

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	--

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

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>THE CCHS RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE CLEVELAND CLINIC FOUNDATION</u> <u>9500 EUCLID AVENUE AC-341</u> <u>CLEVELAND, OH 44195-0001</u>	1c Effective date of plan <u>01/01/1941</u>	2b Employer Identification Number (EIN) <u>34-0714585</u>	2c Plan Sponsor's telephone number <u>216-448-0801</u>
		2d Business code (see instructions) <u>622000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2019	TIMOTHY LONGVILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 32138
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 18665 6a(2) 17683 6b 5152 6c 7411 6d 30246 6e 417 6f 30663 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 3H

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan THE CCHS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	--

1 Coverage Information:

(a) Name of insurance carrier AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	1573	3	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 39994**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ BOOK VALUE BASIS**b** Balance at the end of the previous year **7b** 43315**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 1081
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 212

▶ ADJUSTMENT

(6) Total additions **7c(6)** 1293**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 44608**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 4558(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 56

▶ MARKET VALUE ADJ

(5) Total deductions **7e(5)** 4614**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 39994

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE CCHS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2018			
2	Assets:			
a	Market value.....	2a	1207729370	
b	Actuarial value	2b	1207729370	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	5425	259727456	259727456
b	For terminated vested participants	8160	242388529	242388529
c	For active participants	18541	621110514	633780084
d	Total	32126	1123226499	1135896069
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	5.56 %	
6	Target normal cost	6	11115167	

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

<div>SIGN HERE</div>		10/04/2019
Signature of actuary		Date
DAVID M HAUER		17-06576
Type or print name of actuary		Most recent enrollment number
WILLIS TOWERS WATSON US LLC		216-937-4000
Firm name		Telephone number (including area code)
1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114-1172		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.52</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.80</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	106.32%
15 Adjusted funding target attainment percentage	15	106.32%
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	104.59%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/12/2019	89000000	0			
Totals ▶			18(b)	89000000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	81190709

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	11115167	
b Excess assets, if applicable, but not greater than line 31a	31b	11115167	
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	81190709	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	81190709	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan THE CCHS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VERSA CAPITAL FUND II
26-1758586

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AG CAPITAL RECOVERY PARTNERS VI
26-1556523

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HG VORA SPECIAL OPPORTUNITIES FUND
26-4376989

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ARCM FEEDER FUND II LTD
2 QUEENS ROAD HONG KONG, HONG KONG 00000 CN

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

ARCM FEEDER FUND III LTD

2 QUEENS ROAD
HONG KONG, HONG KONG 00000 CN

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

HIGHFIELDS CAPITAL IV LP

200 CLARENDON STREET
59TH FLOOR
BOSTON, MA 02116

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

STATE STREET GLOBAL ADVISORS

81-4017137

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

BRAHMAN CAPITAL CORP.

13-3542470

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

BRIDGEPOINT EUROPE IV FUND

95 WIGMORE ST
LONDON W1U 1FB GB

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

BRIDGEWATER PURE ALPHA FUND II LTD

ONE GLENDINNING PLACE
WESTPORT, CT 06880

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

FARALLON CAPITAL OFFSHORE INVESTORS

98-0467285

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

BAIN CAPITAL FUND X., L.P.

200 CLARENDON STREET
BOSTON, MA 02116

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

GOLDENTREE HIGH YIELD VALUE FUND OF

300 PARK AVE 21ST FLR
NEW YORK, NY 10022

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

MW EUREKA (US) FUND, OF MARSHALL WA

98-0430284

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

ROARK CAPITAL GENPAR II LLC

56-2668661

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

ELLIOTT INTERNATIONAL LIMITED

C/O MAPLES CORPORATE SERVICES LTD PO BOX 309, UGLAND HOUSE
GRAND CAYMAN, GRAND CAYMAN KY1-1104 KY

22-3338737

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

ELEMENT CAPITAL FEEDER FUND LIMITED

600 LEXINGTON AVENUE
34TH FLOOR
NEW YORK, NY 10022

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

KLS DIVERSIFIED FUND LTD.

452 FIFTH AVENUE
22ND FLOOR
NEW YORK, NY 10018

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

FRANKLIN TEMPLETON GLOBAL BOND TRUS

80-6169765

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

KING STREET MASTER ADVISORS, LLC

26-3871197

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

KING STREET CAPITAL MANAGEMENT, L.P

13-3978904

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

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

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

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

PO BOX 95135
CHICAGO, IL 60694-5135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	965893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NUMERIC INVESTORS LLC

04-3068821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGEMENT	394438	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19	CUSTODIAL	339405	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

ARROWSTREET CAPITAL, LIMITED

04-3472863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	270933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADAGE CAPITAL PARTNERS, LP

04-3574590

(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	256899	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WGI EMERGING MARKETS FUND LLC

20-3377269

(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	229608	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

WELLINGTON TRUST COMPANY

04-2755549

(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	211708	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITADEL GLOBAL EQUITIES FUND LTD

68-0677644

(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 MANAGER	207279	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

OXAM QUANT FUND

P O BOX 472
GEORGE TOWN, GRAND CAYMAN CY1-1101 KY

(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	193059	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)

J P MORGAN INVESTMENT

13-3200244

(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 MANAGER	159167	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARATHON LONDON ASSET MANAGEMENT

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	158793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDS CAPITAL MANAGEMENT, LLC

20-2830751

(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 99	INVESTMENT MANAGEMENT	152734	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)

VWH OFFSHORE FUND. LP

82-2227722

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT MANAGEMENT	0	Yes ☒ No ☐	Yes ☐ No ☒	142685	Yes ☐ No ☒

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

COLCHESTER GLOBAL INVESTORS

20 SAVILE ROW
LONDON, ENGLAND W1S3PR GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	136220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC INVESTMENT GROUP

52-1540171

(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?
16 28	CONSULTANT & INVESTMENT	135470	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

1001 LAKESIDE AVENUE
SUITE 1500
CLEVELAND, OH 44114-1172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	134918	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANAGORA ASSET MANAGEMENT

04-3063840

(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	134314	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BRACEBRIDGE CAPITAL

888 BOYLSTON STREET
15TH FLOOR
BOSTON, MA 02199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	127314	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)

LSV ASSET MANAGEMENT

23-2772200

(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	123904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLINGTON MANAGEMENT GROUP, LLC

06-1441140

(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	118542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

1607 CAPITAL PARTNERS LLC

26-0529973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	112685	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)

MAGNETAR CONSTELLATION

04-3818748

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	90124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHAMPS HEALTHCARE

1226 HURON ROAD
CLEVELAND, OH 44115-1789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	83355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCOPIA INTERNATIONAL

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	81977	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)

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGEMENT	79683	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RHO VENTURES VI, L.P.

26-1508567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTOR	0	Yes ☒ No ☐	Yes ☐ No ☒	76365	Yes ☐ No ☒

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

(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	49087	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)

TIMES SQUARE

04-6913417

(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	45317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON CAPITAL MANAGEMENT CORP

50 FREMONT STREET
SUITE 3900
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19	CUSTODIAL	33209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT

80-0175963

(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	28148	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

CBIZ MHM, LLC

4040 EMBASSY PARKWAY
AKRON, OH 44333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	26000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKLIN RESOURCES, INC.

13-2670991

(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	23552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NISA INVESTMENT ADVISORS

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	21607	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)

OZ MANAGEMENT, LP

13-3980578

(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	10491	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CONVEXITY CAPITAL MANAGEMENT LP

54-2170654

(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	7836	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

STATE STREET BANK & TRUST

04-0025081

(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	7158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>THE CCHS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE CLEVELAND CLINIC FOUNDATION</u>	D Employer Identification Number (EIN) <u>34-0714585</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CTF GLOBAL OPPS</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>20-5832863-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11217264</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACADIAN INTL SMALL CAP</u>		
b Name of sponsor of entity listed in (a): <u>ACADIAN ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4742534-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8499165</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARROWSTREET INTNL EQUITY ALPHA EXT</u>		
b Name of sponsor of entity listed in (a): <u>ARROWSTREET CAPITAL LP</u>		
c EIN-PN <u>45-6500555-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19487002</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II US INV GRADE CORP LONG B</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-120</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>101751709</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MARATHON-LONDON INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>MARATHON ASSET MANAGEMENT LIMITED</u>		
c EIN-PN <u>22-3321401-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19358888</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL 3000 ERISA FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17842763</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA MSCI WORLD EX-U.S.</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-204</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1253993</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA MSCI EMERGING MARKETS**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS**

c EIN-PN 04-0025081-163	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24952078
---------------------------------------	-------------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan THE CCHS RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	89000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	2133102	3479613
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	82695907	54839099
(2) U.S. Government securities	1c(2)	349331558	264803490
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	34434109	152464385
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	90812283	72895247
(5) Partnership/joint venture interests	1c(5)	223894272	207220577
(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)	190392974	204362862
(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)	234922000	139812165
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1208616205	1188877438

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1109348	10954229
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1109348	10954229

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1207506857	1177923209
---	-----------	------------	------------

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)	89000000	
(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)		89000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6008	
(B) U.S. Government securities	2b(1)(B)	7399636	
(C) Corporate debt instruments	2b(1)(C)	3248524	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	253112	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10907280
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1685423	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2290815	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3976238
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1336415801	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1341511871	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-5096070
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-10019802	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-10019802

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-8130239
(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)		-4585331
c Other income.....	2c		2124590
d Total income. Add all income amounts in column (b) and enter total	2d		78176666

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	94953529	
(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)		94953529
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)	1441406	
(3) Investment advisory and management fees.....	2i(3)	3529376	
(4) Other	2i(4)	7836003	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12806785
j Total expenses. Add all expense amounts in column (b) and enter total	2j		107760314

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-29583648
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MAYER HOFFMAN MCCANN P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4174263. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

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

A Name of plan <u>THE CCHS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CLEVELAND CLINIC FOUNDATION</u>	D Employer Identification Number (EIN) <u>34-0714585</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1901596</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>1351</u>

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

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

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

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

Stock: 26.4% Investment-Grade Debt: 47.9% High-Yield Debt: 1.8% Real Estate: _____% Other: 23.9%

- 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):



THE CCHS RETIREMENT PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2018 and 2017





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

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator

THE CCHS RETIREMENT PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The CCHS Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon / BNY Mellon, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



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



Disclaimer of Opinion

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

Other Matter

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

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

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

Mayer Hoffman McCann P.C.

Cleveland, Ohio
October 7, 2019

THE CCHS RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
<u>ASSETS</u>		
Investments at fair value		
Cash and cash equivalents	\$ 54,839,099	\$ 82,695,907
Corporate bonds and notes	152,464,385	34,434,109
U.S. government and related securities	264,803,490	349,331,558
Common stocks	72,895,247	90,812,283
Registered investment companies	139,812,165	234,922,000
Common collective trusts	204,362,862	190,392,974
Alternative investments	207,220,577	223,894,272
	<u>1,096,397,825</u>	<u>1,206,483,103</u>
Receivables		
Employer contributions	89,000,000	-
Accrued interest and dividends	3,218,234	2,018,804
Due from broker	261,379	114,298
	<u>92,479,613</u>	<u>2,133,102</u>
 TOTAL ASSETS	 <u>1,188,877,438</u>	 <u>1,208,616,205</u>
<u>LIABILITIES</u>		
Accrued expenses	812,315	961,355
Due to broker	10,141,914	147,993
	<u>10,954,229</u>	<u>1,109,348</u>
 TOTAL LIABILITIES	 <u>10,954,229</u>	 <u>1,109,348</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 1,177,923,209</u>	 <u>\$ 1,207,506,857</u>

See Notes to Financial Statements

THE CCHS RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Investment income (loss)		
Net (depreciation) appreciation in fair value of investments	\$ (27,537,676)	\$ 104,876,488
Interest	11,941,954	10,155,678
Dividends	4,772,388	4,900,568
	<u>(10,823,334)</u>	<u>119,932,734</u>
Net investment (loss) income	(10,823,334)	119,932,734
Employer contributions	<u>89,000,000</u>	<u>-</u>
TOTAL ADDITIONS	<u>78,176,666</u>	<u>119,932,734</u>
DEDUCTIONS		
Benefits paid to participants	94,953,529	92,582,810
Administrative expenses	12,806,785	10,966,631
	<u>107,760,314</u>	<u>103,549,441</u>
TOTAL DEDUCTIONS	<u>107,760,314</u>	<u>103,549,441</u>
NET (DECREASE) INCREASE	(29,583,648)	16,383,293
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>1,207,506,857</u>	<u>1,191,123,564</u>
End of year	<u>\$ 1,177,923,209</u>	<u>\$ 1,207,506,857</u>

See Notes to Financial Statements

THE CCHS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

(1) Description of Plan

The following description of The CCHS Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document or the Summary Plan Description for a more complete description of the Plan's provisions. Additionally, key information about the Plan is contained in the brochure, *CCHS Retirement Plan*. Copies of these documents are available from the Total Rewards Department at The Cleveland Clinic Foundation (Foundation).

General - The Plan is a noncontributory cash balance defined benefit plan sponsored by the Foundation and certain of its controlled affiliates (System) and provides for retirement and death benefits for such employees. Participants are eligible for normal retirement payments upon reaching age 65. The amount of individual pensions is based upon several factors including, among other items, compensation, years of service and age. The Plan also provides for the payment of early retirement benefits (at reduced amounts), as well as the payment of benefits to the surviving spouse of a participant. Benefits are fully vested after three years of service for employees active as of or hired on or after January 1, 2007. Employees that terminated prior to January 1, 2007 were vested after five years of service and those that terminated prior to January 1, 1989 were vested after ten years of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan ceased benefit accruals as of December 31, 2009 for substantially all employees. Benefit accruals for remaining employees ceased at various intervals through December 31, 2012. Vested benefits earned through these dates will be available for distribution in accordance with the Plan.

The Plan contains a cash balance component for which amounts were credited by the System to the participants' hypothetical accounts prior to the cessation of benefit accruals in 2009. Interest will continue to accrue on these participants' hypothetical accounts in the cash balance component of the Plan. The interest rate is either 5% or 6% based on the participants' date of hire.

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

THE CCHS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies

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

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

Payment of benefits - Benefits are recorded when paid.

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

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

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

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

The Plan posted collateral totaling \$4,562,903 at December 31, 2018, with a third-party investment firm. The collateral is restricted to support certain investment activity managed by that firm. The collateral is included in U.S. government securities on the accompanying statements of net assets available for benefits. There was no collateral posted at December 31, 2017.

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

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

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

(3) Information prepared and certified by the trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments:

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

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

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements

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

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

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

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

Investments at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 54,495,906	\$ 343,193	\$ -	\$ 54,839,099
Fixed income securities:				
Corporate bonds and notes	-	152,464,385	-	152,464,385
U.S. government and related securities	255,485,927	9,317,563	-	264,803,490
Common stocks	71,721,590	1,173,657	-	72,895,247
Registered investment companies	9,484,373	-	-	9,484,373
Investments measured at fair value	<u>\$ 391,187,796</u>	<u>\$ 163,298,798</u>	<u>\$ -</u>	<u>\$ 554,486,594</u>

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

	Investments at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 82,691,313	\$ 4,594	\$ -	\$ 82,695,907
Fixed income securities:				
Corporate bonds and notes	-	34,434,109	-	34,434,109
U.S. government and related securities	345,499,052	3,832,506	-	349,331,558
Common stocks	90,158,401	653,882	-	90,812,283
Registered investment companies	58,226,401	-	-	58,226,401
Investments measured at fair value	<u>\$ 576,575,167</u>	<u>\$ 38,925,091</u>	<u>\$ -</u>	<u>\$ 615,500,258</u>

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

	2018	2017
Investments measured at fair value	\$ 554,486,594	\$ 615,500,258
Investments measured at net asset value ^(a)		
Privately held registered investment company funds	130,327,792	176,695,599
Common collective trust funds	204,362,862	190,392,974
Alternative investments:		
Hedge funds	173,124,239	193,415,318
Private equity funds	34,096,338	30,478,954
Total investments at fair value	<u>\$ 1,096,397,825</u>	<u>\$ 1,206,483,103</u>

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

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

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(4) **Fair value measurements (continued)**

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

Hedge funds generally contain lock-up provisions that do not allow for redemption of investments for up to 2 years after acquisition. Following the lock-up period, the funds can generally be redeemed providing there are no restrictions on the underlying securities. Redemptions are determined by the fund's management and have redemption frequencies ranging from monthly to annually which require redemption notifications that range from 5 to 120 days. The Plan had unfunded commitments in these funds totaling \$12,400,000 as of December 31, 2018.

Private equity funds do not have redemption rights. Distribution from such funds will be received as the underlying investments in the fund are liquidated. It is estimated that the investments in these funds would be liquidated over a weighted average period of approximately 4 years. The Plan had unfunded commitments in these funds totaling \$17,843,406 as of December 31, 2018.

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

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

The significant assumptions underlying the actuarial computations are as follows:

Long-term rate of return	5.60% per year
Mortality	IRS 2018 prescribed mortality (RP2014) with separate tables for healthy preretirement and postretirement participants and for disabled participants
Retirement	Rates varying by age (55 to 75)

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

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

Vested benefits	
Participants currently receiving payments	\$ 265,308,589
Other participants	<u>870,575,755</u>
Total vested benefits	1,135,884,344
Nonvested benefits	<u>13,000,998</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,148,885,342</u>

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

Actuarial present value of accumulated plan benefits at January 1, 2017	\$ 1,089,950,319
Change in actuarial assumptions	83,339,677
Actuarial losses	289,589
Increase due to passage of time	67,888,567
Decrease due to benefits paid	<u>(92,582,810)</u>
Actuarial present value of accumulated plan benefits at January 1, 2018	<u>\$ 1,148,885,342</u>

(6) Funding policy

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

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

(8) **Plan termination**

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

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

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

(9) **Tax status**

The Plan received a determination letter from the Internal Revenue Service (IRS) dated April 29, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (Code) and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter and the Plan Administrator believes that the Plan and the related trust continue to be operated in compliance with the applicable requirements of the Code.

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(9) **Tax status (continued)**

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

In November 2018, the Plan was selected for an examination by the U.S. Department of Labor. The examination is currently in-process and covers periods since 2015. There have been no communicated material findings as of the date the financial statements were available to be issued.

(10) **Risks and uncertainties**

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

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

(11) **Subsequent events**

The Plan has evaluated events that have occurred subsequent to the year ended December 31, 2018 through October 7, 2019, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation, except that on June 30, 2019 the Martin Memorial Health Systems Pension Plan merged into the Plan with the Plan being a single continuing pension plan.

