

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/1961
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) CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308-1062	2b Employer Identification Number (EIN) 34-0714357	
	2c Plan Sponsor's telephone number	330-543-0475
	2d Business code (see instructions)	622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2023	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.

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3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	2250
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	1037
a(2) Total number of active participants at the end of the plan year		6a(2)	897
b Retired or separated participants receiving benefits		6b	746
c Other retired or separated participants entitled to future benefits.....		6c	368
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2011
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	79
f Total. Add lines 6d and 6e		6f	2090
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
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 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 <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 or 5500-SF <u>CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON</u>	D Employer Identification Number (EIN) <u>34-0714357</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>322036786</u>
b Actuarial value	2b <u>311346213</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>832</u> (2) Vested Funding Target <u>94335267</u> (3) Total Funding Target <u>94335267</u>
b For terminated vested participants.....	<u>387</u> <u>25199635</u> <u>25199635</u>
c For active participants.....	<u>1037</u> <u>112667756</u> <u>113340908</u>
d Total	<u>2256</u> <u>232202658</u> <u>232875810</u>
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 <u>5.48</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>0</u>

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		<u>08/23/2023</u>
Signature of actuary		Date
<u>MAX T MURPHY</u>		<u>23-08791</u>
Type or print name of actuary		Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u>		<u>216-937-4000</u>
Firm name		Telephone number (including area code)
<u>1001 LAKESIDE AVENUE STE 1500</u> <u>CLEVELAND, OH 44114-1172</u>		
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.

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %
			☐ 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 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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 6c).....		31a	0
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment			
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	0
	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	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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)

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

(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	437595	Yes ☐ No ☒	Yes ☐ No ☐		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	351699	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

OAK ASSOCIATES

34-1818085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	147328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL SERVICES	63394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

INTEGRITY

86-1063006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	38722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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)	23650000	
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	522331	548156
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	11339133	42221380
(2) U.S. Government securities	1c(2)	30988215	20708086
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15230779	17121514
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	241045718	120149385
(5) Partnership/joint venture interests	1c(5)		
(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)		468593

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	322776176	201217114

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	322776176	201217114
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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)		
(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)		
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)	378901	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		378901
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	6965874	
(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)		6965874
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-87589425	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-87589425

		(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		-80244650
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40275674	
(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)		40275674
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)	623645	
(4) Other	2i(4)	415093	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1038738
j Total expenses. Add all expense amounts in column (b) and enter total	2j		41314412
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-121559062
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 477507.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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.....		3 116
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: 59.9 % Investment-Grade Debt: 18.8 % High-Yield Debt: _____ % Real Estate: _____ % Other: 21.3 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2022 This Form is Open to Public Inspection
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Name of Plan	PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	34-0714357	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	34-0714357	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	34-0714357	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	PENSION PLAN OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON							
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	34-0714357	PN	001	

[illegible]

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

Audited Financial Statements and Supplemental Schedules
With Independent Auditors' Report

December 31, 2022 and 2021

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

December 31, 2022 and 2021

Independent Auditors' Report	1-3
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Financial Statements

Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-13

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14-15
Schedule H, Line 4j – Schedule of Reportable Transactions	16-17

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 AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of The Pension Plan of Children's Hospital Medical Center of Akron (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of The Pension Plan of Children's Hospital Medical Center of Akron as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks.
- Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal controls relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year then ended December 31, 2022, are presented for purposes 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 ERISA. Such information is the responsibility of 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 audits 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

September 28, 2023

The Pension Plan of Children's Hospital Medical Center of Akron
Statements of Net Assets Available for Benefits

December 31, 2022 and 2021
(In Thousands)

	<u>2022</u>	<u>2021</u>
Assets		
Investments, at fair value	\$ 200,669	\$ 298,604
Receivables:		
Contributions	-	23,650
Dividends	<u>548</u>	<u>522</u>
Total receivables	<u>548</u>	<u>24,172</u>
Net assets available for benefits	<u><u>\$ 201,217</u></u>	<u><u>\$ 322,776</u></u>

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

The 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, 2022 and 2021
(In Thousands)

	<u>2022</u>	<u>2021</u>
Additions:		
Investment income:		
Interest	\$ 379	\$ 3
Dividends	6,965	14,170
Total investment income	<u>7,344</u>	<u>14,173</u>
Employer contributions	<u>-</u>	<u>23,650</u>
Total additions	7,344	37,823
Deductions:		
Benefit payments to participants	40,275	37,539
Administrative fees and expenses	<u>1,039</u>	<u>573</u>
Total deductions	<u>41,314</u>	<u>38,112</u>
Net (decrease) increase	(33,970)	(289)
Net (depreciation) appreciation in fair value of investments	(87,589)	9,890
Net assets available for benefits beginning of year	<u>322,776</u>	<u>313,175</u>
Net assets available for benefits end of year	<u><u>\$ 201,217</u></u>	<u><u>\$ 322,776</u></u>

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

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

December 31, 2022 and 2021
(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 who were employed before December 31, 2006 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 ("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. Akron Children's has the right under the Plan to discontinue such contributions at any time and to terminate the Plan. Akron Children's froze the plan to cease benefit payment accruals to active participants after December 31, 2020, resulting in a curtailment.

Upon termination, the Plan 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, 2022 and 2021 Statements of Net Assets Available for Benefits. Fair values of investments in debt and equity securities are based on quoted market prices.

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

December 31, 2022 and 2021
(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.

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

December 31, 2022 and 2021
(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 September 28, 2023, the date the financial statements were available to be issued.

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

December 31, 2022 and 2021
(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:

	2022	2021
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 94,933	\$ 89,842
Other participants	170,032	169,654
Total	264,965	259,496
Nonvested benefits:	1,738	2,859
Total	<u>\$ 266,703</u>	<u>\$ 262,355</u>

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

	2022	2021
Actuarial present value of accumulated plan benefits - beginning of year	\$ 262,355	\$ 216,868
Increase during the year attributable to:		
Benefits accumulated	-	7,979
Actuarial (gain) loss	7,832	4,830
Decrease in the discount period	13,885	15,856
Assumption changes	20,170	43,427
Plan Amendment	-	263
Benefits paid	(37,539)	(26,868)
Actuarial present value of accumulated plan benefits - end of year (January 1)	<u>\$ 266,703</u>	<u>\$ 262,355</u>

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

December 31, 2022 and 2021
(Dollars in Thousands)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are:

	2022	2021
Actuarial cost method	Projected Unit Credit Cost Method	Projected Unit Credit Cost Method
Discount rate	4.90%	5.70%
Mortality basis	Pri-2012 Employee and Annuitant Tables for males and females, projected with Scale MP-2021	Pri-2012 Employee and Annuitant Tables for males and females, projected with Scale MP-2020
Salary increases	N/A	N/A
Disability	Revenue Ruling 96-7 Mortality Tables	Revenue Ruling 96-7 Mortality Tables

While the Plan is in the process of termination, liquidation is not imminent as of December 31, 2022, therefore the actuarial assumptions continue to be based on the presumption that the Plan will continue. When the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Akron Children's froze the plan to cease benefit payment accruals to active participants after December 31, 2020, resulting in a curtailment in 2020. Children's funding policy is to contribute amounts to the plan sufficient to meet minimum funding requirements of the Employee Retirement Income Security Act of 1974 and the Pension Protection Act of 2006, and other such amounts as Children's may contribute.

