

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE CCHS RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1941</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1941</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1941</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0714585</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-448-0801</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	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>	
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.	10/13/2020	TIMOTHY LONGVILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <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 30663
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) 17683 6a(2) 16813 6b 5537 6c 7780 6d 30130 6e 410 6f 30540 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan 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.
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1 Coverage Information:

(a) Name of insurance carrier AXA EQUITABLE LIFE INSURANCE COMPANY
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(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	01/01/2019	12/31/2019

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

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	(c) Amount	(d) Purpose	

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	(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** 36572**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** 39994**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 930
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 704

▶ ADJUSTMENT

(6) Total additions **7c(6)** 1634**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 41628**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)** 498

▶ MARKET VALUE ADJ

(5) Total deductions **7e(5)** 5056**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 36572

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. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <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 or 5500-SF <u>THE CLEVELAND CLINIC FOUNDATION</u>	D Employer Identification Number (EIN) <u>34-0714585</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>1174832002</u>
b Actuarial value	2b <u>1174832002</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>5533</u> (2) Vested Funding Target <u>279362849</u> (3) Total Funding Target <u>279362849</u>
b For terminated vested participants.....	<u>7937</u> <u>246539510</u> <u>246539510</u>
c For active participants	<u>17228</u> <u>603870827</u> <u>614666272</u>
d Total.....	<u>30698</u> <u>1129773186</u> <u>1140568631</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.38</u> %
6 Target normal cost.....	6 <u>8945988</u>

Statement by Enrolled Actuary

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

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

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

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

**Schedule SB (Form 5500) 2019
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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>-0.94</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)		81190709
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>5.56</u> %		4514203
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		85704912
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	103.00 %
15 Adjusted funding target attainment percentage	15	103.00 %
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	106.32 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 8945988**b** Excess assets, if applicable, but not greater than line 31a **31b** 8945988**32** Amortization installments:**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**35** Balances elected for use to offset funding requirement 0 0 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ADAGE CAPITAL MANAGEMENT, L.P.

04-3559355

(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

AKO EUROPEAN LONG-ONLY FUND LIMITED

**UGLAND HOUSE, P.O BOX 309 GEORGE TOWN
GRAND CAYMAN, CAYMAN ISLANDS KY1-1104 KY**

(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

ARCM FEEDER FUND IV LTD

2 QUEENS ROAD
HONG KONG, HONG KONG 00000 CN

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

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

BIL, LTD.

888 BOYLSTON STREET
15TH FLOOR
BOSTON, MA 02199

(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

ELLIOTT INTERNATIONAL LIMITED

22-3338737

(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

HG VORA SPECIAL OPPORTUNITIES FUND

26-4376989

(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

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

KING STREET MASTER ADVISORS, LLC

26-3871197

(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

TYBOURNE CAPITAL MANAGEMENT LIMITED

98-1035373

(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

HUDSON BAY CAPITAL MANAGEMENT LP

37-1511773

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

AG CREDIT SOLUTIONS FUND, L.P.

84-1809371

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

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

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

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	920060	Yes ☐ No ☒	Yes ☐ No ☐		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	557578	Yes ☒ No ☐	Yes ☒ No ☐	0	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	329889	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)

LEGAL AND GENERAL INVESTMENT MANAGE

20-8058531

(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	314642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUDSON BAY INTERNATIONAL ASSOCIATES

46-4249963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	0	Yes ☒ No ☐	Yes ☐ No ☒	267290	Yes ☐ No ☒

(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	251340	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	138959	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	133770	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	128638	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)

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	121280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINDACRE PARTNERSHIP LLC

46-2439914

(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	117324	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	116755	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)

MARATHON ASSET MANAGEMENT LLP

95-4328983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 21	INVESTMENT MANAGEMENT	106082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☒	99550	Yes ☐ No ☒

(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	92496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULLER & THALER ASSET MANAGEMENT

94-3176968

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT MANAGEMENT	87119	Yes ☒ No ☐	Yes ☐ No ☒	342	Yes ☐ No ☒

(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	86907	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	FUND MGMT SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	63921	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	62442	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	51525	Yes ☒ No ☐	Yes ☒ No ☐	0	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	29793	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MAYER HOFFMAN MCCANN P.C.

4040 EMBASSY PARKWAY
AKRON, OH 44333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	26250	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	25316	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGEMENT	24375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	24021	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	22059	Yes ☐ No ☒	Yes ☐ No ☐		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	15696	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)

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	10853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>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)
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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>6828113</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>7682129</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS RUSSELL 1000 NL V</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>				
c EIN-PN <u>04-0025081-123</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>30479610</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>143711854</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>13227583</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>36156506</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>1546198</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) 27827183
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan 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		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	89000000	0
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	3479613	13998411
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	54839099	69703728
	(2) U.S. Government securities	1c(2)	264803490	297895007
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	152464385	181925046
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	142179
	(B) Common.....	1c(4)(B)	72895247	34170508
	(5) Partnership/joint venture interests	1c(5)	207220577	264439034
	(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)	204362862	267459175
	(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)	139812165	298076689
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1188877438	1427809777

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	10954229	11162068
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10954229	11162068

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1177923209	1416647709
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4257	
(B) U.S. Government securities	2b(1)(B)	2836716	
(C) Corporate debt instruments	2b(1)(C)	6943166	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	672199	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10456338
(2) Dividends: (A) Preferred stock	2b(2)(A)	352	
(B) Common stock	2b(2)(B)	1201359	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5770910	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6972621
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	778172402	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	720724325	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		57448077
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	76764815	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		76764815

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		23383222
(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)		16119106
c Other income	2c		9691211
d Total income. Add all income amounts in column (b) and enter total	2d		200835390

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	88378712	
(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)		88378712
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)	1186434	
(3) Investment advisory and management fees	2i(3)	3572229	
(4) Other	2i(4)	5821004	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10579667
j Total expenses. Add all expense amounts in column (b) and enter total	2j		98958379

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		101877011
l Transfers of assets:			
(1) To this plan	2l(1)		136847489
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

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

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		25000000
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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 4251094. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1901596		
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 1258
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) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

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: 18.2 % Investment-Grade Debt: 56.4 % High-Yield Debt: 1.8 % Real Estate: _____ % Other: 23.6 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☒ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



THE CCHS RETIREMENT PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2019 and 2018





Mayer Hoffman McCann P.C.

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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, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon / BNY Mellon, N.A., 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, 2019 and 2018 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 5, 2020

THE CCHS RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<u>ASSETS</u>		
Investments at fair value		
Cash and cash equivalents	\$ 69,703,728	\$ 54,839,099
Corporate bonds and notes	181,925,046	152,464,385
U.S. government and related securities	297,895,007	264,803,490
Common stocks	34,170,508	72,895,247
Preferred stocks	142,179	-
Registered investment companies	298,076,689	139,812,165
Common collective trusts	267,459,175	204,362,862
Alternative investments	264,439,034	207,220,577
	<u>1,413,811,366</u>	<u>1,096,397,825</u>
Receivables		
Employer contributions	-	89,000,000
Accrued interest and dividends	2,951,195	3,218,234
Due from broker	11,047,216	261,379
	<u>13,998,411</u>	<u>92,479,613</u>
TOTAL ASSETS	<u>1,427,809,777</u>	<u>1,188,877,438</u>
<u>LIABILITIES</u>		
Accrued expenses	1,213,784	812,315
Due to broker	9,948,284	10,141,914
TOTAL LIABILITIES	<u>11,162,068</u>	<u>10,954,229</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,416,647,709</u>	<u>\$ 1,177,923,209</u>

See Notes to Financial Statements

THE CCHS RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 177,314,048	\$ (27,537,676)
Interest	12,454,305	11,941,954
Dividends	<u>11,067,037</u>	<u>4,772,388</u>
Net investment income (loss)	200,835,390	(10,823,334)
Employer contributions	-	89,000,000
Transfer from Martin Memorial Health Systems, Inc. Pension Plan	<u>136,847,489</u>	<u>-</u>
TOTAL ADDITIONS	<u>337,682,879</u>	<u>78,176,666</u>
DEDUCTIONS		
Benefits paid to participants	88,378,712	94,953,529
Administrative expenses	<u>10,579,667</u>	<u>12,806,785</u>
TOTAL DEDUCTIONS	<u>98,958,379</u>	<u>107,760,314</u>
NET INCREASE (DECREASE)	238,724,500	(29,583,648)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>1,177,923,209</u>	<u>1,207,506,857</u>
End of year	<u>\$ 1,416,647,709</u>	<u>\$ 1,177,923,209</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 certain 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).

On June 30, 2019, the Martin Memorial Health Systems, Inc. Pension Plan ("Martin Health") was merged into the Plan. On that date Martin Memorial Hospital Systems, Inc. became a sponsor of the Plan. Participants and beneficiaries who were covered by the terms and provisions of the Martin Health plan immediately prior to the merger shall continue to be covered by the same terms and provisions including plan administration. The terms and provisions of the merged plan will be amended by any future amendments of the combined plan.

All benefit accruals under the Plan ceased by December 31, 2012, except for employees covered under the Martin Health plan that ceased benefit accruals as of January 1, 2013. 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 appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

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

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

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

The Plan posted collateral totaling \$6,136,578 at December 31, 2019, which is included in cash equivalents and U.S. government securities on the accompanying statements of net assets available for benefits, with a third-party investment firm. The plan posted collateral totaling \$4,562,903 at December 31, 2018, which is included in U.S. government securities on the accompanying statements of net assets available for benefits, with a third-party investment firm. The collateral is restricted to support certain investment activity managed by that firm.

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., ("BNY Mellon") 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 appreciation (depreciation) 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, 2019				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 69,669,852	\$ 33,876	\$ -	\$ 69,703,728
Fixed income securities:				
Corporate bonds and notes	-	181,925,046	-	181,925,046
U.S. government and related securities	286,790,526	11,104,481	-	297,895,007
Common and preferred stocks	33,099,015	1,213,672	-	34,312,687
Registered investment companies	6,966,335	-	-	6,966,335
Investments measured at fair value	<u>\$ 396,525,728</u>	<u>\$ 194,277,075</u>	<u>\$ -</u>	<u>\$ 590,802,803</u>

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

	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>

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

	2019	2018
Investments measured at fair value	\$ 590,802,803	\$ 554,486,594
Investments measured at net asset value ^(a)		
Privately held registered investment company funds	291,110,354	130,327,792
Common collective trust funds	267,459,175	204,362,862
Alternative investments:		
Hedge funds	225,462,943	173,124,239
Private equity funds	38,976,091	34,096,338
Total investments at fair value	<u>\$ 1,413,811,366</u>	<u>\$ 1,096,397,825</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 \$7,175,500 as of December 31, 2019.

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 \$45,692,598 as of December 31, 2019.

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

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

The Martin Health Plan merged into the CCHS Retirement Plan on June 30, 2019; accordingly, all of the following actuarial data reflects the CCHS retirement Plan as of and for the year ended January 1, 2019 and does not reflect the Martin Health Plan merger.

The significant assumptions underlying the actuarial computations are as follows:

Long-term rate of return	6.40% per year
Mortality	IRS 2018 prescribed mortality (RP2014) with separate tables for healthy preretirement and postretirement participants and for disabled participants (Scale MP 2018)
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, 2019 is as follows:

Vested benefits	
Participants currently receiving payments	\$ 257,366,973
Other participants	<u>778,397,575</u>
Total vested benefits	1,035,764,548
Nonvested benefits	<u>12,443,580</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,048,208,128</u></u>

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

Actuarial present value of accumulated plan benefits at January 1, 2018	\$ 1,148,885,342
Change in actuarial assumptions	(73,661,329)
Actuarial losses	6,219,136
Increase due to passage of time	61,718,508
Decrease due to benefits paid	<u>(94,953,529)</u>
Actuarial present value of accumulated plan benefits at January 1, 2019	<u><u>\$ 1,048,208,128</u></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 2019 and 2018. Additionally, the Martin Health Plan has met the minimum funding requirements for 2019.

THE CCHS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

Certain plan investments are managed by BNY Mellon. BNY Mellon is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees for legal, accounting and other services are paid by the 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 appreciation (depreciation) in fair value of the investments, as they are deducted from the NAV of the respective investment, rather than through a direct payment.

(8) **Plan termination**

Although it has not expressed any intention to do so, the 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 dated June 2, 2020, stating that the Plan (as restated June 30, 2019) is qualified under Section 401(a) of the Internal Revenue Code, and therefore the related trust is exempt from taxation.

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, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

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

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

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

THE CCHS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

(11) Subsequent events (continued)

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

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

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

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

SCHEDULE SB ATTACHMENTS

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

Attained Age	Years of Credited Service ¹																			
	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. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	823	758	95	1,714	2	0	0	0	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	1,018	1,044	764	3,496	81	5,476	1	0	0	0	0	0	0	0	0	0	0	0
40 - 44	1	0	723	946	755	3,797	507	6,867	24	8,059	3	0	0	0	0	0	0	0	0	0
45 - 49	0	0	637	779	712	3,142	805	6,607	372	9,913	26	9,169	0	0	0	0	0	0	0	0
50 - 54	0	0	560	624	672	2,836	712	5,690	498	9,115	274	11,756	38	12,685	3	0	0	0	0	0
55 - 59	0	0	508	566	658	2,420	754	4,880	448	8,265	391	11,234	284	13,416	75	14,270	0	0	0	0
60 - 64	1	0	382	456	589	2,118	635	4,661	378	7,788	289	10,621	317	13,958	223	15,080	48	15,147	0	0
65 - 69	0	0	159	457	178	2,369	186	4,651	123	7,717	79	10,130	72	15,275	72	15,587	50	15,830	4	0
70 & Over	0	0	37	307	61	2,220	36	8,120	28	8,203	20	10,423	10	0	7	0	12	0	2	0

¹ The plan is hard frozen.

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585
 Plan Sponsor: Cleveland Clinic
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

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

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	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	803	1,999	93	4,647	2	0	0	0	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	1,003	3,275	744	9,925	75	15,154	1	0	0	0	0	0	0	0	0	0	0	0
40 - 44	1	0	703	3,824	739	13,215	500	23,388	23	29,393	3	0	0	0	0	0	0	0	0	0
45 - 49	0	0	620	3,944	680	14,309	770	28,980	344	45,588	24	43,667	0	0	0	0	0	0	0	0
50 - 54	0	0	540	3,943	642	16,811	653	32,386	430	52,639	250	71,265	36	77,402	3	0	0	0	0	0
55 - 59	0	0	491	4,211	614	18,267	675	35,968	361	57,822	310	79,648	247	98,127	67	107,409	0	0	0	0
60 - 64	1	0	366	3,979	552	20,252	564	44,606	264	66,704	191	93,663	237	121,014	199	137,419	43	152,002	0	0
65 - 69	0	0	156	4,124	158	26,631	165	49,806	93	68,086	55	97,176	39	166,542	49	160,458	42	167,275	3	0
70 & Over	0	0	36	3,109	57	18,940	31	69,606	17	0	13	0	8	0	4	0	8	0	1	0

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585
 Plan Sponsor: Cleveland Clinic
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	3.74%	2.28%
■ Second segment rate	5.35%	3.81%
■ Third segment rate	6.11%	4.46%
■ Effective interest rate	5.38%	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 rate ¹ | 6.00% |
| ■ Lump sum interest rate | September 2018 segment rates |

Plan-related expenses	\$8,945,988
------------------------------	--------------------

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

Plan Name: The CCHS Retirement Plan
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Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

- **Healthy** Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014 and then projected forward with static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).
- **Disabled** Rates for annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014 and then projected forward with static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).

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
Plan Sponsor: Cleveland Clinic
Valuation Date: January 1, 2019

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 standard me	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.

Administrative expenses

Return on asset assumption is net of expense paid by the trust; \$8,945,988 is included in the target normal cost for plan year 2019.