SCHEDULE SB ATTACHMENTS

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

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 – 29	18		55	47,370	0		0		0		0		0		0		0		0	
30 – 34	231	62,983	949	59,386	89	58,186	3		0		0		0		0		0		0	
35 - 39	139	63,049	1,089	64,896	690	63,038	50	46,828	2		0		0		0		0		0	
40 - 44	112	74,485	834	68,394	822	68,884	401	72,991	37	73,378	2		0		0		0		0	
45 - 49	93	74,512	781	70,290	770	71,149	748	73,961	352	83,008	21	43,415	0		0		0		0	
50 - 54	72	66,509	647	65,279	773	71,500	602	74,840	471	80,397	315	79,577	26	73,230	3		0		0	
55 - 59	68	65,880	615	68,215	782	65,761	647	71,349	426	77,030	424	78,700	306	78,540	75	66,870	0		0	
60 - 64	42	59,779	486	67,671	653	68,891	541	71,599	342	73,578	295	81,960	302	86,498	237	82,068	39	68,983	0	
65 - 69	13		183	71,791	195	70,871	145	77,279	93	63,571	65	75,624	53	92,171	65	75,468	40	80,593	1	
70 & Over	5		42	46,522	59	49,364	24	85,479	30	55,367	21	67,764	8		10		10		2	

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2018

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	18		55	654	0		0		0		0		0		0		0		0	
30 - 34	231	693	949	2,832	89	6,471	3		0		0		0		0		0		0	
35 - 39	139	873	1,089	4,180	690	11,663	50	14,488	2		0		0		0		0		0	
40 - 44	112	945	834	4,810	822	15,369	401	25,641	37	26,478	2		0		0		0		0	
45 - 49	93	1,124	781	4,696	770	17,325	748	28,444	352	43,708	21	34,178	0		0		0		0	
50 - 54	72	915	647	5,015	773	19,550	602	32,953	471	46,642	315	68,289	26	76,342	3		0		0	
55 - 59	68	781	615	5,219	782	20,735	647	35,480	426	43,654	424	63,386	306	86,446	75	97,076	0		0	
60 - 64	42	811	486	4,799	653	24,948	541	40,170	342	45,682	295	69,525	302	81,379	237	120,068	39	126,516	0	
65 - 69	13		183	4,970	195	30,070	145	46,664	93	50,542	65	72,028	53	100,973	65	103,514	40	147,457	1	
70 & Over	5		42	4,166	59	23,387	24	62,106	30	48,725	21	79,591	8		10		10		2	

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.92%	1.75%
■ Second segment rate	5.52%	3.76%
■ Third segment rate	6.29%	4.66%
■ Effective interest rate	5.56%	3.87%

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A
- Cash balance crediting rate¹ 6.00%
- Lump sum interest rate September 2017 segment rates

Plan-related expenses \$11,115,167

¹ 5.00% for participants with the CCHS Cash Balance Formula hired on or after May 1, 2004.

Plan Name: The CCHS Retirement Plan
EIN / PN: 34-0714585 / 001
Plan Sponsor: The Cleveland Clinic Foundation
Valuation Date: January 1, 2018

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-2000 “Employees” table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2025 using Scale AA).

■ **Disabled** Rates for annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2025 using Scale AA).

Termination Rates varying by age and service.

Representative Rates				
Years of service	Age 25	Age 35	Age 45	Age 55
0 – 3	0.266	0.208	0.189	0.000
3 – 5	0.204	0.160	0.144	0.000
5 – 10	0.211	0.104	0.089	0.000
Over 10	0.000	0.072	0.047	0.000

Disability Rates varying by age and gender.

Representative Rates				
	Age 25	Age 35	Age 45	Age 55
Male	0.0003	0.0004	0.0016	0.0069
Female	0.0003	0.0007	0.0024	0.0064

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age

Representative Rates	
Age	Rate
55 – 59	5%
60 – 61	10%
62 – 64	15%
65 – 67	25%
68 – 69	20%
70	35%
71 – 74	25%
Over 74	100%

- Preretirement death benefit The later of the death of the active participant or the earliest eligible commencement date.
- Deferred vested benefit Active caregivers: 50% upon termination of employment and 50% the later of age 65 or termination of employment.
All current terminated vested participants: age 65
- Disability benefit Lakewood Hospital Association: upon disablement.
All Others: the later of age 65 or disablement.
- Retirement benefit Upon termination of employment.

Form of payment

Retirement: 75% single lump sum distribution, 10% straight life annuity (or 50% joint and survivor for married Medina Hospital caregivers), 10% for 50% joint and survivor annuity and 5% for 10-year certain and life annuity.

Termination: 50% single lump sum distribution assumed upon termination, 42.5% single lump sum distribution at normal retirement and 7.5% straight life annuity at normal retirement (or 50% joint and survivor for married Medina Hospital caregivers).

Percent married

85% for plans with a final average earnings formula; 100% for plans with a cash balance formula.

Spouse age

Wives are assumed to be three years younger than husbands.

Covered pay

Not applicable.

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Administrative expenses	Return on asset assumption is net of expense paid by the trust; \$11,115,167 is included in the target normal cost for plan year 2018.
--------------------------------	--

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

Methods

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

Funding target	Present value of accrued benefits as required by regulations under IRC §430.
-----------------------	--

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
---------------------------	---

Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
----------------------------------	---

Benefits not valued	Benefits for employees who have terminated without vested rights but may be rehired in time to have benefits restored were not valued, nor was the preretirement survivor annuity for terminated vested participants explicitly valued.
----------------------------	---

Sources of Data and Other Information

Alight furnished participant data as of January 1, 2018. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data were adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	The CCHS Retirement Plan
EIN / PN:	34-0714585 / 001
Plan Sponsor:	The Cleveland Clinic Foundation
Valuation Date:	January 1, 2018

SCHEDULE SB ATTACHMENTS

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.
Cash balance interest crediting rate	The CCHS Retirement Plan credits interest to cash balance accounts at a rate of 6.00% for Lakewood, ABP, and CCHS participants hired prior to May 1, 2004. CCHS participants hired on or after May 1, 2004 receive interest credits equal to the one-year T-bill rate, but with a minimum interest credit rate of 5.00%. Due to the expected one-year T-bill rate environment, a rate of 5.00% has been selected by the plan sponsor for CCHS participants hired on or after May 1, 2004. After examining historical variability in this rate and considering the increase in interest crediting expected to be caused by the minimum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution,” so that the interest rates assumed are effectively the same as described above for the discount rate.
Annuity conversion rate for hybrid plans	As required by IRC §430, annuity benefits are valued by converting accounts to annuities using the current IRC §430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.
Termination	<p>Termination rates were based on an experience study conducted in 2016, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by age and service because of observed differences in termination rates by service.</p>

Plan Name:	The CCHS Retirement Plan
EIN / PN:	34-0714585 / 001
Plan Sponsor:	The Cleveland Clinic Foundation
Valuation Date:	January 1, 2018

SCHEDULE SB ATTACHMENTS

Disability	<p>Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.</p> <p>Assumed disability rates differ by gender because of expected differences in disability rates by gender.</p>
Retirement	<p>Retirement rates were based on an experience study conducted in 2016, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p>
Benefit commencement date for deferred benefits	
■ Preretirement death benefit	<p>Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.</p>
■ Deferred vested benefit	<p>Deferred vested participants are assumed to begin benefits at age 65 (or current age if later). Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.</p>
Form of payment	<p>The percentage of retiring participants assumed to take lump sums is based on a best estimate of future experience.</p>
Percent married	<p>The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.</p>
Spouse age	<p>The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.</p>

Source of Prescribed Methods

Funding methods	<p>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.</p>
------------------------	--

Plan Name:	The CCHS Retirement Plan
EIN / PN:	34-0714585 / 001
Plan Sponsor:	The Cleveland Clinic Foundation
Valuation Date:	January 1, 2018

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

**Change in
assumptions and
methods since prior
valuation**

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The mortality table used to complete 417(e) conversions when calculating the funding target were revised from the IRS table applicable for plan year 2017 to the IRS table applicable for plan year 2018.

The assumed plan-related expenses added to the target normal cost were changed from \$10,107,204 for the prior valuation to \$11,115,167 for the current valuation to account for lower expected expenses to be paid from the trust.

There have been no changes in methods since the prior valuation.

Plan Name: The CCHS Retirement Plan
EIN / PN: 34-0714585 / 001
Plan Sponsor: The Cleveland Clinic Foundation
Valuation Date: January 1, 2018

THE CCHS RETIREMENT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2018

EIN: 34-0714585
Plan Number: 001

(a) Identity of party Involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
Category (i) - Single transactions in excess of 5% of Plan assets								
Mellon Trust	US TREASURY BOND 3.75% 11/15/2043 DD 11/15/13	\$ 119,367,508	N/A	\$ -	\$ -	\$ 119,367,508	\$ 119,367,508	N/A
Mellon Trust	US TREASURY BOND 3.125% 05/15/2048 DD 05/15/18	173,297,640	N/A	-	-	173,297,640	173,297,640	N/A
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	68,198,303	N/A	-	-	68,198,303	68,198,303	N/A
Mellon Trust	WTC-CIF II US INV GRADE CORP LONG BOND	100,000,000	N/A	-	-	100,000,000	100,000,000	N/A
Mellon Trust	US TREASURY BOND 3.75% 11/15/2043 DD 11/15/13	N/A	119,367,508	-	-	116,845,841	119,367,508	2,521,667
Mellon Trust	US TREASURY BOND 3.125% 05/15/2048 DD 05/15/18	N/A	173,297,640	-	-	167,244,240	173,297,640	6,053,400
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	N/A	106,574,606	-	-	106,574,606	106,574,606	-
Category (iii) - Series of transactions in excess of 5% of Plan assets								
Mellon Trust	US TREASURY BOND 2.75% 11/15/2042 DD 11/15/12 1 purchase, 2 sales	\$ 31,350,081 N/A	N/A 62,458,573	\$ - -	\$ - -	\$ 31,350,081 63,363,931	\$ 31,350,081 62,458,573	N/A (905,358)
Mellon Trust	US TREASURY BOND 3.75% 11/15/2043 DD 11/15/13 3 purchases, 5 sales	195,949,149 N/A	N/A 243,016,364	- -	- -	195,949,149 241,029,373	195,949,149 243,016,364	N/A 1,986,991
Mellon Trust	US TREASURY BOND 3.125% 05/15/2048 DD 05/15/18 84 purchases, 96 sales	429,442,771 N/A	N/A 435,580,178	- -	- -	429,442,771 429,442,771	429,442,771 435,580,178	N/A 6,137,407
Mellon Trust	DREYFUS GOVT CASH MGMT FUND 1,094 purchases, 765 sales	526,072,544 N/A	N/A 553,736,926	- -	- -	526,072,544 553,736,926	526,072,544 553,736,926	N/A -
Mellon Trust	WTC-CIF II US INV GRADE CORP 3 purchases	100,754,083	N/A	-	-	100,754,083	100,754,083	N/A

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

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

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

► Round off amounts to nearest dollar.

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

A Name of plan The CCHS Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Cleveland Clinic Foundation	D Employer Identification Number (EIN) 34-0714585	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>		
2	Assets:		
	a Market value.....	2a	1,207,729,370
	b Actuarial value	2b	1,207,729,370
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	5,425	259,727,456
	b For terminated vested participants	8,160	242,388,529
	c For active participants	18,541	621,110,514
	d Total	32,126	1,123,226,499
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	5.56%
6	Target normal cost	6	11,115,167

Statement by Enrolled Actuary

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

SIGN HERE	David M. Hauer <div style="text-align: center; margin-top: 10px;"> </div>	<div style="text-align: center; margin-top: 10px;"> </div>
	Signature of actuary	Date
David M Hauer		1706576
Type or print name of actuary		Most recent enrollment number
Willis Towers Watson US LLC		216-937-4000
Firm name		Telephone number (including area code)
1001 Lakeside Avenue, Suite 1500		
Cleveland	OH 44114-1172	
Address of the firm		

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

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

Schedule SB (Form 5500) 2018
v. 171027

Part II	Beginning of Year Carryover and Prefunding Balances
----------------	--

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>10.52%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.80%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage	14	106.32%
15	Adjusted funding target attainment percentage.....	15	106.32%
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	104.59%
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:

13 Contributions made to the plan for the plan year by employer(s) and employee(s)					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/12/2019	89,000,000	0			
			Totals ▶	18(b)	89,000,000
				18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	81,190,709

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	11,115,167	
b Excess assets, if applicable, but not greater than line 31a	31b	11,115,167	
32 Amortization installments:	Outstanding Balance		
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	81,190,709	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	81,190,709	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cleveland Clinic
EIN/PN	34-0714585 / 001
Plan Name	The CCHS Retirement Plan
Valuation Date	January 1, 2018
Enrolled Actuary	David Hauer
Enrollment Number	17-06576

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

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

SCHEDULE SB ATTACHMENTS

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

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

<i>Retirement Age (1)</i>	<i>Assumed Rate (2)</i>	<i>Participants At Beginning (3)</i>	<i>Participants Retiring: (2)x(3) (4)</i>	<i>Weighted Value (1)*(4) (5)</i>
55	5%	1,000	50	2,750
56	5%	950	48	2,660
57	5%	903	45	2,572
58	5%	857	43	2,486
59	5%	815	41	2,403
60	10%	774	77	4,643
61	10%	696	70	4,248
62	15%	627	94	5,829
63	15%	533	80	5,034
64	15%	453	68	4,347
65	25%	385	96	6,255
66	25%	289	72	4,763
67	25%	217	54	3,627
68	20%	162	32	2,209
69	20%	130	26	1,793
70	35%	104	36	2,546
71	25%	68	17	1,199
72	25%	51	13	912
73	25%	38	10	694
74	25%	28	7	527
75	100%	21	21	1,603
			1,000	63,099

63,099 / 1,000 = 63 Average Retirement Age

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provision

Plan Provisions

The most recent amendment (the Eleventh Amendment) reflected in the following plan provisions was adopted on December 27, 2017.

Plan name	The CCHS Retirement Plan
Covered employees	Regular participants of Cleveland Clinic main campus and affiliated hospitals (Children's Rehabilitation, Fairview, Lakewood, Marymount, Medina and Meridia); including those on long-term disability but excluding: <ul style="list-style-type: none">■ Students■ Members of the Staff■ Key Administrative Staff■ Project Staff■ Associate Staff■ Resident Physicians■ Clinical Fellows (types A and B)■ Clinical Associates■ Research Associates■ Senior Exempt/Management Employees■ Clergy paid by non-Cleveland Clinic source

The abbreviated names for the benefit formulas are as follows:

CCHS	The CCHS Retirement Plan
Prior Plans	
ABP	The Account Balance Plan (including Children's Rehabilitation)
Fairview	The Fairview Health System Retirement Plan
Lakewood	The Lakewood Hospital Primary Pension Plan
Marymount	The Marymount Hospital–Greater Cleveland Hospital Association Retirement Plan
Medina	The Medina General Hospital Pension Plan
Meridia	The Meridia Health System Retirement Plan

Plan Name: The CCHS Retirement Plan
EIN / PN: 34-0714585 / 001
Plan Sponsor: The Cleveland Clinic Foundation
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Definitions

Type of formula	Formulas	Type		
	CCHS, ABP, Lakewood	Cash Balance		
	Fairview, Marymount, Medina, Meridia	Final Average Earnings		
Participation date	Formulas	Age	Service	Date
	CCHS, ABP	21	0	First of the month coincident with or following
	Fairview, Lakewood, Marymount, Medina, Meridia	21	1	First of the month coincident with or following
Normal retirement date (NRD)	Formulas	Age	Service	Date
	CCHS, ABP	65	0	First of the month coincident with or following
	Fairview, Lakewood, Marymount, Medina, Meridia	65	5	First of the month coincident with or following
Early retirement date (ERD)	Formulas	Age	Service	Date
	ABP, Lakewood, Medina	55	10	First of the month coincident with or following
	CCHS, Fairview, Lakewood, Marymount, Meridia	55	5	First of the month coincident with or following
Normal form	Life annuity for single employees; 50% joint and survivor for married employees.			

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Credited service

Formulas	Definition
CCHS, ABP	Elapsed time from date of hire.
Lakewood	1,000 hours in a year from date of hire or in a calendar year; some grandfathered employees are measured using elapsed time.
Fairview, Marymount, Meridia	1,000 hours in a year from date of hire or in a calendar year.
Medina	A full year of credited service is earned for each plan year that an employee works 1,976 hours as a covered employee; prorated credited service is earned if fewer hours are worked.

Vesting

Three years of credited service.

Benefit service

Formulas	Definition
CCHS, ABP	Elapsed time from date of participation.
Lakewood	At least 1,000 hours in a calendar year is required; some grandfathered employees are measured using elapsed time.
Fairview, Marymount	At least 1,000 hours in a calendar year is required; one year of service for 1,800 or more hours (1,700 for Fairview union employees); service prorated for hours between 1,000 and 1,800; 25-year maximum
Medina	At least 1,000 hours in a calendar year is required; one year of service for 1,976 or more hours; service prorated for hours between 1,000 and 1,976.
Meridia	At least 1,000 hours in a calendar year is required; one year of service for 1,800 or more hours; service prorated for hours between 1,000 and 1,800; 27-year maximum.

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Projected benefit service	Sum of:	
	(a)	Benefit service at determination date; and
	(b)	The ratio of (a) to elapsed time from date of participation to the determination date, multiplied by the number of years from the date of determination to NRD.
	Defined maximums to benefit service still apply.	
Credited service ratio (CSR)	The numerator equals credited service at date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to NRD.	
Pension earnings	W-2 pay plus amounts deferred under salary reduction agreements pursuant to IRC §125, §401(k) or §403(b) but limited to amounts required by law.	
Final average earnings	Formulas	Definition
	CCHS, ABP, Lakewood	N/A
	Fairview, Marymount, Meridia	Highest average of five consecutive years out of the last ten years. (Must have worked 1,000 hours in a year to be included in the average).
Average monthly compensation	Medina	Highest average of five consecutive years.
Social Security covered compensation (SSCC)	The average of the Social Security Wage Base (SSWB) from the 35-year period ending with the year in which the participant attains his "Social Security Retirement Age," i.e., the age at which unreduced Social Security benefits are payable.	

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan formula

Benefit accruals other than interest credits were frozen effective December 31, 2009 (December 31, 2010 for Medina; December 31, 2012 for collectively bargained employees at Lutheran Hospital).

CCHS (participants hired prior to May 1, 2004)

<i>Age Plus Service Points</i>	<i>Credit for Earnings</i>	<i>Additional Credit for Earnings Above SSWB</i>
Under 40	2.5%	2.5%
40 – 49	3.5%	3.5%
50 – 59	4.5%	4.5%
Over 59	5.5%	5.5%

CCHS (participants hired on or after May 1, 2004)

<i>Years of Service</i>	<i>Credit for Earnings</i>
Under 5	2.5%
Over 4	3.5%

Plan formula (continued)

ABP

<i>Age Plus Service Points</i>	<i>Percent of Earnings</i>
Under 34	2.1%
34 - 37	2.3%
38 - 41	2.5%
42 - 45	3.0%
46 - 49	3.5%
50 - 59	4.0%
60 - 69	5.2%
70 - 79	6.7%
80 - 89	8.6%
Over 89	10.0%

Marymount

Sum of 1.2% times final average earnings plus 0.65% times final average earnings in excess of SSCC times projected benefit service times CSR.
(Minimum benefit: \$15 per month times projected benefit service times CSR.)

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

**Plan formula
(continued)**

Lutheran Hospital (SEIU 1199): The greater of (a) or (b):

(a) Normal retirement benefit based on the following schedule (max of 30 years):

Benefit Service	Dollars Per Month of Benefit service
Before 03/17/1980	\$6.00
03/17/1980 – 03/16/1982	8.00
03/17/1982 – 03/16/1983	9.00
03/17/1983 – 12/31/1987	10.00
01/01/1988 – 12/31/1989	12.00
01/01/1990 – 12/31/1990	14.00
01/01/1991 – 12/31/1991	15.00
01/01/1992 – 12/31/1992	16.00
01/01/1993 – 12/31/1994	17.00
01/01/1995 – 12/31/1995	19.00
01/01/1996 – 12/31/1999	21.00
01/01/2000 – 12/31/2003	25.00
01/01/2004 – 12/31/2004	26.00
01/01/2005 – 12/31/2005	27.00
01/01/2006 – 12/31/2006	27.50
01/01/2007 – 12/31/2007	28.50
01/01/2008 – 12/31/2009	29.50
01/01/2010 – 12/31/2010	31.50
After 12/31/2010	33.50

(b) Accrued benefit under the plan provisions in effect as of March 16, 1978.