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, 2022 and 2021, aggregated by the level in the fair value hierarchy within which those measurements are measured:

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

December 31, 2022 and 2021
(Dollars in Thousands)

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

	2022			
	Level 1	Level 2	Level 3	Total
Fixed Income:				
Corporate	\$ -	\$ 17,122	\$ -	\$ 17,122
Mutual funds	120,149	-	-	120,149
U.S. government	-	20,708	-	20,708
Other	-	469	-	469
Money market funds	42,221	-	-	42,221
Total investment in hierarchy at fair value	<u>\$ 162,370</u>	<u>\$ 38,299</u>	<u>\$ -</u>	<u>\$ 200,669</u>

	2021			
	Level 1	Level 2	Level 3	Total
Equities - U.S.	\$ 36,402	\$ -	\$ -	\$ 36,402
Equities - International	5,134	-	-	5,134
Mutual funds - U.S. equities	15,498	-	-	15,498
Mutual funds - International equities	25,238	-	-	25,238
Mutual funds - U.S. bonds	152,559	-	-	152,559
International bonds	-	6,215	-	6,215
U. S. Bonds	-	15,231	-	15,231
U. S. government	-	30,988	-	30,988
Certificates of Deposit	-	1,001	-	1,001
Money market funds	10,338	-	-	10,338
Total investment in hierarchy at fair value	<u>\$ 245,169</u>	<u>\$ 53,435</u>	<u>\$ -</u>	<u>\$ 298,604</u>

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

December 31, 2022 and 2021
(Dollars in Thousands)

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

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.
- 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.

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, 2022, and 2021 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.

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

December 31, 2022 and 2021
(Dollars in Thousands)

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.

8. Termination of Plan

In 2022, Akron Children's began preparations to terminate the Plan with a plan termination amendment subject to the termination becoming effective in accordance with the applicable Pension Benefit Guaranty Corporation regulations signed August 17, 2022. Previously, Akron Children's froze the plan to cease benefit payment accruals to active participants after December 31, 2020, resulting in a curtailment in 2020. Akron Children's has not received the IRS Determination Letter as of September 28, 2023. Subsequent to December 31, 2022, the Plan will be providing a one-time option for participants to take a lump sum distribution, or the Plan will transfer the obligation to an insurance company to administer the remaining benefits to the Plan participants.

The Pension Plan of Children's Hospital Medical Center of Akron
Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2022

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	
US Government				
Gnma II Jumbo 2.500%	200,000 shares	\$ 173,266	\$ 173,412	
FNMA Single Family 2.000%	100,000 shares	80,750	81,346	
FNMA Single Family 2.500%	900,000 shares	752,977	761,859	
FNMA Single Family 3.000%	400,000 shares	356,812	351,196	
FNMA Single Family 4.000%	1,900,000 shares	1,785,851	1,781,706	
United States Treas Bds	29,280,000 shares	17,780,461	14,157,340	
United States Treas Bds Infl Index	3,940,171 shares	3,525,688	3,401,227	
Total US Government		24,455,805	20,708,086	
Corporate				
Aercap Ireland Capital Ltd	150,000 shares	149,748	131,166	
American Homes 4 Rent L P	200,000 shares	197,026	154,266	
Amfam Holdings Inc	200,000 shares	200,000	155,394	
Assured Guaranty Us Hldgs Inc	100,000 shares	99,717	84,164	
Australia Commonwealth	350,000 shares	250,492	271,569	
Barclays Plc	400,000 shares	40,520	390,520	
Barings Clo Ltd	500,000 shares	483,500	490,399	
Bat Capital Corp	100,000 shares	96,503	82,431	
Block Inc	200,000 shares	200,000	178,680	
Boston Properties L P	200,000 shares	199,140	152,050	
Brixmor Operating Partnership L P	400,000 shares	399,268	330,096	
Broadcom Inc	162,000 shares	177,602	145,176	
Broadcom Inc	200,000 shares	204,024	159,546	
Broadcom Inc	20,000 shares	19,377	14,366	
Broadcom Inc	217,000 shares	238,351	189,304	
Cbre Services Inc	200,000 shares	196,902	157,640	
Centene Corp	400,000 shares	400,000	337,620	
Cigna Corp	600,000 shares	596,748	426,456	
Coca-Cola Co	300,000 shares	295,206	218,139	
Commonwealth Edison Co	800,000 shares	798,912	551,992	
Corporate Office Properties L P	800,000 shares	791,624	598,720	
Covanta Holding Corp Tr B 1L Tag 4038	130,353 shares	130,027	129,586	
Credit Suisse	200,000 shares	222,250	174,000	
Credit Suisse Group Ag	400,000 shares	431,650	319,648	
Csn Resources S A	300,000 shares	300,000	237,591	
Dcp Midstream Operating L P	200,000 shares	200,000	165,426	
Deutsche Bk Ag N Y	300,000 shares	315,066	240,507	
Dish Dbs Corp	400,000 shares	400,000	336,936	
Ebay Inc	200,000 shares	199,912	163,924	
Equinix Inc	200,000 shares	199,712	175,828	
Eversource Energy	100,000 shares	99,902	92,070	
Flex Inter Holdco Llc	500,000 shares	499,985	390,210	
Hilton Grand Vacations	200,000 shares	200,000	172,000	
Hyundai Capital America Inc	300,000 shares	299,670	246,222	
Jersey Central Pwr & Lt Co	200,000 shares	199,452	161,508	
Keurig Dr Pepper Inc	400,000 shares	398,496	274,600	
Lundin Energy Finance B.V.	200,000 shares	199,654	176,662	
Magallanes Inc	300,000 shares	300,000	229,524	
Marvell Technology Inc	200,000 shares	199,962	169,288	
Medline TI B 2927	99,500 shares	99,003	94,734	
Mozart Debt Merger Sub Inc	100,000 shares	100,000	80,596	
Mph Acquisition Holdings Llc	300,000 shares	300,000	234,030	
Mpt Oper Ptnrship L P / Fin Corp	200,000 shares	278,996	158,690	
Natwest Group Plc	400,000 shares	400,000	286,372	
Nissan Motor Acceptance Corp	500,000 shares	499,525	429,990	
Nissan Motor Co Ltd	300,000 shares	333,702	254,601	
Nomura Holdings Inc	300,000 shares	300,000	232,020	
Omega Healthcare Investors Inc	700,000 shares	695,128	506,079	
Oracle Corp	1,300,000 shares	1,297,725	926,172	
Organon Finance 1 Llc	400,000 shares	400,000	354,160	
Pacific Gas & Electric Co	100,000 shares	99,509	86,450	
ReadyCap Commercial Mortgage Trust	399,432 shares	396,436	398,829	
Rogers Communications Inc	200,000 shares	199,554	172,590	
Rolls Royce Plc	200,000 shares	221,541	157,750	
Rolls Royce Plc	300,000 shares	300,750	276,000	
Sammons Financial Group Inc	200,000 shares	199,544	152,228	
Santos Finance Ltd	200,000 shares	200,000	158,972	
Siemens Financieringsmat	700,000 shares	698,411	514,010	
Societe Generale	300,000 shares	300,000	254,280	
Southern Co	300,000 shares	300,000	242,235	
Starwood Property Trust Inc	100,000 shares	100,000	87,500	
Synnex Corp	200,000 shares	200,000	161,346	
Targa Resources Corp	100,000 shares	99,815	86,036	
T-Mobile Usa Inc	200,000 shares	199,380	132,054	