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585
 Plan Sponsor: Cleveland Clinic
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

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.
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Methods

Valuation date	First day of plan year.
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Funding target	Present value of accrued benefits as required by regulations under IRC §430.
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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.
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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.
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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.
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Sources of Data and Other Information

Alight furnished participant data as of January 1, 2019. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data were adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. 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
Plan Sponsor:	Cleveland Clinic
Valuation Date:	January 1, 2019

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).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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
Plan Sponsor:	Cleveland Clinic
Valuation Date:	January 1, 2019

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>

Plan Name:	The CCHS Retirement Plan
EIN / PN:	34-0714585
Plan Sponsor:	Cleveland Clinic
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables, based on RP-2014 and subsequent Society of Actuaries studies, published by the IRS in October 2017 in regulation with §1.430(h)(3)-1.
- The mortality table used to complete 417(e) conversions when calculating the funding target were revised from the IRS table applicable for plan year 2018 to the IRS table applicable for plan year 2019.
- The assumed plan-related expenses added to the target normal cost were changed from \$11,115,167 for the prior valuation to \$8,945,988 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
Plan Sponsor: Cleveland Clinic
Valuation Date: January 1, 2019

THE CCHS RETIREMENT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2019

EIN: 34-0714585
Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or loss
Category (i) - Single transactions in excess of 5% of Plan assets								
Mellon Trust	PIMCO FDS LONG DURATION CORP BD PORTFOLIO	\$ 75,000,000	N/A	\$ -	\$ -	\$ 75,000,000	\$ 75,000,000	N/A
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	75,000,000	N/A	-	-	75,000,000	75,000,000	N/A
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	96,676,220	N/A	-	-	96,676,220	96,676,220	N/A
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	128,899,190	N/A	-	-	128,899,190	128,899,190	N/A
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	N/A	75,000,000	-	-	75,000,000	75,000,000	-
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	N/A	101,327,205	-	-	101,327,205	101,327,205	-
Mellon Trust	DREYFUS GOVT CASH MGMT FUND	N/A	61,756,656	-	-	61,756,656	61,756,656	-
Category (iii) - Series of transactions in excess of 5% of Plan assets								
Mellon Trust	PIMCO SHORT-TERM FLOATING NAV PORTFOLIO II 18 purchases, 12 sales	\$ 51,405,890 N/A	N/A 51,290,000	\$ - -	\$ - -	\$ 51,405,890 51,289,970	\$ 51,405,890 51,290,000	N/A 30
Mellon Trust	PIMCO LONG DURATION CORPORATE BOND PORTFOLIO 13 purchases, 17 sales	200,516,406 N/A	N/A 9,115,966	- -	- -	200,516,406 8,551,502	200,516,406 9,115,966	N/A 564,464
Mellon Trust	U S TREASURY BOND3.375% 11/15/2048 DD 11/15/18 142 purchases, 150 sales	33,507,546 N/A	N/A 33,604,991	- -	- -	33,507,546 33,507,546	33,507,546 33,604,991	N/A 97,445
Mellon Trust	U S TREASURY BOND3.000% 02/15/2049 DD 02/15/19 176 purchases, 145 sales	53,091,149 N/A	N/A 53,424,293	- -	- -	53,091,149 53,091,149	53,091,149 33,604,991	N/A 333,144
Mellon Trust	U S TREASURY BOND2.875% 05/15/2049 DD 05/15/19 191 purchases, 164 sales	103,748,481 N/A	N/A 102,661,249	- -	- -	103,748,481 102,736,220	103,748,481 102,661,249	N/A (74,971)
Mellon Trust	U S TREASURY BOND2.250% 08/15/2049 DD 08/15/19 90 purchases, 64 sales	38,724,468 N/A	N/A 35,040,159	- -	- -	38,724,468 35,037,174	38,724,468 102,661,249	N/A 2,985
Mellon Trust	DREYFUS GOVT CASH MGMT FUND 1,025 purchases, 696 sales	753,508,316 N/A	N/A 739,334,738	- -	- -	753,508,316 739,334,738	753,508,316 739,334,738	N/A -
Mellon Trust	MERRILL LYNCH REV REPO2.280% 09/16/2019 DD 09/13/19 1 purchase, 1 sale	34,900,000 N/A	N/A 34,900,000	- -	- -	34,900,000 34,900,000	34,900,000 34,900,000	N/A -
Mellon Trust	BNY MELOLON CASH RESERVE 119 purchases, 119 sales	108,936,972 N/A	N/A 109,239,388	- -	- -	108,936,972 109,239,388	108,936,972 109,239,388	N/A -

There were no category (ii) or (iv) reportable transactions during 2019.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2019**This Form is Open to Public
Inspection**For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

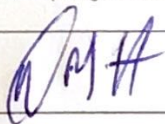
A Name of plan The CCHS Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Cleveland Clinic Foundation	D Employer Identification Number (EIN) 34-0714585
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 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>2019</u>			
2 Assets:			
a Market value.....	2a	1,174,832,002	
b Actuarial value.....	2b	1,174,832,002	
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.....	5,533	279,362,849	279,362,849
b For terminated vested participants.....	7,937	246,539,510	246,539,510
c For active participants.....	17,228	603,870,827	614,666,272
d Total.....	30,698	1,129,773,186	1,140,568,631
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	5.38%	
6 Target normal cost.....	6	8,945,988	

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 	OCTOBER 2, 2020
Signature of actuary		Date
David M Hauer		2006576
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) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

Part II	Beginning of Year Carryover and Retaining Balance	(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>-0.94%</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).....		81,190,709
	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>5.56%</u>		4,514,203
	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.....		85,704,912
	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	103.00%
15	Adjusted funding target attainment percentage	15	103.00%
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	106.32%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

Inquiry Statement as of end of quarter of the prior 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: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	8,945,988										
b Excess assets, if applicable, but not greater than line 31a	31b	8,945,988										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2019

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</i>	<i>Assumed Rate</i>	<i>Participants At Beginning</i>	<i>Participants Retiring: (2)x(3)</i>	<i>Weighted Value (1)*(4)</i>
(1)	(2)	(3)	(4)	(5)
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, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor The Cleveland Clinic Foundation

EIN / PN 34-0714585 / 001

Plan Name The CCHS Retirement Plan

Valuation Date January 1, 2019

Enrolled Actuary David M. Hauer

Enrollment Number 20-06576

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

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

Plan Name:	The CCHS Retirement Plan
EIN / PN:	34-0714585 / 001
Plan Sponsor:	The Cleveland Clinic Foundation
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Marymount The Marymount Hospital–Greater Cleveland Hospital Association Retirement Plan

Medina The Medina General Hospital Pension Plan

Meridia The Meridia Health System Retirement Plan

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

Plan Name: The CCHS Retirement Plan
 EIN / PN: 34-0714585 / 001
 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

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

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.

Plan Name: The CCHS Retirement Plan
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SCHEDULE SB ATTACHMENTS

	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.
Projected benefit service	Sum of: Benefit service at determination date; and 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, 2019

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)

Age Plus Service Points	Credit for Earnings	Additional Credit for Earnings Above SSWB
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)

Years of Service	Credit for Earnings
Under 5	2.5%
Over 4	3.5%

ABP

Age Plus Service Points	Percent of Earnings
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, 2019

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
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Plan Sponsor:	The Cleveland Clinic Foundation
Valuation Date:	January 1, 2019

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, 2019

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>

Plan Name:	The CCHS Retirement Plan
EIN / PN:	34-0714585 / 001
Plan Sponsor:	The Cleveland Clinic Foundation
Valuation Date:	January 1, 2019

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement Monthly pension benefit determined as of NRD.

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
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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
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 Plan Sponsor: The Cleveland Clinic Foundation
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Actuarial equivalence for forms of payment

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, 2019

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
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Plan Sponsor: The Cleveland Clinic Foundation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the 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, 2019

THE CCHS RETIREMENT PLAN

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

December 31, 2019

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	68,447,129	\$ 68,449,640	\$ 68,449,640
*	NORTHERN COLLECTIVE SHORT-TERM INVESTMENT FUND	5,041	5,041	5,041
	LEHMAN PROXY WAMCO - REC	25,094	25,094	33,876
	NON-BASE CURRENCY-AUSTRALIAN DOLLAR	-	344,737	351,671
	NON-BASE CURRENCY-CANADIAN DOLLAR	-	861	872
	NON-BASE CURRENCY-DANISH KRONE	-	524	524
	NON-BASE CURRENCY-EURO CURRENCY UNIT	-	13,892	13,865
	NON-BASE CURRENCY-JAPANESE YEN	-	17,074	17,795
	NON-BASE CURRENCY-MEXICAN PESO	-	0	0
	NON-BASE CURRENCY-POUND STERLING	-	373,021	379,154
	NON-BASE CURRENCY-SINGAPORE DOLLAR	-	263	271
	NON-BASE CURRENCY-SOUTH AFRICAN RAND	-	1	1
	NON-BASE CURRENCY-SWISS FRANC	-	15	18
	CASH COLLATERAL HELD AT MORGAN STANLEY	81,000	81,000	81,000
	MS ICE CCP COLLAT VAR RT 01/01/2049 DD 02/19/13	309,000	309,000	309,000
	MORG CCP COLLATERAL VAR RT 01/01/2049 DD 07/01/08	61,000	61,000	61,000
Total cash and cash equivalents			69,681,162	69,703,728
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	534,611
	CALIFORNIA ST 7.625% 03/01/2040 DD 04/01/10	1,250,000	1,846,013	2,001,538
	DALLAS CNTY TX HOSP DIST 5.621% 08/15/2044 DD 09/17/09	200,000	239,492	263,590
	GRAND PARKWAY TRANSPRTN CORP T 5.184% 10/01/2042 DD 08/01/13	160,000	186,594	204,923
	LOS ANGELES CA UNIF SCH DIST 6.758% 07/01/2034 DD 03/04/10	875,000	1,143,896	1,206,293
	NEW YORK CITY NY MUNI WTR FIN 5.724% 06/15/2042 DD 06/30/10	120,000	150,652	169,223
	N TX TOLLWAY AUTH REVENUE 6.718% 01/01/2049 DD 08/12/09	500,000	714,270	784,465
	PORT AUTH OF NEW YORK & NEW JE 4.458% 10/01/2062 DD 10/10/12	723,000	776,334	886,109
	SAN ANTONIO TX ELEC & GAS REVE 4.427% 02/01/2042 DD 03/29/12	890,000	957,426	1,031,661
	TEXAS ST TRANSPRTN COMMISSIONS 5.178% 04/01/2030 DD 08/05/10	750,000	851,970	902,873
	U S TREASURY BILL 0.000% 03/05/2020 DD 09/05/19	2,025,000	2,019,456	2,019,456
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2038 DD 02/15/08	655,000	429,406	442,832
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2038 DD 08/15/08	2,145,000	1,305,950	1,439,853
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2039 DD 08/17/09	1,355,000	849,818	869,869
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2040 DD 11/15/10	815,000	510,155	501,999
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2043 DD 02/15/13	6,360,000	3,068,566	3,648,350
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2043 DD 08/15/13	1,415,000	780,326	800,649
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2043 DD 11/15/13	4,610,000	2,599,101	2,591,143
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2045 DD 05/15/15	725,000	408,831	392,783
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2045 DD 08/17/15	4,420,000	2,345,326	2,381,142
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2046 DD 02/16/16	3,840,000	1,977,783	2,044,723

THE CCHS RETIREMENT PLAN

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

December 31, 2019

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% 05/15/2046 DD 05/16/16	3,065,000	1,345,850	1,622,059
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2046 DD 11/15/16	5,900,000	2,676,678	3,089,476
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2047 DD 02/15/17	3,560,000	1,757,846	1,857,822
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2047 DD 05/15/17	16,095,000	7,120,243	8,330,289
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2047 DD 08/15/17	4,055,000	2,093,348	2,083,581
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2047 DD 11/15/17	500,000	259,947	255,220
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2048 DD 02/15/18	1,630,000	843,270	827,225
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2048 DD 05/15/18	6,210,000	3,102,301	3,135,491
	U S TREASURY BOND 5.375% 02/15/2031 DD 02/15/01	17,000,000	21,313,750	22,832,530
	U S TREASURY NOTE 2.250% 11/15/2027 DD 11/15/17	20,030,000	18,980,772	20,599,653
	U S TREASURY NOTE 2.250% 12/31/2024 DD 12/31/17	16,750,000	16,802,247	17,196,220
	U S TREASURY NOTE 2.000% 11/15/2026 DD 11/15/16	18,750,000	17,551,758	18,967,500
	U S TREASURY BD CPN STRIP 0.000% 02/15/2032 DD 02/15/06	32,520,000	22,158,833	24,997,148
	U S TREASURY BD CPN STRIP 0.000% 02/15/2033 DD 02/15/06	25,600,000	17,419,994	19,156,224
	U S TREASURY BD CPN STRIP 0.000% 02/15/2034 DD 02/15/06	15,870,000	9,923,511	11,540,823
	U S TREASURY BD CPN STRIP 0.000% 02/15/2035 DD 02/15/06	16,360,000	9,904,508	11,572,246
	U S TREASURY BD CPN STRIP 0.000% 08/15/2035 DD 02/15/06	1,995,000	1,187,496	1,391,971
	U S TREASURY BD CPN STRIP 0.000% 02/15/2036 DD 02/15/06	1,270,000	863,431	876,503
	U S TREASURY BD CPN STRIP 0.000% 05/15/2035 DD 08/15/07	935,000	561,711	656,959
	U S TREASURY BD CPN STRIP 0.000% 11/15/2037 DD 08/15/08	640,000	356,387	418,528
	U S TREASURY BD CPN STRIP 0.000% 05/15/2038 DD 08/15/08	600,000	373,932	388,392
	U S TREASURY BD CPN STRIP 0.000% 08/15/2038 DD 02/17/09	1,870,000	1,063,218	1,200,110
	U S TREASURY BD CPN STRIP 0.000% 11/15/2038 DD 05/15/09	1,280,000	690,302	813,440
	U S TREASURY BD CPN STRIP 0.000% 05/15/2039 DD 05/15/09	310,000	202,802	194,913
	U S TREASURY BD CPN STRIP 0.000% 11/15/2039 DD 11/16/09	325,000	203,925	200,899
	U S TREASURY BD CPN STRIP 0.000% 02/15/2040 DD 02/16/10	1,090,000	612,513	670,067
	U S TREASURY BD CPN STRIP 0.000% 05/15/2040 DD 05/17/10	2,740,000	1,537,561	1,671,811
	U S TREASURY BD CPN STRIP 0.000% 08/15/2040 DD 08/16/10	1,410,000	726,985	854,150
	U S TREASURY BD CPN STRIP 0.000% 11/15/2040 DD 11/15/10	2,415,000	1,228,532	1,451,681
	U S TREASURY BD CPN STRIP 0.000% 02/15/2041 DD 02/15/11	1,305,000	679,343	778,472
	U S TREASURY BD CPN STRIP 0.000% 05/15/2041 DD 05/16/11	1,490,000	749,977	884,062
	U S TREASURY BD CPN STRIP 0.000% 08/15/2041 DD 08/15/11	800,000	393,552	470,736
	U S TREASURY BD CPN STRIP 0.000% 11/15/2041 DD 11/15/11	950,000	463,534	555,038
	U S TREASURY BD CPN STRIP 0.000% 02/15/2042 DD 02/15/12	1,795,000	886,730	1,040,992
	U S TREASURY BD CPN STRIP 0.000% 05/15/2042 DD 05/15/12	740,000	387,062	426,040
	U S TREASURY BD CPN STRIP 0.000% 08/15/2042 DD 08/15/12	810,000	412,847	462,664
	U S TREASURY BD CPN STRIP 0.000% 11/15/2042 DD 11/15/12	2,435,000	1,166,787	1,384,103
	U S TREASURY BD CPN STRIP 0.000% 02/15/2043 DD 02/15/13	1,465,000	687,202	826,597
	U S TREASURY BD CPN STRIP 0.000% 05/15/2043 DD 05/15/13	2,175,000	1,030,201	1,217,913
	U S TREASURY BD CPN STRIP 0.000% 08/15/2043 DD 08/15/13	1,680,000	806,275	935,676
	U S TREASURY BD CPN STRIP 0.000% 11/15/2043 DD 11/15/13	300,000	155,914	166,053
	U S TREASURY BD CPN STRIP 0.000% 02/15/2044 DD 02/18/14	1,070,000	530,412	587,922