Plan Name: The CCHS Retirement Plan
EIN / PN: 34-0714585 / 001
Plan Sponsor: The Cleveland Clinic Foundation
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan formula (continued)

Medina:

If hired before October 1, 2005, and not participating in the Retirement Match program: Sum of (i) and (ii)

- (i) Credited service earned (max of 30 years) times 1% of Average Monthly Compensation + 0.5% of Average Monthly Compensation in excess of SSCC.
- (ii) Credited service earned in excess of 30 years times 0.5% of Average Monthly Compensation.

If hired on or after October 1, 2005, or made an election to participate in the Retirement Match program: Sum of (i), (ii), (iii) and (iv)

- (i) Credited service earned prior to January 1, 2006 (max of 30 years), times 1% of Average Monthly Compensation + 0.5% of Average Monthly Compensation in excess of SSCC.
- (ii) Credited service earned prior to January 1, 2006, in excess of 30 years times 0.5% of Average Monthly Compensation.
- (iii) Credited service earned after January 1, 2006 (max of 30 years), times 0.5% of Average Monthly Compensation + 0.25% of Average Monthly Compensation in excess of SSCC.
- (iv) Credited service earned after January 1, 2006, in excess of 30 years times 0.25% of Average Monthly Compensation

Meridia:

Sum of 1.2% times final average earnings plus 0.65% times final average earnings in excess of SSCC times benefit service. (Minimum benefit: \$15 per month times benefit service.)

Fairview:

Sum of 1.2% times final average earnings plus 0.65% times final average earnings in excess of SSCC times projected benefit service times CSR. (Minimum benefit: \$12 per month times projected benefit service times CSR.)

Plan Name:	The CCHS Retirement Plan
EIN / PN:	34-0714585 / 001
Plan Sponsor:	The Cleveland Clinic Foundation
Valuation Date:	January 1, 2018

SCHEDULE SB ATTACHMENTS

Interest credit	Formulas	Definition
	CCHS	<p>For participants hired prior to May 1, 2004: For 2001, the rate is based on the yield of the last one-year T-bill auction in 2000. For the 2002-2016 plan years, interest based on one-year T-bill rate as of the last business day in the prior plan year, subject to a minimum of 6% for participants until benefits commencement. For each plan year after December 31, 2016, interest credit is 6%.</p> <p>For participants hired on or after May 1, 2004: Interest based on one-year T-Bill rates or of the last business day in the prior plan year, subject to a minimum of 5% and a maximum of 10%.</p> <p>No interest is credited on pay credit in the year the pay credit is made.</p>
	ABP	<p>For 2001, the rate is based on the yield of the last one-year T-bill auction in 2000. For the 2002-2016 plan years, the rate is based on one-year T-bill rate as of the last business day in the prior plan year, subject to a minimum of 6% and a maximum of 10%. For each plan year after December 31, 2016, interest credit is 6%.</p>
	Lakewood	<p>For each plan year up to the benefit commencement date, 6% interest. No interest is credited on pay credit in the year the pay credit is made.</p>

Eligibility for Benefits

Normal retirement Monthly pension benefit determined as of NRD.

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Early retirement	CCHS	The greater of the current account balance annuity as of ERD or the current account balance annuity as of NRD reduced 5% for each year of payment before NRD.
	ABP	Prior plan transition benefits reduced 5% for each year of payment before NRD. The cash balance portion of a participant's pension benefit will be the greater of the current account balance annuity as of ERD or the current account balance annuity as of NRD reduced 5% for each year of payment before NRD.
	Fairview	Benefit actuarially equivalent to accrued benefit beginning at NRD.
	Lakewood	The greater of the current account balance annuity as of ERD or the benefit actuarially equivalent to accrued benefit beginning at NRD.
	Marymount	Benefit actuarially equivalent to accrued benefit beginning at NRD.
	Medina	Accrued benefit reduced by 5% for each year early retirement precedes NRD. No reduction is applied for a participant who is at least age 62 and the sum of age and service is at least 85.
	Meridia	Accrued benefit reduced 6.67% for each of the first five years prior to NRD, and 3.33% for each additional year.
Postponed retirement	Monthly pension benefit determined as of NRD payable at actual retirement date. Special considerations apply at age 70-1/2 for "prior plan" formulas.	
Deferred vested	For vested employees who terminated for reasons other than death or normal retirement, the monthly pension benefit determined as of termination date payable at date of termination. The benefit will be paid as a lump sum if its actuarial present value is less than \$5,000.	

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Preretirement spouse Benefit payable to the surviving spouse of a vested employee.

CCHS, ABP, Lakewood For nonspouse beneficiary, an immediate lump sum. For spouse beneficiary, lump sum or monthly annuity payable immediately or deferred to age 65.

Fairview, Marymount, Medina Vested benefit paid to spouse as 50% joint and survivor annuity at the earliest retirement date; if single, no benefit is paid.

Meridia Vested benefit paid to spouse as 100% joint and survivor annuity at the earliest retirement date; if single, no benefit is paid.

Disability	Formulas	Age	Service	Description
	CCHS	Any	Any	As long as employee receives STD or LTD, pay credits continue. Interest credits will continue until benefit commencement.
	ABP	Any	≥10	Pay credits continue until age 65. Interest credits continue until benefit commencement.
		Any	<10	Pay credits continue for two years. Interest credits continue until benefit commencement.
	Lakewood	Any	Any	Interest credits continue until benefit commencement.
	Fairview, Marymount	Any	10	Immediate unreduced benefit.
	Meridia	Any	10	As long as employee receives Social Security disability benefit, service will continue to accrue until normal retirement age.

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional forms

CCHS

Single life annuity, qualified joint and survivor annuity (50%, 66-2/3%, 75%, 100%); five-year, ten-year certain and life annuity, lump sum.

ABP

Single life annuity, qualified joint and survivor annuity (50%, 66-2/3%, 75%, 100%); ten-year certain and life annuity, lump sum.

Fairview

Single life annuity, qualified joint and survivor annuity (50%, 66-2/3%, 75%, 100%); five-year, ten-year certain and life annuity, lump sum.

Lakewood

Single life annuity, qualified joint and survivor annuity (50%, 75%), cash refund annuity, lump sum.

Marymount

Single life annuity, qualified joint and survivor annuity (50%, 66-2/3%, 75%, 100%); five-year, ten-year certain and life annuity, lump sum.

Medina

Single life annuity, qualified joint and survivor annuity (50%, 75%, 100%); five-year, ten-year, 15-year certain and life annuity, lump sum.

Meridia

Single life annuity, qualified joint and survivor annuity (50%, 66-2/3%, 75%, 100%); five-year, ten-year certain and life annuity, lump sum.

Actuarial equivalence for forms of payment

All options unless specified by Parts B, C, D and E of the Plan

Interest rate: 7.5%

Mortality: The “applicable mortality table” specified pursuant to IRC §417(e)(3)(A)(ii)(II).

Plan Name: The CCHS Retirement Plan
EIN / PN: 34-0714585 / 001
Plan Sponsor: The Cleveland Clinic Foundation
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

**Lump sum distribution
for Account Balance
Formulas (Part B)**

Interest Rate: The interest rate in effect for August of the preceding plan year, pursuant to IRC §417(e)(3)(A)(ii)(II).

Mortality: The “applicable mortality table” specified pursuant to IRC §417(e)(3)(A)(ii)(I).

**Lakewood
Grandfathered Lump
Sum (Part B)**

Interest Rate: The interest rate in effect for August of the preceding plan year, pursuant to IRC §417(e)(3)(A)(ii)(II).

Mortality: The “applicable mortality table” specified pursuant to IRC §417(e)(3)(A)(ii)(I).

**CCF Prior Lump Sum
(as of December 31,
1996) (Part B)**

Interest Rate: The interest rate in effect for August of the preceding plan year, pursuant to IRC §417(e)(3)(A)(ii)(II).

Mortality: The UP-1984 Mortality Table set back three years for participants, but without setback for beneficiaries.

**Prior CCF
Plan/Children’s Rehab
annuity benefits
(Part B)**

Interest Rate: 7.5%

Mortality: UP-1984 Mortality Table set back three years for participants, but without setback for beneficiaries.

**Meridia, Fairview, and
Marymount
(Parts C, D and E)**

Interest Rate: 8.0%

Mortality: 1951 Group Annuity Mortality Table for Males, projected to 1975 by Projection Scale C, with an age setback of two years for males and females.

Medina

Interest Rate: 7.0%

Mortality: 1951 Group Annuity Mortality Table for Males, projected to 1970 by Scale C with a five-year setback for employees and no setback for spouses.

For a married participant selecting a form other than single life, the benefit is first actuarially increased to include a 50% joint and survivor feature.

Plan Name: The CCHS Retirement Plan
EIN / PN: 34-0714585 / 001
Plan Sponsor: The Cleveland Clinic Foundation
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.
------------------------------------	--

Plan status for PBGC reporting purposes	Benefits and participation frozen with the exception of participants on long-term disability.
--	---

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

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

Plan Name:	The CCHS Retirement Plan
EIN / PN:	34-0714585 / 001
Plan Sponsor:	The Cleveland Clinic Foundation
Valuation Date:	January 1, 2018

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
Cash and cash equivalents				
*	DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	54,273,551	\$ 54,270,406	\$ 54,270,406
*	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	302,416	302,416	302,416
	LEHMAN PROXY WAMCO - REC	25,094	25,094	40,777
	NON-BASE CURRENCY-AUSTRALIAN DOLLAR	-	108,977	104,934
	NON-BASE CURRENCY-EURO CURRENCY UNIT	-	4,499	4,452
	NON-BASE CURRENCY-CANADIAN DOLLAR	-	929	902
	NON-BASE CURRENCY-JAPANESE YEN	-	17,074	17,626
	NON-BASE CURRENCY-POUND STERLING	-	96,860	97,300
	NON-BASE CURRENCY-SINGAPORE DOLLAR	-	263	267
	NON-BASE CURRENCY-SOUTH AFRICAN RAND	-	1	0
	NON-BASE CURRENCY-SWISS FRANC	-	15	18
	Total cash and cash equivalents		54,826,534	54,839,099
U.S. government and related securities				
	BAY AREA CA TOLL AUTH TOLL BRI 6.263% 04/01/2049 DD 11/05/09	350,000	485,233	476,343
	CALIFORNIA ST 7.625% 03/01/2040 DD 04/01/10	1,250,000	1,846,013	1,779,738
	DALLAS CNTY TX HOSP DIST 5.621% 08/15/2044 DD 09/17/09	200,000	239,492	242,062
	GRAND PARKWAY TRANSPRTN CORP T 5.184% 10/01/2042 DD 08/01/13	160,000	186,594	187,910
	LOS ANGELES CA UNIF SCH DIST 6.758% 07/01/2034 DD 03/04/10	875,000	1,143,896	1,126,046
	NEW JERSEY ST TURNPIKE AUTH 7.102% 01/01/2041 DD 12/15/10	560,000	780,044	764,999
	NEW YORK CITY NY MUNI WTR FIN 5.724% 06/15/2042 DD 06/30/10	120,000	150,652	150,164
	N TX TOLLWAY AUTH REVENUE 6.718% 01/01/2049 DD 08/12/09	500,000	714,270	688,030
	PORT AUTH OF NEW YORK & NEW JE 4.458% 10/01/2062 DD 10/10/12	650,000	686,043	661,317
	SAN ANTONIO TX ELEC & GAS REVE 4.427% 02/01/2042 DD 03/29/12	890,000	957,426	951,802
	TEXAS ST TRANSPRTN COMMISSION 5.178% 04/01/2030 DD 08/05/10	750,000	851,970	851,933
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2036 DD 02/15/06	2,620,000	1,520,112	1,632,548
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2038 DD 02/15/08	390,000	220,100	226,808
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2038 DD 08/15/08	860,000	464,314	496,306
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2039 DD 08/17/09	4,070,000	2,177,857	2,229,058
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2040 DD 02/16/10	4,710,000	2,429,153	2,529,176
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2040 DD 05/17/10	6,860,000	3,576,379	3,642,386
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2040 DD 11/15/10	1,760,000	901,155	916,696
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2042 DD 05/15/12	825,000	377,149	406,758
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2042 DD 08/15/12	1,500,000	688,757	732,420
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2042 DD 11/15/12	5,515,000	2,524,821	2,667,992
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2043 DD 02/15/13	12,805,000	6,067,895	6,143,583
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2043 DD 05/15/13	7,345,000	3,424,255	3,493,796
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2043 DD 08/15/13	11,145,000	5,168,676	5,256,874

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2043 DD 11/15/13	3,805,000	1,689,208	1,780,588
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2045 DD 02/17/15	510,000	225,058	229,939
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2045 DD 05/15/15	4,515,000	1,871,707	2,023,262
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2045 DD 08/17/15	3,880,000	1,659,364	1,722,992
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2045 DD 11/16/15	6,765,000	2,900,333	2,986,342
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2046 DD 02/16/16	11,125,000	4,729,456	4,855,173
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2046 DD 05/16/16	8,465,000	3,578,951	3,666,530
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2046 DD 11/15/16	5,905,000	2,454,681	2,522,085
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2047 DD 02/15/17	8,390,000	3,265,531	3,565,331
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2047 DD 05/15/17	16,275,000	6,620,903	6,846,404
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2047 DD 08/15/17	3,635,000	1,484,812	1,515,395
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2047 DD 11/15/17	1,190,000	483,759	491,827
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2048 DD 02/15/18	4,920,000	1,842,441	2,018,725
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2048 DD 05/15/18	6,560,000	2,547,846	2,670,838
	U S TREASURY BOND 5.375% 02/15/2031 DD 02/15/01	17,000,000	21,313,750	21,597,990
	U S TREASURY BOND 4.250% 11/15/2040 DD 11/15/10	3,770,000	4,502,941	4,555,819
	U S TREASURY BOND 3.750% 08/15/2041 DD 08/15/11	5,090,000	5,693,731	5,742,182
	U S TREASURY BOND 2.750% 08/15/2047 DD 08/15/17	17,100,000	16,027,910	16,194,897
	U S TREASURY BOND 3.000% 08/15/2048 DD 08/15/18	4,700,000	4,474,717	4,677,769
	U S TREASURY NOTE 2.250% 11/15/2027 DD 11/15/17	20,030,000	18,980,772	19,348,579
	U S TREASURY NOTE 2.250% 12/31/2024 DD 12/31/17	8,300,000	8,029,277	8,154,750
	U S TREASURY NOTE 3.125% 11/15/2028 DD 11/15/18	1,615,000	1,598,850	1,675,191
	U S TREASURY NOTE 2.000% 11/15/2026 DD 11/15/16	22,540,000	21,099,553	21,516,008
	U S TREASURY BD CPN STRIP 0.000% 02/15/2032 DD 02/15/06	14,920,000	9,938,361	10,220,797
	U S TREASURY BD CPN STRIP 0.000% 02/15/2033 DD 02/15/06	15,390,000	9,930,551	10,228,348
	U S TREASURY BD CPN STRIP 0.000% 02/15/2034 DD 02/15/06	15,870,000	9,923,511	10,219,963
	U S TREASURY BD CPN STRIP 0.000% 08/15/2034 DD 02/15/06	2,590,000	1,592,980	1,644,080
	U S TREASURY BD CPN STRIP 0.000% 02/15/2035 DD 02/15/06	16,360,000	9,904,508	10,219,274
	U S TREASURY BD CPN STRIP 0.000% 08/15/2035 DD 02/15/06	2,970,000	1,767,852	1,828,243
	U S TREASURY BD CPN STRIP 0.000% 02/15/2036 DD 02/15/06	2,135,000	1,242,586	1,295,945
	U S TREASURY BD CPN STRIP 0.000% 02/15/2037 DD 02/15/07	325,000	186,368	191,022
	U S TREASURY BD CPN STRIP 0.000% 11/15/2034 DD 08/15/07	1,845,000	1,126,170	1,161,575
	U S TREASURY BD CPN STRIP 0.000% 05/15/2035 DD 08/15/07	3,030,000	1,820,303	1,879,115
	U S TREASURY BD CPN STRIP 0.000% 11/15/2036 DD 08/15/07	2,040,000	1,169,430	1,206,170
	U S TREASURY BD CPN STRIP 0.000% 11/15/2037 DD 08/15/08	2,350,000	1,304,838	1,342,837
	U S TREASURY BD CPN STRIP 0.000% 05/15/2038 DD 08/15/08	60,000	31,732	33,621
	U S TREASURY BD CPN STRIP 0.000% 08/15/2038 DD 02/17/09	3,090,000	1,675,398	1,718,874
	U S TREASURY BD CPN STRIP 0.000% 11/15/2038 DD 05/15/09	1,780,000	954,507	982,542
	U S TREASURY BD CPN STRIP 0.000% 05/15/2039 DD 05/15/09	485,000	243,722	263,399
	U S TREASURY BD CPN STRIP 0.000% 08/15/2039 DD 08/17/09	830,000	435,883	445,727
	U S TREASURY BD CPN STRIP 0.000% 11/15/2039 DD 11/16/09	435,000	214,633	231,798
	U S TREASURY BD CPN STRIP 0.000% 02/15/2040 DD 02/16/10	2,435,000	1,254,632	1,286,776