The Pension Plan of Children's Hospital Medical Center of Akron
Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2022

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	
T-Mobile Usa Inc	200,000 shares	\$ 201,878	\$ 161,590	
Verizon Communications Inc	800,000 shares	799,536	601,520	
Vodafone Group Plc	900,000 shares	900,000	655,587	
Wynn Las Vegas Llc/Corp	200,000 shares	213,500	189,870	
Total Corporate		\$ 21,164,331	\$ 17,121,514	
Mutual funds				
Pimco Long Dur Cred Bond Portfolio Inst	3,338,740 shares	\$ 41,150,675	\$ 30,516,085	
Pimco IG Cred Bd Portfolio Inst	2,629,612 shares	22,839,436	22,246,517	
Pimco Prv Short-Term Flt(ii)(776) Nav Port	6,735,311 shares	67,400,228	67,366,783	
Total Mutual funds		\$ 131,390,339	\$ 120,149,385	
Other				
Covanta Holding Corp Tr B 1L Tag 4038	9,838 shares	\$ 9,813	\$ 9,780	
Gip Ii Blue Holding Lp TI B 1L 2776	130,118 shares	128,166	129,210	
II-VI TI B 1L 4532	58,665 shares	58,078	58,196	
Yahoo (Verizon Media) TI B2 II Tag 4608	300,000 shares	298,500	271,407	
Total Other		\$ 494,557	\$ 468,593	
Money market funds				
Federated Government Obligations Fund - Prm	42,221,380 units	\$ 42,221,380	\$ 42,221,380	
Total Money market funds		\$ 42,221,380	\$ 42,221,380	
Total assets held for investment purposes		\$ 219,726,412	\$ 200,668,958	

The Pension Plan of Children's Hospital Medical Center of Akron
Schedule H, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2022

EIN #34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	DESCRIPTION OF ASSET	PURCHASE PRICE	SALES PRICE	LEASE RENTAL	EXPENSE INCURRED WITH TRANSACTION	COST OF ASSET	CURRENT VALUE OF ASSET AT TRANSACTION DATE	NET GAIN (LOSS)
DATE	SHARES	Single Transactions in Same Security exceed 5% of value						
5/4/2022	17,992.093	\$	17,992.093	-	-	\$	17,992.093	-
5/5/2022	17,992.093	\$	17,992.093	-	-	\$	17,992.093	-
5/5/2022	20,311.142	\$	20,311.142	-	-	\$	20,311.142	-
5/6/2022	21,822.910		21,822.910	-	-	\$	21,822.910	-
5/5/2022	2,128.935	\$	21,300.000	-	-	\$	21,300.000	-
5/5/2022	2,128.936	\$	21,300.000	-	-	\$	21,300.000	-
5/6/2022	4,227.886	\$	42,300.000	-	-	\$	42,300.000	-
5/7/2022	2,128.938	\$	21,300.002	-	-	\$	21,300.002	-
5/8/2022	2,128.939	\$	21,300.003	-	-	\$	21,300.003	-
12/21/2022	2,575.559	\$	22,381.605	-	-	\$	22,381.605	-
12/21/2022	8,249.638	\$	78,866.536	-	-	\$	103,379.733	(24,513.197)
12/22/2022	6,835.215	\$	68,400.000	-	-	\$	68,400.000	-
1/18/2022	18,900.000	\$	18,473.739	-	-	\$	18,473.739	-
1/25/2022	20,100.000	\$	18,843.158	-	-	\$	18,843.158	-
2/1/2022	19,400.000	\$	18,465.772	-	-	\$	18,465.772	-
2/8/2022	20,000.000	\$	18,955.665	-	-	\$	18,955.665	-
2/15/2022	22,700.000	\$	20,791.065	-	-	\$	20,791.065	-
2/22/2022	24,300.000	\$	21,823.560	-	-	\$	21,823.560	-
3/1/2022	23,100.000	\$	21,077.922	-	-	\$	21,077.922	-
3/4/2022	19,900.000	\$	18,597.344	-	-	\$	18,597.344	-
3/11/2022	20,500.000	\$	19,141.184	-	-	\$	19,141.184	-
3/18/2022	23,000.000	\$	20,397.450	-	-	\$	20,397.450	-
3/22/2022	23,000.000	\$	20,214.415	-	-	\$	20,214.415	-
4/5/2022	23,000.000	\$	19,550.289	-	-	\$	19,550.289	-
4/11/2022	23,000.000	\$	19,845.822	-	-	\$	19,845.822	-
4/25/2022	23,000.000	\$	18,831.374	-	-	\$	18,831.374	-
5/2/2022	22,200.000	\$	17,669.840	-	-	\$	17,669.840	-
5/4/2022	22,200.000	\$	17,119.756	-	-	\$	17,119.756	-
5/9/2022	22,200.000	\$	17,284.335	-	-	\$	17,284.335	-
5/16/2022	22,200.000	\$	16,332.416	-	-	\$	16,332.416	-
1/3/2022	18,900.000		18,486.562	-	-	\$	18,604.134	(117.572)
1/18/2022	20,100.000	\$	18,850.031	-	-	\$	19,375.434	(525.403)
1/25/2022	19,400.000	\$	18,472.437	-	-	\$	18,700.668	(228.231)
2/1/2022	22,700.000	\$	18,962.500	-	-	\$	19,036.839	(74.339)
2/8/2022	22,700.000	\$	20,798.875	-	-	\$	21,227.356	(428.481)
2/15/2022	24,300.000	\$	21,832.031	-	-	\$	22,289.630	(457.599)
2/22/2022	23,100.000	\$	21,085.969	-	-	\$	21,136.799	(50.830)
3/1/2022	19,900.000	\$	18,600.281	-	-	\$	18,389.011	211.270
3/4/2022	20,500.000	\$	19,148.281	-	-	\$	19,036.637	111.644
3/11/2022	23,000.000	\$	20,405.312	-	-	\$	20,877.814	(472.502)
3/18/2022	23,000.000	\$	20,218.437	-	-	\$	20,546.114	(327.677)
3/22/2022	23,000.000	\$	19,564.375	-	-	\$	20,048.202	(483.827)
4/5/2022	23,000.000	\$	19,851.875	-	-	\$	19,947.012	(95.137)
4/11/2022	23,000.000	\$	18,645.625	-	-	\$	19,389.193	(543.568)
4/25/2022	22,200.000	\$	17,676.750	-	-	\$	18,171.735	(494.985)
5/2/2022	22,200.000	\$	17,121.750	-	-	\$	17,645.745	(523.995)
5/4/2022	22,200.000	\$	17,284.250	-	-	\$	17,465.040	(176.790)
5/9/2022	22,200.000	\$	16,337.813	-	-	\$	16,898.728	(560.915)