THE CCHS RETIREMENT PLAN

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

December 31, 2019

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% 05/15/2044 DD 05/15/14	1,685,000	879,206	918,797
	U S TREASURY BD CPN STRIP 0.000% 11/15/2044 DD 11/17/14	435,000	213,568	234,339
	U S TREASURY BD CPN STRIP 0.000% 02/15/2045 DD 02/17/15	985,000	434,749	528,354
	U S TREASURY BD CPN STRIP 0.000% 05/15/2046 DD 05/16/16	115,000	48,780	59,753
	UNIV OF CALIFORNIA CA RGTS MED 6.548% 05/15/2048 DD 11/18/10	1,090,000	1,456,414	1,573,927
	US 10YR ULTRA FUTURE (CBT) EXP MAR 20	634	-	(1,106,328)
	US TREAS BD FUTURE (CBT) EXP MAR 20	661	-	(1,901,789)
	US 10YR NOTE FUTURE (CBT) EXP MAR 20	913	-	(975,836)
	US 5YR NOTE FUTURE (CBT) EXP MAR 20	1,474	-	(633,734)
	US 2YR NOTE FUTURE (CBT) EXP MAR 20	214	-	(36,336)
	US ULTRA BOND (CBT) EXP MAR 20	9	-	(56,577)
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2039 DD 05/15/09	2,380,000	1,544,517	1,540,384
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2039 DD 11/16/09	1,785,000	1,153,981	1,135,831
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2040 DD 08/16/10	535,000	343,201	332,305
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2041 DD 02/15/11	925,000	574,881	566,655
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2041 DD 05/16/11	1,120,000	645,136	679,437
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2041 DD 08/15/11	570,000	350,398	342,416
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2041 DD 11/15/11	565,000	340,735	336,661
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2044 DD 02/18/14	8,720,000	4,600,328	4,870,207
	U S TREASURY BD PRIN STRIP 0.000% 05/15/2044 DD 05/15/14	4,685,000	2,752,373	2,599,191
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2044 DD 11/17/14	290,000	159,758	158,897
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2046 DD 08/15/16	1,550,000	845,527	815,812
	U S TREASURY BD PRIN STRIP 0.000% 08/15/2048 DD 08/15/18	2,455,000	1,283,660	1,231,821
	U S TREASURY BD PRIN STRIP 0.000% 11/15/2048 DD 11/15/18	9,640,000	4,767,963	4,822,217
	U S TREASURY BD PRIN STRIP 0.000% 02/15/2049 DD 02/15/19	6,490,000	3,272,410	3,220,014
	U S TREASURY BOND 3.125% 05/15/2048 DD 05/15/18	6,910,000	8,721,716	7,976,766
	U S TREASURY NOTE 2.875% 08/15/2028 DD 08/15/18	12,660,000	14,004,630	13,654,063
	U S TREASURY BD CPN STRIP 0.000% 08/15/2032 DD 02/15/06	10,000,000	7,628,800	7,583,600
	U S TREASURY BD CPN STRIP 0.000% 08/15/2033 DD 02/15/06	10,000,000	7,436,200	7,378,100
	U S TREASURY BD CPN STRIP 0.000% 11/15/2032 DD 08/15/07	10,000,000	7,579,100	7,533,800
	U S TREASURY BD CPN STRIP 0.000% 11/15/2033 DD 08/15/07	10,000,000	7,386,400	7,326,300
	U S TREASURY BD CPN STRIP 0.000% 11/15/2035 DD 08/15/07	85,000	57,637	58,859
	U S TREASURY BD CPN STRIP 0.000% 05/15/2036 DD 08/15/07	930,000	577,864	634,390
	U S TREASURY BD CPN STRIP 0.000% 02/15/2038 DD 02/15/08	2,510,000	1,610,715	1,637,976
	U S TREASURY BD CPN STRIP 0.000% 02/15/2039 DD 02/17/09	185,000	118,060	117,144
	U S TREASURY BD CPN STRIP 0.000% 08/15/2044 DD 08/15/14	1,030,000	539,263	558,126
	U S TREASURY BD CPN STRIP 0.000% 11/15/2045 DD 11/16/15	205,000	110,593	107,736
	NEW YORK CITY NY MUNI WTR FIN 5.952% 06/15/2042 DD 02/03/10	85,000	126,630	122,573
	TEXAS ST PRIV ACTIVITY BOND SU 3.922% 12/31/2049 DD 12/17/19	180,000	180,000	180,943
	U S TREASURY BOND 2.250% 08/15/2049 DD 08/15/19	3,735,000	3,687,294	3,633,445
	U S TREASURY NOTE 1.750% 11/15/2029 DD 11/15/19	1,425,000	1,405,928	1,404,623
	US 10YR NOTE FUTURE MAR 20 CALL FEB 20 131.000 ED 012420	(2)	(498)	(63)

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	US 10YR NOTE FUTURE MAR 20 CALL FEB 20 131.500 ED 012420	(12)	(2,333)	(188)
	US 10YR NOTE FUTURE MAR 20 CALL FEB 20 132.500 ED 012420	(9)	(1,676)	(141)
	US 10YR NOTE FUTURE MAR 20 CALL FEB 20 129.000 ED 012420	(7)	(2,009)	(1,859)
	US 10YR NOTE FUTURE MAR 20 CALL MAR 20 130.500 ED 022120	(8)	(3,237)	(1,375)
	US 10YR NOTE FUTURE MAR 20 PUT FEB 20 126.500 ED 01/24/20	(2)	(498)	(94)
	US 10YR NOTE FUTURE MAR 20 PUT FEB 20 127.000 ED 01/24/20	(19)	(3,686)	(1,781)
	US 10YR NOTE FUTURE MAR 20 PUT FEB 20 127.500 ED 01/24/20	(9)	(1,676)	(1,688)
	US 10YR NOTE FUTURE MAR 20 PUT MAR 20 127.500 ED 02/21/20	(11)	(3,870)	(4,297)
	COMMIT TO PUR FNMA SF MTG 2.500% 01/01/2050 DD 01/01/20	1,000,000	987,031	988,790
	COMMIT TO PUR FNMA SF MTG OTC CALL JAN 20 099.46875 ED 010720	(800,000)	(2,000)	(226)
	COMMITMENT TO PURCHASE FNMA SI PUT JAN 20 097.5625 ED 010720	(500,000)	(1,973)	(3)
	COMMIT TO PUR FNMA SF MTG OTC PUT JAN 20 097.46875 ED 010720	(800,000)	(2,250)	(3)
	COMMIT TO PUR FNMA SF MTG OTC PUT DEC 20 099.8125 ED 020520	(350,000)	(520)	(104)
	COMMIT TO PUR FNM SF MTG (OTC) PUT FEB 20 100.703125 ED 20520	(400,000)	(1,156)	(592)
	COMMIT TO PUR FNM SF MTG (OTC) PUT FEB 20 100.6875 ED 020520	(900,000)	(2,602)	(1,301)
	COMMIT TO PUR FNMA SF MTG 3.500% 01/01/2050 DD 01/01/20	200,000	205,406	205,742
	FHLMC POOL #QA-5254 2.500% 12/01/2049 DD 12/01/19	50,000	49,234	49,449
	U S TREASURY BOND 2.875% 05/15/2049 DD 05/15/19	891,000	1,012,261	984,733
	U S TREASURY BOND 2.375% 11/15/2049 DD 11/15/19	700,000	708,641	699,643
	US TREAS-CPI INFLAT 0.875% 01/15/2029 DD 01/15/19	101,911	104,907	108,219
	U S TREASURY NOTE 2.625% 02/15/2029 DD 02/15/19	-	365	-
	Total U.S. government and related securities		284,736,361	297,895,007
	Corporate bonds and notes			
	AEP TEXAS INC 3.800% 10/01/2047 DD 09/22/17	615,000	562,347	645,246
	AT&T INC 4.350% 06/15/2045 DD 06/15/13	785,000	663,435	847,494
	AT&T INC 4.800% 06/15/2044 DD 06/10/14	405,000	370,105	462,105
	AT&T INC 4.500% 05/15/2035 DD 05/04/15	805,000	746,155	897,036
	AT&T INC 4.750% 05/15/2046 DD 05/04/15	800,000	729,414	905,392
	AT&T INC 6.350% 03/15/2040 DD 03/15/16	305,000	334,399	396,158
	AT&T INC 6.000% 08/15/2040 DD 02/15/16	160,000	168,410	204,934
	AT&T INC 4.500% 03/09/2048 DD 09/07/16	585,000	502,000	646,308
	AT&T INC 4.550% 03/09/2049 DD 09/07/16	165,000	150,054	183,236
	AT&T INC 5.250% 03/01/2037 DD 02/09/17	260,000	265,829	310,643
	AT&T INC 5.450% 03/01/2047 DD 02/09/17	547,000	537,343	679,522
	AT&T INC 5.150% 11/15/2046 DD 11/15/18	310,000	298,371	371,175
	ABBOTT LABORATORIES 3.750% 11/30/2026 DD 11/22/16	117,000	116,013	127,840
	ABBOTT LABORATORIES 4.750% 11/30/2036 DD 11/22/16	130,000	137,579	163,040
	ABBOTT LABORATORIES 4.900% 11/30/2046 DD 11/22/16	810,000	877,489	1,064,551
	ABBVIE INC 4.500% 05/14/2035 DD 05/14/15	885,000	861,291	998,147
	ABBVIE INC 4.450% 05/14/2046 DD 05/12/16	150,000	140,178	160,664

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	ABBVIE INC 4.875% 11/14/2048 DD 09/18/18	35,000	34,729	40,437
	CHUBB INA HOLDINGS INC 4.350% 11/03/2045 DD 11/03/15	155,000	160,025	187,851
	ALTRIA GROUP INC 3.875% 09/16/2046 DD 09/16/16	40,000	35,311	36,928
	AMAZON.COM INC 3.875% 08/22/2037 DD 02/22/18	450,000	441,720	511,466
	AMAZON.COM INC 4.050% 08/22/2047 DD 02/22/18	65,000	64,005	76,495
	AMEREN ILLINOIS CO 4.500% 03/15/2049 DD 11/15/18	640,000	639,405	779,840
	AMERICAN INTERNATIONAL GROUP I 4.750% 04/01/2048 DD 03/26/18	560,000	548,963	675,259
	AMGEN INC 4.400% 05/01/2045 DD 05/01/15	160,000	152,957	179,288
	AMGEN INC 4.663% 06/15/2051 DD 12/15/16	435,000	427,357	512,530
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.375% 04/15/2038 DD 04/04/18	470,000	456,398	527,989
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.600% 04/15/2048 DD 04/04/18	680,000	644,647	778,192
	ANTHEM INC 4.375% 12/01/2047 DD 11/21/17	35,000	36,979	38,644
	ANTHEM INC 4.550% 03/01/2048 DD 03/02/18	510,000	502,282	577,208
	APPLE INC 3.850% 05/04/2043 DD 05/03/13	625,000	602,719	700,706
	APPLE INC 3.450% 02/09/2045 DD 02/09/15	330,000	297,749	347,856
	APPLE INC 4.500% 02/23/2036 DD 02/23/16	150,000	162,333	182,291
	APPLE INC 4.650% 02/23/2046 DD 02/23/16	555,000	602,891	696,386
	APPLE INC 3.850% 08/04/2046 DD 08/04/16	190,000	188,340	214,282
	APPLE INC 3.750% 09/12/2047 DD 09/12/17	85,000	80,431	94,682
	ASTRAZENECA PLC 4.000% 01/17/2029 DD 08/17/18	210,000	207,961	233,283
	ASTRAZENECA PLC 4.375% 08/17/2048 DD 08/17/18	210,000	209,386	245,421
	BAT CAPITAL CORP 4.390% 08/15/2037 DD 08/15/18	1,000,000	934,787	1,012,660
	BAT CAPITAL CORP 4.540% 08/15/2047 DD 08/15/18	410,000	366,065	412,345
	BHP BILLITON FINANCE USA LTD 5.000% 09/30/2043 DD 09/30/13	95,000	105,511	121,667
	BANK OF AMERICA NA 6.000% 10/15/2036 DD 10/26/06	465,000	552,499	636,371
	BANK OF AMERICA CORP 3.248% 10/21/2027 DD 10/21/16	780,000	729,635	813,119
	BANK OF AMERICA CORP 4.183% 11/25/2027 DD 11/25/16	50,000	48,897	54,223
	BANK OF AMERICA CORP VAR RT 01/20/2028 DD 01/20/17	95,000	92,757	102,002
	BANK OF AMERICA CORP VAR RT 12/20/2028 DD 12/20/17	260,000	242,890	273,036
	BANK OF AMERICA CORP VAR RT 03/05/2029 DD 03/05/18	280,000	274,394	305,136
	BANK OF AMERICA CORP VAR RT 07/23/2029 DD 07/23/18	160,000	160,678	177,843
	BECTON DICKINSON AND CO 3.700% 06/06/2027 DD 06/06/17	141,000	133,097	150,052
	BECTON DICKINSON AND CO 4.669% 06/06/2047 DD 06/06/17	235,000	241,023	280,167
	BERKSHIRE HATHAWAY FINANCE COR 4.200% 08/15/2048 DD 08/15/18	810,000	810,170	959,024
	BOEING CO/THE 6.625% 02/15/2038 DD 02/24/98	230,000	309,557	323,145
	BOEING CO/THE 6.875% 03/15/2039 DD 03/13/09	245,000	339,697	359,310
	BOEING CO/THE 3.500% 03/01/2045 DD 02/20/15	90,000	82,087	89,271
	BURLINGTON NORTHERN SANTA FE L 4.150% 04/01/2045 DD 03/09/15	225,000	233,778	255,465
	BURLINGTON NORTHERN SANTA FE L 4.050% 06/15/2048 DD 03/05/18	100,000	96,977	113,415
	BURLINGTON NORTHERN SANTA FE L 4.150% 12/15/2048 DD 08/02/18	45,000	53,067	51,856
	BURLINGTON NORTHERN SANTA FE L 6.150% 05/01/2037 DD 04/13/07	640,000	792,819	897,133
	CVS HEALTH CORP 5.125% 07/20/2045 DD 07/20/15	305,000	314,103	361,828

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	CVS HEALTH CORP 4.300% 03/25/2028 DD 03/09/18	635,000	677,913	693,699
	CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18	410,000	405,687	466,117
	CVS HEALTH CORP 5.050% 03/25/2048 DD 03/09/18	1,565,000	1,651,916	1,854,572
	CAMPBELL SOUP CO 4.800% 03/15/2048 DD 03/16/18	230,000	216,102	266,421
	CANADIAN PACIFIC RR CO 6.125% 09/15/2115 DD 09/11/15	990,000	1,176,684	1,454,132
	CATERPILLAR INC 4.750% 05/15/2064 DD 05/08/14	630,000	658,999	795,381
	CHARTER COMMUNICATIONS OPERATI 6.384% 10/23/2035 DD 10/23/16	715,000	761,289	899,935
	CHARTER COMMUNICATIONS OPERATI 5.750% 04/01/2048 DD 04/17/18	300,000	296,924	350,376
	CITIGROUP INC 6.625% 06/15/2032 DD 06/06/02	235,000	279,594	316,484
	CITIGROUP INC 5.300% 05/06/2044 DD 05/06/14	55,000	58,584	70,170
	CITIGROUP INC 4.300% 11/20/2026 DD 11/20/14	60,000	59,105	65,337
	CITIGROUP INC 4.450% 09/29/2027 DD 09/29/15	80,000	79,068	88,142
	CITIGROUP INC 4.750% 05/18/2046 DD 05/18/16	175,000	172,478	209,323
	CITIGROUP INC VAR RT 01/24/2039 DD 01/24/18	325,000	299,283	356,057
	COLOMBIA GOVERNMENT INTERNATIO 5.625% 02/26/2044 DD 01/28/14	480,000	516,014	596,400
	COLOMBIA GOVERNMENT INTERNATIO 4.500% 03/15/2029 DD 10/12/18	135,000	134,139	149,715
	COLUMBIA PIPELINE GROUP INC 5.800% 06/01/2045 DD 12/01/15	860,000	963,000	1,091,159
	COMCAST CORP 5.650% 06/15/2035 DD 06/09/05	80,000	89,530	105,286
	COMCAST CORP 6.550% 07/01/2039 DD 06/18/09	15,000	18,398	21,372
	COMCAST CORP 4.250% 01/15/2033 DD 01/14/13	185,000	183,853	214,430
	COMCAST CORP 4.200% 08/15/2034 DD 08/12/14	390,000	379,809	445,103
	COMCAST CORP 4.600% 08/15/2045 DD 05/27/15	740,000	727,398	889,717
	COMCAST CORP 3.969% 11/01/2047 DD 10/19/17	200,000	186,418	220,346
	COMCAST CORP 3.900% 03/01/2038 DD 02/08/18	430,000	398,438	476,436
	COMCAST CORP 4.600% 10/15/2038 DD 10/05/18	240,000	239,328	286,145
	COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	1,295,000	1,287,702	1,599,027
	COMCAST CORP 4.950% 10/15/2058 DD 10/05/18	282,000	282,317	367,508
	CONOCOPHILLIPS CO 4.300% 11/15/2044 DD 11/12/14	690,000	703,110	810,053
	CONSOLIDATED EDISON CO OF NEW 4.300% 12/01/2056 DD 11/16/16	150,000	146,189	169,418
	CONSTELLATION BRANDS INC 4.500% 05/09/2047 DD 05/09/17	135,000	125,399	147,321
	CONSTELLATION BRANDS INC 4.100% 02/15/2048 DD 02/07/18	335,000	291,545	350,561
	CONSTELLATION BRANDS INC 4.650% 11/15/2028 DD 10/29/18	100,000	99,720	112,548
	CONSTELLATION BRANDS INC 5.250% 11/15/2048 DD 10/29/18	125,000	132,500	152,050
	EXELON CORP 7.600% 04/01/2032 DD 03/26/02	365,000	467,404	504,065
	CORP NACIONAL DEL COBRE D 144A 4.875% 11/04/2044 DD 11/04/14	315,000	320,368	360,505
	CREDIT SUISSE GROUP AG 144A 4.282% 01/09/2028 DD 01/09/17	50,000	49,126	54,406
	DEUTSCHE TELEKOM INTERNATIONAL VAR RT 06/15/2030 DD 07/06/00	280,000	378,725	412,496
	DEVON ENERGY CORP 4.750% 05/15/2042 DD 05/14/12	20,000	18,196	22,438
	DEVON ENERGY CORP 5.000% 06/15/2045 DD 06/16/15	250,000	250,223	290,168
	DIAGEO CAPITAL PLC 3.875% 04/29/2043 DD 04/29/13	475,000	461,125	524,723
	DISCOVERY COMMUNICATIONS LLC 5.000% 09/20/2037 DD 09/21/17	180,000	174,281	203,434
	DISCOVERY COMMUNICATIONS LLC 5.200% 09/20/2047 DD 09/21/17	275,000	266,536	320,568

