

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>07/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PLAYHOUSE SQUARE FOUNDATION DEFINED BENEFIT PENSION PLAN AND TRUST</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2006</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2006</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>PLAYHOUSE SQUARE FOUNDATION</u> <u>1501 EUCLID AVENUE</u> <u>SUITE 200</u> <u>CLEVELAND, OH 44115</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-7304942</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-771-4444</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>711100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-7304942</u>	2c Plan Sponsor's telephone number <u>216-771-4444</u>	2d Business code (see instructions) <u>711100</u>	
2b Employer Identification Number (EIN) <u>23-7304942</u>					
2c Plan Sponsor's telephone number <u>216-771-4444</u>					
2d Business code (see instructions) <u>711100</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.	03/15/2021	PATRICIA A GAUL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	88
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	82
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1H 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 07/31/2020		
A Name of plan PLAYHOUSE SQUARE FOUNDATION DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PLAYHOUSE SQUARE FOUNDATION	D Employer Identification Number (EIN) 23-7304942	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

UBS FINANCIAL SERVICES, INC.

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

13-2638166

(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?
65	ACCOUNT MAINTENANCE FEES	75	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 07/31/2020		
A Name of plan PLAYHOUSE SQUARE FOUNDATION DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 PLAYHOUSE SQUARE FOUNDATION	D Employer Identification Number (EIN) 23-7304942	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	273700	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	452	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1957000	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2231152 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	2231152 0

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.

		(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)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4588
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4588
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4588

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2232756	
(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)		2232756
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2984	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2984
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2235740

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2231152
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		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 0.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 07/31/2020		
A Name of plan PLAYHOUSE SQUARE FOUNDATION DEFINED BENEFIT PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PLAYHOUSE SQUARE FOUNDATION		D Employer Identification Number (EIN) 23-7304942
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): 04-6568107		
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 0
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) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 _____

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Financial Report
July 17, 2020

Contents

Independent auditor's report	1-2
Financial statements	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Statements of accumulated plan benefits	5
Statements of changes in accumulated plan benefits	6
Notes to financial statements	7-13
Supplemental schedules	
Schedule H, Line 4(i) - Schedule of assets (held at end of year)	14
Schedule H, Line 4(j) - Schedule of reportable transactions	15

Independent Auditor's Report

RSM US LLP

To the Trustees of the
Playhouse Square Foundation
Defined Benefit Pension Plan and Trust

Report on the Financial Statements

We have audited the accompanying financial statements of the Playhouse Square Foundation Defined Benefit Pension Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of July 17, 2020 (in liquidation), December 31, 2019 (in liquidation), and December 31, 2018, the statements of accumulated Plan benefits as of December 31, 2019 (in liquidation) and 2018, the related statements of changes in net assets available for benefits and changes in accumulated Plan benefits for the period ended July 17, 2020 (in liquidation), the year ended December 31, 2019 (in liquidation), and the year ended December 31, 2018, 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.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits and financial status as of July 17, 2020 (in liquidation), December 31, 2019 (in liquidation), and December 31, 2018, and changes therein for the periods then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter – Plan Freeze and Termination

As disclosed in Note 1 to the financial statements, the Board of Directors of Playhouse Square Foundation, the Plan's sponsor, voted in December 2018 to freeze the Plan's benefits and participation effective December 31, 2018 and to terminate the Plan effective February 28, 2019. The Plan termination was determined to be imminent as of December 31, 2019. As a result, the Plan's financial statements as of and for the periods ending July 17, 2020 and December 31, 2019 are presented on the liquidation basis of accounting. The Plan was fully liquidated by July 17, 2020. Our disclaimer of opinion is not modified with respect to these matters.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions, as of or for the year ended December 31, 2019, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM US LLP

Cleveland, Ohio
February 24, 2021

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Statements of Net Assets Available for Benefits

July 17, 2020, December 31, 2019 and 2018

	2020 (in Liquidation)	2019 (in Liquidation)	2018
Assets			
Investments, at fair value	\$ -	\$ 1,957,452	\$ 1,862,870
Employer contributions receivable	-	273,700	17,740
Accrued interest income	-	4,588	-
Total assets	-	2,235,740	1,880,610
Liabilities			
Accrued expenses	-	2,984	-
Net assets available for benefits	<u>\$ -</u>	<u>\$ 2,232,756</u>	<u>\$ 1,880,610</u>

See notes to financial statements.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Statements of Changes in Net Assets Available for Benefits