The Pension Plan of Children's Hospital Medical Center of Akron
Schedule H, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2022

EIN #34-0714357 Plan #001

(a) Identity of Party Involved	DATE	SHARES	(b) Description of Asset	(c) Purchase Price	(d) Sales Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain (Loss)
Series of Transactions in Same Security exceed 5% of value										
Pimco IG Credit Bond Portfolio Inst	2 Transactions	2,629,612	Mutual funds - International bonds	\$ 22,839,536	N/A	-	-	\$ 22,839,536	\$ 22,839,536	-
Pimco Long Duration Credit Bond Portfolio Inst	9 Transactions	9,909,324	Mutual funds - International bonds	N/A	\$ 95,097,270	-	-	\$ 124,287,449	\$ 124,287,449	\$ (29,190,179)
Pimco Long Duration Credit Bond Portfolio Inst	7 Transactions	1,334,227	Mutual funds - International bonds	\$ 13,376,657	N/A	-	-	\$ 13,376,657	\$ 13,376,657	-
Pimco Prv Short-term Filtl(776) Nav Port	74 Transactions	17,918,602	Mutual funds - International bonds	N/A	\$ 176,397,270	-	-	\$ 205,587,683	\$ 205,587,683	\$ (29,190,413)
Pimco Prv Short-term Filtl(776) Nav Port	100 Transactions	18,795,409	Mutual funds - International bonds	\$ 184,616,738	N/A	-	-	\$ 184,616,738	\$ 184,616,738	\$ -
Federated Government Obligation Fund - Prm	382 Transactions	262,170,589	Money market funds	\$ 262,170,589	N/A	-	-	\$ 262,170,589	\$ 262,170,589	-
Federated Government Obligation Fund - Prm	287 Transactions	230,287,144	Money market funds	N/A	\$ 230,287,144	-	-	\$ 230,287,144	\$ 230,287,144	-
United States Treasury Bonds	242 Transactions	1,521,000,000	US Government	\$ 1,245,972,313	N/A	-	-	\$ 1,245,972,313	\$ 1,245,972,313	-
United States Treasury Bonds	238 Transactions	1,536,300,000	US Government	N/A	\$ 1,251,856,166	-	-	\$ 1,265,117,758	\$ 1,265,117,758	\$ (13,261,592)

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value	2a 322,036,786
b Actuarial value	2b 311,346,213
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 832 (2) Vested Funding Target 94,335,267 (3) Total Funding Target 94,335,267
b For terminated vested participants	387 25,199,635 25,199,635
c For active participants	1,037 112,667,756 113,340,908
d Total	2,256 232,202,658 232,875,810
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 5.48%
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 0
c Total (line 6a + line 6b)	6c 0

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	Max T. Murphy <i>MTM</i> Signature of actuary	8/23/2023 Date
	Max T. Murphy Type or print name of actuary	2308791 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	216-937-4000 Telephone number (including area code)
	1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172 Address of the firm	

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

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

Schedule SB (Form 5500) 2022
v. 220413

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	37,576,924
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	37,576,924
10	Interest on line 9 using prior year's actual return of <u>8.18</u> %	0	3,073,792
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		21,685,547
	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>5.65</u> %		1,225,233
	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		22,910,780
	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	40,650,716

Part III	Funding Percentages		
14	Funding target attainment percentage	14	116.24 %
15	Adjusted funding target attainment percentage	15	133.69 %
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	104.80 %
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
	Totals ▶	18(b)	18(c)
		0	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ 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 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? 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 6c)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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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, 2022
Enrolled Actuary	Max T. Murphy
Enrollment Number	23-08791

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

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

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

Weighted Retirement Age: 63.916035

Average Retirement Age: 64

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357/001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate | 4.75% | 1.07% |
| ■ Second segment rate | 5.18% | 2.68% |
| ■ Third segment rate | 5.92% | 3.36% |
| ■ Effective interest rate | 5.48% | 2.99% |
| ■ Lump sum interest rate | Three segment rates | |

Annual rates of increase:

- | | |
|--------------------------------------|-------|
| ■ Compensation: | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ 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, 2022

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-2020) 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-2020).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
- **Lump sum** Pension Protection Act unisex mortality table for 2022.

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, 2022

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, 2022

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. Not applicable due to plan freeze effective December 31, 2020.
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	Because the plan is frozen and benefit accruals ceased effective December 31, 2020 and the plan sponsor pays administrative expense directly, none.
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 2021 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, 2022

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 January 1, 2022. 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 were adjusted to reflect any significant events that occurred between the date the data were collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

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

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Therefore, we believe the assumptions selected do not significantly conflict with what would be reasonable.
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. Therefore, we believe the assumptions selected do not significantly conflict with what would be reasonable.

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, 2022

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-2019 to Scale MP-2020, 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, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was amended and restated effective January 1, 2020. The most recent amendment was executed December 21, 2020 and is effective December 31, 2020.

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.

Service used for benefit accrual purposes is frozen effective December 31, 2020. Service used for all other purposes will continue to accrue.

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).

Compensation earned after December 31, 2020 is not included.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
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Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

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.
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. Benefit accruals for all participants were frozen effective December 31, 2020.
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.

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

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, 2022

SCHEDULE SB ATTACHMENTS

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.
Total disability retirement	The monthly pension benefit is determined based on the participant's average monthly compensation at the earlier of date of retirement or December 31, 2020, 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.