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	DUKE ENERGY INDIANA LLC 6.350% 08/15/2038 DD 08/21/08	685,000	880,787	973,241
	DUKE ENERGY INDIANA LLC 6.450% 04/01/2039 DD 03/23/09	80,000	104,010	115,094
	DUKE ENERGY INDIANA LLC 4.900% 07/15/2043 DD 07/11/13	60,000	66,224	74,023
	DUKE ENERGY CAROLINAS LLC 3.750% 06/01/2045 DD 03/12/15	230,000	216,278	248,186
	DUKE ENERGY FLORIDA LLC 4.200% 07/15/2048 DD 06/21/18	375,000	377,785	434,850
	ELECTRICITE DE FRANCE SA 144A 4.875% 01/22/2044 DD 01/22/14	80,000	82,154	91,846
	ELECTRICITE DE FRANCE SA 144A 6.000% 01/22/2114 DD 01/22/14	270,000	282,687	318,946
	ELECTRICITE DE FRANCE SA 144A 4.950% 10/13/2045 DD 10/13/15	20,000	20,790	23,620
	EL PASO NATURAL GAS CO LLC VAR RT 06/15/2032 DD 06/15/03	220,000	278,304	307,520
	KINDER MORGAN ENERGY PARTNERS 4.700% 11/01/2042 DD 11/08/12	70,000	64,745	74,789
	EMERA US FINANCE LP 4.750% 06/15/2046 DD 12/15/16	255,000	252,815	295,252
	ENERGY TRANSFER OPERATING LP 5.150% 02/01/2043 DD 01/22/13	25,000	23,405	25,700
	ENERGY TRANSFER OPERATING LP 5.950% 10/01/2043 DD 09/19/13	245,000	252,242	273,672
	ENERGY TRANSFER OPERATING LP 4.900% 03/15/2035 DD 03/12/15	215,000	201,311	225,855
	ENERGY TRANSFER OPERATING LP 5.150% 03/15/2045 DD 03/12/15	230,000	217,060	242,153
	ENERGY TRANSFER OPERATING LP 6.125% 12/15/2045 DD 06/23/15	175,000	184,975	202,953
	ENERGY TRANSFER OPERATING LP 5.300% 04/15/2047 DD 01/17/17	295,000	284,209	314,924
	ENTERPRISE PRODUCTS OPERATING 6.650% 10/15/2034 DD 10/04/04	420,000	511,631	571,061
	ENTERPRISE PRODUCTS OPERATING 4.950% 10/15/2054 DD 10/14/14	195,000	195,681	225,250
	ENTERPRISE PRODUCTS OPERATING 4.900% 05/15/2046 DD 05/07/15	15,000	15,467	17,594
	ENTERPRISE PRODUCTS OPERATING 4.250% 02/15/2048 DD 02/15/18	270,000	252,445	290,085
	ENTERPRISE PRODUCTS OPERATING 4.800% 02/01/2049 DD 10/11/18	45,000	45,663	52,864
	EXELON GENERATION CO LLC 5.600% 06/15/2042 DD 12/15/12	875,000	903,009	1,001,131
	EXELON CORP 4.950% 06/15/2035 DD 12/15/15	290,000	303,792	335,753
	FEDEX CORP 4.950% 10/17/2048 DD 10/17/18	90,000	93,467	98,393
	FIRSTENERGY CORP 4.850% 07/15/2047 DD 06/21/17	155,000	158,991	184,393
	FLORIDA POWER & LIGHT CO 5.950% 10/01/2033 DD 10/15/03	340,000	415,422	453,808
	FLORIDA POWER & LIGHT CO 3.950% 03/01/2048 DD 02/28/18	475,000	465,343	542,089
	DUKE ENERGY FLORIDA LLC 6.350% 09/15/2037 DD 09/18/07	775,000	994,387	1,085,822
	GE CAPITAL INTERNATIONAL FUNDI 4.418% 11/15/2035 DD 05/15/16	2,890,000	2,825,698	3,091,520
	GENERAL ELECTRIC CO 4.125% 10/09/2042 DD 10/09/12	330,000	299,818	340,441
	GENERAL MOTORS CO 6.250% 10/02/2043 DD 04/02/14	565,000	584,796	634,800
	GENERAL MOTORS CO 6.600% 04/01/2036 DD 02/23/16	235,000	251,502	277,371
	GEORGIA POWER CO 4.300% 03/15/2042 DD 03/06/12	225,000	217,123	246,897
	GILEAD SCIENCES INC 4.500% 02/01/2045 DD 11/17/14	135,000	134,530	156,938
	GILEAD SCIENCES INC 4.750% 03/01/2046 DD 09/14/15	120,000	123,583	144,305
	GILEAD SCIENCES INC 4.600% 09/01/2035 DD 09/14/15	360,000	371,844	429,883
	GILEAD SCIENCES INC 4.000% 09/01/2036 DD 09/20/16	125,000	120,099	138,400
	GOLDMAN SACHS GROUP INC/THE 4.800% 07/08/2044 DD 07/08/14	585,000	598,086	708,593
	GOLDMAN SACHS GROUP INC/THE VAR RT 05/01/2029 DD 04/23/18	35,000	38,309	38,590
	GOLDMAN SACHS GROUP INC/THE VAR RT 04/23/2039 DD 04/23/18	95,000	92,123	108,256
	GOLDMAN SACHS GROUP INC/THE 5.150% 05/22/2045 DD 05/22/15	590,000	601,570	725,252

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	GOLDMAN SACHS GROUP INC/THE VAR RT 10/31/2038 DD 10/31/17	330,000	305,768	358,637
	HALLIBURTON CO 4.850% 11/15/2035 DD 11/13/15	360,000	375,178	407,326
	HALLIBURTON CO 5.000% 11/15/2045 DD 11/13/15	130,000	137,136	148,607
	HOME DEPOT INC/THE 4.875% 02/15/2044 DD 09/10/13	355,000	391,263	451,869
	HOME DEPOT INC/THE 3.900% 06/15/2047 DD 06/05/17	445,000	427,213	503,620
	INDIANA MICHIGAN POWER CO 4.250% 08/15/2048 DD 08/08/18	135,000	135,385	154,529
	INTEL CORP 4.000% 12/15/2032 DD 12/11/12	415,000	429,716	484,181
	INTEL CORP 3.734% 12/08/2047 DD 06/08/18	250,000	239,968	275,245
	JPMORGAN CHASE & CO 5.500% 10/15/2040 DD 10/21/10	120,000	136,609	161,462
	JPMORGAN CHASE & CO 3.625% 12/01/2027 DD 11/16/16	170,000	161,978	179,610
	JPMORGAN CHASE & CO VAR RT 02/01/2028 DD 02/01/17	570,000	556,748	614,682
	JPMORGAN CHASE & CO VAR RT 02/22/2048 DD 02/22/17	165,000	158,563	195,015
	JPMORGAN CHASE & CO VAR RT 07/24/2038 DD 07/24/17	105,000	97,971	116,228
	JPMORGAN CHASE & CO VAR RT 07/24/2048 DD 07/24/17	490,000	451,702	560,060
	JPMORGAN CHASE & CO VAR RT 11/15/2048 DD 11/10/17	680,000	650,672	770,515
	JPMORGAN CHASE & CO VAR RT 01/23/2049 DD 01/23/18	195,000	176,389	219,469
	JPMORGAN CHASE & CO VAR RT 04/23/2029 DD 04/23/18	620,000	611,140	681,027
	JPMORGAN CHASE & CO 5.400% 01/06/2042 DD 12/22/11	170,000	191,488	228,888
	KAISER FOUNDATION HOSPITALS 4.150% 05/01/2047 DD 05/03/17	160,000	163,573	182,741
	BMKAUPTHING BANK HF 7.625% 02/28/2020 DD 02/28/08	540,000	498,887	498,887
	KENTUCKY UTILITIES CO 5.125% 11/01/2040 DD 05/01/11	965,000	1,098,102	1,198,356
	KINDER MORGAN ENERGY PARTNERS 6.950% 01/15/2038 DD 06/21/07	490,000	575,485	649,191
	KINDER MORGAN INC 5.550% 06/01/2045 DD 11/26/14	810,000	854,724	963,973
	KRAFT HEINZ FOODS CO 4.375% 06/01/2046 DD 05/24/16	775,000	683,726	763,972
	KRAFT HEINZ FOODS CO 5.000% 07/15/2035 DD 07/15/16	475,000	465,616	527,749
	LANDSBANKI ISLANDS ESC 0.000% 08/25/2020 DD 08/25/06	300,000	299,949	-
	LOCKHEED MARTIN CORP 4.850% 09/15/2041 DD 09/09/11	240,000	259,507	288,679
	LOCKHEED MARTIN CORP 4.500% 05/15/2036 DD 11/23/15	115,000	119,821	136,399
	LOWE'S COS INC 4.375% 09/15/2045 DD 09/16/15	220,000	222,339	245,575
	MPLX LP 5.200% 03/01/2047 DD 02/10/17	160,000	158,410	172,994
	MPLX LP 4.500% 04/15/2038 DD 02/08/18	335,000	311,975	340,886
	MPLX LP 5.500% 02/15/2049 DD 11/15/18	500,000	506,255	568,045
	MARATHON OIL CORP 6.600% 10/01/2037 DD 09/27/07	70,000	82,207	89,313
	MARATHON OIL CORP 5.200% 06/01/2045 DD 06/10/15	150,000	155,781	174,549
	MARATHON OIL CORP 4.400% 07/15/2027 DD 07/24/17	250,000	249,703	271,903
	MASSACHUSETTS INSTITUTE OF TEC 5.600% 07/01/2111 DD 05/18/11	300,000	389,628	458,202
	MCDONALD'S CORP 4.875% 07/15/2040 DD 08/02/10	395,000	414,470	462,833
	MCDONALD'S CORP 4.600% 05/26/2045 DD 05/26/15	425,000	426,237	491,496
	MEDTRONIC INC 4.375% 03/15/2035 DD 03/15/15	297,000	306,896	351,672
	MEDTRONIC INC 4.625% 03/15/2045 DD 03/15/15	176,000	191,723	221,683
	MERCK & CO INC 3.600% 09/15/2042 DD 09/13/12	160,000	152,670	172,061
	MERCK & CO INC 3.700% 02/10/2045 DD 02/10/15	330,000	316,355	365,072

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	METLIFE INC 6.375% 06/15/2034 DD 06/03/04	385,000	469,026	550,758
	METLIFE INC 5.700% 06/15/2035 DD 06/23/05	65,000	75,048	87,385
	METLIFE INC 4.050% 03/01/2045 DD 03/05/15	50,000	47,073	58,049
	MICROSOFT CORP 4.500% 10/01/2040 DD 09/27/10	150,000	162,578	186,005
	MICROSOFT CORP 3.500% 02/12/2035 DD 02/12/15	80,000	77,162	88,150
	MICROSOFT CORP 3.750% 02/12/2045 DD 02/12/15	110,000	107,106	125,096
	MICROSOFT CORP 4.000% 02/12/2055 DD 02/12/15	175,000	173,486	207,508
	MICROSOFT CORP 4.450% 11/03/2045 DD 11/03/15	50,000	53,954	62,610
	MICROSOFT CORP 3.450% 08/08/2036 DD 08/08/16	505,000	482,209	553,485
	MICROSOFT CORP 3.700% 08/08/2046 DD 08/08/16	840,000	813,657	949,830
	MICROSOFT CORP 3.950% 08/08/2056 DD 08/08/16	505,000	501,973	598,506
	MICROSOFT CORP 4.100% 02/06/2037 DD 02/06/17	1,155,000	1,194,640	1,366,377
	MIDAMERICAN ENERGY CO 3.950% 08/01/2047 DD 02/01/17	230,000	225,775	260,779
	MIDAMERICAN ENERGY CO 5.800% 10/15/2036 DD 10/06/06	245,000	296,031	326,757
	MONONGAHELA POWER CO 144A 5.400% 12/15/2043 DD 11/27/13	485,000	570,273	627,493
	MORGAN STANLEY VAR RT 07/22/2038 DD 07/24/17	305,000	285,209	338,837
	MORGAN STANLEY 4.300% 01/27/2045 DD 01/27/15	475,000	454,490	558,752
	MORGAN STANLEY 6.375% 07/24/2042 DD 07/24/12	340,000	422,637	501,245
	NBCUNIVERSAL MEDIA LLC 4.450% 01/15/2043 DD 10/05/12	320,000	308,285	373,206
	NESTLE HOLDINGS INC 144A 3.900% 09/24/2038 DD 09/24/18	155,000	153,343	174,945
	NESTLE HOLDINGS INC 144A 4.000% 09/24/2048 DD 09/24/18	210,000	207,180	246,855
	NEWMONT CORP 6.250% 10/01/2039 DD 09/18/09	260,000	294,486	344,349
	NISOURCE INC 4.375% 05/15/2047 DD 05/22/17	405,000	398,836	449,339
	NOBLE ENERGY INC 5.250% 11/15/2043 DD 11/08/13	40,000	42,731	45,071
	NOBLE ENERGY INC 5.050% 11/15/2044 DD 11/07/14	445,000	430,582	494,849
	NOBLE ENERGY INC 4.950% 08/15/2047 DD 08/15/17	120,000	119,608	133,379
	NORFOLK SOUTHERN CORP 4.650% 01/15/2046 DD 11/03/15	75,000	77,825	88,985
	NORFOLK SOUTHERN CORP 4.050% 08/15/2052 DD 02/15/18	745,000	702,234	820,193
	NORFOLK SOUTHERN CORP 3.942% 11/01/2047 DD 05/01/18	95,000	88,871	102,392
	NORFOLK SOUTHERN CORP 5.100% 08/01/2118 DD 08/02/18	420,000	414,372	496,742
	NORTHERN STATES POWER CO/MN 3.400% 08/15/2042 DD 08/13/12	130,000	118,985	136,115
	NORTHROP GRUMMAN CORP 4.750% 06/01/2043 DD 05/31/13	615,000	635,480	743,351
	NORTHROP GRUMMAN CORP 4.030% 10/15/2047 DD 10/13/17	485,000	457,686	541,789
	NOVARTIS CAPITAL CORP 4.400% 05/06/2044 DD 02/21/14	760,000	806,246	926,417
	OGLETHORPE POWER CORP 5.250% 09/01/2050 DD 08/19/11	85,000	92,130	102,164
	OGLETHORPE POWER CORP 5.375% 11/01/2040 DD 11/09/10	540,000	606,679	650,387
	ONCOR ELECTRIC DELIVERY CO LLC 7.250% 01/15/2033 DD 07/15/03	95,000	128,937	137,237
	ONCOR ELECTRIC DELIVERY CO LLC 5.300% 06/01/2042 DD 05/18/12	565,000	656,462	739,449
	ONCOR ELECTRIC DELIVERY CO LLC 4.550% 12/01/2041 DD 06/01/12	640,000	684,333	766,854
	ONCOR ELECTRIC DELIVERY CO LLC 3.750% 04/01/2045 DD 10/01/15	245,000	234,629	266,406
	ORACLE CORP 4.300% 07/08/2034 DD 07/08/14	930,000	958,426	1,088,072
	ORACLE CORP 4.125% 05/15/2045 DD 05/05/15	450,000	439,814	508,505