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	U S TREASURY BD CPN STRIP 0.000% 05/15/2040 DD 05/17/10	2,260,000	1,156,849	1,182,613
	U S TREASURY BD CPN STRIP 0.000% 08/15/2040 DD 08/16/10	2,180,000	1,107,309	1,132,532
	U S TREASURY BD CPN STRIP 0.000% 11/15/2040 DD 11/15/10	3,065,000	1,540,271	1,579,548
	U S TREASURY BD CPN STRIP 0.000% 02/15/2041 DD 02/15/11	2,260,000	1,129,864	1,151,696
	U S TREASURY BD CPN STRIP 0.000% 05/15/2041 DD 05/16/11	2,205,000	1,094,386	1,113,062
	U S TREASURY BD CPN STRIP 0.000% 08/15/2041 DD 08/15/11	1,205,000	592,788	602,922
	U S TREASURY BD CPN STRIP 0.000% 11/15/2041 DD 11/15/11	2,690,000	1,312,532	1,334,428
	U S TREASURY BD CPN STRIP 0.000% 02/15/2042 DD 02/15/12	2,235,000	1,082,388	1,097,720
	U S TREASURY BD CPN STRIP 0.000% 05/15/2042 DD 05/15/12	890,000	427,200	432,941
	U S TREASURY BD CPN STRIP 0.000% 08/15/2042 DD 08/15/12	2,490,000	1,185,140	1,204,488
	U S TREASURY BD CPN STRIP 0.000% 11/15/2042 DD 11/15/12	3,300,000	1,534,937	1,579,842
	U S TREASURY BD CPN STRIP 0.000% 02/15/2043 DD 02/15/13	2,215,000	1,039,012	1,051,726
	U S TREASURY BD CPN STRIP 0.000% 05/15/2043 DD 05/15/13	2,470,000	1,149,415	1,163,913
	U S TREASURY BD CPN STRIP 0.000% 08/15/2043 DD 08/15/13	880,000	406,252	411,462
	U S TREASURY BD CPN STRIP 0.000% 11/15/2043 DD 11/15/13	705,000	323,031	326,161
	U S TREASURY BD CPN STRIP 0.000% 02/15/2044 DD 02/18/14	1,050,000	477,519	482,391
	U S TREASURY BD CPN STRIP 0.000% 05/15/2044 DD 05/15/14	875,000	393,969	399,613
	U S TREASURY BD CPN STRIP 0.000% 11/15/2044 DD 11/17/14	870,000	385,680	391,770
	U S TREASURY BD CPN STRIP 0.000% 02/15/2045 DD 02/17/15	1,725,000	761,363	770,109
	U S TREASURY BD CPN STRIP 0.000% 05/15/2046 DD 05/16/16	835,000	354,182	357,873
	UNIV OF CALIFORNIA CA RGTS MED 6.548% 05/15/2048 DD 11/18/10	1,090,000	1,456,414	1,437,220
	US 10YR ULTRA FUTURE (CBT) EXP MAR 19	912	-	3,767,411
	US TREAS BD FUTURE (CBT) EXP MAR 19	284	-	1,855,225
	US 10 YR TREAS NTS FUT (CBT) EXP MAR 19	1,096	-	3,209,532
	US 5YR NOTE FUTURE (CBT) EXP MAR 19	723	-	1,367,375
	US 2YR NOTE FUTURE (CBT) EXP MAR 19	268	-	386,660
	US ULTRA BOND (CBT) EXP MAR 19	(5)	-	(204)
	Total U.S. government and related securities		248,286,271	264,803,490
	Corporate bonds and notes			
	AEP TEXAS INC 3.800% 10/01/2047 DD 09/22/17	665,000	608,066	599,438
	AT&T INC 4.350% 06/15/2045 DD 06/15/13	835,000	705,692	705,633
	AT&T INC 4.800% 06/15/2044 DD 06/10/14	395,000	357,815	354,042
	AT&T INC 4.500% 05/15/2035 DD 05/04/15	880,000	815,672	790,064
	AT&T INC 4.750% 05/15/2046 DD 05/04/15	855,000	766,148	759,146
	AT&T INC 6.350% 03/15/2040 DD 03/15/16	330,000	361,809	353,872
	AT&T INC 6.000% 08/15/2040 DD 02/15/16	120,000	125,716	121,235
	AT&T INC 4.500% 03/09/2048 DD 09/07/16	635,000	544,906	543,376
	AT&T INC 4.550% 03/09/2049 DD 09/07/16	80,000	69,022	68,864
	AT&T INC 5.250% 03/01/2037 DD 02/09/17	160,000	157,979	157,157
	AT&T INC 5.450% 03/01/2047 DD 02/09/17	772,000	746,600	754,012

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	AT&T INC 5.150% 11/15/2046 DD 11/15/18	250,000	238,626	232,320
	ABBOTT LABORATORIES 3.750% 11/30/2026 DD 11/22/16	117,000	116,013	115,549
	ABBOTT LABORATORIES 4.750% 11/30/2036 DD 11/22/16	130,000	137,579	135,712
	ABBOTT LABORATORIES 4.900% 11/30/2046 DD 11/22/16	885,000	958,738	929,002
	ABBVIE INC 4.500% 05/14/2035 DD 05/14/15	960,000	934,282	888,106
	ABBVIE INC 4.700% 05/14/2045 DD 05/14/15	180,000	174,420	163,694
	ABBVIE INC 4.450% 05/14/2046 DD 05/12/16	175,000	163,541	153,080
	ABBVIE INC 4.875% 11/14/2048 DD 09/18/18	340,000	337,371	317,220
	ABBVIE INC 4.250% 11/14/2028 DD 09/18/18	295,000	292,609	286,386
	CHUBB INA HOLDINGS INC 4.350% 11/03/2045 DD 11/03/15	155,000	160,025	159,573
	ALTRIA GROUP INC 3.875% 09/16/2046 DD 09/16/16	280,000	247,178	213,282
	AMAZON.COM INC 3.875% 08/22/2037 DD 02/22/18	520,000	510,432	502,195
	AMAZON.COM INC 4.050% 08/22/2047 DD 02/22/18	465,000	457,881	454,352
	AMEREN ILLINOIS CO 4.500% 03/15/2049 DD 11/15/18	690,000	689,358	729,592
	AMERICAN INTERNATIONAL GROUP I 4.200% 04/01/2028 DD 03/26/18	1,580,000	1,566,097	1,522,109
	AMERICAN INTERNATIONAL GROUP I 4.750% 04/01/2048 DD 03/26/18	840,000	820,018	768,701
	AMGEN INC 4.400% 05/01/2045 DD 05/01/15	160,000	152,957	149,630
	AMGEN INC 4.663% 06/15/2051 DD 12/15/16	640,000	628,755	603,002
	ANADARKO PETROLEUM CORP 6.450% 09/15/2036 DD 09/19/06	1,260,000	1,444,880	1,360,800
	ANADARKO PETROLEUM CORP 4.500% 07/15/2044 DD 07/07/14	80,000	74,666	67,792
	ANDEAVOR LOGISTICS LP / TESORO 5.200% 12/01/2047 DD 11/28/17	160,000	158,621	144,045
	ANHEUSER-BUSCH COS LLC / 144A 4.700% 02/01/2036 DD 08/01/18	1,055,000	1,016,915	978,407
	ANHEUSER-BUSCH COS LLC / 144A 4.900% 02/01/2046 DD 08/01/18	1,780,000	1,694,596	1,650,754
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.375% 04/15/2038 DD 04/04/18	495,000	480,675	441,639
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.600% 04/15/2048 DD 04/04/18	830,000	786,848	743,896
	ANTHEM INC 4.375% 12/01/2047 DD 11/21/17	380,000	353,601	353,415
	ANTHEM INC 4.550% 03/01/2048 DD 03/02/18	560,000	538,518	534,145
	APACHE CORP 5.100% 09/01/2040 DD 08/20/10	40,000	39,658	36,230
	APACHE CORP 5.250% 02/01/2042 DD 12/03/10	55,000	55,959	50,820
	APACHE CORP 4.750% 04/15/2043 DD 04/09/12	125,000	118,438	107,220
	APACHE CORP 4.250% 01/15/2044 DD 12/03/12	220,000	195,408	177,133
	APPLE INC 3.850% 05/04/2043 DD 05/03/13	675,000	650,936	639,212
	APPLE INC 3.450% 02/09/2045 DD 02/09/15	355,000	320,306	314,342
	APPLE INC 4.500% 02/23/2036 DD 02/23/16	175,000	189,389	184,032
	APPLE INC 4.650% 02/23/2046 DD 02/23/16	605,000	657,205	640,417
	APPLE INC 3.850% 08/04/2046 DD 08/04/16	180,000	173,248	167,396
	APPLE INC 3.750% 09/12/2047 DD 09/12/17	85,000	80,431	78,073
	ASTRAZENECA PLC 4.000% 01/17/2029 DD 08/17/18	130,000	129,394	127,968
	ASTRAZENECA PLC 4.375% 08/17/2048 DD 08/17/18	130,000	127,256	123,395
	BAT CAPITAL CORP 4.390% 08/15/2037 DD 08/15/18	1,455,000	1,350,429	1,190,874
	BAT CAPITAL CORP 4.540% 08/15/2047 DD 08/15/18	550,000	491,063	437,828
	BHP BILLITON FINANCE USA LTD 5.000% 09/30/2043 DD 09/30/13	150,000	166,596	163,874

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	BANK OF AMERICA NA 6.000% 10/15/2036 DD 10/26/06	490,000	582,203	565,426
	BANK OF AMERICA CORP 3.248% 10/21/2027 DD 10/21/16	1,025,000	958,816	948,791
	BANK OF AMERICA CORP 4.183% 11/25/2027 DD 11/25/16	50,000	48,897	48,059
	BANK OF AMERICA CORP VAR RT 01/20/2028 DD 01/20/17	95,000	92,757	92,160
	BANK OF AMERICA CORP VAR RT 12/20/2028 DD 12/20/17	285,000	266,245	266,233
	BANK OF AMERICA CORP VAR RT 03/05/2029 DD 03/05/18	305,000	298,894	296,472
	BANK OF AMERICA CORP VAR RT 07/23/2029 DD 07/23/18	185,000	185,784	184,132
	BARRICK PD AUSTRALIA FINANCE P 5.950% 10/15/2039 DD 10/16/09	150,000	164,792	159,974
	BECTON DICKINSON AND CO 3.700% 06/06/2027 DD 06/06/17	240,000	226,548	227,002
	BECTON DICKINSON AND CO 4.669% 06/06/2047 DD 06/06/17	225,000	224,397	211,626
	BERKSHIRE HATHAWAY ENERGY 144A 4.450% 01/15/2049 DD 07/25/18	205,000	205,361	202,739
	BERKSHIRE HATHAWAY FINANCE COR 4.200% 08/15/2048 DD 08/15/18	1,310,000	1,310,276	1,298,917
	BOEING CO/THE 6.625% 02/15/2038 DD 02/24/98	255,000	343,205	339,349
	BOEING CO/THE 6.875% 03/15/2039 DD 03/13/09	270,000	374,360	367,486
	BOEING CO/THE 3.500% 03/01/2045 DD 02/20/15	90,000	82,087	82,072
	BURLINGTON NORTHERN SANTA FE L 4.150% 04/01/2045 DD 03/09/15	190,000	187,604	184,209
	BURLINGTON NORTHERN SANTA FE L 4.050% 06/15/2048 DD 03/05/18	145,000	140,617	139,739
	BURLINGTON NORTHERN SANTA FE L 4.150% 12/15/2048 DD 08/02/18	180,000	177,854	175,295
	BURLINGTON NORTHERN SANTA FE L 6.150% 05/01/2037 DD 04/13/07	690,000	854,758	840,524
	CVS HEALTH CORP 5.125% 07/20/2045 DD 07/20/15	255,000	259,434	248,220
	CVS HEALTH CORP 4.300% 03/25/2028 DD 03/09/18	320,000	316,685	312,835
	CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18	650,000	643,162	622,869
	CVS HEALTH CORP 5.050% 03/25/2048 DD 03/09/18	1,770,000	1,799,171	1,721,520
	CAMPBELL SOUP CO 4.800% 03/15/2048 DD 03/16/18	220,000	199,203	188,670
	CANADIAN PACIFIC RR CO 6.125% 09/15/2115 DD 09/11/15	1,065,000	1,265,827	1,238,638
	CAPITAL ONE FINANCIAL CORP 3.800% 01/31/2028 DD 01/30/18	265,000	251,641	244,902
	CARDINAL HEALTH INC 4.900% 09/15/2045 DD 06/23/15	95,000	90,153	85,675
	CATERPILLAR INC 4.750% 05/15/2064 DD 05/08/14	680,000	711,300	689,608
	CHARTER COMMUNICATIONS OPERATI 6.384% 10/23/2035 DD 10/23/16	870,000	926,324	893,012
	CHARTER COMMUNICATIONS OPERATI 5.750% 04/01/2048 DD 04/17/18	420,000	412,310	393,296
	CHILE GOVERNMENT INTERNATIONAL 3.860% 06/21/2047 DD 06/21/17	215,000	205,540	200,488
	CITIGROUP INC 6.625% 06/15/2032 DD 06/06/02	260,000	309,338	302,609
	CITIGROUP INC 5.300% 05/06/2044 DD 05/06/14	55,000	58,584	54,812
	CITIGROUP INC 4.300% 11/20/2026 DD 11/20/14	120,000	118,210	115,394
	CITIGROUP INC 4.450% 09/29/2027 DD 09/29/15	410,000	405,224	395,166
	CITIGROUP INC 4.750% 05/18/2046 DD 05/18/16	350,000	344,957	323,561
	CITIGROUP INC 3.200% 10/21/2026 DD 10/21/16	205,000	191,919	189,254
	CITIGROUP INC VAR RT 01/10/2028 DD 01/10/17	135,000	131,298	130,263
	CITIGROUP INC VAR RT 07/24/2028 DD 07/24/17	220,000	210,052	207,830
	CITIGROUP INC VAR RT 10/27/2028 DD 10/27/17	620,000	584,393	578,206
	CITIGROUP INC VAR RT 01/24/2039 DD 01/24/18	435,000	400,578	388,572
	COLOMBIA GOVERNMENT INTERNATIO 5.625% 02/26/2044 DD 01/28/14	505,000	542,890	520,655

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	COLOMBIA GOVERNMENT INTERNATIO 4.500% 03/15/2029 DD 10/12/18	135,000	134,139	133,448
	COLUMBIA PIPELINE GROUP INC 5.800% 06/01/2045 DD 12/01/15	405,000	452,097	434,277
	COMCAST CORP 5.650% 06/15/2035 DD 06/09/05	80,000	89,530	87,702
	COMCAST CORP 6.550% 07/01/2039 DD 06/18/09	15,000	18,398	18,368
	COMCAST CORP 4.250% 01/15/2033 DD 01/14/13	210,000	208,698	208,568
	COMCAST CORP 4.200% 08/15/2034 DD 08/12/14	415,000	404,156	400,143
	COMCAST CORP 4.600% 08/15/2045 DD 05/27/15	790,000	776,546	769,729
	COMCAST CORP 3.969% 11/01/2047 DD 10/19/17	190,000	170,510	169,832
	COMCAST CORP 3.900% 03/01/2038 DD 02/08/18	455,000	421,603	421,198
	COMCAST CORP 4.600% 10/15/2038 DD 10/05/18	265,000	264,258	267,592
	COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	1,515,000	1,500,792	1,531,483
	COMCAST CORP 4.950% 10/15/2058 DD 10/05/18	307,000	307,345	312,112
	CONCHO RESOURCES INC 4.300% 08/15/2028 DD 07/02/18	60,000	58,469	58,692
	CONCHO RESOURCES INC 4.850% 08/15/2048 DD 07/02/18	125,000	124,866	119,604
	CONOCOPHILLIPS CO 4.300% 11/15/2044 DD 11/12/14	740,000	754,060	727,886
	CONSOLIDATED EDISON CO OF NEW 4.300% 12/01/2056 DD 11/16/16	175,000	170,553	162,831
	CONSTELLATION BRANDS INC 4.500% 05/09/2047 DD 05/09/17	135,000	125,399	123,217
	CONSTELLATION BRANDS INC 4.100% 02/15/2048 DD 02/07/18	360,000	313,302	303,433
	CONSTELLATION BRANDS INC 4.650% 11/15/2028 DD 10/29/18	100,000	99,720	99,589
	CONSTELLATION BRANDS INC 5.250% 11/15/2048 DD 10/29/18	90,000	89,633	90,312
	EXELON CORP 7.600% 04/01/2032 DD 03/26/02	390,000	499,418	483,846
	CONTINENTAL RESOURCES INC/OK 4.900% 06/01/2044 DD 05/19/14	210,000	206,722	185,865
	CONTINENTAL RESOURCES INC/OK 4.375% 01/15/2028 DD 12/08/17	235,000	233,329	221,079
	CORP NACIONAL DEL COBRE D 144A 4.875% 11/04/2044 DD 11/04/14	340,000	345,794	342,955
	CREDIT SUISSE GROUP AG 144A 4.282% 01/09/2028 DD 01/09/17	480,000	471,610	463,061
	CREDIT SUISSE GROUP FUNDING GU 4.875% 05/15/2045 DD 11/15/15	70,000	71,678	69,084
	DEUTSCHE TELEKOM INTERNATIONAL VAR RT 06/15/2030 DD 07/06/00	305,000	412,540	397,805
	DEVON ENERGY CORP 4.750% 05/15/2042 DD 05/14/12	20,000	18,196	17,297
	DEVON ENERGY CORP 5.000% 06/15/2045 DD 06/16/15	165,000	153,856	145,349
	DIAGEO CAPITAL PLC 3.875% 04/29/2043 DD 04/29/13	500,000	485,395	488,705
	DELL INTERNATIONAL LLC / 144A 8.350% 07/15/2046 DD 06/01/16	340,000	417,408	368,149
	DISCOVERY COMMUNICATIONS LLC 5.000% 09/20/2037 DD 09/21/17	205,000	198,487	190,152
	DISCOVERY COMMUNICATIONS LLC 5.200% 09/20/2047 DD 09/21/17	285,000	274,059	261,926
	DOWDUPONT INC 5.419% 11/15/2048 DD 11/28/18	1,030,000	1,040,088	1,070,108
	DUKE ENERGY INDIANA LLC 6.350% 08/15/2038 DD 08/21/08	735,000	945,078	927,136
	DUKE ENERGY INDIANA LLC 6.450% 04/01/2039 DD 03/23/09	80,000	104,010	101,520
	DUKE ENERGY INDIANA LLC 4.900% 07/15/2043 DD 07/11/13	60,000	66,224	64,943
	DUKE ENERGY CAROLINAS LLC 3.750% 06/01/2045 DD 03/12/15	255,000	239,787	235,003
	DUKE ENERGY FLORIDA LLC 4.200% 07/15/2048 DD 06/21/18	400,000	402,971	398,272
	ELECTRICITE DE FRANCE SA 144A 4.875% 01/22/2044 DD 01/22/14	80,000	82,154	71,942
	ELECTRICITE DE FRANCE SA 144A 6.000% 01/22/2039 DD 01/22/14	365,000	382,151	356,109
	ELECTRICITE DE FRANCE SA 144A 4.750% 10/13/2035 DD 10/13/15	225,000	232,425	211,959