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, 2022

SCHEDULE SB ATTACHMENTS

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
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 were no changes in benefits valued since the prior year.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN:	34-0714357/001
Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2022

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

Attained Age	Attained Years of Credited Service ¹													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	0	1	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	4	35	37	1	0	0	0	0	77
	-	-	-	-	-	-	8,253	8,935	-	-	-	-	-	8,245
40-44	0	0	0	1	0	15	32	84	16	0	0	0	0	148
	-	-	-	-	-	-	10,233	11,060	-	-	-	-	-	10,472
45-49	0	0	0	1	0	6	21	71	35	2	0	0	0	136
	-	-	-	-	-	-	10,332	12,288	14,531	-	-	-	-	12,392
50-54	0	0	0	2	1	9	24	65	54	34	17	2	0	208
	-	-	-	-	-	-	9,580	12,364	17,634	20,379	-	-	-	15,099
55-59	0	3	0	0	1	8	25	56	41	28	42	16	0	220
	-	-	-	-	-	-	7,034	18,377	22,548	25,202	22,609	-	-	18,991
60-64	0	1	0	1	1	6	16	42	35	19	32	25	15	193
	-	-	-	-	-	-	-	11,881	20,563	-	24,504	33,030	-	19,497
65-69	0	0	0	0	0	1	6	19	8	3	4	3	5	49
	-	-	-	-	-	-	-	-	-	-	-	-	-	23,535
70 & over	0	0	0	0	0	0	1	1	1	1	0	1	0	5
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	4	0	5	3	49	161	375	191	87	95	47	20	1,037
	-	-	-	-	-	4,537	9,148	13,065	18,315	22,198	23,181	28,818	28,556	15,585

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

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, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	8,103,738.03	4,035,530.37	8,923,232.76	21,062,501.16
2023	7,854,051.09	575,475.59	8,767,943.76	17,197,470.44
2024	8,366,034.95	730,758.70	8,574,214.69	17,671,008.33
2025	8,456,156.96	812,730.62	8,389,400.68	17,658,288.25
2026	8,252,032.79	869,133.01	8,192,628.78	17,313,794.58
2027	8,082,771.53	923,202.93	7,978,331.08	16,984,305.53
2028	8,147,342.25	1,019,519.76	7,747,283.38	16,914,145.39
2029	8,089,696.29	1,160,232.18	7,500,817.70	16,750,746.17
2030	8,078,506.88	1,274,005.09	7,240,684.58	16,593,196.55
2031	7,730,571.49	1,372,807.68	6,967,776.24	16,071,155.41
2032	7,597,515.96	1,477,585.18	6,677,212.68	15,752,313.82
2033	7,325,126.24	1,579,556.31	6,370,404.05	15,275,086.59
2034	7,204,613.64	1,697,529.47	6,049,807.73	14,951,950.84
2035	7,020,093.78	1,812,951.02	5,713,668.82	14,546,713.62
2036	6,854,922.43	1,887,950.56	5,364,693.61	14,107,566.60
2037	6,536,187.59	1,931,658.05	5,005,389.57	13,473,235.21
2038	6,316,060.53	1,941,853.27	4,636,746.88	12,894,660.69
2039	6,247,671.39	1,935,115.32	4,261,521.27	12,444,307.98
2040	6,048,286.39	1,940,995.11	3,882,788.26	11,872,069.76
2041	5,910,051.15	1,949,794.89	3,504,758.00	11,364,604.03
2042	5,990,073.82	1,955,233.72	3,131,771.62	11,077,079.16
2043	5,885,549.76	1,950,414.00	2,768,349.10	10,604,312.85
2044	5,647,771.97	1,928,528.31	2,419,268.63	9,995,568.90
2045	5,467,874.58	1,882,336.98	2,089,051.94	9,439,263.50
2046	5,179,941.08	1,830,374.15	1,781,660.52	8,791,975.74
2047	4,993,293.27	1,790,564.82	1,500,389.56	8,284,247.66
2048	4,746,664.18	1,749,033.69	1,247,532.74	7,743,230.61
2049	4,517,048.63	1,685,094.53	1,024,304.02	7,226,447.19
2050	4,241,269.22	1,605,094.09	830,808.92	6,677,172.22
2051	3,961,014.59	1,520,613.43	666,172.82	6,147,800.85
2052	3,649,685.19	1,430,092.89	528,640.13	5,608,418.20
2053	3,390,594.67	1,339,234.19	415,812.87	5,145,641.72
2054	3,137,977.27	1,248,589.12	324,906.28	4,711,472.68
2055	2,891,236.75	1,158,689.59	252,947.41	4,302,873.75
2056	2,664,838.34	1,070,064.39	196,931.87	3,931,834.60
2057	2,438,890.21	983,241.99	153,995.86	3,576,128.05
2058	2,223,716.60	898,737.49	121,523.00	3,243,977.09
2059	2,024,341.97	817,038.51	97,222.97	2,938,603.44
2060	1,836,240.77	738,595.25	79,169.25	2,654,005.28
2061	1,658,994.22	663,815.20	65,793.83	2,388,603.25
2062	1,492,500.49	593,056.30	55,861.12	2,141,417.91
2063	1,337,030.43	526,614.88	48,427.81	1,912,073.12
2064	1,192,759.70	464,714.48	42,789.78	1,700,263.96
2065	1,059,345.46	407,492.20	38,430.03	1,505,267.69
2066	936,533.35	354,990.39	34,975.56	1,326,499.30
2067	823,990.83	307,165.16	32,158.88	1,163,314.87
2068	720,915.81	263,907.76	29,789.06	1,014,612.63
2069	626,894.48	225,052.65	27,730.26	879,677.39
2070	541,571.25	190,396.55	25,884.53	757,852.33
2071	464,385.23	159,709.36	24,180.98	648,275.57

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
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Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2022

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

Attained Age	Attained Years of Credited Service ¹													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	0	1	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	4	35	37	1	0	0	0	0	77
	-	-	-	-	-	-	8,253	8,935	-	-	-	-	-	8,245
40-44	0	0	0	1	0	15	32	84	16	0	0	0	0	148
	-	-	-	-	-	-	10,233	11,060	-	-	-	-	-	10,472
45-49	0	0	0	1	0	6	21	71	35	2	0	0	0	136
	-	-	-	-	-	-	10,332	12,288	14,531	-	-	-	-	12,392
50-54	0	0	0	2	1	9	24	65	54	34	17	2	0	208
	-	-	-	-	-	-	9,580	12,364	17,634	20,379	-	-	-	15,099
55-59	0	3	0	0	1	8	25	56	41	28	42	16	0	220
	-	-	-	-	-	-	7,034	18,377	22,548	25,202	22,609	-	-	18,991
60-64	0	1	0	1	1	6	16	42	35	19	32	25	15	193
	-	-	-	-	-	-	-	11,881	20,563	-	24,504	33,030	-	19,497
65-69	0	0	0	0	0	1	6	19	8	3	4	3	5	49
	-	-	-	-	-	-	-	-	-	-	-	-	-	23,535
70 & over	0	0	0	0	0	0	1	1	1	1	0	1	0	5
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	4	0	5	3	49	161	375	191	87	95	47	20	1,037
	-	-	-	-	-	4,537	9,148	13,065	18,315	22,198	23,181	28,818	28,556	15,585

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

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, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was amended and restated effective January 1, 2020. The most recent amendment was executed December 21, 2020 and is effective December 31, 2020.

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.

Service used for benefit accrual purposes is frozen effective December 31, 2020. Service used for all other purposes will continue to accrue.

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).

Compensation earned after December 31, 2020 is not included.