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	ORACLE CORP 4.000% 07/15/2046 DD 07/07/16	200,000	202,573	222,634
	ORACLE CORP 3.800% 11/15/2037 DD 11/09/17	230,000	220,864	251,381
	PACIFICORP 6.000% 01/15/2039 DD 01/08/09	510,000	635,720	699,363
	PEPSICO INC 3.600% 08/13/2042 DD 08/13/12	395,000	367,595	424,744
	PEPSICO INC 3.450% 10/06/2046 DD 10/06/16	305,000	273,905	323,785
	PETROLEOS MEXICANOS 6.750% 09/21/2047 DD 09/21/16	255,000	234,473	255,479
	PETROLEOS MEXICANOS 6.350% 02/12/2048 DD 08/12/18	55,000	48,345	53,075
	PFIZER INC 4.000% 12/15/2036 DD 11/21/16	300,000	301,269	340,245
	PFIZER INC 4.100% 09/15/2038 DD 09/07/18	510,000	509,026	583,205
	PHILIP MORRIS INTERNATIONAL IN 3.875% 08/21/2042 DD 08/21/12	240,000	215,748	250,018
	PHILIP MORRIS INTERNATIONAL IN 4.125% 03/04/2043 DD 03/04/13	75,000	70,158	80,561
	PHILIP MORRIS INTERNATIONAL IN 4.875% 11/15/2043 DD 11/12/13	435,000	446,949	520,182
	PHILLIPS 66 4.650% 11/15/2034 DD 11/17/14	155,000	156,104	182,175
	PHILLIPS 66 4.875% 11/15/2044 DD 11/17/14	185,000	189,960	223,193
	BARRICK GOLD CORP 6.450% 10/15/2035 DD 04/15/04	100,000	116,151	128,593
	POTOMAC ELECTRIC POWER CO 6.500% 11/15/2037 DD 11/16/07	140,000	180,925	198,684
	PRUDENTIAL FINANCIAL INC 3.905% 12/07/2047 DD 12/07/17	95,000	87,002	102,301
	PRUDENTIAL FINANCIAL INC 3.935% 12/07/2049 DD 12/07/17	450,000	430,206	491,306
	PUBLIC SERVICE CO OF COLORADO 6.250% 09/01/2037 DD 08/15/07	635,000	810,038	892,766
	REALTY INCOME CORP 3.000% 01/15/2027 DD 10/12/16	155,000	144,748	159,514
	URUGUAY GOVERNMENT INTERNATION 5.100% 06/18/2050 DD 06/18/14	480,000	479,280	575,856
	REYNOLDS AMERICAN INC 6.150% 09/15/2043 DD 09/17/13	165,000	183,761	193,862
	REYNOLDS AMERICAN INC 5.850% 08/15/2045 DD 06/12/15	420,000	455,200	482,030
	ROGERS COMMUNICATIONS INC 5.000% 03/15/2044 DD 03/10/14	170,000	176,985	206,032
	SABAL TRAIL TRANSMISSION 144A 4.832% 05/01/2048 DD 04/30/18	520,000	534,053	591,136
	SEMPRA ENERGY 3.800% 02/01/2038 DD 01/12/18	200,000	183,788	209,138
	SEMPRA ENERGY 4.000% 02/01/2048 DD 01/12/18	255,000	243,214	268,033
	SHELL INTERNATIONAL FINANCE BV 5.500% 03/25/2040 DD 03/25/10	95,000	111,819	128,317
	SHELL INTERNATIONAL FINANCE BV 3.625% 08/21/2042 DD 08/21/12	55,000	50,801	58,839
	SHELL INTERNATIONAL FINANCE BV 4.125% 05/11/2035 DD 05/11/15	780,000	791,942	912,686
	SHELL INTERNATIONAL FINANCE BV 4.000% 05/10/2046 DD 05/10/16	140,000	136,240	159,545
	SHELL INTERNATIONAL FINANCE BV 3.750% 09/12/2046 DD 09/12/16	100,000	93,274	109,973
	SIMON PROPERTY GROUP LP 4.750% 03/15/2042 DD 03/13/12	295,000	314,756	354,384
	DOMINION ENERGY SOUTH CAROLINA 5.100% 06/01/2065 DD 05/22/15	35,000	35,459	45,528
	SOUTHERN CALIFORNIA GAS CO 4.300% 01/15/2049 DD 09/24/18	593,000	592,733	677,040
	SOUTHERN COPPER CORP 5.875% 04/23/2045 DD 04/23/15	185,000	204,664	231,920
	SOUTHERN NATURAL GAS CO L 144A 4.800% 03/15/2047 DD 03/14/17	200,000	183,634	227,228
	SOUTHWESTERN ELECTRIC POWER CO 3.850% 02/01/2048 DD 01/22/18	175,000	161,128	181,960
	EQUINOR ASA 4.250% 11/23/2041 DD 11/23/11	170,000	171,471	197,032
	EQUINOR ASA 3.950% 05/15/2043 DD 05/15/13	45,000	43,479	50,245
	SUNCOR ENERGY INC 4.000% 11/15/2047 DD 11/15/17	320,000	305,498	349,302
	SUNOCO LOGISTICS PARTNERS OPER 5.350% 05/15/2045 DD 11/17/14	785,000	753,608	844,228

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	SUNOCO LOGISTICS PARTNERS OPER 5.400% 10/01/2047 DD 09/21/17	710,000	681,917	771,969
	TARGET CORP 4.000% 07/01/2042 DD 06/26/12	405,000	393,320	463,292
	TEACHERS INSURANCE & ANNU 144A 4.270% 05/15/2047 DD 05/08/17	815,000	799,159	927,014
	TELEFONICA EMISIONES SA 5.213% 03/08/2047 DD 03/08/17	270,000	265,899	320,466
	TEXAS EASTERN TRANSMISSIO 144A 4.150% 01/15/2048 DD 01/09/18	220,000	199,329	233,994
	TIME WARNER CABLE LLC 6.550% 05/01/2037 DD 04/09/07	260,000	291,206	318,952
	TIME WARNER CABLE LLC 7.300% 07/01/2038 DD 06/19/08	170,000	196,938	221,763
	TIME WARNER CABLE LLC 6.750% 06/15/2039 DD 06/29/09	175,000	191,760	221,113
	TIME WARNER CABLE LLC 5.875% 11/15/2040 DD 11/15/10	190,000	191,026	218,076
	TIME WARNER CABLE LLC 4.500% 09/15/2042 DD 08/10/12	225,000	195,581	230,036
	TRANSCANADA PIPELINES LTD 4.625% 03/01/2034 DD 02/28/14	610,000	662,801	695,815
	TRANSCANADA PIPELINES LTD 4.750% 05/15/2038 DD 05/07/18	255,000	259,455	291,332
	UBS AG/LONDON 144A 4.500% 06/26/2048 DD 06/26/18	225,000	237,933	281,916
	UBS GROUP AG 144A 4.253% 03/23/2028 DD 03/23/17	150,000	149,778	163,940
	UNILEVER CAPITAL CORP 5.900% 11/15/2032 DD 11/12/02	480,000	593,328	654,125
	UNION ELECTRIC CO 4.000% 04/01/2048 DD 04/06/18	290,000	286,085	321,865
	UNION PACIFIC CORP 3.799% 10/01/2051 DD 10/04/16	695,000	654,349	738,354
	UNION PACIFIC CORP 4.375% 09/10/2038 DD 06/08/18	235,000	238,121	269,444
	MEXICO GOVERNMENT INTERNATIONA 5.750% 10/12/2110 DD 10/12/10	685,000	683,151	810,355
	RAYTHEON TECHNOLOGIES CORP 5.700% 04/15/2040 DD 02/26/10	440,000	500,966	592,456
	RAYTHEON TECHNOLOGIES CORP 4.500% 06/01/2042 DD 06/01/12	1,035,000	1,051,252	1,240,882
	RAYTHEON TECHNOLOGIES CORP 4.050% 05/04/2047 DD 05/04/17	180,000	166,037	206,487
	UNITEDHEALTH GROUP INC 4.625% 07/15/2035 DD 07/23/15	190,000	201,902	230,797
	UNITEDHEALTH GROUP INC 4.200% 01/15/2047 DD 12/20/16	20,000	19,750	22,963
	UNITEDHEALTH GROUP INC 3.750% 10/15/2047 DD 10/25/17	145,000	134,102	156,075
	UNITEDHEALTH GROUP INC 3.850% 06/15/2028 DD 06/19/18	70,000	70,553	77,244
	UNITEDHEALTH GROUP INC 4.250% 06/15/2048 DD 06/19/18	780,000	779,826	906,727
	UNIVERSITY OF SOUTHERN CALIFOR 3.028% 10/01/2039 DD 08/22/16	275,000	249,010	276,469
	VERIZON COMMUNICATIONS INC 5.012% 08/21/2054 DD 02/21/15	130,000	126,099	167,699
	VERIZON COMMUNICATIONS INC 4.272% 01/15/2036 DD 07/15/15	295,000	277,607	334,102
	VERIZON COMMUNICATIONS INC 4.522% 09/15/2048 DD 03/13/15	1,825,000	1,718,864	2,189,909
	VERIZON COMMUNICATIONS INC 5.250% 03/16/2037 DD 03/16/17	640,000	672,026	803,795
	VERIZON COMMUNICATIONS INC 4.500% 08/10/2033 DD 08/10/17	835,000	824,571	974,704
	VIACOMCBS INC 6.875% 04/30/2036 DD 04/12/06	105,000	118,041	140,599
	VIACOMCBS INC 5.850% 09/01/2043 DD 08/19/13	995,000	1,042,659	1,246,645
	VISA INC 4.300% 12/14/2045 DD 12/14/15	675,000	704,538	829,784
	VODAFONE GROUP PLC 5.000% 05/30/2038 DD 05/30/18	130,000	128,721	150,549
	VULCAN MATERIALS CO 4.500% 06/15/2047 DD 06/15/17	395,000	363,885	434,299
	WALMART INC 3.950% 06/28/2038 DD 06/27/18	335,000	335,760	388,077
	WALMART INC 4.050% 06/29/2048 DD 06/27/18	440,000	447,366	521,550
	ANTHEM INC 5.100% 01/15/2044 DD 08/06/13	200,000	205,498	239,358
	WELLS FARGO & CO 5.606% 01/15/2044 DD 11/26/13	155,000	171,280	204,267

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	WELLS FARGO & CO 4.650% 11/04/2044 DD 11/04/14	485,000	470,780	570,452
	WELLS FARGO & CO 4.900% 11/17/2045 DD 11/17/15	225,000	226,197	275,238
	WELLS FARGO & CO 4.400% 06/14/2046 DD 06/14/16	820,000	768,192	935,308
	WELLS FARGO & CO 4.750% 12/07/2046 DD 12/08/16	710,000	707,941	852,639
	WILLIAMS COS INC/THE 7.500% 01/15/2031 DD 01/17/01	265,000	319,611	345,859
	WILLIAMS COS INC/THE 5.750% 06/24/2044 DD 06/24/14	80,000	85,676	94,812
	WILLIAMS COS INC/THE 5.100% 09/15/2045 DD 03/03/15	200,000	198,926	223,024
	WILLIAMS COS INC/THE 6.300% 04/15/2040 DD 02/09/10	390,000	443,294	483,877
	WILLIAMS COS INC/THE 4.900% 01/15/2045 DD 06/27/14	130,000	125,756	140,365
	COMMONWEALTH BANK OF AUST 144A 3.743% 09/12/2039 DD 09/12/19	250,000	250,000	250,788
	BANCO SANTANDER SA 3.306% 06/27/2029 DD 06/27/19	200,000	200,000	206,128
	ALLERGAN FUNDING SCS 4.850% 06/15/2044 DD 06/19/14	185,000	191,271	201,628
	ALLERGAN FUNDING SCS 4.550% 03/15/2035 DD 03/12/15	65,000	65,707	71,059
	DH EUROPE FINANCE II SARL 3.250% 11/15/2039 DD 11/07/19	205,000	204,608	206,769
	DH EUROPE FINANCE II SARL 3.400% 11/15/2049 DD 11/07/19	110,000	109,732	112,078
	SHELL INTERNATIONAL FINANCE BV 2.375% 11/07/2029 DD 11/07/19	585,000	580,870	580,262
	SHELL INTERNATIONAL FINANCE BV 3.125% 11/07/2049 DD 11/07/19	490,000	482,626	484,017
	HSBC HOLDINGS PLC VAR RT 05/22/2030 DD 05/22/19	35,000	37,613	37,743
	VODAFONE GROUP PLC 4.250% 09/17/2050 DD 09/17/19	725,000	731,666	756,755
	MITSUBISHI UFJ FINANCIAL GROUP 4.153% 03/07/2039 DD 03/07/19	215,000	215,000	246,988
	MITSUBISHI UFJ FINANCIAL GROUP 3.751% 07/18/2039 DD 07/18/19	440,000	440,000	482,381
	SUMITOMO MITSUI FINANCIAL GROU 3.040% 07/16/2029 DD 07/16/19	160,000	160,000	163,277
	SAUDI ARABIAN OIL CO 144A 4.375% 04/16/2049 DD 04/16/19	155,000	152,968	169,506
	CHILE GOVERNMENT INTERNATIONAL 3.500% 01/25/2050 DD 06/25/19	405,000	402,728	419,673
	CORP NACIONAL DEL COBRE D 144A 4.375% 02/05/2049 DD 02/05/19	105,000	100,102	112,854
	COLOMBIA GOVERNMENT INTERNATIO 5.200% 05/15/2049 DD 01/28/19	420,000	433,820	505,470
	MEXICO GOVERNMENT INTERNATIONA 4.500% 01/31/2050 DD 07/31/19	945,000	956,320	1,021,545
	AMERICA MOVIL SAB DE CV 4.375% 07/16/2042 DD 07/16/12	15,000	16,909	16,862
	AMERICA MOVIL SAB DE CV 4.375% 04/22/2049 DD 04/22/19	845,000	850,722	970,364
	MINERA MEXICO SA DE CV 144A 4.500% 01/26/2050 DD 09/26/19	335,000	330,294	340,863
	PETROLEOS MEXICANOS 144A 6.840% 01/23/2030 DD 09/23/19	130,000	129,921	138,624
	PETROLEOS MEXICANOS 144A 7.690% 01/23/2050 DD 09/23/19	666,000	679,355	726,832
	PERUVIAN GOVERNMENT INTERNATIO 2.844% 06/20/2030 DD 06/20/19	240,000	240,000	247,560
	PANAMA GOVERNMENT INTERNATIONA 3.870% 07/23/2060 DD 07/23/19	155,000	154,905	166,858
	AT&T INC 4.850% 03/01/2039 DD 02/19/19	340,000	328,394	392,163
	ABBVIE INC 144A 4.050% 11/21/2039 DD 11/21/19	275,000	274,029	289,042
	ABBVIE INC 144A 4.250% 11/21/2049 DD 11/21/19	750,000	760,023	796,365
	ABBVIE INC 144A 3.200% 11/21/2029 DD 11/21/19	230,000	234,523	233,991
	ALEXANDRIA REAL ESTATE EQUITIE 3.375% 08/15/2031 DD 07/15/19	125,000	124,824	129,938
	ALEXANDRIA REAL ESTATE EQUITIE 4.000% 02/01/2050 DD 07/15/19	50,000	55,190	54,793
	ALTRIA GROUP INC 5.800% 02/14/2039 DD 02/14/19	45,000	44,894	52,943
	ALTRIA GROUP INC 5.950% 02/14/2049 DD 02/14/19	505,000	513,182	612,297

THE CCHS RETIREMENT PLAN

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

December 31, 2019

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 INTERNATIONAL GROUP I 4.500% 07/16/2044 DD 07/16/14	1,155,000	1,232,276	1,332,327
	AMERICAN INTERNATIONAL GROUP I 4.250% 03/15/2029 DD 03/15/19	25,000	24,924	27,831
	AMERICAN WATER CAPITAL CORP 3.750% 09/01/2047 DD 08/10/17	100,000	105,055	105,902
	AMERICAN WATER CAPITAL CORP 4.150% 06/01/2049 DD 05/13/19	145,000	157,269	164,260
	ANHEUSER-BUSCH COS LLC / ANHEU 4.700% 02/01/2036 DD 02/01/19	980,000	944,622	1,135,575
	ANHEUSER-BUSCH COS LLC / ANHEU 4.900% 02/01/2046 DD 02/01/19	1,455,000	1,385,189	1,725,805
	ANHEUSER-BUSCH INBEV WORLDWIDE 5.550% 01/23/2049 DD 01/23/19	1,040,000	1,036,537	1,351,293
	BAT CAPITAL CORP 4.758% 09/06/2049 DD 09/06/19	445,000	445,000	460,108
	BX TRUST 2019-OC11 OC11 A 144A 3.202% 12/09/2041 DD 12/01/19	160,000	164,792	164,565
	BANK OF AMERICA CORP VAR RT 03/15/2050 DD 03/15/19	550,000	550,000	663,053
	BANK OF AMERICA CORP VAR RT 04/23/2040 DD 04/23/19	890,000	890,000	1,009,536
	BANK OF AMERICA CORP VAR RT 10/22/2030 DD 10/22/19	90,000	90,729	90,791
	BANK 2019-BNK20 BN20 A3 3.011% 09/15/2061 DD 09/01/19	111,000	114,327	114,309
	BANK 2019-BNK21 BN21 A5 2.851% 10/17/2052 DD 10/01/19	179,000	184,366	181,905
	BERKSHIRE HATHAWAY ENERGY CO 4.450% 01/15/2049 DD 07/25/18	180,000	180,317	214,238
	BOEING CO/THE 3.850% 11/01/2048 DD 10/31/18	60,000	63,711	63,743
	BOEING CO/THE 3.600% 05/01/2034 DD 05/02/19	620,000	620,892	664,398
	BOEING CO/THE 3.750% 02/01/2050 DD 07/31/19	220,000	222,153	233,974
	BOEING CO/THE 3.950% 08/01/2059 DD 07/31/19	515,000	510,185	550,113
	BOSTON SCIENTIFIC CORP 4.550% 03/01/2039 DD 02/25/19	365,000	364,779	429,393
	BOSTON SCIENTIFIC CORP 4.700% 03/01/2049 DD 02/25/19	260,000	261,150	316,402
	BRISTOL-MYERS SQUIBB CO 144A 4.350% 11/15/2047 DD 11/15/19	60,000	72,148	71,256
	BRISTOL-MYERS SQUIBB CO 144A 4.550% 02/20/2048 DD 08/20/19	430,000	532,473	526,888
	BRISTOL-MYERS SQUIBB CO 144A 3.400% 07/26/2029 DD 05/16/19	160,000	158,680	171,235
	BURLINGTON NORTHERN SANTA FE L 4.550% 09/01/2044 DD 08/18/14	110,000	128,525	131,182
	CIGNA CORP 4.375% 10/15/2028 DD 04/15/19	85,000	84,887	94,171
	CIGNA CORP 4.800% 08/15/2038 DD 08/15/19	340,000	339,453	396,583
	CIGNA CORP 4.900% 12/15/2048 DD 06/15/19	160,000	159,387	191,120
	CIGNA CORP 144A 3.400% 03/01/2027 DD 09/01/19	150,000	154,812	155,910
	CIGNA CORP 144A 4.800% 07/15/2046 DD 07/15/19	420,000	467,195	487,511
	CVS HEALTH CORP 3.250% 08/15/2029 DD 08/15/19	570,000	576,386	579,314
	CAMPBELL SOUP CO 4.150% 03/15/2028 DD 03/16/18	245,000	263,586	265,999
	CHARTER COMMUNICATIONS OPERATI 4.800% 03/01/2050 DD 10/24/19	945,000	962,044	996,503
	CITIGROUP INC VAR RT 11/05/2030 DD 11/05/19	380,000	380,186	385,913
	CONSTELLATION BRANDS INC 3.150% 08/01/2029 DD 07/29/19	240,000	239,897	242,755
	DEVON ENERGY CORP 5.600% 07/15/2041 DD 07/12/11	250,000	279,655	304,028
	WALT DISNEY CO/THE 6.650% 11/15/2037 DD 11/15/19	85,000	118,463	126,355
	WALT DISNEY CO/THE 5.400% 10/01/2043 DD 10/01/19	250,000	310,125	340,473
	WALT DISNEY CO/THE 4.950% 10/15/2045 DD 10/15/19	130,000	153,204	169,741
	WALT DISNEY CO/THE 2.750% 09/01/2049 DD 09/06/19	565,000	546,779	533,371
	DISCOVERY COMMUNICATIONS LLC 5.300% 05/15/2049 DD 05/21/19	315,000	317,656	373,410
	ENERGY TRANSFER OPERATING LP 5.250% 04/15/2029 DD 01/15/19	110,000	122,990	123,608