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	ELECTRICITE DE FRANCE SA 144A 4.950% 10/13/2045 DD 10/13/15	20,000	20,790	18,092
	EL PASO NATURAL GAS CO LLC VAR RT 06/15/2032 DD 06/15/03	245,000	309,930	295,769
	KINDER MORGAN ENERGY PARTNERS 4.700% 11/01/2042 DD 11/08/12	70,000	64,745	60,925
	EMERA US FINANCE LP 4.750% 06/15/2046 DD 12/15/16	280,000	277,600	269,220
	ENERGY TRANSFER OPERATING LP 5.150% 02/01/2043 DD 01/22/13	25,000	23,405	21,665
	ENERGY TRANSFER OPERATING LP 5.950% 10/01/2043 DD 09/19/13	270,000	277,981	256,713
	ENERGY TRANSFER OPERATING LP 4.900% 03/15/2035 DD 03/12/15	240,000	224,719	214,846
	ENERGY TRANSFER OPERATING LP 5.150% 03/15/2045 DD 03/12/15	255,000	240,654	220,601
	ENERGY TRANSFER OPERATING LP 6.125% 12/15/2045 DD 06/23/15	200,000	211,400	195,600
	ENERGY TRANSFER OPERATING LP 5.300% 04/15/2047 DD 01/17/17	270,000	260,721	237,973
	ENERGY TRANSFER OPERATING LP 6.000% 06/15/2048 DD 06/08/18	160,000	172,122	155,810
	ENTERPRISE PRODUCTS OPERATING 6.650% 10/15/2034 DD 10/04/04	445,000	542,086	532,558
	ENTERPRISE PRODUCTS OPERATING 4.950% 10/15/2054 DD 10/14/14	220,000	220,768	213,805
	ENTERPRISE PRODUCTS OPERATING 4.900% 05/15/2046 DD 05/07/15	25,000	25,778	24,215
	ENTERPRISE PRODUCTS OPERATING 4.250% 02/15/2048 DD 02/15/18	295,000	275,819	261,482
	ENTERPRISE PRODUCTS OPERATING 4.800% 02/01/2049 DD 10/11/18	400,000	393,921	388,580
	EXELON GENERATION CO LLC 5.600% 06/15/2042 DD 12/15/12	950,000	980,410	924,854
	EXELON CORP 4.950% 06/15/2035 DD 12/15/15	315,000	329,981	317,174
	EXPRESS SCRIPTS HOLDING CO 3.400% 03/01/2027 DD 07/05/16	175,000	162,272	162,341
	EXPRESS SCRIPTS HOLDING CO 4.800% 07/15/2046 DD 07/05/16	445,000	428,802	426,608
	FEDEX CORP 4.950% 10/17/2048 DD 10/17/18	180,000	176,126	173,947
	FIRSTENERGY CORP 4.850% 07/15/2047 DD 06/21/17	155,000	158,991	154,754
	FLORIDA POWER & LIGHT CO 5.950% 10/01/2033 DD 10/15/03	365,000	445,968	443,577
	FLORIDA POWER & LIGHT CO 3.950% 03/01/2048 DD 02/28/18	500,000	489,835	488,320
	DUKE ENERGY FLORIDA LLC 6.350% 09/15/2037 DD 09/18/07	825,000	1,058,541	1,031,671
	ORANGE SA 5.375% 01/13/2042 DD 01/13/12	200,000	217,980	209,546
	GE CAPITAL INTERNATIONAL FUNDI 4.418% 11/15/2035 DD 05/15/16	2,135,000	2,045,138	1,788,212
	GENERAL ELECTRIC CO 4.125% 10/09/2042 DD 10/09/12	355,000	322,532	277,376
	GENERAL MOTORS CO 6.250% 10/02/2043 DD 04/02/14	535,000	550,804	501,477
	GENERAL MOTORS CO 6.600% 04/01/2036 DD 02/23/16	260,000	278,257	253,110
	GEORGIA POWER CO 4.300% 03/15/2042 DD 03/06/12	330,000	318,447	303,989
	GILEAD SCIENCES INC 4.500% 02/01/2045 DD 11/17/14	190,000	189,339	182,725
	GILEAD SCIENCES INC 4.750% 03/01/2046 DD 09/14/15	310,000	319,257	307,548
	GILEAD SCIENCES INC 4.600% 09/01/2035 DD 09/14/15	385,000	397,667	388,711
	GILEAD SCIENCES INC 4.000% 09/01/2036 DD 09/20/16	125,000	120,099	113,953
	GLAXOSMITHKLINE CAPITAL INC 3.875% 05/15/2028 DD 05/15/18	220,000	222,598	223,568
	GOLDMAN SACHS GROUP INC/THE 4.800% 07/08/2044 DD 07/08/14	780,000	797,449	742,817
	GOLDMAN SACHS GROUP INC/THE VAR RT 05/01/2029 DD 04/23/18	185,000	179,674	178,042
	GOLDMAN SACHS GROUP INC/THE VAR RT 04/23/2039 DD 04/23/18	95,000	92,123	87,078
	GOLDMAN SACHS GROUP INC/THE 3.500% 11/16/2026 DD 11/16/16	495,000	470,225	457,207
	GOLDMAN SACHS GROUP INC/THE 5.150% 05/22/2045 DD 05/22/15	850,000	866,669	794,869
	GOLDMAN SACHS GROUP INC/THE VAR RT 10/31/2038 DD 10/31/17	355,000	328,932	312,404

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	HSBC HOLDINGS PLC VAR RT 03/13/2028 DD 03/13/17	1,565,000	1,529,208	1,497,314
	CIGNA CORP 144A 4.375% 10/15/2028 DD 09/17/18	120,000	119,840	120,670
	CIGNA CORP 144A 4.800% 08/15/2038 DD 09/17/18	490,000	489,211	481,239
	CIGNA CORP 144A 4.900% 12/15/2048 DD 09/17/18	480,000	476,386	469,632
	HALLIBURTON CO 4.850% 11/15/2035 DD 11/13/15	385,000	401,232	378,020
	HALLIBURTON CO 5.000% 11/15/2045 DD 11/13/15	685,000	722,600	672,560
	HOME DEPOT INC/THE 4.875% 02/15/2044 DD 09/10/13	380,000	418,817	405,582
	HOME DEPOT INC/THE 3.900% 06/15/2047 DD 06/05/17	470,000	451,214	443,417
	HUMANA INC 4.950% 10/01/2044 DD 09/19/14	110,000	114,470	112,991
	INDIANA MICHIGAN POWER CO 4.250% 08/15/2048 DD 08/08/18	135,000	135,385	132,687
	INTEL CORP 4.000% 12/15/2032 DD 12/11/12	440,000	455,602	450,688
	INTEL CORP 3.734% 12/08/2047 DD 06/08/18	240,000	224,614	222,221
	INTERCONTINENTAL EXCHANGE INC 4.250% 09/21/2048 DD 08/13/18	300,000	296,613	295,722
	JPMORGAN CHASE & CO 5.500% 10/15/2040 DD 10/21/10	120,000	136,609	132,919
	JPMORGAN CHASE & CO 3.300% 04/01/2026 DD 03/23/16	120,000	115,529	114,280
	JPMORGAN CHASE & CO 3.200% 06/15/2026 DD 06/07/16	110,000	104,921	103,595
	JPMORGAN CHASE & CO 3.625% 12/01/2027 DD 11/16/16	235,000	223,910	218,684
	JPMORGAN CHASE & CO VAR RT 02/01/2028 DD 02/01/17	800,000	781,400	776,576
	JPMORGAN CHASE & CO VAR RT 02/22/2048 DD 02/22/17	165,000	158,563	153,463
	JPMORGAN CHASE & CO VAR RT 07/24/2038 DD 07/24/17	105,000	97,971	95,360
	JPMORGAN CHASE & CO VAR RT 07/24/2048 DD 07/24/17	515,000	474,748	460,904
	JPMORGAN CHASE & CO VAR RT 11/15/2048 DD 11/10/17	290,000	265,550	256,696
	JPMORGAN CHASE & CO VAR RT 01/23/2049 DD 01/23/18	220,000	199,003	192,955
	JPMORGAN CHASE & CO VAR RT 04/23/2029 DD 04/23/18	670,000	660,426	656,841
	JOHNSON CONTROLS INTERNATIONAL STEP 07/02/2064 DD 07/02/2016	105,000	100,023	97,590
	JPMORGAN CHASE & CO 5.400% 01/06/2042 DD 12/22/11	170,000	191,488	186,723
	KAISER FOUNDATION HOSPITALS 4.150% 05/01/2047 DD 05/03/17	160,000	163,573	158,027
	BMKAUPTHING BANK HF 7.625% 02/28/2020 DD 02/28/08	540,000	412,408	412,408
	KENTUCKY UTILITIES CO 5.125% 11/01/2040 DD 05/01/11	1,040,000	1,183,447	1,167,348
	KINDER MORGAN ENERGY PARTNERS 6.950% 01/15/2038 DD 06/21/07	540,000	634,208	602,289
	KINDER MORGAN INC/DE 5.550% 06/01/2045 DD 11/26/14	870,000	916,238	861,622
	KRAFT HEINZ FOODS CO 4.375% 06/01/2046 DD 05/24/16	695,000	602,752	572,562
	KRAFT HEINZ FOODS CO 5.000% 07/15/2035 DD 07/15/16	465,000	455,300	436,393
	LANDSBANKI ISLANDS ESC 0.000% 08/25/2020 DD 08/25/06	300,000	299,922	-
	LIBERTY MUTUAL GROUP INC 144A 4.850% 08/01/2044 DD 07/24/14	450,000	457,803	436,968
	LOCKHEED MARTIN CORP 4.850% 09/15/2041 DD 09/09/11	265,000	286,539	281,846
	LOCKHEED MARTIN CORP 4.500% 05/15/2036 DD 11/23/15	115,000	119,821	118,660
	LOWE'S COS INC 4.375% 09/15/2045 DD 09/16/15	245,000	247,604	220,003
	MPLX LP 5.200% 03/01/2047 DD 02/10/17	185,000	183,161	170,293
	MPLX LP 4.500% 04/15/2038 DD 02/08/18	400,000	372,508	349,340
	MPLX LP 5.500% 02/15/2049 DD 11/15/18	395,000	384,320	384,220
	KEURIG DR PEPPER INC 144A 4.985% 05/25/2038 DD 05/25/18	155,000	157,889	150,818

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	KEURIG DR PEPPER INC 144A 5.085% 05/25/2048 DD 05/25/18	345,000	349,323	328,078
	MARATHON OIL CORP 6.600% 10/01/2037 DD 09/27/07	70,000	82,207	78,456
	MARATHON OIL CORP 5.200% 06/01/2045 DD 06/10/15	225,000	233,672	207,909
	MARATHON OIL CORP 4.400% 07/15/2027 DD 07/24/17	275,000	274,673	261,305
	MASSACHUSETTS INSTITUTE OF TEC 5.600% 07/01/2111 DD 05/18/11	300,000	389,628	383,634
	MCDONALD'S CORP 4.875% 07/15/2040 DD 08/02/10	420,000	440,702	430,214
	MCDONALD'S CORP 4.600% 05/26/2045 DD 05/26/15	450,000	451,310	437,729
	MEDTRONIC INC 4.375% 03/15/2035 DD 03/15/15	440,000	454,661	450,490
	MEDTRONIC INC 4.625% 03/15/2045 DD 03/15/15	740,000	787,807	775,846
	MERCK & CO INC 3.600% 09/15/2042 DD 09/13/12	185,000	176,525	174,747
	MERCK & CO INC 3.700% 02/10/2045 DD 02/10/15	355,000	340,321	340,953
	METLIFE INC 6.375% 06/15/2034 DD 06/03/04	410,000	499,483	497,047
	METLIFE INC 5.700% 06/15/2035 DD 06/23/05	65,000	75,048	73,224
	METLIFE INC 4.050% 03/01/2045 DD 03/05/15	275,000	258,899	256,336
	MICROSOFT CORP 4.500% 10/01/2040 DD 09/27/10	150,000	162,578	161,099
	MICROSOFT CORP 3.500% 02/12/2035 DD 02/12/15	80,000	77,162	76,353
	MICROSOFT CORP 3.750% 02/12/2045 DD 02/12/15	110,000	107,106	106,418
	MICROSOFT CORP 4.000% 02/12/2055 DD 02/12/15	250,000	247,838	245,510
	MICROSOFT CORP 4.450% 11/03/2045 DD 11/03/15	50,000	53,954	53,032
	MICROSOFT CORP 3.450% 08/08/2036 DD 08/08/16	555,000	529,953	522,732
	MICROSOFT CORP 3.700% 08/08/2046 DD 08/08/16	880,000	846,208	843,022
	MICROSOFT CORP 3.950% 08/08/2056 DD 08/08/16	480,000	471,120	468,326
	MICROSOFT CORP 4.100% 02/06/2037 DD 02/06/17	1,255,000	1,298,072	1,287,831
	MIDAMERICAN ENERGY CO 3.950% 08/01/2047 DD 02/01/17	255,000	250,316	246,858
	MIDAMERICAN ENERGY CO 5.800% 10/15/2036 DD 10/06/06	270,000	326,238	323,827
	MOLSON COORS BREWING CO 3.000% 07/15/2026 DD 07/07/16	335,000	306,555	298,348
	MONONGAHELA POWER CO 144A 5.400% 12/15/2043 DD 11/27/13	510,000	599,668	594,176
	MORGAN STANLEY 4.350% 09/08/2026 DD 09/08/14	155,000	154,502	150,629
	MORGAN STANLEY VAR RT 07/22/2028 DD 07/24/17	65,000	61,788	61,458
	MORGAN STANLEY VAR RT 07/22/2038 DD 07/24/17	330,000	308,586	300,716
	MORGAN STANLEY 3.625% 01/20/2027 DD 01/20/17	60,000	57,649	57,024
	MORGAN STANLEY 4.300% 01/27/2045 DD 01/27/15	555,000	531,035	519,119
	MORGAN STANLEY 6.375% 07/24/2042 DD 07/24/12	365,000	453,713	446,687
	MORGAN STANLEY 3.125% 07/27/2026 DD 07/25/16	140,000	130,703	129,448
	NBCUNIVERSAL MEDIA LLC 4.450% 01/15/2043 DD 10/05/12	345,000	332,370	332,556
	NESTLE HOLDINGS INC 144A 3.900% 09/24/2038 DD 09/24/18	180,000	178,076	174,584
	NESTLE HOLDINGS INC 144A 4.000% 09/24/2048 DD 09/24/18	235,000	231,844	230,469
	NEWMONT GOLDCORP CORP 5.875% 04/01/2035 DD 03/22/05	485,000	543,132	522,006
	NEWMONT GOLDCORP CORP 6.250% 10/01/2039 DD 09/18/09	285,000	322,802	312,084
	NISOURCE INC 4.375% 05/15/2047 DD 05/22/17	430,000	423,455	400,025
	NOBLE ENERGY INC 5.250% 11/15/2043 DD 11/08/13	80,000	79,803	71,010
	NOBLE ENERGY INC 5.050% 11/15/2044 DD 11/07/14	410,000	398,404	353,162

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	NOBLE ENERGY INC 4.950% 08/15/2047 DD 08/15/17	305,000	295,380	263,886
	NORFOLK SOUTHERN CORP 4.650% 01/15/2046 DD 11/03/15	75,000	77,825	76,448
	NORFOLK SOUTHERN CORP 4.050% 08/15/2052 DD 02/15/18	760,000	710,790	678,748
	NORFOLK SOUTHERN CORP 3.942% 11/01/2047 DD 05/01/18	95,000	88,871	86,130
	NORFOLK SOUTHERN CORP 5.100% 08/01/2019 DD 08/02/18	445,000	439,037	439,037
	NORTHERN STATES POWER CO/MN 3.400% 08/15/2042 DD 08/13/12	130,000	118,985	117,160
	NORTHROP GRUMMAN CORP 4.750% 06/01/2043 DD 05/31/13	665,000	687,145	672,268
	NORTHROP GRUMMAN CORP 4.030% 10/15/2047 DD 10/13/17	475,000	441,964	432,017
	NOVARTIS CAPITAL CORP 4.400% 05/06/2044 DD 02/21/14	810,000	859,289	865,291
	OGLETHORPE POWER CORP 5.250% 09/01/2050 DD 08/19/11	85,000	92,130	88,114
	OGLETHORPE POWER CORP 144A 5.050% 10/01/2048 DD 10/30/18	570,000	566,021	573,865
	OGLETHORPE POWER CORP 5.375% 11/01/2040 DD 11/09/10	590,000	662,853	650,900
	ONCOR ELECTRIC DELIVERY CO LLC 7.250% 01/15/2033 DD 07/15/03	95,000	128,937	126,181
	ONCOR ELECTRIC DELIVERY CO LLC 5.300% 06/01/2042 DD 05/18/12	615,000	714,556	698,868
	ONCOR ELECTRIC DELIVERY CO LLC 4.550% 12/01/2041 DD 06/01/12	690,000	737,796	719,435
	ONCOR ELECTRIC DELIVERY CO LLC 3.750% 04/01/2045 DD 10/01/15	270,000	258,571	256,295
	ORACLE CORP 4.300% 07/08/2034 DD 07/08/14	970,000	994,444	973,676
	ORACLE CORP 4.125% 05/15/2045 DD 05/05/15	475,000	464,248	449,450
	ORACLE CORP 4.000% 07/15/2046 DD 07/07/16	40,000	38,404	37,324
	ORACLE CORP 3.800% 11/15/2037 DD 11/09/17	255,000	244,871	238,466
	ORACLE CORP 4.000% 11/15/2047 DD 11/09/17	410,000	393,621	381,997
	PACIFIC GAS & ELECTRIC CO 6.050% 03/01/2034 DD 03/23/04	670,000	747,645	620,795
	PACIFIC GAS & ELECTRIC CO 4.750% 02/15/2044 DD 02/21/14	80,000	78,610	65,685
	PACIFIC GAS & ELECTRIC CO 4.250% 03/15/2046 DD 11/05/15	55,000	50,917	42,733
	PACIFIC GAS & ELECTRIC CO 3.950% 12/01/2047 DD 11/29/17	65,000	57,147	48,822
	PACIFICORP 6.000% 01/15/2039 DD 01/08/09	560,000	698,046	672,325
	PEPSICO INC 3.600% 08/13/2042 DD 08/13/12	420,000	390,860	391,826
	PEPSICO INC 3.450% 10/06/2046 DD 10/06/16	330,000	296,357	292,882
	PETROLEOS MEXICANOS 6.375% 01/23/2045 DD 07/23/14	500,000	444,750	402,500
	PETROLEOS MEXICANOS 6.750% 09/21/2047 DD 09/21/16	945,000	868,928	781,411
	PETROLEOS MEXICANOS 6.350% 02/12/2048 DD 08/12/18	225,000	197,775	180,000
	PFIZER INC 4.000% 12/15/2036 DD 11/21/16	325,000	326,375	321,747
	PFIZER INC 4.100% 09/15/2038 DD 09/07/18	560,000	558,930	561,193
	PHILIP MORRIS INTERNATIONAL IN 3.875% 08/21/2042 DD 08/21/12	535,000	480,938	460,239
	PHILIP MORRIS INTERNATIONAL IN 4.125% 03/04/2043 DD 03/04/13	255,000	238,537	225,030
	PHILIP MORRIS INTERNATIONAL IN 4.875% 11/15/2043 DD 11/12/13	460,000	472,636	456,072
	PHILLIPS 66 4.650% 11/15/2034 DD 11/17/14	155,000	156,104	150,972
	PHILLIPS 66 4.875% 11/15/2044 DD 11/17/14	210,000	215,630	204,922
	BARRICK GOLD CORP 6.450% 10/15/2035 DD 04/15/04	100,000	116,151	112,978
	POTOMAC ELECTRIC POWER CO 6.500% 11/15/2037 DD 11/16/07	140,000	180,925	176,494
	PRUDENTIAL FINANCIAL INC 3.905% 12/07/2047 DD 12/07/17	175,000	160,267	156,377
	PRUDENTIAL FINANCIAL INC 3.935% 12/07/2049 DD 12/07/17	330,000	302,785	295,013

