Inc	6,661 shares		108,282	86,127
Pepsico Inc	6,450 shares		881,522	956,535
Performance Food Group Co	2,217 shares		90,336	105,551
Perspecta Inc	1,566 shares		34,045	37,709
Pfizer Inc	19,460 shares		721,319	716,323
PG&E Corp	5,221 shares		61,548	65,054
Pinnacle West Cap Corp	969 shares		85,997	77,472
Primerica Inc	707 shares		87,998	94,689
Pulte Group Inc	1,966 shares		73,951	84,774
Qualcomm Inc	13,325 shares		1,175,665	2,029,931
Quanta Services Inc	1,001 shares		39,596	72,092
Ralph Lauren Corp	1,201 shares		122,267	124,592
Reinsurance Group Of America Inc	722 shares		75,655	83,680
Ryder Sys Inc	1,393 shares		56,968	86,032
Saia Inc	499 shares		56,641	90,219
Schwab Charles Corp New	50,500 shares		2,401,780	2,678,520
Select Medical Holdings Corp	3,417 shares		51,008	94,514
Site Centers Corp	10,144 shares		124,687	102,657
Skywest Inc	1,997 shares		107,585	80,499
Spire Inc	754 shares		42,967	48,286
Slate Str Corp	10,690 shares		845,579	778,018
Steel Dynamics Inc	1,824 shares		45,231	67,251
Steelcase Inc	3,235 shares		42,464	43,834
Sterling Bancorp	6,119 shares		113,688	110,020
Steven Madden Ltd	2,354 shares		58,079	83,143
Stifel Finl Corp	1,983 shares		76,683	100,062
Store Capital Corp	3,456 shares		112,561	117,435
Synovus Finl Corp	2,492 shares		81,774	80,666
Tapestry Inc	2,511 shares		42,028	78,042
Tegna Inc	4,331 shares		51,326	60,417
Tri Pointe Homes Inc	2,491 shares		39,690	42,970
Trinity Inds Inc	2,334 shares		40,823	61,594
Tutor Perini Corp	2,746 shares		20,947	35,561
Ugi Corp New	2,264 shares		98,082	79,149
Umpqua Holdings Corp	7,681 shares		129,227	116,290
Verint Systems Inc	1,475 shares		78,797	99,091
Viatis Inc	2,414 shares		41,114	45,238
Viavi Solutions Inc	3,668 shares		52,973	54,928
Vici Properties Inc	4,299 shares		83,868	109,625
Vishay Intertechnology Inc	3,285 shares		66,496	68,032
Visteon Corp	836 shares		64,010	104,935
Vistra Corp	2,683 shares		43,915	52,748
Voya Financial Inc	2,024 shares		118,575	119,031
Wabtec Corp	1,220 shares		89,611	89,304
Wesbanco Inc	2,836 shares		101,386	84,967
Western Alliance Bancorp	2,613 shares		130,994	156,649
Westlake Chemical Corp	1,369 shares		59,242	111,710
Wolverine World Wide Inc	3,170 shares		97,224	99,063

Pension Plan of Children's Hospital Medical Center of Akron

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

December 31, 2020

EIN 34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
	Identity of Issue, Borrower Lessor, or Similar Party			
	WW International Inc	2,291 shares	\$ 45,574	\$ 55,900
	Wyndham Destinations Inc	2,381 shares	109,257	106,812
	Xilinx Inc	17,000 shares	1,662,090	2,410,090
	Zimmer Biomet Holdings Inc	5,200 shares	778,336	801,268
	Total Equities - U.S.		\$ 37,080,053	\$ 45,164,009
	Equities - International			
	Alcon Inc	20,779 shares	\$ 1,281,515	\$ 1,370,998
	Chubb Limited	9,400 shares	1,463,204	1,446,848
	Jazz Pharmaceuticals PLC	545 shares	66,155	69,952
	Lions Gate Entertainment Corp	7,049 shares	60,881	73,169
	Norwegian Cruise Line Hldgs Ltd	3,095 shares	57,092	78,706
	Novartis AG	13,000 shares	1,230,970	1,227,590
	Nvent Electric PLC	3,335 shares	75,600	77,672
	Orion Engineered Carbons S A	1,809 shares	26,904	31,006
	Perrigo Co PLC	1,624 shares	85,279	72,625
	Sensata Technologies Holding PLC	1,966 shares	73,784	103,687
	Total Equities - International		\$ 4,421,384	\$ 4,572,253
	Mutual funds - U.S. equities			
	BNY Mellon Small/Mid Cap Growth Fund	298,488 shares	\$ 9,122,428	\$ 11,617,140
	Ishares Russell 2000 Gwth Index	8,238 shares	1,764,744	2,361,835
	Vanguard Russell 1000 Growth Indx Fd ETF	23,985 shares	4,339,606	5,943,723
	Vanguard Russell 1000 Value Indx	50,575 shares	5,791,332	6,059,896
	Calamos Market Neutral Income Fd	950,296 shares	12,663,736	13,199,605
	Diamond Hill Long-Short Fund	501,870 shares	13,536,223	13,339,710
	Total Mutual funds - U.S. equities		\$ 47,218,069	\$ 52,521,909
	Mutual funds - International equities			
	American Europacific Growth Fd	271,600 shares	\$ 14,914,165	\$ 18,802,885
	Artisan International Value Fund	461,321 shares	15,690,908	18,388,240
	T Rowe Price Emerging Mkts Stk	151,985 shares	6,958,810	8,327,276
	Blackrock Global Allocation Fund	745,615 shares	14,536,617	16,172,396
	Total Mutual funds - International equities		\$ 52,100,500	\$ 61,690,797
	Mutual funds - International bonds			
	Pimco Long Duration Total Return Fund	11,441,001 shares	\$ 126,367,820	\$ 127,177,628
	Total Mutual funds - International bonds		\$ 126,367,820	\$ 127,177,628
	Money market funds			
	Federated Government Obligations Fund - Prm	16,478,118 units	\$ 16,478,118	\$ 16,478,118
	Total Money market funds		\$ 16,478,118	\$ 16,478,118
	Total assets held for investment purposes		\$ 283,665,944	\$ 307,604,714