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
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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.
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. Benefit accruals for all participants were frozen effective December 31, 2020.
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.

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

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.
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

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SCHEDULE SB ATTACHMENTS

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.
Total disability retirement	The monthly pension benefit is determined based on the participant's average monthly compensation at the earlier of date of retirement or December 31, 2020, 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.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
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Plan Sponsor:	Children's Hospital Medical Center of Akron
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

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
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 were no changes in benefits valued since the prior year.

Plan Name:	The Pension Plan of Children's Hospital Medical Center of Akron
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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate | 4.75% | 1.07% |
| ■ Second segment rate | 5.18% | 2.68% |
| ■ Third segment rate | 5.92% | 3.36% |
| ■ Effective interest rate | 5.48% | 2.99% |
| ■ Lump sum interest rate | Three segment rates | |

Annual rates of increase:

- | | |
|--------------------------------------|-------|
| ■ Compensation: | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ 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
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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-2020) 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-2020).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
- **Lump sum** Pension Protection Act unisex mortality table for 2022.

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

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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.

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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. Not applicable due to plan freeze effective December 31, 2020.
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	Because the plan is frozen and benefit accruals ceased effective December 31, 2020 and the plan sponsor pays administrative expense directly, none.
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 2021 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, 2022

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 January 1, 2022. 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 were adjusted to reflect any significant events that occurred between the date the data were collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

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

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Therefore, we believe the assumptions selected do not significantly conflict with what would be reasonable.
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. Therefore, we believe the assumptions selected do not significantly conflict with what would be reasonable.

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, 2022

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-2019 to Scale MP-2020, 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, 2022

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, 2022
Enrolled Actuary	Max T. Murphy
Enrollment Number	23-08791

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

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

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

Weighted Retirement Age: 63.916035

Average Retirement Age: 64

Plan Name: The Pension Plan of Children's Hospital Medical Center of Akron
EIN / PN: 34-0714357/001
Plan Sponsor: Children's Hospital Medical Center of Akron
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	8,103,738.03	4,035,530.37	8,923,232.76	21,062,501.16
2023	7,854,051.09	575,475.59	8,767,943.76	17,197,470.44
2024	8,366,034.95	730,758.70	8,574,214.69	17,671,008.33
2025	8,456,156.96	812,730.62	8,389,400.68	17,658,288.25
2026	8,252,032.79	869,133.01	8,192,628.78	17,313,794.58
2027	8,082,771.53	923,202.93	7,978,331.08	16,984,305.53
2028	8,147,342.25	1,019,519.76	7,747,283.38	16,914,145.39
2029	8,089,696.29	1,160,232.18	7,500,817.70	16,750,746.17
2030	8,078,506.88	1,274,005.09	7,240,684.58	16,593,196.55
2031	7,730,571.49	1,372,807.68	6,967,776.24	16,071,155.41
2032	7,597,515.96	1,477,585.18	6,677,212.68	15,752,313.82
2033	7,325,126.24	1,579,556.31	6,370,404.05	15,275,086.59
2034	7,204,613.64	1,697,529.47	6,049,807.73	14,951,950.84
2035	7,020,093.78	1,812,951.02	5,713,668.82	14,546,713.62
2036	6,854,922.43	1,887,950.56	5,364,693.61	14,107,566.60
2037	6,536,187.59	1,931,658.05	5,005,389.57	13,473,235.21
2038	6,316,060.53	1,941,853.27	4,636,746.88	12,894,660.69
2039	6,247,671.39	1,935,115.32	4,261,521.27	12,444,307.98
2040	6,048,286.39	1,940,995.11	3,882,788.26	11,872,069.76
2041	5,910,051.15	1,949,794.89	3,504,758.00	11,364,604.03
2042	5,990,073.82	1,955,233.72	3,131,771.62	11,077,079.16
2043	5,885,549.76	1,950,414.00	2,768,349.10	10,604,312.85
2044	5,647,771.97	1,928,528.31	2,419,268.63	9,995,568.90
2045	5,467,874.58	1,882,336.98	2,089,051.94	9,439,263.50
2046	5,179,941.08	1,830,374.15	1,781,660.52	8,791,975.74
2047	4,993,293.27	1,790,564.82	1,500,389.56	8,284,247.66
2048	4,746,664.18	1,749,033.69	1,247,532.74	7,743,230.61
2049	4,517,048.63	1,685,094.53	1,024,304.02	7,226,447.19
2050	4,241,269.22	1,605,094.09	830,808.92	6,677,172.22
2051	3,961,014.59	1,520,613.43	666,172.82	6,147,800.85
2052	3,649,685.19	1,430,092.89	528,640.13	5,608,418.20
2053	3,390,594.67	1,339,234.19	415,812.87	5,145,641.72
2054	3,137,977.27	1,248,589.12	324,906.28	4,711,472.68
2055	2,891,236.75	1,158,689.59	252,947.41	4,302,873.75
2056	2,664,838.34	1,070,064.39	196,931.87	3,931,834.60
2057	2,438,890.21	983,241.99	153,995.86	3,576,128.05
2058	2,223,716.60	898,737.49	121,523.00	3,243,977.09
2059	2,024,341.97	817,038.51	97,222.97	2,938,603.44
2060	1,836,240.77	738,595.25	79,169.25	2,654,005.28
2061	1,658,994.22	663,815.20	65,793.83	2,388,603.25
2062	1,492,500.49	593,056.30	55,861.12	2,141,417.91
2063	1,337,030.43	526,614.88	48,427.81	1,912,073.12
2064	1,192,759.70	464,714.48	42,789.78	1,700,263.96
2065	1,059,345.46	407,492.20	38,430.03	1,505,267.69
2066	936,533.35	354,990.39	34,975.56	1,326,499.30
2067	823,990.83	307,165.16	32,158.88	1,163,314.87
2068	720,915.81	263,907.76	29,789.06	1,014,612.63
2069	626,894.48	225,052.65	27,730.26	879,677.39
2070	541,571.25	190,396.55	25,884.53	757,852.33
2071	464,385.23	159,709.36	24,180.98	648,275.57

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, 2022

The Pension Plan of Children's Hospital Medical Center of Akron
Schedule H, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2022