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	EXXON MOBIL CORP 3.095% 08/16/2049 DD 08/16/19	20,000	19,880	19,968
	FEDEX CORP 5.100% 01/15/2044 DD 01/09/14	165,000	170,979	181,101
	FEDEX CORP 4.400% 01/15/2047 DD 01/06/17	85,000	80,133	85,392
	FISERV INC 4.400% 07/01/2049 DD 06/24/19	545,000	545,694	618,728
	FLORIDA POWER & LIGHT CO 3.150% 10/01/2049 DD 09/13/19	35,000	35,271	35,403
	FORD MOTOR CREDIT CO LLC 5.113% 05/03/2029 DD 05/03/19	485,000	485,000	499,841
	FOX CORP 144A 5.476% 01/25/2039 DD 01/25/19	170,000	170,000	208,010
	FOX CORP 144A 5.576% 01/25/2049 DD 01/25/19	185,000	193,672	235,688
	GENERAL ELECTRIC CO 5.875% 01/14/2038 DD 01/14/08	140,000	168,882	170,178
	GENERAL MOTORS CO 5.150% 04/01/2038 DD 08/07/17	50,000	44,367	51,150
	HOME DEPOT INC/THE 4.500% 12/06/2048 DD 12/06/18	35,000	43,635	43,237
	JPMORGAN CHASE & CO VAR RT 10/15/2030 DD 09/12/19	335,000	331,585	335,050
	KAISER FOUNDATION HOSPITALS 3.266% 11/01/2049 DD 10/31/19	210,000	210,000	210,775
	KEURIG DR PEPPER INC 4.985% 05/25/2038 DD 05/25/19	105,000	106,957	123,990
	KEURIG DR PEPPER INC 5.085% 05/25/2048 DD 05/25/19	80,000	81,002	96,388
	KINDER MORGAN INC/DE 5.050% 02/15/2046 DD 02/26/15	15,000	16,488	16,833
	KRAFT HEINZ FOODS CO 5.000% 06/04/2042 DD 12/04/12	30,000	31,199	32,056
	KRAFT HEINZ FOODS CO 6.500% 02/09/2040 DD 08/09/12	90,000	97,413	109,251
	KRAFT HEINZ FOODS CO 5.200% 07/15/2045 DD 07/15/16	90,000	87,382	97,736
	KRAFT HEINZ FOODS CO 144A 4.625% 10/01/2039 DD 09/25/19	35,000	35,871	36,491
	KRAFT HEINZ FOODS CO 144A 4.875% 10/01/2049 DD 09/25/19	590,000	586,516	622,745
	KROGER CO/THE 5.400% 01/15/2049 DD 01/14/19	380,000	397,928	464,223
	LYB INTERNATIONAL FINANCE III 4.200% 10/15/2049 DD 10/10/19	550,000	550,055	574,057
	LIBERTY MUTUAL GROUP INC 144A 3.951% 10/15/2050 DD 09/27/19	535,000	541,149	556,486
	ELI LILLY AND CO 4.150% 03/15/2059 DD 02/22/19	185,000	183,849	218,511
	LOCKHEED MARTIN CORP 3.600% 03/01/2035 DD 02/20/15	35,000	37,758	38,274
	LOWE'S COS INC 4.550% 04/05/2049 DD 04/05/19	330,000	337,899	389,624
	MPLX LP 144A 5.200% 12/01/2047 DD 06/01/19	115,000	113,894	122,469
	MARS INC 144A 3.600% 04/01/2034 DD 03/29/19	135,000	134,503	148,144
	MARS INC 144A 3.875% 04/01/2039 DD 03/29/19	135,000	134,831	149,282
	MCDONALD'S CORP 4.875% 12/09/2045 DD 12/09/15	45,000	51,941	54,252
	MCDONALD'S CORP 4.450% 09/01/2048 DD 08/15/18	25,000	27,488	28,654
	MORGAN STANLEY VAR RT 01/23/2030 DD 01/23/19	35,000	39,319	39,588
	NATIONWIDE FINANCIAL SERV 144A 3.900% 11/30/2049 DD 11/21/19	250,000	248,770	260,550
	NEWMONT CORP 5.875% 04/01/2035 DD 04/01/19	460,000	515,136	590,442
	NOBLE ENERGY INC 4.200% 10/15/2049 DD 10/01/19	150,000	143,794	152,021
	NORTHERN STATES POWER CO/MN 2.900% 03/01/2050 DD 09/10/19	210,000	205,949	200,626
	OCCIDENTAL PETROLEUM CORP 4.400% 04/15/2046 DD 04/04/16	165,000	164,328	167,150
	OCCIDENTAL PETROLEUM CORP 4.100% 02/15/2047 DD 11/07/16	75,000	73,539	72,927
	OCCIDENTAL PETROLEUM CORP 3.500% 08/15/2029 DD 08/08/19	80,000	80,894	81,670
	OCCIDENTAL PETROLEUM CORP 4.300% 08/15/2039 DD 08/08/19	55,000	55,588	56,084
	OCCIDENTAL PETROLEUM CORP 4.400% 08/15/2049 DD 08/08/19	200,000	201,281	206,512

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	OCCIDENTAL PETROLEUM CORP 6.450% 09/15/2036 DD 09/15/19	1,045,000	1,366,484	1,283,699
	OCCIDENTAL PETROLEUM CORP 4.500% 07/15/2044 DD 07/15/19	160,000	163,646	161,648
	OGLETHORPE POWER CORP 5.050% 10/01/2048 DD 04/01/19	590,000	596,993	695,085
	PNC FINANCIAL SERVICES GROUP I 3.450% 04/23/2029 DD 04/22/19	350,000	365,250	373,587
	PNC BANK NA 2.700% 10/22/2029 DD 10/22/19	200,000	199,166	199,754
	PARKER-HANNIFIN CORP 4.000% 06/14/2049 DD 06/14/19	35,000	37,581	37,856
	PFIZER INC 4.000% 03/15/2049 DD 03/11/19	605,000	595,120	696,464
	PRUDENTIAL FINANCIAL INC 4.350% 02/25/2050 DD 02/25/19	235,000	234,288	270,920
	REGENCY CENTERS LP 4.400% 02/01/2047 DD 01/26/17	25,000	24,222	28,318
	REGENCY CENTERS LP 4.650% 03/15/2049 DD 03/06/19	425,000	440,420	500,323
	SIMON PROPERTY GROUP LP 3.250% 09/13/2049 DD 09/13/19	100,000	96,930	97,304
	SOUTHERN CALIFORNIA EDISON CO 4.000% 04/01/2047 DD 03/24/17	550,000	571,934	579,068
	THERMO FISHER SCIENTIFIC INC 2.600% 10/01/2029 DD 10/08/19	125,000	124,313	123,655
	TYSON FOODS INC 5.100% 09/28/2048 DD 09/28/18	260,000	260,531	327,382
	UNILEVER CAPITAL CORP 2.125% 09/06/2029 DD 09/06/19	400,000	396,396	388,508
	UNION PACIFIC CORP 4.300% 03/01/2049 DD 02/19/19	355,000	352,504	410,224
	UNION PACIFIC CORP 144A 3.839% 03/20/2060 DD 11/20/19	135,000	136,652	136,975
	RAYTHEON TECHNOLOGIES CORP 4.450% 11/16/2038 DD 08/16/18	135,000	134,759	159,755
	UNITEDHEALTH GROUP INC 3.700% 08/15/2049 DD 07/25/19	30,000	29,897	32,246
	VERIZON COMMUNICATIONS INC 5.012% 04/15/2049 DD 02/03/17	205,000	223,450	262,835
	VIACOMCBS INC 4.375% 03/15/2043 DD 03/15/13	110,000	99,726	116,629
	WALMART INC 2.950% 09/24/2049 DD 09/24/19	375,000	369,480	373,628
	WELLS FARGO & CO VAR RT 10/30/2030 DD 10/31/19	450,000	450,271	453,128
	SUNCOR ENERGY INC 6.800% 05/15/2038 DD 05/15/08	15,000	20,940	21,370
	ROGERS COMMUNICATIONS INC 3.700% 11/15/2049 DD 11/12/19	175,000	173,121	176,663
	NXP BV / NXP FUNDING LLC 144A 4.300% 06/18/2029 DD 06/18/19	100,000	99,654	108,138
	PETROBRAS GLOBAL FINANCE 144A 5.093% 01/15/2030 DD 09/18/19	62,000	64,522	66,434
	TEVA PHARMACEUTICAL FINANCE NE 2.200% 07/21/2021 DD 07/21/16	52,000	48,815	50,359
	VICTORIA PLC 144A 5.250% 07/15/2024	100,000	112,220	119,019
	BARCLAYS PLC 3.250% 01/17/2033	200,000	272,162	277,824
	VODAFONE GROUP PLC 5.125% 06/19/2059 DD 06/19/19	200,000	197,054	235,138
	CCP_ZCS_P BRL-CDI 1D CME REC 5.96% 2023 JAN 02	6,200,000	2,747	8,596
	CCP_ZCS_P BRL-CDI 1D CME REC 5.96% 2023 JAN 02	(6,200,000)	(0)	-
	VALE OVERSEAS LTD 6.875% 11/21/2036 DD 11/21/06	100,000	119,600	130,000
	TRUST FIBRA UNO 144A 6.390% 01/15/2050 DD 06/28/19	200,000	199,696	215,002
	PERUVIAN GOVERNMENT INTER 144A 6.350% 08/12/2028 DD 10/07/16	500,000	171,425	175,078
	PERUVIAN GOVERNMENT INTER 144A 6.350% 08/12/2028	400,000	137,711	140,063
	CCP IRS R 1.36% P US0003M CME CALL JAN 20 001.360 ED 012120	(400,000)	(680)	(16)
	CCP IRS R 1.75% P US0003M CME PUT JAN 20 001.750 ED 012120	(400,000)	(826)	(941)
	CCP IRS R 1.5% P US0003M CME CALL JAN 20 000.015 ED 010220	(500,000)	(625)	-
	CCP IRS R 1.34% P US0003M LCH CALL JAN 20 001.340 ED 010320	(500,000)	(725)	-
	CCP IRS R 1.46% P US0003M CME CALL JAN 20 001.460 ED 010620	(500,000)	(708)	(0)

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	CCP IRS R 1.75% P US0003M CME PUT JAN 20 000.0175 ED 010220	(500,000)	(625)	(246)
	CCP IRS R 1.62% P US0003M LCH PUT JAN 20 001.620 ED 010320	(500,000)	(731)	(2,689)
	CCP IRS R 1.74% P US0003M CME PUT JAN 20 001.740 ED 010620	(500,000)	(708)	(649)
	CCP IRS R 1.47% P US0003M CME CALL JAN 20 001.470 ED 010920	(500,000)	(663)	(5)
	IRS R 1.465% 5Y CME CALL JAN 20 001.465 ED 011320	(500,000)	(725)	(19)
	CCP IRS R 1.54% P US0003M CME CALL JAN 20 001.540 ED 011320	(500,000)	(600)	(72)
	CCP IRS R 1.7% P US0003M CME CALL JAN 20 001.700 ED 011620	(300,000)	(750)	(155)
	CCP IRS R 1.76% P US0003M CME CALL JAN 20 001.760 ED 013020	(500,000)	(1,325)	(1,258)
	CCP IRS R 1.75% P US0003M CME PUT JAN 20 001.750 ED 010920	(500,000)	(850)	(703)
	CCP IRS R 1.745% P US0003M CME PUT JAN 20 001.745 ED 011320	(500,000)	(550)	(940)
	CCP IRS R 1.82% P US0003M CME PUT JAN 20 001.820 ED 011320	(500,000)	(750)	(337)
	CCP IRS R 1.95% P US0003M CME PUT JAN 20 001.950 ED 011620	(300,000)	(690)	(875)
	CCP IRS R 2.03% P US0003M CME PUT JAN 20 002.030 ED 013020	(500,000)	(1,338)	(1,245)
	SWPO CDX IG32 06/20/2024 PUT JUN 20 002.900 ED 061720	(400,000)	(360)	(0)
	CDX.NA.IG.33.1 5YR SP CALL FEB 20 000.475 ED 021920	(500,000)	(250)	(811)
	CDX.NA.IG.33.1 5YR SP CALL FEB 20 000.475 ED 021920	(600,000)	(270)	(973)
	CDX.NA.IG.33.1 5YR SP CALL FEB 20 00.00475 ED 021920	(700,000)	(434)	(1,135)
	CDX.NA.IG.33.1 5YR SP 12/20/24 PUT JAN 20 001.200 ED 011520	(600,000)	(300)	(1)
	CDX.NA.IG.33.1 5YR SP PUT JAN 20 090.000 ED 011520	(300,000)	(394)	(3)
	CDX.NA.IG.33.1 5YR SP PUT JAN 20 001.000 ED 011520	(700,000)	(590)	(3)
	CDX.NA.IG.33.1 5YR SP PUT JAN 20 090.000 ED 011520	(300,000)	(394)	(3)
	CDX.NA.IG.33.1 5YR SP PUT FEB 20 000.800 ED 021920	(500,000)	(275)	(60)
	CDX.NA.IG.33.1 5YR SP PUT FEB 20 000.00625 ED 021920	(700,000)	(700)	(181)
	CDX.NA.IG.33.1 5YR SP PUT FEB 20 000.725 ED 021920	(600,000)	(420)	(93)
	TRS_IBOXIG INDEX P US0003M JPM 2020 MAR 20	(100,000)	-	-
	TRS_IBOXIG INDEX P US0003M JPM 2020 MAR 20	100,000	-	1,873
	CCP_CD_X R 1% P CDX IG33 5Y ICE 20 DEC 2024 ICE	-	-	-
	CCP_CD_X R 1% P CDX IG33 5Y ICE 20 DEC 2024 ICE	-	-	-
	CCP_CDS R 1% P CDX EM32 DEC 20 2024 ICE	100,000	0	(3,363)
	CCP_CDS R 1% P CDX EM32 DEC 20 2024 ICE	(100,000)	(4,523)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM VAR RT 96% 2029 AUG 14	100,000	0	(666)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 1.96% 2029 AUG 14	(100,000)	(0)	-
	CCP_CDS. SP UL GENERAL ELECTRI REC 100BPS 2024 DEC 20	100,000	0	667
	CCP_CDS. SP UL GENERAL ELECTRI REC 100BPS 2024 DEC 20	(100,000)	(1,344)	-
	CCP_CDS. SP UL AT&T INC. CME REC 100BPS 2024 JUN 20	300,000	734	5,373
	CCP_CDS. SP UL AT&T INC. CME REC 100BPS 2024 JUN 20	(300,000)	(290)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.43% 2024 APR 15	200,000	0	(5,986)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.43% 2024 APR 15	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.3% 2024 MAY 17	200,000	0	(5,037)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.3% 2024 MAY 17	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.25% 2024 MAY 30	200,000	0	(4,643)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.25% 2024 MAY 30	(200,000)	(0)	-