Pension Plan of Children's Hospital
Medical Center of Akron

EIN #34-0714357 Plan #001

Schedule H, Line 4j- Schedule of Reportable Transactions

For the Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Sales Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain (Loss)
Single Transactions in Same Security exceed 5% of value								
Artisan International Value Fund	Mutual funds - International equities	\$ 19,824,967	N/A	-	-	\$ 19,824,967	\$ 19,824,967	-
Federated Government Obligation Fund - Prm	Money market funds	\$ 19,824,967	N/A	-	-	\$ 19,824,967	\$ 19,824,967	-
Federated Government Obligation Fund - Prm	Money market funds	\$ 32,584,511	N/A	-	-	\$ 32,584,511	\$ 32,584,511	-
Federated Government Obligation Fund - Prm	Money market funds	\$ 13,256,307	N/A	-	-	\$ 13,256,307	\$ 13,256,307	-
Federated Government Obligation Fund - Prm	Money market funds	\$ 50,684,995	N/A	-	-	\$ 50,684,995	\$ 50,684,995	-
Pimco Long Duration Total Return Fund	Mutual funds - International bonds	\$ 92,000,000	N/A	-	-	\$ 92,000,000	\$ 92,000,000	-
Dodge & Cox International Stock Fund	Mutual funds - International equities	N/A	\$ 19,824,967	-	-	\$ 18,485,942	\$ 22,120,449	\$ (2,295,482)
Federated Government Obligation Fund - Prm	Money market funds	N/A	\$ 19,824,967	-	-	\$ 19,824,967	\$ 19,824,967	-
Federated Government Obligation Fund - Prm	Money market funds	N/A	\$ 92,000,000	-	-	\$ 92,000,000	\$ 92,000,000	-
Series of Transactions in Same Security exceed 5% of value								
Artisan International Value Fund	Mutual funds - International equities	\$ 20,053,789	N/A	-	-	\$ 20,053,789	\$ 20,053,789	-
Artisan International Value Fund	Mutual funds - International equities	N/A	\$ 5,000,000	-	-	\$ 4,362,881	\$ 4,362,881	\$ 637,119
BNY Mellon Small/Mid Cap Growth Fund	Mutual funds - U.S. equities	\$ 12,454,362	N/A	-	-	\$ 12,454,362	\$ 12,454,362	-
BNY Mellon Small/Mid Cap Growth Fund	Mutual funds - U.S. equities	N/A	\$ 4,000,000	-	-	\$ 3,331,934	\$ 3,331,934	\$ 668,066
Dodge & Cox International Stock Fund	Mutual funds - International equities	\$ 2,000,000	N/A	-	-	\$ 2,000,000	\$ 2,000,000	-
Dodge & Cox International Stock Fund	Mutual funds - International equities	N/A	\$ 19,824,967	-	-	\$ 18,485,942	\$ 22,120,449	\$ (2,295,482)
Federated Government Obligation Fund - Prm	Money market funds	\$ 195,318,761	N/A	-	-	\$ 195,318,761	\$ 195,318,761	-
Federated Government Obligation Fund - Prm	Money market funds	N/A	\$ 178,840,643	-	-	\$ 178,840,643	\$ 178,840,643	-
Pimco Long Duration Total Return Fund	Mutual funds - International bonds	\$ 98,385,621	N/A	-	-	\$ 98,385,621	\$ 98,385,621	-