EIN #34-0714357 Plan #001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	SHARES	Purchase Price	Sales Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset at Transaction Date	Net Gain (Loss)
DATE	DESCRIPTION OF ASSET							
Single Transactions in Same Security exceed 5% of value								
Federated Government Obligation Fund - Prm	17,992,093	\$	N/A	-	-	\$	17,992,093	-
Federated Government Obligation Fund - Prm	17,992,093	\$	N/A	-	-	\$	17,992,093	-
Federated Government Obligation Fund - Prm	20,311,142	\$	N/A	-	-	\$	20,311,142	-
Federated Government Obligation Fund - Prm	21,822,910		21,822,910	-	-	\$	21,822,910	-
Pimco Prv Short-term Fund	2,128,935	\$	N/A	-	-	\$	21,300,000	-
Pimco Prv Short-term Fund	2,128,936	\$	N/A	-	-	\$	21,300,000	-
Pimco Prv Short-term Fund	4,227,886	\$	42,300,000	-	-	\$	42,300,000	-
Pimco Prv Short-term Fund	2,128,938		N/A	-	-	\$	21,300,002	-
Pimco Prv Short-term Fund	2,128,939		N/A	-	-	\$	21,300,003	-
Pimco IG Cred Bond	2,575,559	\$	N/A	-	-	\$	22,381,605	-
Pimco Long Dur Cred Bond	8,249,638	\$	78,866,536	-	-	\$	103,379,733	22,381,605
Pimco Prv Short-term Fund	6,835,215	\$	N/A	-	-	\$	103,379,733	103,379,733
						\$	68,400,000	68,400,000
United States Treasury Bonds	18,900,000	\$	N/A	-	-	\$	18,473,739	-
United States Treasury Bonds	20,100,000	\$	N/A	-	-	\$	18,843,158	-
United States Treasury Bonds	19,400,000	\$	N/A	-	-	\$	18,465,772	-
United States Treasury Bonds	20,000,000	\$	N/A	-	-	\$	18,955,665	-
United States Treasury Bonds	22,700,000	\$	N/A	-	-	\$	20,791,065	-
United States Treasury Bonds	24,300,000	\$	N/A	-	-	\$	21,823,560	-
United States Treasury Bonds	23,100,000	\$	N/A	-	-	\$	21,077,922	-
United States Treasury Bonds	19,900,000	\$	N/A	-	-	\$	18,597,344	-
United States Treasury Bonds	20,500,000	\$	N/A	-	-	\$	19,141,184	-
United States Treasury Bonds	23,000,000	\$	N/A	-	-	\$	20,397,450	-
United States Treasury Bonds	23,000,000	\$	N/A	-	-	\$	20,214,415	-
United States Treasury Bonds	23,000,000	\$	N/A	-	-	\$	19,550,289	-
United States Treasury Bonds	23,000,000	\$	N/A	-	-	\$	19,845,822	-
United States Treasury Bonds	23,000,000	\$	N/A	-	-	\$	18,831,374	-
United States Treasury Bonds	22,200,000	\$	N/A	-	-	\$	17,669,840	-
United States Treasury Bonds	22,200,000	\$	N/A	-	-	\$	17,119,756	-
United States Treasury Bonds	22,200,000	\$	N/A	-	-	\$	17,284,335	-
United States Treasury Bonds	22,200,000	\$	N/A	-	-	\$	16,332,416	-
United States Treasury Bonds	18,900,000		18,486,562	-	-	\$	18,604,134	(117,572)
United States Treasury Bonds	20,100,000	\$	18,850,031	-	-	\$	19,375,434	(525,403)
United States Treasury Bonds	19,400,000	\$	N/A	-	-	\$	18,700,668	(228,231)
United States Treasury Bonds	22,700,000	\$	18,962,500	-	-	\$	19,036,839	(74,339)
United States Treasury Bonds	22,700,000	\$	N/A	-	-	\$	21,227,356	(428,481)
United States Treasury Bonds	24,300,000	\$	21,832,031	-	-	\$	22,289,630	(457,599)
United States Treasury Bonds	23,100,000	\$	N/A	-	-	\$	21,136,799	(50,830)
United States Treasury Bonds	19,900,000	\$	18,600,281	-	-	\$	18,389,011	211,270
United States Treasury Bonds	20,500,000	\$	N/A	-	-	\$	19,036,637	111,644
United States Treasury Bonds	23,000,000	\$	20,405,312	-	-	\$	20,877,814	(472,502)
United States Treasury Bonds	23,000,000	\$	20,218,437	-	-	\$	20,546,114	(327,677)
United States Treasury Bonds	23,000,000	\$	19,564,375	-	-	\$	20,048,202	(483,827)
United States Treasury Bonds	23,000,000	\$	19,851,875	-	-	\$	19,947,012	(95,137)
United States Treasury Bonds	23,000,000	\$	18,645,625	-	-	\$	19,389,193	(543,568)
United States Treasury Bonds	22,200,000	\$	17,676,750	-	-	\$	18,171,735	(494,985)
United States Treasury Bonds	22,200,000	\$	N/A	-	-	\$	17,645,745	(523,995)
United States Treasury Bonds	22,200,000	\$	17,121,750	-	-	\$	17,645,745	(523,995)
United States Treasury Bonds	22,200,000	\$	N/A	-	-	\$	17,284,335	(176,790)
United States Treasury Bonds	22,200,000	\$	16,337,813	-	-	\$	16,898,728	(560,915)

The Pension Plan of Children's Hospital Medical Center of Akron
Schedule H, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2022

EIN #34-0714357 Plan #001

(a) Identity of Party Involved	DATE	SHARES	(b) Description of Asset	(c) Purchase Price	(d) Sales Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain (Loss)
Series of Transactions in Same Security exceed 5% of value										
Pimco IG Credit Bond Portfolio Inst	2 Transactions	2,629,612	Mutual funds - International bonds	\$ 22,839,536	N/A	-	-	\$ 22,839,536	\$ 22,839,536	-
Pimco Long Duration Credit Bond Portfolio Inst	9 Transactions	9,909,324	Mutual funds - International bonds	N/A	\$ 95,097,270	-	-	\$ 124,287,449	\$ 124,287,449	\$ (29,190,179)
Pimco Long Duration Credit Bond Portfolio Inst	7 Transactions	1,334,227	Mutual funds - International bonds	\$ 13,376,657	N/A	-	-	\$ 13,376,657	\$ 13,376,657	-
Pimco Prv Short-term Filtl(776) Nav Port	74 Transactions	17,918,602	Mutual funds - International bonds	N/A	\$ 176,397,270	-	-	\$ 205,587,683	\$ 205,587,683	\$ (29,190,413)
Pimco Prv Short-term Filtl(776) Nav Port	100 Transactions	18,795,409	Mutual funds - International bonds	\$ 184,616,738	N/A	-	-	\$ 184,616,738	\$ 184,616,738	\$ -
Federated Government Obligation Fund - Prm	382 Transactions	262,170,589	Money market funds	\$ 262,170,589	N/A	-	-	\$ 262,170,589	\$ 262,170,589	-
Federated Government Obligation Fund - Prm	287 Transactions	230,287,144	Money market funds	N/A	\$ 230,287,144	-	-	\$ 230,287,144	\$ 230,287,144	-
United States Treasury Bonds	242 Transactions	1,521,000,000	US Government	\$ 1,245,972,313	N/A	-	-	\$ 1,245,972,313	\$ 1,245,972,313	-
United States Treasury Bonds	238 Transactions	1,536,300,000	US Government	N/A	\$ 1,251,856,166	-	-	\$ 1,265,117,758	\$ 1,265,117,758	\$ (13,261,592)