THE CCHS RETIREMENT PLAN

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

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Plan Number: 001

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	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.22% 2024 MAY 30	200,000	0	(4,388)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.22% 2024 MAY 30	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.24% 2024 MAY 31	200,000	0	(4,549)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.24% 2024 MAY 31	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.21% 2024 JUN 04	200,000	0	(4,308)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.21% 2024 JUN 04	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.2% 2024 JUN 05	200,000	0	(4,229)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.2% 2024 JUN 05	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.1% 2024 JUN 18	200,000	0	(3,395)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.1% 2024 JUN 18	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.22% 2024 JUN 10	200,000	0	(4,412)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.22% 2024 JUN 10	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.21% 2024 JUN 12	200,000	0	(4,333)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.21% 2024 JUN 12	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.05% 2024 JUN 19	200,000	0	(2,965)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.05% 2024 JUN 19	(200,000)	(0)	-
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.08% 2024 JUN 20	100,000	-	(1,611)
	CCP_IRS. R USD-LIBOR-BBA 3M CM PAY 2.08% 2024 JUN 20	(100,000)	-	-
	CCP_CDX. BP UL CDX-NAIGS33V1-5 PAY 100BPS 2024 DEC 20	500,000	0	(12,963)
	CCP_CDX. BP UL CDX-NAIGS33V1-5 PAY 100BPS 2024 DEC 20	(500,000)	(12,505)	-
	CCP_CDX. SP UL CDX.NA.IG.33 CM REC 100BPS 2029 DEC 20	800,000	0	6,905
	CCP_CDX. SP UL CDX.NA.IG.33 CM REC 100BPS 2029 DEC 20	(800,000)	(4,108)	-
	CCP_CDS. SP UL PRUDENTIAL FINA REC 100BPS 2024 DEC 20	200,000	3,054	4,549
	CCP_CDS. SP UL PRUDENTIAL FINA REC 100BPS 2024 DEC 20	(200,000)	(0)	-
	CCP_IRS. P USD-LIBOR-BBA 3M CM REC 1.66% 2024 DEC 31	500,000	0	(1,560)
	CCP_IRS. P USD-LIBOR-BBA 3M CM REC 1.66% 2024 DEC 31	(500,000)	(0)	-
	ANTHEM INC 3.700% 09/15/2049 DD 09/09/19	200,000	198,778	199,692
	BLACKSTONE HOLDINGS FINAN 144A 3.500% 09/10/2049 DD 09/10/19	100,000	98,972	98,617
	BOSTON PROPERTIES LP 3.400% 06/21/2029 DD 06/21/19	100,000	99,815	104,494
	BRISTOL-MYERS SQUIBB CO 144A 4.250% 10/26/2049 DD 05/16/19	100,000	99,158	118,728
	BROADCOM INC 144A 3.125% 04/15/2021 DD 04/05/19	100,000	99,882	101,214
	BROADCOM INC 144A 4.750% 04/15/2029 DD 04/05/19	100,000	99,525	109,348
	CAMERON LNG LLC 144A 2.902% 07/15/2031 DD 12/13/19	100,000	100,000	100,234
	CHARTER COMMUNICATIONS OPERATI 5.125% 07/01/2049 DD 07/10/19	100,000	99,880	108,835
	COMMONSPIRIT HEALTH 4.187% 10/01/2049 DD 08/21/19	100,000	100,000	99,982
	CORNING INC 5.450% 11/15/2079 DD 11/19/19	200,000	199,440	219,126
	DIAMOND SPORTS GROUP LLC 144A 5.375% 08/15/2026 DD 08/02/19	100,000	100,000	101,155
	DIGITAL REALTY TRUST LP 3.600% 07/01/2029 DD 06/14/19	100,000	99,823	104,096
	ENABLE MIDSTREAM PARTNERS LP 4.150% 09/15/2029 DD 09/13/19	100,000	99,821	94,980
	GLOBAL PAYMENTS INC 4.150% 08/15/2049 DD 08/14/19	100,000	99,744	106,989
	HEALTHPEAK PROPERTIES INC 3.500% 07/15/2029 DD 07/05/19	100,000	99,572	104,093
	SERVICE PROPERTIES TRUST 4.750% 10/01/2026 DD 09/18/19	100,000	99,844	102,588

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	MPT OPERATING PARTNERSHIP LP / 4.625% 08/01/2029 DD 07/26/19	100,000	99,500	103,000
	MCDONALD'S CORP 3.625% 09/01/2049 DD 08/12/19	200,000	196,150	203,444
	MORGAN STANLEY CAPITAL NC2 A2D VAR RT 02/25/2036 DD 03/30/06	95,875	94,648	94,538
	OCCIDENTAL PETROLEUM CORP 2.900% 08/15/2024 DD 08/08/19	200,000	199,740	203,268
	PROTECTIVE LIFE CORP 144A 3.400% 01/15/2030 DD 09/20/19	100,000	99,692	101,510
	PRUDENTIAL FINANCIAL INC 3.700% 03/13/2051 DD 09/13/19	200,000	198,636	210,526
	SELECT MEDICAL CORP 144A 6.250% 08/15/2026 DD 08/01/19	100,000	100,000	108,252
	SOUTHERN CALIFORNIA EDISON CO 3.900% 03/15/2043 DD 03/07/13	300,000	282,481	307,740
	SPRINT CORP 7.250% 09/15/2021 DD 09/15/14	100,000	107,000	105,750
	SPRINT CORP 7.875% 09/15/2023 DD 09/15/14	100,000	111,250	110,333
	UNION PACIFIC CORP 3.950% 08/15/2059 DD 08/05/19	200,000	198,406	209,746
	UNITEDHEALTH GROUP INC 3.875% 08/15/2059 DD 07/25/19	200,000	198,224	216,008
	VENTAS REALTY LP 2.650% 01/15/2025 DD 07/03/19	100,000	99,454	100,754
	VMWARE INC 3.900% 08/21/2027 DD 08/21/17	100,000	94,459	104,682
	WESTINGHOUSE AIR BRAKE TECHNOL VAR RT 09/15/2028 DD 09/14/18	100,000	106,907	110,006
	INTRUM AB 144A 3.500% 07/15/2026	100,000	111,585	114,691
	CDX ITRX.EUR.32.1 5YR SP CALL FEB 20 000.450 ED 021920	(400,000)	(221)	(543)
	CDX ITRX.EUR.32.1 5YR SP CALL FEB 20 000.475 ED 021920	(400,000)	(264)	(900)
	CDX ITRX.EUR.32.1 5YR SP CALL MAR 20 000.450 ED 031820	(300,000)	(225)	(461)
	CDX ITRX.EUR.32.1 5YR SP PUT FEB 20 080.000 ED 021920	(400,000)	(468)	(42)
	CDX ITRX.EUR.32.1 5YR SP PUT FEB 20 000.900 ED 021920	(400,000)	(485)	(31)
	CDX ITRX.EUR.32.1 5YR SP PUT FEB 20 000.900 ED 021920	(400,000)	(614)	(31)
	CDX ITRX.EUR.32.1 5YR SP PUT MAR 20 000.800 ED 031820	(300,000)	(434)	(59)
	CDX SP ITRAXX MAIN31 V2 5Y PUT JUN 20 003.000 ED 061720	(300,000)	(304)	(0)
	CCP_CDX. BP UL ITRAXX_EUROPE_3 PAY 100BPS 2024 JUN 20	4,600,000	0	(143,793)
	CCP_CDX. BP UL ITRAXX_EUROPE_3 PAY 100BPS 2024 JUN 20	(4,600,000)	(151,525)	-
	Total corporate bonds and notes		160,986,936	181,925,046
	Common stocks			
	ABIOMED INC	680	202,927	116,001
	ACI WORLDWIDE INC	1,215	32,623	46,030
	ACTIVISION BLIZZARD INC	3,520	241,311	209,158
	ACTUANT CORP	2,260	57,018	58,828
	ADOBE INC	2,280	173,169	751,967
	ADTRAN INC	4,190	67,719	41,439
	ALIBABA GROUP HOLDING LTD ADR	2,655	286,497	563,126
	ALIGN TECHNOLOGY INC	1,040	271,710	290,202
	ALLSCRIPTS HEALTHCARE SOLUTION	15,110	181,881	148,305
	ALPHABET INC-CL A	505	245,321	676,392
	AMAZON.COM INC	520	333,971	960,877
	AMERICAN AXLE & MANUFACTURING	4,322	46,104	46,505

THE CCHS RETIREMENT PLAN

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

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	APPLIED INDUSTRIAL TECHNOLOGIE	1,725	112,187	115,040
	ARMSTRONG WORLD INDUSTRIES INC	199	13,005	18,700
	AVNET INC	1,945	78,818	82,546
	BANCORP INC/THE	4,550	44,065	59,014
	BEACON ROOFING SUPPLY INC	3,785	125,051	121,044
	BRINK'S CO/THE	2,520	174,002	228,514
	BROOKLINE BANCORP INC	7,911	128,282	130,215
	BUILDERS FIRSTSOURCE INC	1,805	26,441	45,865
	CIT GROUP INC	1,865	78,984	85,100
	CNO FINANCIAL GROUP INC	13,340	257,826	241,854
	CABOT CORP	4,595	231,677	218,354
	CELANESE CORP	940	95,093	115,733
	COLUMBIA SPORTSWEAR CO	1,490	133,233	149,283
	COMMERCIAL METALS CO	3,595	64,786	80,061
	COMMSCOPE HOLDING CO INC	5,719	95,360	81,153
	COOPER-STANDARD HOLDINGS INC	2,380	144,716	78,921
	COSTAR GROUP INC	924	274,094	552,829
	COVANTA HOLDING CORP	9,175	148,763	136,157
	CROWN HOLDINGS INC	3,942	193,885	285,953
	DOLBY LABORATORIES INC	1,695	113,644	116,616
	EAGLE MATERIALS INC	1,305	106,295	118,311
	EDWARDS LIFESCIENCES CORP	2,040	190,631	475,912
	EL PASO ELECTRIC CO	3,340	201,036	226,753
	ENERGIZER HOLDINGS INC	3,295	156,248	165,475
	FNB CORP/PA	20,210	237,220	256,667
	FACEBOOK INC	2,501	150,137	513,330
	FIRST HORIZON NATIONAL CORP	26,248	421,621	434,667
	FIRST MIDWEST BANCORP INC/IL	10,270	242,509	236,826
	FLOOR & DECOR HOLDINGS INC	5,375	221,745	273,104
	GENTHERM INC	3,885	157,119	172,455
	PH GLATFELTER CO	4,015	71,866	73,475
	GRANITE CONSTRUCTION INC	6,250	237,353	172,938
	GRAPHIC PACKAGING HOLDING CO	25,670	329,227	427,406
	HARSCO CORP	1,480	37,614	34,055
	HERCULES OFFSHORE INC ESCROW	19,855	1,174,422	-
	HOPE BANCORP INC	13,840	214,315	205,662
	HYSTER-YALE MATERIALS HANDLING	1,140	68,164	67,214
	ILLUMINA INC	1,255	222,711	416,334
	INVESTORS BANCORP INC	41,630	493,005	496,021
	JELD-WEN HOLDING INC	7,115	133,901	166,562
	KLX ENERGY SERVICES HOLDINGS I	3,795	90,953	24,440
	KENNAMETAL INC	2,180	83,665	80,420

THE CCHS RETIREMENT PLAN

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December 31, 2019

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	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	KEYCORP	7,770	140,629	157,265
	KOPPERS HOLDINGS INC	3,020	94,337	115,424
	MRC GLOBAL INC	6,075	105,746	82,863
	MTS SYSTEMS CORP	1,965	103,372	94,379
	MATCH GROUP INC	8,450	441,142	693,830
	MATSON INC	4,880	186,472	199,104
	HERMAN MILLER INC	2,512	94,966	104,625
	MONSTER BEVERAGE CORP	4,875	235,164	309,806
	NCR CORP	3,205	84,323	112,688
	NATIONAL GENERAL HOLDINGS CORP	7,685	188,038	169,839
	NETFLIX INC	1,860	227,755	601,840
	PBF ENERGY INC	2,040	70,585	63,995
	PATTERSON-UTI ENERGY INC	12,621	184,292	132,521
	PORTLAND GENERAL ELECTRIC CO	3,064	163,579	170,941
	PRESTIGE CONSUMER HEALTHCARE I	3,550	130,312	143,775
	RANGE RESOURCES CORP	9,900	140,952	48,015
	SALESFORCE.COM INC	3,456	167,151	562,084
	SAREPTA THERAPEUTICS INC	1,562	209,850	201,560
	SERVICENOW INC	3,410	358,307	962,711
	SIMMONS FIRST NATIONAL CORP	2,990	82,187	80,102
	SPROUTS FARMERS MARKET INC	1,975	49,671	38,216
	SYKES ENTERPRISES INC	4,210	125,275	155,728
	SYNNEX CORP	1	18	129
	TRI POINTE GROUP INC	4,304	52,680	67,056
	TENNECO INC	4,115	116,432	53,907
	TEREX CORP	3,960	122,960	117,929
	TETRA TECHNOLOGIES INC	14,185	52,356	27,803
	TEXAS CAPITAL BANCSHARES INC	2,200	131,437	124,894
	TEXAS COHLD TCEH F D10/31/07 10.250 MN15	2,529	-	-
	TWILIO INC	1,325	149,742	130,221
	UNITED BANKSHARES INC/WV	3,340	118,428	129,124
	VERINT SYSTEMS INC	2,190	101,478	121,238
	VISA INC	6,155	211,695	1,156,525
	WADDELL & REED FINANCIAL INC	3,300	64,471	55,176
	JOHN WILEY & SONS INC	1,890	97,759	91,703
	WORKDAY INC	1,225	159,672	201,451
	WPX ENERGY INC	22,535	317,148	309,631
	QV EQUITIES LTD	94,300	69,656	68,608
	CORP FINANCIERA ALBA SA	4,309	195,307	234,829
	EXOR NV	3,410	204,811	264,419
	PARGESA HOLDING SA	13,698	973,865	1,138,023
	HENDERSON ALTERNATIVE STRATE	55,758	197,282	194,635

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	AVI GLOBAL TRUST PLC	26,700	222,041	275,185
	CALEDONIA INVESTMENTS PLC	2,700	96,658	111,955
	JPMORGAN JAPANESE INV. TRUST	62,100	288,474	376,371
	ASIA DRAGON TRUST PLC	23,160	98,473	126,713
	STANDARD LIFE UK SMALLER CO	13,997	83,468	118,301
	EDINBURGH INVESTMENT TRUST	27,400	226,582	227,226
	JPMORGAN JAPAN SMALLER CO TR	22,200	94,598	128,372
	BAILLIE GIFFORD EUROPEAN GRO	40,546	414,790	476,974
	FIDELITY JAPAN TRUST PLC	74,800	107,692	175,392
	DUNEDIN INCOME GROWTH INV TR	98,500	331,043	383,634
	INVESCO INCOME GROWTH TR-ORD	50,200	181,177	195,517
	WITAN PACIFIC INVESTMENT TR	8,000	31,960	36,563
	ABERDEEN JAPAN INVESTMENT TR	17,000	117,389	141,881
	HENDERSON EUROTRUST PLC-ORD	13,600	188,637	213,497
	ARTEMIS ALPHA TRUST PLC-ORD	17,400	67,944	79,755
	KEYSTONE INVESTMENT TRUST	11,200	245,389	262,248
	HENDERSON EUROPEAN FOCUS TRU	14,000	212,364	254,087
	MURRAY INCOME TRUST PLC	15,500	155,493	183,981
	PERPETUAL INCOME & GROWTH-O	94,500	444,739	419,383
	BAILLIE GIFFORD UK GROWTH FU	63,000	148,198	170,257
	SCHRODER JAPAN GROWTH FUND	92,000	218,858	239,488
	TEMPLE BAR INVESTMENT TRUST	1,700	24,972	33,241
	TEMPLETON EMERGING MARKETS-O	11,100	93,440	123,520
	LAW DEBENTURE CORP PLC-ORD	18,900	135,528	162,746
	JPMORGAN RUSSIAN SECURITIES	12,665	72,819	123,654
	EP GLOBAL OPPORTUNITIES TR	21,000	79,745	86,241
	BLACKROCK GREATER EUROPE INV	13,300	54,409	71,710
	STRATEGIC EQUITY CAPITAL PLC	58,600	168,889	190,194
	ABERDEEN ASIAN INCOME FUND L	82,500	219,548	233,885
	JPMORGAN EUROPEAN INVEST-INC	141,740	253,553	287,288
	BMO UK HIGH INCOME TRUST PLC	56,000	76,957	75,670
	GULF INVESTMENT FUND PLC	74,198	80,722	93,860
	ABERDEEN EMERGING MARKETS IN	17,762	119,522	140,946
	GENESIS EMERGING MARKETS	16,047	133,524	168,365
	ATLANTIS JAPAN GROWTH FUND	57,351	133,230	174,744
	ABERDEEN NEW DAWN INV TRUST	25,300	71,780	86,472
	FIDELITY EUROPEAN VALUES PLC	122,500	320,652	421,933
	ASSURED GUARANTY LTD	1,910	79,781	93,628
	ATLASSIAN CORP PLC	1,260	102,022	151,628
	JANUS HENDERSON GROUP PLC	2,620	61,118	64,059
	WHITE MOUNTAINS INSURANCE GROU	124	114,197	138,323
	TRINSEO SA	1,148	50,588	42,717