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2020

Attained Age	Attained Years of Credited Service													Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	1	14	1	0	0	0	0	0	16
35-39	0	0	0	0	1	7	72	36	0	0	0	0	0	116
40-44	0	0	1	1	0	6	69,308	60,558	15	1	0	0	0	65,141
45-49	0	0	1	2	0	8	84,251	76,943	38	11	2	0	0	78,773
50-54	0	2	0	1	2	7	89,961	83,835	82,392	39	28	3	0	82,853
55-59	0	2	0	0	1	4	73,538	84,761	104,651	92,726	86,759	23	4	85,511
60-64	0	0	0	2	1	5	67,287	104,458	101,022	87,345	82,174	94,275	29	88,314
65-69	0	0	0	0	0	0	91,053	73,690	99,288	18	29	25	77,604	81,514
70 & over	2	0	0	0	1	0	7	15	13	3	6	2	7	53
Total	2	4	2	6	6	38	58,434	79,286	81,947	173	104	113	42	1,182
														82,793

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
 EIN / PN: 34-0714357/001
 Plan Sponsor: Children's Hospital Medical Center of Akron
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.64%	2.79%
■ Second segment rate	5.21%	3.92%
■ Third segment rate	5.94%	4.38%
■ Effective interest rate	5.46%	4.11%
■ Lump sum interest rate	3 segment rates	

Annual rates of increase:

- Compensation:
 - Representative rates

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

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357/001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

- **Healthy** Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
- **Lump sum** Pension Protection Act unisex mortality table for 2020.

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

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

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357/001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Retirement

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

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

The average retirement age is age 64.

Benefit commencement date:

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

Form of payment

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

Percent married

85% of males; 50% of females.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357/001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2019 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357/001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Benefits not valued

None

Sources of Data and Other Information

The plan sponsor's third-party administrator furnished participant data as of 1/1/2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussion with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

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

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357/001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2017 to Scale MP-2018, as required by IRC §430.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357/001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Children's Hospital Medical Center of Akron
EIN/PN	34-0714357/001
Plan Name	The Pension Plan of Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2020
Enrolled Actuary	Brian A. Hartman
Enrollment Number	20-07613

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

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

SCHEDULE SB (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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **Round off amounts to nearest dollar.**

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

A Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	D Employer Identification Number (EIN) 34-0714357
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2020	
2 Assets:	
a Market value.....	2a 242,103,694
b Actuarial value.....	2b 232,526,028
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 841 (2) Vested Funding Target 92,097,542 (3) Total Funding Target 93,245,112
b For terminated vested participants	373 27,297,202 27,297,202
c For active participants.....	1,225 123,860,323 125,432,448
d Total.....	2,439 243,255,067 245,974,762
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 5.46%
6 Target normal cost.....	6 8,539,799

Statement by Enrolled Actuary

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

SIGN HERE	Brian A. Hartman 	08/19/2021
Signature of actuary		Date
Brian A. Hartman		2007613
Type or print name of actuary		Most recent enrollment number
Willis Towers Watson US LLC		216-937-4000
Firm name		Telephone number (including area code)
1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172		
Address of the firm		

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

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

Schedule SB (Form 5500) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>20.83</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4,991,927
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.61</u> %		280,047
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		5,271,974
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	94.53%
15 Adjusted funding target attainment percentage	15	94.53%
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	90.27%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/10/2020	1,500,000	0			
02/03/2020	1,500,000	0			
02/13/2020	1,500,000	0			
03/02/2020	3,000,000	0			
03/27/2020	3,000,000	0			
06/01/2020	1,500,000	0			
06/30/2020	1,500,000	0			
08/03/2020	1,500,000	0			
09/01/2020	1,500,000	0			
09/29/2020	1,500,000	0			
12/11/2020	42,000,000	0			
07/28/2021	5,530,000	0			
Totals ▶			18(b)	65,530,000	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	62,717,398

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes	☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes	☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	8,539,799	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	13,448,734		3,281,757
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	11,821,556	
	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	11,821,556	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	62,717,398	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	50,895,842	
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, Part V Summary of Plan Provisions

Plan Provisions

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

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

Participation date Date of becoming a covered employee.

Definitions

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

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

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

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

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357/001
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Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

The monthly benefit is equal to the greater of:

a) The sum of

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

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

Or

b) \$15.00 multiplied by the sum of

- (i) years of benefit service at January 1, 1989, and
- (ii) years of vesting service after January 1, 1989.

Monthly preretirement death benefit

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

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

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

Postponed retirement

Retirement after NRD.

Vested termination

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

Disability

Permanent and total disability.

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EIN / PN:	34-0714357/001
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Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

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

Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

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

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

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

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

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

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357/001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

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

Other Plan Provisions

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

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EIN / PN:	34-0714357/001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
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Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2020	(6,548,245)	7.00000	(6,548,245)	(1,060,621)
2. Shortfall	01/01/2019	12,709,763	6.00000	11,227,646	2,065,181
3. Shortfall	01/01/2018	913,690	5.00000	695,220	149,160
4. Shortfall	01/01/2017	12,959,088	4.00000	8,074,113	2,128,037
Total				13,448,734	3,281,757

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EIN / PN: 34-0714357/001
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Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2020

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

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

Weighted Retirement Age: 63.916035

Average Retirement Age: 64

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