The Pension Plan of Children's Hospital Medical Center of Akron
Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2022

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	
US Government				
Gnma II Jumbo 2.500%	200,000 shares	\$ 173,266	\$ 173,412	
FNMA Single Family 2.000%	100,000 shares	80,750	81,346	
FNMA Single Family 2.500%	900,000 shares	752,977	761,859	
FNMA Single Family 3.000%	400,000 shares	356,812	351,196	
FNMA Single Family 4.000%	1,900,000 shares	1,785,851	1,781,706	
United States Treas Bds	29,280,000 shares	17,780,461	14,157,340	
United States Treas Bds Infl Index	3,940,171 shares	3,525,688	3,401,227	
Total US Government		24,455,805	20,708,086	
Corporate				
Aercap Ireland Capital Ltd	150,000 shares	149,748	131,166	
American Homes 4 Rent L P	200,000 shares	197,026	154,266	
Amfam Holdings Inc	200,000 shares	200,000	155,394	
Assured Guaranty Us Hldgs Inc	100,000 shares	99,717	84,164	
Australia Commonwealth	350,000 shares	250,492	271,569	
Barclays Plc	400,000 shares	40,520	390,520	
Barings Clo Ltd	500,000 shares	483,500	490,399	
Bat Capital Corp	100,000 shares	96,503	82,431	
Block Inc	200,000 shares	200,000	178,680	
Boston Properties L P	200,000 shares	199,140	152,050	
Brixmor Operating Partnership L P	400,000 shares	399,268	330,096	
Broadcom Inc	162,000 shares	177,602	145,176	
Broadcom Inc	200,000 shares	204,024	159,546	
Broadcom Inc	20,000 shares	19,377	14,366	
Broadcom Inc	217,000 shares	238,351	189,304	
Cbre Services Inc	200,000 shares	196,902	157,640	
Centene Corp	400,000 shares	400,000	337,620	
Cigna Corp	600,000 shares	596,748	426,456	
Coca-Cola Co	300,000 shares	295,206	218,139	
Commonwealth Edison Co	800,000 shares	798,912	551,992	
Corporate Office Properties L P	800,000 shares	791,624	598,720	
Covanta Holding Corp Tr B 1L Tag 4038	130,353 shares	130,027	129,586	
Credit Suisse	200,000 shares	222,250	174,000	
Credit Suisse Group Ag	400,000 shares	431,650	319,648	
Csn Resources S A	300,000 shares	300,000	237,591	
Dcp Midstream Operating L P	200,000 shares	200,000	165,426	
Deutsche Bk Ag N Y	300,000 shares	315,066	240,507	
Dish Dbs Corp	400,000 shares	400,000	336,936	
Ebay Inc	200,000 shares	199,912	163,924	
Equinix Inc	200,000 shares	199,712	175,828	
Eversource Energy	100,000 shares	99,902	92,070	
Flex Inter Holdco Llc	500,000 shares	499,985	390,210	
Hilton Grand Vacations	200,000 shares	200,000	172,000	
Hyundai Capital America Inc	300,000 shares	299,670	246,222	
Jersey Central Pwr & Lt Co	200,000 shares	199,452	161,508	
Keurig Dr Pepper Inc	400,000 shares	398,496	274,600	
Lundin Energy Finance B.V.	200,000 shares	199,654	176,662	
Magallanes Inc	300,000 shares	300,000	229,524	
Marvell Technology Inc	200,000 shares	199,962	169,288	
Medline TI B 2927	99,500 shares	99,003	94,734	
Mozart Debt Merger Sub Inc	100,000 shares	100,000	80,596	
Mph Acquisition Holdings Llc	300,000 shares	300,000	234,030	
Mpt Oper Ptnrship L P / Fin Corp	200,000 shares	278,996	158,690	
Natwest Group Plc	400,000 shares	400,000	286,372	
Nissan Motor Acceptance Corp	500,000 shares	499,525	429,990	
Nissan Motor Co Ltd	300,000 shares	333,702	254,601	
Nomura Holdings Inc	300,000 shares	300,000	232,020	
Omega Healthcare Investors Inc	700,000 shares	695,128	506,079	
Oracle Corp	1,300,000 shares	1,297,725	926,172	
Organon Finance 1 Llc	400,000 shares	400,000	354,160	
Pacific Gas & Electric Co	100,000 shares	99,509	86,450	
ReadyCap Commercial Mortgage Trust	399,432 shares	396,436	398,829	
Rogers Communications Inc	200,000 shares	199,554	172,590	
Rolls Royce Plc	200,000 shares	221,541	157,750	
Rolls Royce Plc	300,000 shares	300,750	276,000	
Sammons Financial Group Inc	200,000 shares	199,544	152,228	
Santos Finance Ltd	200,000 shares	200,000	158,972	
Siemens Financieringsmat	700,000 shares	698,411	514,010	
Societe Generale	300,000 shares	300,000	254,280	
Southern Co	300,000 shares	300,000	242,235	
Starwood Property Trust Inc	100,000 shares	100,000	87,500	
Synnex Corp	200,000 shares	200,000	161,346	
Targa Resources Corp	100,000 shares	99,815	86,036	
T-Mobile Usa Inc	200,000 shares	199,380	132,054	

The Pension Plan of Children's Hospital Medical Center of Akron
Schedule H, Line 4i - Schedule of Assets
Held at End of Year

December 31, 2022

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	
T-Mobile Usa Inc	200,000 shares	\$ 201,878	\$ 161,590	
Verizon Communications Inc	800,000 shares	799,536	601,520	
Vodafone Group Plc	900,000 shares	900,000	655,587	
Wynn Las Vegas Llc/Corp	200,000 shares	213,500	189,870	
Total Corporate		\$ 21,164,331	\$ 17,121,514	
Mutual funds				
Pimco Long Dur Cred Bond Portfolio Inst	3,338,740 shares	\$ 41,150,675	\$ 30,516,085	
Pimco IG Cred Bd Portfolio Inst	2,629,612 shares	22,839,436	22,246,517	
Pimco Prv Short-Term Flt(ii)(776) Nav Port	6,735,311 shares	67,400,228	67,366,783	
Total Mutual funds		\$ 131,390,339	\$ 120,149,385	
Other				
Covanta Holding Corp Tr B 1L Tag 4038	9,838 shares	\$ 9,813	\$ 9,780	
Gip Ii Blue Holding Lp Tl B 1L 2776	130,118 shares	128,166	129,210	
II-Vi Tl B 1L 4532	58,665 shares	58,078	58,196	
Yahoo (Verizon Media) Tl B2 Il Tag 4608	300,000 shares	298,500	271,407	
Total Other		\$ 494,557	\$ 468,593	
Money market funds				
Federated Government Obligations Fund - Prm	42,221,380 units	\$ 42,221,380	\$ 42,221,380	
Total Money market funds		\$ 42,221,380	\$ 42,221,380	
Total assets held for investment purposes		\$ 219,726,412	\$ 200,668,958	