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	PUBLIC SERVICE CO OF COLORADO 6.250% 09/01/2037 DD 08/15/07	685,000	873,820	868,190
	REALTY INCOME CORP 3.000% 01/15/2027 DD 10/12/16	155,000	144,748	144,111
	URUGUAY GOVERNMENT INTERNATION 5.100% 06/18/2050 DD 06/18/14	530,000	529,205	520,195
	REYNOLDS AMERICAN INC 6.150% 09/15/2043 DD 09/17/13	165,000	183,761	160,811
	REYNOLDS AMERICAN INC 5.850% 08/15/2045 DD 06/12/15	445,000	482,295	413,418
	ROGERS COMMUNICATIONS INC 5.000% 03/15/2044 DD 03/10/14	170,000	176,985	176,781
	ROHM & HAAS CO 7.850% 07/15/2029 DD 07/06/99	1,100,000	1,427,426	1,375,858
	SABAL TRAIL TRANSMISSION 144A 4.832% 05/01/2048 DD 04/30/18	570,000	585,404	538,023
	SEMPRA ENERGY 3.800% 02/01/2038 DD 01/12/18	225,000	206,762	192,364
	SEMPRA ENERGY 4.000% 02/01/2048 DD 01/12/18	95,000	85,920	81,541
	SHELL INTERNATIONAL FINANCE BV 5.500% 03/25/2040 DD 03/25/10	95,000	111,819	109,700
	SHELL INTERNATIONAL FINANCE BV 3.625% 08/21/2042 DD 08/21/12	55,000	50,801	49,857
	SHELL INTERNATIONAL FINANCE BV 4.125% 05/11/2035 DD 05/11/15	830,000	842,707	823,742
	SHELL INTERNATIONAL FINANCE BV 4.375% 05/11/2045 DD 05/11/15	160,000	164,603	164,064
	SHELL INTERNATIONAL FINANCE BV 4.000% 05/10/2046 DD 05/10/16	380,000	369,793	366,951
	SHELL INTERNATIONAL FINANCE BV 3.750% 09/12/2046 DD 09/12/16	100,000	93,274	92,562
	SIMON PROPERTY GROUP LP 4.750% 03/15/2042 DD 03/13/12	455,000	485,471	469,524
	SIMON PROPERTY GROUP LP 4.250% 10/01/2044 DD 09/10/14	115,000	114,510	110,379
	SOUTH CAROLINA ELECTRIC & GAS 4.500% 06/01/2064 DD 05/27/14	250,000	235,568	230,860
	DOMINION ENERGY SOUTH CAROLINA 5.100% 06/01/2065 DD 05/22/15	35,000	35,459	35,985
	SOUTHERN CALIFORNIA GAS CO 4.300% 01/15/2049 DD 09/24/18	1,310,000	1,309,411	1,340,091
	SOUTHERN COPPER CORP 5.875% 04/23/2045 DD 04/23/15	135,000	146,414	137,924
	SOUTHERN NATURAL GAS CO L 144A 4.800% 03/15/2047 DD 03/14/17	200,000	183,634	190,186
	SOUTHWESTERN ELECTRIC POWER CO 3.850% 02/01/2048 DD 01/22/18	200,000	184,146	177,578
	EQUINOR ASA 4.250% 11/23/2041 DD 11/23/11	170,000	171,471	168,645
	EQUINOR ASA 3.950% 05/15/2043 DD 05/15/13	45,000	43,479	42,944
	EQUINOR ASA 4.800% 11/08/2043 DD 11/08/13	20,000	21,803	21,524
	SUNCOR ENERGY INC 4.000% 11/15/2047 DD 11/15/17	330,000	313,305	294,538
	SUNOCO LOGISTICS PARTNERS OPER 5.350% 05/15/2045 DD 11/17/14	835,000	801,608	739,092
	SUNOCO LOGISTICS PARTNERS OPER 5.400% 10/01/2047 DD 09/21/17	990,000	949,364	897,148
	TARGET CORP 4.000% 07/01/2042 DD 06/26/12	430,000	417,599	405,512
	TEACHERS INSURANCE & ANNU 144A 4.270% 05/15/2047 DD 05/08/17	1,115,000	1,093,328	1,067,200
	TELEFONICA EMISIONES SA 5.213% 03/08/2047 DD 03/08/17	525,000	517,025	480,585
	TEXAS EASTERN TRANSMISSIO 144A 4.150% 01/15/2048 DD 01/09/18	245,000	221,980	218,057
	WARNER MEDIA LLC 3.800% 02/15/2027 DD 12/08/16	165,000	157,633	154,820
	TIME WARNER CABLE LLC 6.550% 05/01/2037 DD 04/09/07	205,000	220,898	210,379
	TIME WARNER CABLE LLC 7.300% 07/01/2038 DD 06/19/08	195,000	225,900	211,392
	TIME WARNER CABLE LLC 6.750% 06/15/2039 DD 06/29/09	200,000	219,154	203,226
	TIME WARNER CABLE LLC 5.875% 11/15/2040 DD 11/15/10	215,000	216,161	205,338
	TIME WARNER CABLE LLC 4.500% 09/15/2042 DD 08/10/12	215,000	181,989	172,839
	TRANSCANADA PIPELINES LTD 4.625% 03/01/2034 DD 02/28/14	285,000	288,104	272,429
	TRANSCANADA PIPELINES LTD 4.750% 05/15/2038 DD 05/07/18	280,000	284,892	269,878

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	TRANSCANADA PIPELINES LTD 4.875% 05/15/2048 DD 05/07/18	300,000	305,847	289,578
	TRANSCONTINENTAL GAS PIPE LINE 4.600% 03/15/2048 DD 09/15/18	490,000	477,422	458,160
	21ST CENTURY FOX AMERICA INC 5.400% 10/01/2043 DD 09/30/13	250,000	283,900	288,515
	21ST CENTURY FOX AMERICA INC 6.650% 11/15/2037 DD 11/15/07	85,000	109,356	111,921
	21ST CENTURY FOX AMERICA INC 6.150% 02/15/2041 DD 08/15/11	390,000	480,687	484,314
	21ST CENTURY FOX AMERICA INC 4.950% 10/15/2045 DD 10/21/15	130,000	140,739	142,536
	UBS AG/LONDON 144A 4.500% 06/26/2048 DD 06/26/18	250,000	264,370	258,263
	UBS GROUP FUNDING SWITZER 144A 4.253% 03/23/2028 DD 03/23/17	350,000	349,482	345,114
	UNILEVER CAPITAL CORP 5.900% 11/15/2032 DD 11/12/02	505,000	624,231	617,171
	UNION ELECTRIC CO 4.000% 04/01/2048 DD 04/06/18	315,000	310,748	306,785
	UNION PACIFIC CORP 3.799% 10/01/2051 DD 10/04/16	505,000	448,662	428,321
	UNION PACIFIC CORP 4.375% 09/10/2038 DD 06/08/18	260,000	263,453	254,979
	UNION PACIFIC CORP 4.500% 09/10/2048 DD 06/08/18	390,000	394,774	384,560
	MEXICO GOVERNMENT INTERNATIONA 5.750% 10/12/2110 DD 10/12/10	735,000	733,016	690,900
	MEXICO GOVERNMENT INTERNATIONA 4.600% 01/23/2046 DD 01/23/15	455,000	418,600	402,903
	MEXICO GOVERNMENT INTERNATIONA 4.350% 01/15/2047 DD 08/11/16	480,000	429,312	411,360
	MEXICO GOVERNMENT INTERNATIONA 4.600% 02/10/2048 DD 10/10/17	285,000	267,900	252,938
	UNITED TECHNOLOGIES CORP 5.700% 04/15/2040 DD 02/26/10	465,000	529,430	510,258
	UNITED TECHNOLOGIES CORP 4.500% 06/01/2042 DD 06/01/12	770,000	755,364	727,450
	UNITED TECHNOLOGIES CORP 4.050% 05/04/2047 DD 05/04/17	205,000	189,098	180,669
	UNITED TECHNOLOGIES CORP 4.625% 11/16/2048 DD 08/16/18	280,000	275,686	270,393
	UNITED TECHNOLOGIES CORP 4.125% 11/16/2028 DD 08/16/18	320,000	319,142	317,024
	UNITEDHEALTH GROUP INC 4.625% 07/15/2035 DD 07/23/15	215,000	228,468	227,898
	UNITEDHEALTH GROUP INC 4.200% 01/15/2047 DD 12/20/16	20,000	19,750	19,873
	UNITEDHEALTH GROUP INC 3.750% 10/15/2047 DD 10/25/17	285,000	263,579	260,823
	UNITEDHEALTH GROUP INC 3.850% 06/15/2028 DD 06/19/18	70,000	70,553	70,763
	UNITEDHEALTH GROUP INC 4.250% 06/15/2048 DD 06/19/18	1,375,000	1,374,693	1,374,230
	UNITEDHEALTH GROUP INC 4.450% 12/15/2048 DD 12/17/18	150,000	149,385	154,400
	UNIVERSITY OF SOUTHERN CALIFOR 3.028% 10/01/2039 DD 08/22/16	275,000	249,010	249,373
	VERIZON COMMUNICATIONS INC 5.012% 08/21/2054 DD 02/21/15	335,000	324,947	323,704
	VERIZON COMMUNICATIONS INC 4.272% 01/15/2036 DD 07/15/15	320,000	301,133	298,838
	VERIZON COMMUNICATIONS INC 4.522% 09/15/2048 DD 03/13/15	2,005,000	1,876,520	1,879,186
	VERIZON COMMUNICATIONS INC 4.672% 03/15/2055 DD 03/13/15	390,000	361,272	358,137
	VERIZON COMMUNICATIONS INC 5.250% 03/16/2037 DD 03/16/17	690,000	724,528	718,752
	VERIZON COMMUNICATIONS INC 4.500% 08/10/2033 DD 08/10/17	1,155,000	1,140,574	1,140,089
	VIACOM INC 6.875% 04/30/2036 DD 04/12/06	105,000	118,041	112,682
	VIACOM INC 5.850% 09/01/2043 DD 08/19/13	855,000	889,063	838,601
	VISA INC 4.300% 12/14/2045 DD 12/14/15	725,000	756,726	749,273
	VODAFONE GROUP PLC 5.000% 05/30/2038 DD 05/30/18	130,000	128,721	121,811
	VODAFONE GROUP PLC 5.250% 05/30/2048 DD 05/30/18	255,000	255,395	239,404
	VOLKSWAGEN GROUP OF AMERI 144A 4.750% 11/13/2028 DD 11/13/18	560,000	553,728	542,360
	WEA FINANCE LLC / WESTFIE 144A 4.750% 09/17/2044 DD 09/17/14	465,000	482,730	464,498

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	VULCAN MATERIALS CO 4.500% 06/15/2047 DD 06/15/17	385,000	348,052	326,596
	WALMART INC 3.950% 06/28/2038 DD 06/27/18	360,000	360,817	356,666
	WALMART INC 4.050% 06/29/2048 DD 06/27/18	430,000	431,066	427,859
	ANTHEM INC 5.100% 01/15/2044 DD 08/06/13	225,000	231,185	228,314
	WELLS FARGO & CO 5.606% 01/15/2044 DD 11/26/13	155,000	171,280	168,099
	WELLS FARGO & CO 4.650% 11/04/2044 DD 11/04/14	535,000	519,314	503,649
	WELLS FARGO & CO 3.900% 05/01/2045 DD 04/30/15	15,000	13,890	13,764
	WELLS FARGO & CO 4.900% 11/17/2045 DD 11/17/15	250,000	251,330	243,770
	WELLS FARGO & CO 4.400% 06/14/2046 DD 06/14/16	895,000	838,454	820,992
	WELLS FARGO & CO 4.750% 12/07/2046 DD 12/08/16	795,000	785,500	765,466
	WILLIAMS COS INC/THE 7.500% 01/15/2031 DD 01/17/01	265,000	319,611	316,333
	WILLIAMS COS INC/THE 5.750% 06/24/2044 DD 06/24/14	100,000	107,095	100,503
	WILLIAMS COS INC/THE 5.100% 09/15/2045 DD 03/03/15	425,000	422,718	392,666
	WILLIAMS COS INC/THE 4.850% 03/01/2048 DD 03/05/18	250,000	240,632	226,850
	WILLIAMS COS INC/THE 6.300% 04/15/2040 DD 02/09/10	415,000	471,710	441,469
	WILLIAMS COS INC/THE 4.900% 01/15/2045 DD 06/27/14	130,000	125,756	117,867
	Total corporate bonds and notes		157,727,820	152,464,385
	Common stocks			
	AFLAC INC	4,600	111,733	209,576
	AGCO CORP	2,300	119,046	128,041
	AT&T INC	12,100	405,425	345,334
	ABBVIE INC	3,800	229,586	350,322
	ABIOMED INC	450	132,467	146,268
	ACCELERON PHARMA INC	3,900	155,754	169,845
	ACI WORLDWIDE INC	3,735	94,193	103,347
	ACTIVISION BLIZZARD INC	6,325	433,606	294,555
	ACTUANT CORP	2,200	55,991	46,178
	ADOBE INC	4,100	311,401	927,584
	ADTRAN INC	4,300	73,783	46,182
	ALEXION PHARMACEUTICALS INC	2,950	328,520	287,212
	ALIBABA GROUP HOLDING LTD ADR	8,750	944,198	1,199,363
	ALIGN TECHNOLOGY INC	1,875	489,862	392,681
	ALLSCRIPTS HEALTHCARE SOLUTION	10,700	144,215	103,148
	ALLSTATE CORP/THE	3,200	113,524	264,416
	ALLY FINANCIAL INC	7,700	188,111	174,482
	ALNYLAM PHARMACEUTICALS INC	1,650	151,280	120,302
	ALPHABET INC-CL C	115	59,336	119,095
	ALPHABET INC-CL A	935	454,209	977,038
	AMAZON.COM INC	990	635,830	1,486,950
	AMERICAN AIRLINES GROUP INC	2,800	101,712	89,908

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	AMERICAN AXLE & MANUFACTURING	5,420	62,679	60,162
	AMERICAN FINANCIAL GROUP INC/O	1,100	33,085	99,583
	AMERIPRISE FINANCIAL INC	2,000	184,910	208,740
	AMGEN INC	2,200	237,812	428,274
	APOLLO INVESTMENT CORP	3,233	52,357	40,089
	APPLIED INDUSTRIAL TECHNOLOGIE	870	62,879	46,928
	APPLIED MATERIALS INC	2,900	108,402	94,946
	ARCHER-DANIELS-MIDLAND CO	3,500	115,051	143,395
	ARMSTRONG WORLD INDUSTRIES INC	2,310	150,957	134,465
	ARROW ELECTRONICS INC	1,400	103,560	96,530
	ARTISAN PARTNERS ASSET MANAGEM	2,930	83,442	64,782
	ASSURANT INC	1,300	75,238	116,272
	AVERY DENNISON CORP	2,530	221,828	227,270
	AVNET INC	1,800	72,270	64,980
	BB&T CORP	2,900	89,682	125,628
	BANCORP INC/THE	3,700	34,994	29,452
	BANK OF AMERICA CORP	24,800	412,686	611,072
	BEACON ROOFING SUPPLY INC	4,515	148,397	143,216
	BIG LOTS INC	2,100	66,003	60,732
	BIO-RAD LABORATORIES INC	780	172,771	181,132
	BIOMARIN PHARMACEUTICAL INC	3,775	241,695	321,441
	BIOGEN INC	400	101,128	120,368
	BLACK KNIGHT INC	6,190	285,809	278,921
	BLOOMIN' BRANDS INC	1,070	21,250	19,142
	BLUEPRINT MEDICINES CORP	1,900	130,289	102,429
	BOOKING HOLDINGS INC	245	232,124	421,993
	BRIGHTHOUSE FINANCIAL INC	227	9,127	6,919
	BRINK'S CO/THE	2,800	180,541	181,020
	BROOKLINE BANCORP INC	6,175	102,218	85,339
	BUILDERS FIRSTSOURCE INC	9,250	121,301	100,918
	BURLINGTON STORES INC	1,610	188,184	261,899
	CIGNA CORP	705	125,871	133,894
	CIT GROUP INC	2,000	98,420	76,540
	CNO FINANCIAL GROUP INC	14,430	282,188	214,718
	CSG SYSTEMS INTERNATIONAL INC	2,300	45,063	73,071
	CVS HEALTH CORP	502	40,506	32,891
	CABOT CORP	4,920	250,578	211,265
	CAPITAL ONE FINANCIAL CORP	2,600	159,390	196,534
	CARRIZO OIL & GAS INC	7,200	133,536	81,288
	CELANESE CORP	4,120	415,017	370,676
	CHARLES RIVER LABORATORIES INT	1,430	193,087	161,847
	CHEVRON CORP	3,300	303,744	359,007

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	CIRRUS LOGIC INC	1,800	103,023	59,724
	CISCO SYSTEMS INC	15,600	349,323	675,948
	CITIGROUP INC	10,100	506,268	525,806
	CITIZENS FINANCIAL GROUP INC	3,600	151,564	107,028
	CIVEO CORP	4,700	18,097	6,721
	CLEAN HARBORS INC	2,350	158,143	115,973
	COLUMBIA SPORTSWEAR CO	1,170	101,024	98,385
	COMCAST CORP	3,600	141,690	122,580
	COMMERCIAL METALS CO	6,700	129,892	107,334
	COMMScope HOLDING CO INC	5,990	106,040	98,176
	COOPER-STANDARD HOLDINGS INC	1,485	104,953	92,248
	COOPER TIRE & RUBBER CO	2,600	42,178	84,058
	COPART INC	800	39,803	38,224
	CORNING INC	8,700	145,886	262,827
	COSTAR GROUP INC	2,143	588,800	722,920
	COVANTA HOLDING CORP	12,150	198,307	163,053
	CRANE CO	2,740	205,016	197,773
	CROWN HOLDINGS INC	8,310	380,795	345,447
	CUMMINS INC	2,190	330,823	292,672
	DSW INC	4,025	112,607	99,418
	DXC TECHNOLOGY CO	584	22,845	31,051
	DELL TECHNOLOGIES INC	577	25,532	27,967
	DELTA AIR LINES INC	3,100	141,100	154,690
	DIAMONDBACK ENERGY INC	2,060	211,897	190,962
	DILLARD'S INC	1,700	69,184	102,527
	DISCOVER FINANCIAL SERVICES	4,700	180,142	277,206
	DOLBY LABORATORIES INC	1,585	106,352	98,016
	DOMTAR CORP	2,200	114,124	77,286
	RR DONNELLEY & SONS CO	1,733	48,119	6,863
	DONNELLEY FINANCIAL SOLUTIONS	450	13,010	6,314
	EAGLE MATERIALS INC	1,175	93,445	71,710
	EAST WEST BANCORP INC	2,720	156,013	118,402
	EASTMAN CHEMICAL CO	2,560	247,177	187,162
	EDWARDS LIFESCIENCES CORP	4,390	410,230	672,416
	EL PASO ELECTRIC CO	2,645	155,316	132,594
	ENERGIZER HOLDINGS INC	3,450	185,340	155,768
	ENTERGY CORP	2,300	146,744	197,961
	ENVESTNET INC	2,520	142,729	123,959
	EXELON CORP	5,900	184,588	266,090
	EXXON MOBIL CORP	6,600	527,485	450,054
	FLIR SYSTEMS INC	4,650	210,689	202,461
	FNB CORP/PA	15,465	181,909	152,176