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	CANADIAN GENERAL INVESTMENTS	3,100	49,869	62,657
	FLEX LTD	5,490	46,302	69,284
	DESIGNER BRANDS INC	8,480	201,827	133,475
	FIRST HAWAIIAN INC	4,160	107,193	120,016
	GREIF INC	2,060	70,710	91,052
	MAXIMUS INC	1,140	85,890	84,805
	RESIDEO TECHNOLOGIES INC	8,565	150,282	102,180
	TCF FINANCIAL CORP	6,736	276,672	315,245
	ENSTAR GROUP LTD	325	56,090	67,230
	COTT CORP	5,420	67,349	74,146
	SEA LTD ADR	1,770	67,724	71,189
	INTUIT INC	2,305	582,787	603,749
	MICROSOFT CORP	3,220	443,725	507,794
	MIRATI THERAPEUTICS INC	1,270	118,620	163,652
	TEXAS INSTRUMENTS INC	2,480	311,958	318,159
	ZOETIS INC	3,449	401,924	456,475
	WAM LEADERS LTD	116,600	90,882	100,406
	PERPETUAL EQUITY INVESTMENT	5,500	3,893	4,118
	AUSTRALIAN UNITED INVESTMENT	3,000	17,767	20,983
	MILTON CORPORATION LIMITED	64,300	202,888	223,286
	WHITEFIELD LTD	4,100	13,133	14,900
	CRYSTAL AMBER FUND LTD	57,400	134,002	100,374
	CC JAPAN INCOME & GROWTH TRU	54,900	102,439	114,002
	TR EUROPEAN GROWTH TRUST PLC	2,100	21,638	26,902
	EUROPEAN ASSETS TRUST PLC	81,130	105,051	118,225
	JPMORGAN EUR SMALLER COMPANI	43,500	197,446	220,134
	EUROPEAN OPPORTUNITIES TRUST	13,300	136,622	142,187
	ABERDEEN STANDARD ASIA FOCUS	2,900	39,985	41,299
	INVESCO ASIA TRUST PLC-ORD	6,000	20,315	23,289
	BLACKROCK WORLD MINING TRUST	27,000	119,665	136,992
	NORTH ATLANTIC SMALLER COMP	1,300	50,756	59,846
	SCOTTISH INVESTMENT TRUST	5,300	52,845	58,416
	ORYX INTERNATIONAL GROWTH	1,700	16,242	21,282
	POLAR CAPITAL GLOBAL HEALTHC	30,000	81,641	94,587
	POLAR CAPITAL GLOBAL FINANCI	72,500	123,906	140,225
	LAZARD WORLD TRUST FUND	357	140,207	1,432
	HANSA INVESTMENT CO LTD-A O	51,000	128,802	127,693
	EURO-BTP FUTURE (EUX) EXP MAR 20	1	-	(1,807)
	VERINT SYSTEMS INC.	11	532	609
	Total common stocks		28,099,771	34,170,508

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
Preferred stocks				
	RUFFER INVESTMENT COMPANY LD	47,700	131,333	142,179
	Total preferred stocks		131,333	142,179
Common collective trusts				
	ACADIAN INTL SMALL CAP	7,682,129	4,188,453	7,682,129
	CTF GLOBAL OPPTS	6,828,113	5,091,281	6,828,113
	THE MARATHON-LONDON INTERNATIONAL-GROUP TRUST FUND	13,227,583	6,850,462	13,227,583
	SSGA RUSSELL 3000 ERISA FUND	36,156,506	31,785,771	36,156,506
	SSGA MSCI WORLD EX-U.S.	1,546,198	1,559,762	1,546,198
	SSGA MSCI EMERGING MARKETS	27,827,183	25,973,801	27,827,183
	WTC-CIF II US INV GRADE CORP LONG BOND	143,711,854	121,840,341	143,711,854
	SS RUSSELL 1000 NL V	30,479,610	27,998,554	30,479,610
	Total common collective trusts		225,288,426	267,459,175
Alternative investments				
	OCH ZIFF OVERSEAS FUND II	203,758	203,758	203,758
	SHEPERD INVESTMENTS INTL	23,413	23,413	23,413
	CYRUS OPPORTUNITIES FUND II	5,856	5,856	5,856
	BRIDGEWATER PURE ALPHA FUND II LTD	9,576,193	9,576,193	9,576,193
	FARALLON CAPITAL OFFSHORE INVESTMENT II	14,215,904	14,200,492	14,215,904
	KOHLBERG INVESTORS VI	68,255	68,255	68,255
	BAIN CAPITAL FUND X L.P.	957,645	957,645	957,645
	VERSA CAPITAL FUND II LP	1,374,993	1,374,993	1,374,993
	KING STREET CAPITAL LTD	11,327,393	11,327,393	11,327,393
	AG CAPITAL RECOVERY VI	929	929	929
	RHO VENTURES VI LP	5,038,577	5,038,577	5,038,577
	ROARK CAPITAL PARTNERS II LP	7,808,430	7,808,430	7,808,430
	MAGNETAR CONSTELLATION FUND LTD	13,585,723	13,585,723	13,585,723
	ETON PARK OVERSEAS FUND LTD	16,115	16,115	16,115
	TCW DIRECT LENDING LLC LP	4,017,359	4,017,359	4,017,359
	BRACEBRIDGE (BIL FUND LTD)	18,467,979	18,467,979	18,467,979
	REGIMENT CAPITAL SS FUND V	159,155	159,155	159,155
	ELLIOTT INTERNATIONAL LIMITED CLASS B	10,615,603	10,615,603	10,615,603
	BRIDGEWATER PURE ALPHA MAJOR MARKETS II	12,050,920	12,050,920	12,050,920
	HIGHFIELDS CAPITAL IV LP	439,238	439,238	439,238
	NEON LIBERTY LORIKEET FUND LTD	26,052,931	26,052,931	26,052,931
	ARCM US FEEDER FUND II LTD	194,584	194,584	194,584
	ARCM FEEDER FUND III	5,221,230	5,221,230	5,221,230
	HG VORA SPECIAL OPPORTUNITIES FUND	14,830,607	14,830,607	14,830,607

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	MW EUREKA FUND	22,763,336	22,763,336	22,763,336
	VWH OFFSHORE FUND LP	801,911	801,911	801,911
	TCW DIRECT LENDING VII LLC	5,844,349	5,844,349	5,844,349
	ELEMENT CAPITAL FEEDER FUND LTD	6,337,389	6,337,389	6,337,389
	WINDACRE DOMESTIC	8,616,026	8,616,026	8,616,026
	BRIDGEPOINT EUROPE IV A	609,560	1,310,417	684,232
	CITADEL GLOBAL EQUITIES FUND II LTD	12,351,158	12,351,158	12,351,158
	HUDSON BAY CAPITAL INTERNATIONAL FUND	17,067,727	17,067,727	17,067,727
	AKO EUROPEAN LONG	16,575,000	16,575,000	16,575,000
	TYBOURNE EQUITY (OFFSHORE) FUND	10,304,102	10,304,102	10,304,102
	ARCM FEEDER FUND IV LTD	1,299,442	1,299,442	1,299,442
	HG VORA OPP CAP FD CAYMAN LP	880,000	880,000	880,000
	AG CREDIT SOLUTIONS FUND LP	4,625,000	4,625,000	4,625,000
	AXA EQUITABLE LIFE ASSURANCE SOCIETY	36,572	36,572	36,572
	Total alternative investments		265,049,807	264,439,034
	Registered investment companies			
	AG MORTGAGE INVESTMENT TRUST I	3,350	57,182	51,657
	ABERDEEN AUSTRALIA EQUITY FD	8,580	46,013	46,418
	ABERDEEN EM MRKT EQTY INC	14,447	104,219	110,086
	ABERDEEN GLBL PREM PROP	7,100	41,199	46,008
	ABERDEEN JAPAN EQUITY FUND I	24,860	188,501	193,411
	ABERDEEN TTL DYN DIVID	44,800	370,860	400,960
	ALEXANDER & BALDWIN INC	2,530	51,885	53,029
	BLACKROCK ENHANCED GLOBAL DI	20,955	255,563	230,295
	BLACKROCK ENHANCED INTERNATI	35,000	195,723	206,150
	BLACKROCK RESOURCES & COMMOD	30,095	274,960	242,867
	BRIXMOR PROPERTY GROUP INC	9,450	158,403	204,215
	CBRE CLARION GL R/E INCOME F	9,500	74,156	76,190
	CENTRAL AND EASTERN EUROPE F	1,290	29,021	36,507
	CHATHAM LODGING TRUST	6,530	127,931	119,760
	CHINA FUND INC	823	15,039	17,357
	COLONY CAPITAL INC	15,380	88,765	73,055
	EUROPEAN EQUITY FUND INC/THE	13,399	112,968	125,683
	FIRST TR DYN EUR EQTY INC	3,780	53,045	56,435
	FRANKLIN STREET PROPERTIES COR	14,480	111,007	123,949
	ISHARES MSCI AUSTRALIA ETF	7,175	160,403	162,442
	ISHARES MSCI EUROZONE ETF	12,950	517,413	542,864
	ISHARES MSCI FRANCE ETF	10,725	303,172	350,815
	ISHARES MSCI SWITZERLAND ETF	4,400	145,740	178,816
	ISHARES MSCI GERMANY ETF	3,725	107,847	109,515

THE CCHS RETIREMENT PLAN

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

December 31, 2019

EIN: 34-0714585

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Units/ Shares	Cost	Current Value
	ISHARES MSCI JAPAN ETF	27,475	1,473,868	1,627,619
	JAPAN SMALLER CAPITALIZATION	40,096	405,101	358,659
	KITE REALTY GROUP TRUST	6,200	97,983	121,086
	KOREA FUND INC	1,770	62,200	52,799
	LAZARD GLOBAL TOT RT & INC	1,575	23,975	26,066
	MACQUARIE GLOBAL INFR TOT RT	1,700	33,869	42,194
	MORGAN STANLEY CHINA A SHARE	5,329	126,521	115,746
	NEW GERMANY FUND	7,513	112,569	117,804
	NEW IRELAND FUND INC	5,088	55,878	50,422
	NEXPOINT RESIDENTIAL TRUST INC	1	34	45
	PEBBLEBROOK HOTEL TRUST	2,050	61,594	54,961
	POTLATCHDELTIC CORP	1,450	54,523	62,742
	RAYONIER INC	5,280	161,165	172,973
	RETAIL PROPERTIES OF AMERICA I	5,730	69,347	76,782
	RYMAN HOSPITALITY PROPERTIES I	965	78,182	83,627
	SWISS HELVETIA FUND	2,931	26,171	24,650
	TAIWAN FUND INC	1,825	30,370	37,559
	TEMPLETON DRAGON FUND INC	2,900	72,044	56,405
	TEMPLETON EMERGING MKTS FND	5,550	80,515	86,525
	VOYA EMRG MRKTS HI INC DVD	4,905	39,739	39,191
	ADAGE CAPITAL PARTNERS LP	63,769,647	15,152,274	63,769,647
	WGI EMERGING MARKETS FUND LLC	28,428,125	20,583,803	28,428,125
	PIMCO FDS SHORT TERM FLTG NAV PORT II	11,579	115,919	115,908
	PIMCO FDS PAC INVT MGMT SER ASSET BKD SECS PORTFOLIO	97,751	1,232,662	1,227,755
	PIMCO FDS LONG DURATION CORP BD PORTFOLIO	15,742,543	191,964,904	197,568,919
	Total registered investment companies		235,706,222	298,076,689
			\$ 1,269,680,018	\$ 1,413,811,366

* 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, 2019

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
AT&T INC	5.150% 02/15/2050 DD 08/14/18	(67,717)	67,863
AT&T INC	3.800% 02/15/2027 DD 02/15/19	-165,800	171,633
CELGENE CORP	4.550% 02/20/2048 DD 02/20/18	(23,733)	23,488
CITIGROUP INC	VAR RT 03/20/2030 DD 03/20/19	(615,000)	629,536
WALT DISNEY CO/THE 144A	6.150% 02/15/2041 DD 03/20/19	(488,786)	517,833
ENCANA CORP	COMMON STOCK	(101,957)	113,156
URUGUAY GOVERNMENT INTERNATION	4.375% 01/23/2031 DD 01/23/19	(94,264)	94,430
WESTPAC BANKING CORP	4.421% 07/24/2039 DD 07/24/19	(100,000)	109,063
CCP IRS R 1.415% P US0003M CME	CALL DEC 19 001.415 ED 122319	700	(73)
CDX SP UL CDX.NA.IG.32 R 1%	PUT SEP 19 001.000 ED 091819	94	(8)
CDX SP UL CDX.NA.IG.32 R 1%	PUT SEP 19 001.000 ED 091819	116	(8)
CCP_CDX R 1% P CDX IG33 5Y ICE	20 DEC 2024 ICE	-	-
CCP CDX R 1% P CDX IG33 5Y ICE	20 DEC 2024 ICE	(19,005)	22,836
MERRILL LYNCH REV REPO	2.280% 09/16/2019 DD 09/13/19	(34,900,000)	34,900,000
TORONTO DOMINION REV REPO	2.000% 10/01/2019 DD 09/30/19	(27,000,000)	27,000,000
ARGO INVESTMENTS LTD	COMMON STOCK	(66,918)	69,133
AUSTRALIAN FOUNDATION INV CO	COMMON STOCK	(22,481)	22,732
DIVERSIFIED UNITED INVESTMNT	COMMON STOCK	(27,978)	30,750
QUATRIM SASU 144A	5.875% 01/15/2024	(110,445)	113,159
ROMANIAN GOVERNMENT INTER 144A	2.000% 12/08/2026	(111,483)	112,671
BAILLIE GIFFORD JAPAN TRUST	COMMON STOCK	(21,521)	22,269
HERALD INVESTMENT TRUST PLC	COMMON STOCK	(30,304)	31,292
BAILLIE GIFFORD SHIN NIPPON	COMMON STOCK	(14,620)	15,544
CCP_IRS._R USD-LIBOR-BBA 3M CM	VAR RT 98% 2024 JUN 27	-	-
CCP_IRS._R USD-LIBOR-BBA 3M CM	PAY 1.98% 2024 JUN 27	-	(2,440)
CCP_IRS. R USD-LIBOR-BBA 3M CM	PAY 1.88% 2024 JUL 02	-	-
CCP_IRS._R USD-LIBOR-BBA 3M CM	PAY 1.88% 2024 JUL 02	-	(1,435.00)
CCP_CDX. SP UL CDX.NA.IG.32 CM	REC 100BPS 2024 JUN 20	(19,598.00)	24,799.00
CCP_CDX._SP UL CDX.NA.IG.32 CM	REC 100BPS 2024 JUN 20	-	-
CCP_CDX. SP UL CDX-EMS31V1-5Y	REC 100BPS 2024 JUN 20	-	-
CCP_CDX._SP UL CDX-EMS31V1-5Y	REC 100BPS 2024 JUN 20	3,431.00	(3,811.00)
CCP_CDX. SP UL CDX.NA.IG.32_V1	REC 100BPS 2029 JUN 20	(157.00)	-
CCP_CDX._SP UL CDX.NA.IG.32_V1	REC 100BPS 2029 JUN 20	-	(1,017.00)
CCP_IRS. R USD-LIBOR-BBA 3M CM	PAY 2.08% 2024 JUN 26	-	-
CCP_IRS._R USD-LIBOR-BBA 3M CM	PAY 2.08% 2024 JUN 26	-	(3,391.00)
CCP_IRS. R USD-LIBOR-BBA 3M CM	PAY 2.06% 2024 JUN 21	-	-
CCP_IRS._R USD-LIBOR-BBA 3M CM	PAY 2.06% 2024 JUN 21	-	(3,019.00)
CCP_IRS. R USD-LIBOR-BBA 3M CM	PAY 2.09% 2024 JUN 24	-	-
CCP_IRS._R USD-LIBOR-BBA 3M CM	PAY 2.09% 2024 JUN 24	-	(3,031.00)
CCP_IRS. R USD-LIBOR-BBA 3M CM	PAY 2.11% 2024 JUN 25	-	-
CCP_IRS._R USD-LIBOR-BBA 3M CM	PAY 2.11% 2024 JUN 25	-	(3,232.00)
CCP_IRS. P USD-LIBOR-BBA 3M CM	REC 1.67% 2024 DEC 27	-	-
CCP_IRS._P USD-LIBOR-BBA 3M CM	REC 1.67% 2024 DEC 27	-	(1,345.00)
KINNEVIK AB	COMMON STOCK	(90,145.00)	95,975.00
CDX SP ITRAXX MAIN31 V2 5Y	PUT NOV 19 000.750 ED 112019	586.00	(30.00)
CDX SP ITRAXX MAIN31 V2 5Y	PUT NOV 19 000.750 ED 112019	316.00	(15.00)
CDX SP ITRAXX MAIN31 V2 5Y	PUT NOV 19 000.750 ED 112019	254.00	(15.00)