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	FACEBOOK INC	3,630	121,031	475,857
	FEDEX CORP	1,100	158,472	177,463
	FIFTH THIRD BANCORP	7,600	120,676	178,828
	FIRST HORIZON NATIONAL CORP	31,241	506,664	411,132
	FIRST MIDWEST BANCORP INC/IL	6,890	172,338	136,491
	FIRSTENERGY CORP	8,200	259,706	307,910
	FIVE BELOW INC	1,190	119,402	121,761
	FLOOR & DECOR HOLDINGS INC	9,675	399,141	250,583
	FLOWSERVE CORP	3,740	177,924	142,195
	FORD MOTOR CO	19,400	269,002	148,410
	FORTINET INC	3,230	122,696	227,489
	ARTHUR J GALLAGHER & CO	4,390	247,041	323,543
	GANNETT CO INC	10,700	94,306	91,271
	GARTNER INC	1,285	150,013	164,274
	GENERAL MOTORS CO	7,600	278,333	254,220
	GENTHERM INC	3,200	128,813	127,936
	GILEAD SCIENCES INC	2,200	205,960	137,610
	PH GLATFELTER CO	5,100	92,788	49,776
	GLOBAL PAYMENTS INC	1,720	191,124	177,384
	GODADDY INC	3,510	248,758	230,326
	GOLDMAN SACHS GROUP INC/THE	800	103,729	133,640
	GOODYEAR TIRE & RUBBER CO/THE	6,800	206,651	138,788
	WR GRACE & CO	2,945	221,717	191,160
	GRANITE CONSTRUCTION INC	3,670	156,170	147,828
	GRAPHIC PACKAGING HOLDING CO	17,910	220,019	190,562
	GUIDEWIRE SOFTWARE INC	2,710	247,744	217,423
	HCA HEALTHCARE INC	2,800	196,472	348,460
	HP INC	8,200	121,929	167,772
	HAEMONETICS CORP	1,800	189,099	180,090
	HARLEY-DAVIDSON INC	3,000	180,016	102,360
	HARSCO CORP	2,500	64,286	49,650
	HARTFORD FINANCIAL SERVICES GR	3,600	90,488	160,020
	HERCULES OFFSHORE INC ESCROW	19,855	1,199,255	-
	HEWLETT PACKARD ENTERPRISE CO	6,800	59,400	89,828
	HOPE BANCORP INC	14,970	234,820	177,544
	JB HUNT TRANSPORT SERVICES INC	2,775	262,633	258,186
	HUNTINGTON INGALLS INDUSTRIES	1,200	249,770	228,372
	HUNTSMAN CORP	5,300	76,201	102,237
	HYSTER-YALE MATERIALS HANDLING	900	54,665	55,764
	ILLUMINA INC	2,275	403,720	682,341
	INGREDION INC	1,000	64,071	91,400
	INTEL CORP	14,500	415,876	680,485

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	INTERNATIONAL BUSINESS MACHINE	1,600	234,672	181,872
	INTERNATIONAL PAPER CO	2,600	136,764	104,936
	INVESTORS BANCORP INC	36,790	436,284	382,616
	JPMORGAN CHASE & CO	7,800	364,641	761,436
	JABIL INC	5,500	156,086	136,345
	JACK IN THE BOX INC	2,890	247,299	224,351
	JELD-WEN HOLDING INC	7,240	134,235	102,880
	JOHNSON & JOHNSON	5,700	565,992	735,585
	JUNIPER NETWORKS INC	5,200	126,887	139,932
	KLX ENERGY SERVICES HOLDINGS I	1,920	57,055	45,024
	KENNAMETAL INC	4,645	187,559	154,586
	KEYCORP	17,730	330,092	262,049
	KIMBERLY-CLARK CORP	1,500	157,425	170,910
	KOHL'S CORP	3,400	166,349	225,556
	KOPPERS HOLDINGS INC	3,100	97,055	52,824
	KROGER CO/THE	11,000	293,874	302,500
	LPL FINANCIAL HOLDINGS INC	3,170	198,394	193,624
	LSC COMMUNICATIONS INC	650	24,434	4,550
	LAM RESEARCH CORP	1,500	202,350	204,255
	LEAR CORP	1,500	97,388	184,290
	LENNOX INTERNATIONAL INC	1,140	146,978	249,500
	LOXO ONCOLOGY INC	1,852	145,014	259,410
	LUMENTUM HOLDINGS INC	2,970	130,787	124,770
	MDC HOLDINGS INC	4,860	154,724	136,615
	MGIC INVESTMENT CORP	8,500	87,951	88,910
	MKS INSTRUMENTS INC	1,150	107,526	74,302
	MRC GLOBAL INC	6,525	117,355	79,801
	MTS SYSTEMS CORP	2,200	115,107	88,286
	MACY'S INC	4,500	90,418	134,010
	MADISON SQUARE GARDEN CO/THE	719	213,906	192,476
	MANPOWERGROUP INC	1,200	103,846	77,760
	MARATHON PETROLEUM CORP	2,300	29,420	135,723
	MATCH GROUP INC	8,300	329,790	354,991
	MATSON INC	4,000	152,262	128,080
	MCDERMOTT INTERNATIONAL INC	7,033	157,662	45,996
	MCKESSON CORP	700	107,839	77,329
	MEDICINES CO/THE	6,670	245,468	127,664
	MERCK & CO INC	4,500	201,348	343,845
	METLIFE INC	2,500	78,797	102,650
	METTLER-TOLEDO INTERNATIONAL I	423	197,805	239,240
	HERMAN MILLER INC	2,700	96,638	81,675
	MOLSON COORS BREWING CO	2,600	168,243	146,016

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	MONSTER BEVERAGE CORP	11,650	561,982	573,413
	MORGAN STANLEY	4,800	143,882	190,320
	NCR CORP	4,025	101,568	92,897
	NATIONAL GENERAL HOLDINGS CORP	5,425	134,834	131,339
	NELNET INC	2,100	34,454	109,914
	NETFLIX INC	3,910	478,776	1,046,551
	NEUROCRINE BIOSCIENCES INC	870	59,138	62,127
	NEW RELIC INC	1,480	95,132	119,836
	NEWFIELD EXPLORATION CO	6,000	166,009	87,960
	NEWMARK GROUP INC	14,916	136,908	119,629
	NEXSTAR MEDIA GROUP INC	1,150	67,353	90,436
	NUTANIX INC	2,960	130,245	123,106
	OFFICE DEPOT INC	21,600	98,064	55,728
	OLD DOMINION FREIGHT LINE INC	900	59,854	111,141
	ON SEMICONDUCTOR CORP	22,940	486,223	378,739
	OSHKOSH CORP	1,300	86,232	79,703
	OWENS & MINOR INC	4,300	127,495	27,219
	OWENS CORNING	2,000	156,560	87,960
	PBF ENERGY INC	5,290	241,367	172,824
	PNC FINANCIAL SERVICES GROUP I	1,900	123,973	222,129
	PACKAGING CORP OF AMERICA	1,600	108,260	133,536
	PALO ALTO NETWORKS INC	2,635	402,879	496,302
	PATTERSON-UTI ENERGY INC	12,850	210,183	132,998
	PERSPECTA INC	292	3,442	5,028
	PFIZER INC	19,700	443,454	859,905
	PHILLIPS 66	800	22,045	68,920
	PILGRIM'S PRIDE CORP	6,200	151,093	96,162
	PITNEY BOWES INC	7,100	99,897	41,961
	PRESTIGE CONSUMER HEALTHCARE I	2,660	102,230	82,141
	PRUDENTIAL FINANCIAL INC	2,300	140,058	187,565
	PULTEGROUP INC	6,900	197,947	179,331
	QUEST DIAGNOSTICS INC	3,190	267,678	265,631
	RADIAN GROUP INC	7,200	87,905	117,792
	RANGE RESOURCES CORP	7,380	125,789	70,627
	RAYMOND JAMES FINANCIAL INC	2,860	175,987	212,813
	REALPAGE INC	4,700	154,631	226,493
	REGENERON PHARMACEUTICALS INC	1,125	309,790	420,188
	REGIONS FINANCIAL CORP	22,400	234,248	299,712
	REINSURANCE GROUP OF AMERICA I	1,500	210,475	210,345
	RYDER SYSTEM INC	1,000	64,944	48,150
	SALESFORCE.COM INC	8,500	411,105	1,164,245
	SAREPTA THERAPEUTICS INC	3,390	459,285	369,951

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	SERVICEMASTER GLOBAL HOLDINGS	1,690	67,242	62,091
	SERVICENOW INC	6,960	731,325	1,239,228
	SIMMONS FIRST NATIONAL CORP	2,140	60,854	51,638
	SIX FLAGS ENTERTAINMENT CORP	2,730	163,264	151,870
	SKYWORKS SOLUTIONS INC	1,800	161,426	120,636
	JM SMUCKER CO/THE	2,000	209,460	186,980
	SNAP-ON INC	1,100	162,701	159,819
	SOTHEBY'S	1,200	50,574	47,688
	SPIRIT AEROSYSTEMS HOLDINGS IN	2,900	198,106	209,061
	SPLUNK INC	5,925	331,235	621,236
	SPROUTS FARMERS MARKET INC	1,575	41,817	37,028
	STATE STREET CORP	1,500	83,702	94,605
	SUMMIT MATERIALS INC	7,553	161,617	93,657
	SUNTRUST BANKS INC	4,800	203,395	242,112
	SYKES ENTERPRISES INC	3,425	99,663	84,700
	SYNNEX CORP	1	18	81
	TCF FINANCIAL CORP	5,240	119,188	102,128
	TRI POINTE GROUP INC	8,580	100,320	93,779
	TARGET CORP	3,900	243,736	257,751
	TECH DATA CORP	1,900	65,320	155,439
	TEGNA INC	6,800	76,502	73,916
	TELEDYNE TECHNOLOGIES INC	1,085	202,964	224,671
	TENNECO INC	6,175	223,697	169,133
	TEREX CORP	4,430	154,391	122,135
	TETRA TECHNOLOGIES INC	12,700	50,302	21,336
	TEXAS CAPITAL BANCSHARES INC	2,250	136,264	114,953
	TEXAS COHLD TCEH F D10/31/07 10.250 MN15	2,529	-	-
	THOR INDUSTRIES INC	800	77,255	41,600
	TOTAL SYSTEM SERVICES INC	3,920	141,120	318,657
	TRANSDIGM GROUP INC	624	124,127	212,197
	TRANSUNION	2,001	77,832	113,657
	TRAVELERS COS INC/THE	1,200	72,012	143,700
	TUPPERWARE BRANDS CORP	2,625	79,363	82,871
	TWILIO INC	1,630	118,875	145,559
	TYSON FOODS INC	2,900	53,780	154,860
	US SILICA HOLDINGS INC	10,100	255,101	102,818
	UNITED BANKSHARES INC/WV	3,685	129,066	114,640
	UNITED CONTINENTAL HOLDINGS IN	1,600	105,514	133,968
	UNUM GROUP	3,600	109,725	105,768
	VAIL RESORTS INC	1,075	155,002	226,632
	VALERO ENERGY CORP	4,300	154,356	322,371
	VECTRUS INC	2,200	68,105	47,476

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	VERIZON COMMUNICATIONS INC	8,200	419,931	461,004
	VERINT SYSTEMS INC	1,955	88,071	82,716
	VIACOM INC	3,000	211,967	77,100
	VISA INC	11,150	383,493	1,471,131
	VOYA FINANCIAL INC	3,500	139,965	140,490
	WADDELL & REED FINANCIAL INC	2,700	54,415	48,816
	WALGREENS BOOTS ALLIANCE INC	6,500	444,229	444,145
	WELLS FARGO & CO	2,500	73,593	115,200
	WESTERN DIGITAL CORP	2,400	108,100	88,728
	WESTROCK CO	3,000	140,994	113,280
	WHIRLPOOL CORP	1,100	137,802	117,557
	JOHN WILEY & SONS INC	1,200	66,514	56,364
	WORKDAY INC	2,200	286,757	351,296
	WPX ENERGY INC	21,705	371,300	246,352
	WYNDHAM DESTINATIONS INC	1,100	33,828	39,424
	XEROX CORP	3,025	67,194	59,774
	ZAYO GROUP HOLDINGS INC	7,270	191,051	166,047
	QV EQUITIES LTD	18,900	16,193	13,904
	CORP FINANCIERA ALBA SA	4,394	193,337	213,478
	EXOR NV	4,510	270,879	243,654
	PARGESA HOLDING SA	16,268	1,152,083	1,169,190
	HENDERSON ALTERNATIVE STRATE	72,758	257,431	246,951
	JPMORGAN ASIAN INVEST-ORD	11,100	44,452	46,864
	BRITISH EMPIRE TRUST PLC	45,800	380,880	388,484
	CALEDONIA INVESTMENTS PLC	6,500	230,078	233,865
	JPMORGAN JAPANESE INV. TRUST	118,942	551,433	566,552
	EDINBURGH DRAGON TRUST PLC	56,430	239,932	258,729
	STANDARD LIFE UK SMALLER CO	22,597	133,973	117,421
	EDINBURGH INVESTMENT TRUST	22,500	196,531	171,649
	JPMORGAN JAPAN SMALLER CO TR	39,300	167,465	168,176
	EUROPEAN INVESTMENT TRUST PL	50,246	512,877	503,627
	FIDELITY JAPAN TRUST PLC	116,500	167,729	188,435
	DUNEDIN INCOME GROWTH INV TR	129,100	433,885	386,391
	INVESCO INCOME GROWTH TR-ORD	63,000	227,678	196,981
	WITAN PACIFIC INVESTMENT TR	22,500	89,889	83,962
	ABERDEEN JAPAN INVESTMENT TR	18,400	126,828	123,030
	HENDERSON EUROTRUST PLC-ORD	4,300	57,583	53,834
	ARTEMIS ALPHA TRUST PLC-ORD	25,000	97,735	83,102
	MONTANARO EUROPEAN SMALLER C	7,100	58,841	73,923
	KEYSTONE INVESTMENT TRUST	11,750	263,738	222,601
	HENDERSON EUROPEAN FOCUS TRU	3,900	60,708	53,147
	LOWLAND INVESTMENT COMPANY	5,900	117,139	99,376

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	MARTIN CURRIE ASIA UNCONSTR	11,300	54,063	51,522
	MURRAY INCOME TRUST PLC	23,100	231,734	214,179
	PERPETUAL INCOME & GROWTH-O	116,300	552,117	458,430
	HANSA TRUST PLC-A O	12,200	154,990	151,106
	BAILLIE GIFFORD UK GROWTH FU	134,100	315,450	277,533
	SCHRODER INCOME GROWTH FUND	2,900	11,551	9,400
	SCHRODER JAPAN GROWTH FUND	35,000	81,180	82,243
	TEMPLE BAR INVESTMENT TRUST	13,700	201,249	199,958
	TEMPLETON EMERGING MARKETS-O	20,600	166,664	177,619
	HENDERSON HIGH INCOME TR-ORD	8,000	18,807	16,251
	LAZARD WORLD TRUST FUND	32,684	135,653	132,788
	LAW DEBENTURE CORP PLC-ORD	16,800	128,726	115,541
	JPMORGAN RUSSIAN SECURITIES	17,065	97,207	108,127
	EP GLOBAL OPPORTUNITIES TR	5,000	19,227	19,200
	BLACKROCK GREATER EUROPE INV	21,500	87,532	84,064
	STRATEGIC EQUITY CAPITAL PLC	67,300	195,994	167,998
	ABERDEEN ASIAN INCOME FUND L	85,500	227,642	213,158
	JPMORGAN EUROPEAN INVEST-INC	170,961	302,500	308,096
	BMO UK HIGH INCOME TRUST PLC	68,000	94,429	75,563
	GULF INVESTMENT FUND PLC	92,198	99,602	94,042
	ABERDEEN EMERGING MARKETS IN	16,662	111,354	109,923
	GENESIS EMERGING MARKETS	20,947	174,296	169,673
	ATLANTIS JAPAN GROWTH FUND	70,351	157,864	165,758
	ABERDEEN NEW DAWN INV TRUST	34,500	97,881	95,787
	EUROPEAN ASSETS TRUST NV-O	38,200	49,212	45,489
	UTILICO EMERGING MARKETS TRU	42,200	120,958	109,978
	FIDELITY EUROPEAN VALUES PLC	263,400	687,408	694,415
	MONTANARO UK SMALLER COS INV	79,200	111,720	105,983
	AIRCASTLE LTD	5,200	59,739	89,648
	ASSURED GUARANTY LTD	1,790	72,857	68,521
	ATLASSIAN CORP PLC	2,275	184,206	202,430
	AXIS CAPITAL HOLDINGS LTD	2,500	114,003	129,100
	CARDTRONICS PLC	2,600	83,074	67,600
	EATON CORP PLC	3,500	271,420	240,310
	ESSENT GROUP LTD	6,490	237,969	221,828
	JANUS HENDERSON GROUP PLC	6,300	147,838	130,536
	JAZZ PHARMACEUTICALS PLC	1,650	262,067	204,534
	LAZARD LTD	4,400	197,919	162,404
	MALLINCKRODT PLC	2,800	115,974	44,240
	MARVELL TECHNOLOGY GROUP LTD	12,970	233,530	209,984
	SEAGATE TECHNOLOGY PLC	3,400	55,009	131,206
	STERIS PLC/UK	2,120	150,978	226,522

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	WHITE MOUNTAINS INSURANCE GROU	145	129,775	124,365
	ORION ENGINEERED CARBONS SA	5,140	150,691	129,939
	TRINSEO SA	1,815	84,993	83,091
	LYONDELLBASELL INDUSTRIES NV	2,300	210,727	191,268
	CANADIAN GENERAL INVESTMENTS	3,800	61,129	57,064
	INDUSTRIVARDEN AB	2,000	42,396	41,327
	FLEX LTD	5,580	43,822	42,464
	Total common stocks		66,408,003	72,895,247
	Common collective trusts			
	ACADIAN INTL SMALL CAP	8,499,165	5,725,655	8,499,165
	CTF GLOBAL OPPS	11,217,264	10,863,933	11,217,264
	ARROWSTREET INTL EQUITY ALPHA EXTENSION FUND II	19,487,002	15,440,413	19,487,002
	THE MARATHON-LONDON INTERNATIONAL-GROUP TRUST FUND	19,358,888	12,610,341	19,358,888
	SSGA RUSSELL 3000 ERISA FUND	17,842,763	19,898,739	17,842,763
	SSGA MSCI WORLD EX-U.S.	1,253,993	1,560,449	1,253,993
	SSGA MSCI EMERGING MARKETS	24,952,078	28,293,883	24,952,078
	WTC-CIF II US INV GRADE CORP LONG BOND	101,751,709	100,472,669	101,751,709
	Total common collective trusts		194,866,083	204,362,862
	Alternative investments			
	OCH ZIFF OVERSEAS FUND II	706,330	706,330	706,330
	SHEPERD INVESTMENTS INTL	22,855	22,855	22,855
	CYRUS OPPORTUNITIES FUND II	86,591	86,591	86,591
	BRIDGEWATER PURE ALPHA FUND II LTD	9,640,489	9,640,489	9,640,489
	FARALLON CAPITAL OFFSHORE INVESTMENT II	12,260,000	12,260,000	12,260,000
	KOHLBERG INVESTORS VI	196,036	196,036	196,036
	BAIN CAPITAL FUND X L.P.	1,476,964	1,476,964	1,476,964
	VERSA CAPITAL FUND II LP	1,863,897	1,863,897	1,863,897
	KING STREET CAPITAL LTD	11,296,427	11,296,427	11,296,427
	RHO VENTURES VI LP	5,179,633	5,179,633	5,179,633
	ROARK CAPITAL PARTNERS II LP	7,420,442	7,420,442	7,420,442
	MAGNETAR CONSTELLATION FUND LTD	12,935,639	12,935,639	12,935,639
	CONVEXITY CAPITAL OFFSHORE LP	190,596	190,596	190,596
	ETON PARK OVERSEAS FUND LTD	61,652	61,652	61,652
	TCW DIRECT LENDING LLC LP	4,208,416	4,208,416	4,208,416
	TOURBILLON GLOBAL EQUITIES LTD	98,691	98,691	98,691
	BRACEBRIDGE (BIL FUND LTD)	12,836,674	12,836,674	12,836,674
	SCOPIA PX INTERNATIONAL CL F SUB CL F2 SER 2 FEB 2012	9,105,153	9,105,153	9,105,153
	REGIMENT CAPITAL SS FUND V	351,204	351,204	351,204

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	ELLIOTT INTERNATIONAL LIMITED CLASS B	1,027,285	1,027,285	1,027,285
	OXAM QUANT FUND LIMITED	9,402,954	9,402,954	9,402,954
	CITADEL GLOBAL EQUITIES FUND LTD	12,103,333	12,103,333	12,103,333
	BRIDGEWATER PURE ALPHA MAJOR MARKETS II	13,245,466	13,245,466	13,245,466
	HIGHFIELDS CAPITAL IV LP	4,147,500	4,147,500	4,147,500
	KLS DIVERSIFIED FUND LTD	608,608	608,608	608,608
	NEON LIBERTY LORIKEET FUND LTD	17,710,557	17,710,557	17,710,557
	ARCM US FEEDER FUND II LTD	915,538	915,538	915,538
	ARCM FEEDER FUND III	6,190,240	6,190,240	6,190,240
	HG VORA SPECIAL OPPORTUNITIES FUND	13,123,632	13,123,632	13,123,632
	MW EUREKA FUND	20,079,055	20,079,055	20,079,055
	VWH OFFSHORE FUND LP	547,941	547,941	547,941
	TCW DIRECT LENDING VII LLC	3,731,344	3,731,344	3,731,344
	ELEMENT CAPITAL FEEDER FUND LTD	5,790,706	5,790,706	5,790,706
	WINDACRE DOMESTIC	6,604,052	6,604,052	6,604,052
	BRIDGEPOINT EUROPE IV A	1,762,396	2,608,705	2,014,683
	AXA EQUITABLE LIFE ASSURANCE SOCIETY	39,994	39,994	39,994
	Total alternative investments		207,814,598	207,220,577
	Registered investment companies			
	AG MORTGAGE INVESTMENT TRUST I	2,800	48,629	44,604
	ABERDEEN AUSTRALIA EQUITY FD	7,980	42,818	37,905
	ABERDEEN EM MRKT EQTY INC	24,993	180,297	158,706
	ABERDEEN GLBL PREM PROP	12,300	71,372	61,254
	ABERDEEN JAPAN EQUITY FUND I	26,160	201,434	169,778
	ABERDEEN TTL DYN DIVID	61,800	511,589	445,578
	ALEXANDER & BALDWIN INC	3,425	68,930	62,952
	ANNALY CAPITAL MANAGEMENT INC	16,800	178,901	164,976
	BLACKROCK ENHANCED GLOBAL DI	26,655	326,084	249,757
	BLACKROCK ENHANCED INTERNATI	37,900	213,000	188,742
	BLACKROCK RESOURCES & COMMOD	39,095	357,188	276,011
	BRIXMOR PROPERTY GROUP INC	15,935	254,768	234,085
	CBRE CLARION GL R/E INCOME F	16,500	128,797	101,640
	CENTRAL AND EASTERN EUROPE F	1,190	26,328	26,156
	CHATHAM LODGING TRUST	5,150	103,172	91,052
	CHINA FUND INC	1,424	26,047	24,051
	COLONY CAPITAL INC	37,200	216,267	174,096
	EUROPEAN EQUITY FUND INC/THE	15,499	130,781	119,807
	FIRST TR DYN EUR EQTY INC	7,980	112,071	100,867
	FRANKLIN STREET PROPERTIES COR	12,300	92,796	76,629
	HOSPITALITY PROPERTIES TRUST	4,700	110,840	112,236

THE CCHS RETIREMENT PLAN

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

December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	HOST HOTELS & RESORTS INC	5,700	103,981	95,019
	INDUSTRIAL LOGISTICS PROPERTIE	1,809	35,294	35,583
	ISHARES MSCI AUSTRALIA ETF	33,275	743,888	640,544
	ISHARES MSCI EUROZONE ETF	15,550	624,116	545,183
	ISHARES MSCI FRANCE ETF	14,875	420,483	394,485
	ISHARES MSCI SWITZERLAND ETF	5,700	188,800	179,664
	ISHARES MSCI GERMANY ETF	19,700	570,359	499,395
	ISHARES MSCI EAFE ETF	1,650	103,449	96,987
	ISHARES MSCI JAPAN ETF	31,025	1,660,717	1,572,657
	JAPAN SMALLER CAPITALIZATION	46,996	481,850	391,007
	KITE REALTY GROUP TRUST	3,900	60,940	54,951
	KOREA FUND INC	1,870	68,053	52,341
	LAZARD GLOBAL TOT RT & INC	2,075	31,585	28,262
	MACQUARIE GLOBAL INFR TOT RT	4,225	84,173	79,472
	MEDICAL PROPERTIES TRUST INC	7,600	104,119	122,208
	MORGAN STANLEY EMRG MARKETS	4,525	73,367	72,898
	MORGAN STANLEY ASIA PACIFIC	6,845	111,318	112,600
	MORGAN STANLEY CHINA A SHARE	6,829	162,134	124,698
	NEW GERMANY FUND	9,613	144,171	112,472
	NEW IRELAND FUND INC	4,688	52,290	39,145
	NEXPOINT RESIDENTIAL TRUST INC	1	34	35
	PEBBLEBROOK HOTEL TRUST	1,700	56,013	48,127
	POTLATCHDELTIC CORP	1,100	40,428	34,804
	QTS REALTY TRUST INC	5,250	198,315	194,513
	RAYONIER INC	4,150	127,600	114,914
	RETAIL PROPERTIES OF AMERICA I	4,560	54,046	49,476
	RYMAN HOSPITALITY PROPERTIES I	935	75,436	62,355
	SELECT INCOME REIT	3,600	94,032	26,496
	STARWOOD PROPERTY TRUST INC	4,300	92,729	84,753
	SUN COMMUNITIES INC	1,830	151,901	186,129
	SWISS HELVETIA FUND	2,931	26,171	20,224
	TAIWAN FUND INC	1,825	30,245	27,667
	TEMPLETON DRAGON FUND INC	3,700	91,918	62,900
	TEMPLETON EMERGING MKTS FND	7,150	103,726	94,380
	VANGUARD FTSE EUROPE ETF	3,450	192,144	167,739
	VEREIT INC	11,800	98,884	84,370
	VOYA EMRG MRKTS HI INC DVD	7,550	61,168	55,040
	ADAGE CAPITAL PARTNERS LP	47,608,548	15,400,943	47,608,548
	NUMERIC EMERGING MARKETS ALPHA FD LP	30,893,494	19,758,369	30,893,494
	ELLINGTON ENHANCED INCOME FD LTD	25,225,895	22,272,931	25,225,895
	GOLDENTREE HIGH YIELD VALUE FD	1,162,983	1,027,887	1,162,983
	WGI EMERGING MARKETS FUND LLC	25,436,871	20,779,604	25,436,871
Total registered investment companies			89,961,720	139,812,165
			\$ 1,019,891,029	\$ 1,096,397,825

* Party-in-interest as defined by ERISA

THE CCHS RETIREMENT PLAN

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

Year Ended December 31, 2018

EIN: 34-0714585
Plan Number: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
AIR CANADA 2013-1 CLASS A 144A	4.125% 11/15/2026 DD 05/09/13	\$ 273,195	\$ 270,895
AIR CANADA 2015-1 CLASS A 144A	3.600% 09/15/2028 DD 03/25/15	294,938	292,066
AMAZON.COM INC	2.800% 08/22/2024 DD 02/22/18	50,105	47,697
AVIATION CAPITAL GROUP LL 144A	3.500% 11/01/2027 DD 10/18/17	38,618	36,022
AVIATION CAPITAL GROUP LL 144A	3.875% 05/01/2023 DD 05/01/18	49,805	49,294
BAT CAPITAL CORP 144A	4.540% 08/15/2047 DD 08/15/17	95,851	95,950
BB-UBS TRUST 2012- SHOW A 144A	3.430% 11/05/2036 DD 11/01/12	345,078	339,855
BANK OF AMERICA CORP	VAR RT 01/23/2026 DD 01/23/18	100,000	95,331
BANK OF MONTREAL	2.100% 12/12/2019 DD 12/12/16	98,591	98,891
BANK OF NEW YORK MELLON CORP/T	VAR RT 05/16/2023 DD 05/16/17	13,894	13,521
BANK OF NOVA SCOTIA/THE	2.700% 03/07/2022 DD 03/07/17	16,554	16,547
BNP PARIBAS SA 144A	4.400% 08/14/2028 DD 08/14/18	108,931	105,912
BROOKFIELD FINANCE INC	3.900% 01/25/2028 DD 01/17/18	20,927	19,631
CVS PASS-THROUGH TRUST	6.036% 12/10/2028 DD 12/01/06	133,857	131,191
CVS PASS-THROUGH TRUST 144A	8.353% 07/10/2031 DD 06/26/09	47,579	46,028
CANADIAN IMPERIAL BANK OF COMM	2.700% 02/02/2021 DD 02/02/18	197,804	196,752
CAPITAL AUTO RECEIVA 1 A4 144A	2.930% 06/20/2022 DD 03/21/18	199,980	198,164
CITIGROUP INC	VAR RT 01/24/2023 DD 01/24/18	93,000	90,894
COLOMBIA GOVERNMENT INTERNATIO	5.000% 06/15/2045 DD 01/28/15	77,880	77,320
COMCAST CORP	3.150% 02/15/2028 DD 08/07/17	96,208	91,976
CONTINENTAL AIRLINES 2012-1 CL	4.150% 10/11/2025 DD 03/22/12	147,738	146,984
CONVERGYS CORP	COMMON STOCK	46,996	46,207
CREDIT ACCEPTANCE AU 3A C 144A	4.040% 12/15/2027 DD 08/23/18	249,915	247,168
DT AUTO OWNER TRUST 2A C 144A	3.670% 03/15/2024 DD 06/14/18	137,983	137,483
DANSKE BANK A/S 144A	2.200% 03/02/2020 DD 03/02/17	197,156	195,962
DELTA AIR LINES 2007-1 CLASS A	6.821% 02/10/2024 DD 02/10/08	55,961	55,441
DRIVE AUTO RECEIVABLES TRU 3 D	4.300% 09/16/2024 DD 07/24/18	203,992	203,108
EXETER AUTOMOBILE RE 3A C 144A	3.710% 06/15/2023 DD 07/25/18	294,934	292,972
FIFTH THIRD BANCORP	3.950% 03/14/2028 DD 03/14/18	59,539	59,347
GOVERNMENT PROPERTIES INCOME T	3.750% 08/15/2019 DD 08/18/14	260,702	260,504
HERTZ VEHICLE FINANC 1A A 144A	3.290% 02/25/2024 DD 01/24/18	115,987	111,759
ING BANK NV 144A	2.500% 10/01/2019 DD 10/01/14	198,538	198,752
MACQUARIE GROUP LTD 144A	6.000% 01/14/2020 DD 01/14/10	104,534	102,872
MITSUBISHI UFJ FINANCIAL GROUP	3.961% 03/02/2028 DD 03/02/18	104,560	104,187
MITSUI FUDOSAN CO LTD 144A	2.950% 01/23/2023 DD 01/23/18	199,696	195,456
MORGAN STANLEY	VAR RT 01/24/2029 DD 01/23/18	124,111	118,528
MOSAIC CO/THE	4.050% 11/15/2027 DD 11/13/17	68,087	66,779
MYLAN INC 144A	5.200% 04/15/2048 DD 04/09/18	60,150	60,018
MYLAN NV	5.250% 06/15/2046 DD 12/15/16	228,262	228,749
NATIONAL RURAL UTILITIES COOPE	2.900% 03/15/2021 DD 02/26/18	99,889	98,904
NATIONWIDE BUILDING SOCIE 144A	6.250% 02/25/2020 DD 02/25/10	158,741	155,108
NATIONWIDE BUILDING SOCIE 144A	VAR RT 03/08/2029 DD 03/08/18	43,432	43,320
NEWELL BRANDS INC	4.200% 04/01/2026 DD 03/30/16	19,710	18,415
NUTRIEN LTD	3.000% 04/01/2025 DD 04/01/18	30,992	30,301
NUTRIEN LTD	3.375% 03/15/2025 DD 03/15/18	96,468	93,847
NUVEEN LLC 144A	4.000% 11/01/2028 DD 10/22/18	119,284	119,822
OCWEN MASTER ADVAN T1 DT1 144A	4.236% 08/15/2049 DD 08/14/18	102,000	101,737

THE CCHS RETIREMENT PLAN

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

Year Ended December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
OCWEN MASTER ADVAN T2 AT2 144A	3.598% 08/15/2050 DD 08/14/18	100,000	99,328
ONEBEACON US HOLDINGS INC	4.600% 11/09/2022 DD 11/09/12	101,651	100,396
ORIX CORP	3.700% 07/18/2027 DD 07/18/17	49,089	47,418
PENSKE TRUCK LEASING CO L 144A	4.125% 08/01/2023 DD 06/29/18	49,972	49,913
PETROLEOS MEXICANOS	4.250% 01/15/2025 DD 01/15/16	103,565	99,056
PETROLEOS MEXICANOS 144A	5.350% 02/12/2028 DD 02/12/18	28,000	24,920
PROGRESS RESIDENTI SFR2 C 144A	4.040% 08/17/2035 DD 08/02/18	122,996	121,732
SANTANDER RETAIL AUTO A C 144A	3.490% 05/20/2022 DD 03/21/18	299,956	296,813
SELECT INCOME REIT	3.600% 02/01/2020 DD 02/03/15	149,846	149,399
SENIOR HOUSING PROPERTIES TRUS	6.750% 04/15/2020 DD 04/09/10	31,301	30,823
SENIOR HOUSING PROPERTIES TRUS	3.250% 05/01/2019 DD 04/28/14	20,027	19,999
SENIOR HOUSING PROPERTIES TRUS	4.750% 02/15/2028 DD 02/12/18	39,325	38,222
SINOPEC CAPITAL 2013 LTD 144A	3.125% 04/24/2023 DD 04/24/13	197,718	192,346
SUNTRUST BANK/ATLANTA GA	VAR RT 01/29/2021 DD 02/02/18	60,000	59,351
SUNTRUST BANK/ATLANTA GA	VAR RT 08/02/2022 DD 07/26/18	60,000	59,621
TEXAS EASTERN TRANSMISSIO 144A	3.500% 01/15/2028 DD 01/09/18	7,958	7,414
UNITED AIRLINES 2014-1 CLASS A	4.000% 10/11/2027 DD 04/07/14	40,639	40,171
VIRGINIA ELECTRIC & POWER CO	3.800% 04/01/2028 DD 03/22/18	79,814	78,778
WELLTOWER INC	4.250% 04/15/2028 DD 04/10/18	49,980	48,812
WESTLAKE AUTOMOBILE 3A C 144A	3.610% 10/16/2023 DD 08/23/18	190,977	189,366
WESTPAC BANKING CORP	COMMON STOCK	113,753	101,790
INSURANCE AUSTRALIA GROUP LTD	COMMON STOCK	28,334	24,578
WESFARMERS LTD	COMMON STOCK	53,532	50,486
RAIFFEISEN BANK INTERNATIONAL	COMMON STOCK	16,856	15,165
KBC GROUP NV	COMMON STOCK	25,130	26,599
ANHEUSER-BUSCH INBEV SA/NV	COMMON STOCK	31,145	27,677
ENAGAS SA	COMMON STOCK	31,005	31,927
ACS ACTIVIDADES DE CONSTRUCCIO	COMMON STOCK	383	382
REPSOL SA	COMMON STOCK	2,779	2,771
IBERDROLA SA	COMMON STOCK	1,284	1,352
ACS ACTIVIDADES DE CONSTRUCCIO	COMMON STOCK	732	722
AENA SME SA	COMMON STOCK	71,099	60,634
TOTAL SA	COMMON STOCK	214,073	236,391
FINECOBANK BANCA FINECO SPA	COMMON STOCK	23,230	25,945
FIAT CHRYSLER AUTOMOBILES NV	COMMON STOCK	74,004	80,616
POSTE ITALIANE SPA	COMMON STOCK	28,824	26,756
KONINKLIJKE PHILIPS NV	COMMON STOCK	131,510	130,516
KONINKLIJKE AHOLD DELHAIZE NV	COMMON STOCK	121,240	111,953
UNIBAIL-RODAMCO-WESTFIELD	COMMON STOCK	58,040	51,666
ING GROEP NV	COMMON STOCK	34,710	23,276
GEORG FISCHER AG	COMMON STOCK	15,836	11,761
ROCHE HOLDING AG	COMMON STOCK	133,678	135,752
UBS GROUP AG	COMMON STOCK	27,154	22,563
BHP BILLITON PLC	COMMON STOCK	185,914	184,236
BRITISH LAND CO PLC/THE	COMMON STOCK	30,826	29,282
PEARSON PLC	COMMON STOCK	81,453	78,798
SSE PLC	COMMON STOCK	54,576	47,003

THE CCHS RETIREMENT PLAN

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

Year Ended December 31, 2018

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
LLOYDS BANKING GROUP PLC	COMMON STOCK	221,556	186,170
TESCO PLC	COMMON STOCK	16,633	13,864
MARKS & SPENCER GROUP PLC	COMMON STOCK	23,083	21,542
J SAINSBURY PLC	COMMON STOCK	35,918	34,581
ANGLO AMERICAN PLC	COMMON STOCK	66,607	61,027
INTERNATIONAL CONSOLIDATED AIR	COMMON STOCK	48,667	45,076
ROYAL MAIL PLC	COMMON STOCK	27,214	15,547
VODAFONE GROUP PLC	COMMON STOCK	123,065	90,092
CK ASSET HOLDINGS LTD	COMMON STOCK	39,654	39,606
CANON INC	COMMON STOCK	84,518	74,073
KAWASAKI HEAVY INDUSTRIES LTD	COMMON STOCK	25,050	26,124
KOMATSU LTD	COMMON STOCK	126,353	101,442
TOKIO MARINE HOLDINGS INC	COMMON STOCK	42,537	45,020
SUMITOMO MITSUI FINANCIAL GROU	COMMON STOCK	143,049	155,564
NGK SPARK PLUG CO LTD	COMMON STOCK	18,567	20,599
OJI HOLDINGS CORP	COMMON STOCK	19,383	22,678
PIGEON CORP	COMMON STOCK	25,485	32,588
TEIJIN LTD	COMMON STOCK	21,150	21,136
UNICHARM CORP	COMMON STOCK	39,549	43,604
ASTELLAS PHARMA INC	COMMON STOCK	42,139	51,010
SEVEN & I HOLDINGS CO LTD	COMMON STOCK	86,196	95,623
UNITED OVERSEAS BANK LTD	COMMON STOCK	40,118	36,953
OVERSEA-CHINESE BANKING CORP L	COMMON STOCK	65,857	54,272
NATIONAL BANK OF CANADA	COMMON STOCK	40,616	40,398
TECK RESOURCES LTD	COMMON STOCK	35,360	36,309
WESTON (GEORGE) LTD	COMMON STOCK	17,051	15,357
SUNCOR ENERGY INC	COMMON STOCK	78,964	95,738
H LUNDBECK A/S	COMMON STOCK	18,946	21,292
DSV A/S	COMMON STOCK	30,587	33,970
DNB ASA	COMMON STOCK	24,967	25,323
TELENOR ASA	COMMON STOCK	40,206	33,150
EQUINOR ASA	COMMON STOCK	68,445	81,770
SWEDBANK AB	COMMON STOCK	55,456	54,263
SWEDISH MATCH AB	COMMON STOCK	36,123	31,941