Period Ended July 17, 2020 and Years Ended December 31, 2019 and 2018

	2020 (in Liquidation)	2019 (in Liquidation)	2018
Investment income (loss):			
Interest and dividends	\$ -	\$ 44,302	\$ 69,699
Net appreciation (depreciation) in fair value of investments	-	49,534	(134,025)
Total investment income (loss)	-	93,836	(64,326)
Employer contributions	-	275,679	23,258
	-	369,515	(41,068)
Deductions:			
Benefits paid to participants	2,232,756	12,760	59,387
Investment management fees	-	4,609	21,073
Total deductions	2,232,756	17,369	80,460
Net (decrease) increase	(2,232,756)	352,146	(121,528)
Net assets available for benefits:			
Beginning	2,232,756	1,880,610	2,002,138
Ending	\$ -	\$ 2,232,756	\$ 1,880,610

See notes to financial statements.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Statements of Accumulated Plan Benefits

December 31, 2019 and 2018

	2019 (in Liquidation)	2018
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ -	\$ -
Other participants	2,232,756	2,037,744
Total vested benefits	2,232,756	2,037,744
Nonvested benefits	-	99,138
Total actuarial present value of accumulated plan benefits	\$ 2,232,756	\$ 2,136,882

See notes to financial statements.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Statements of Changes in Accumulated Plan Benefits

Period Ended July 17, 2020 and Years Ended December 31, 2019 and 2018

	2020 (in Liquidation)	2019 (in Liquidation)	2018
Actuarial present value of accumulated plan benefits at beginning of year	\$ 2,232,756	\$ 2,136,882	\$ 1,993,460
Increase (decrease) during the year attributable to:			
Benefits accumulated, net experience gain or loss	-	43,769	150,040
Increase for interest due to decrease in discount period	-	64,865	53,780
Change in actuarial assumptions	-	-	(1,011)
Benefits paid	(2,232,756)	(12,760)	(59,387)
Net (decrease) increase	(2,232,756)	95,874	143,422
 Actuarial present value of accumulated plan benefits at end of year	 \$ -	 \$ 2,232,756	 \$ 2,136,882

See notes to financial statements.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Notes to Financial Statements

Note 1. Description of Plan

The following description of the Playhouse Square Foundation Defined Benefit Pension Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of its provisions.

General: The Plan is a noncontributory defined benefit pension plan covering all eligible employees of Playhouse Square Foundation (the Foundation), the Plan sponsor. A hypothetical account is maintained for each participant in which contributions are credited for the benefit of the individual. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, the Highway and Transportation Funding Act of 2014 (HTFA), the Moving Ahead for Progress in the 21st Century Act (MAP-21), the 2012 Pension Relief Act, the Worker, Retiree and Employer Recover Act of 2008 and the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, the Pension Protection Act of 2016 and the Bipartisan Budget Act of 2015.

Plan amendment: In December 2018, the Board of Directors of the Foundation adopted a resolution to freeze the plan effective December 31, 2018. No new participants could enter the Plan after that date. Existing participants' accrued benefits and credited service under the Plan did not increase thereafter. Also in December 2018, the Board of Directors adopted a resolution to terminate the Plan effective February 28, 2019. See Note 6 for further information on the Plan's termination.

Eligibility: Employee eligibility is based upon specific job titles as defined in the appendices of the Plan document and completion of at least one year of service. Eligible employees are classified as either Category 1 or Category 2 employees based upon their job title. Participants may enter the Plan on January 1 or July 1 following the completion of a year of eligible service. There is no minimum age requirement for participation in the Plan.

Contributions: At any time during the accounting period or at any other time permitted under the applicable sections of the Code, the employer shall contribute to the Plan, in cash, the amount actuarially determined to be necessary to fund all of the retirement and other benefits provided by the Plan and to satisfy the minimum funding standard, utilizing a reasonable and consistent method of funding.

Vesting: A participant shall be vested in their accrued benefit upon completion of three years of vesting service. A year of vesting service is defined as any Plan year in which the employer maintains the Plan and the participant completes at least 1,000 hours of service with the employer. Participants also vest in their hypothetical account balance if they are still employed upon attainment of age 62, become permanently disabled, or if the participant dies during employment. Due to the termination of the Plan (Note 6), all participants became 100% vested as of the effective date of termination (February 28, 2019).

Forfeitures: The Plan is a cash balance plan; therefore, participant accounts are only hypothetical. In the event that a participant terminates employment prior to meeting the vesting requirements, the forfeited funds will become part of the general assets of the Plan.

Pension benefits: For each year an employee is a participant in the Plan and works at least one hour for the Foundation, the participant is entitled to accrue a benefit. The benefit for Category 1 participants is the lesser of \$200,000, or the maximum amount that enables the Plan to be in compliance with certain provisions of the Internal Revenue Code (IRC), as defined in the Plan document. The benefit for Category 2 participants is the greater of 2% of compensation for each Plan year during which the participant earns a year of credited service, or \$250. Participants with vested benefits are entitled to a monthly annuity upon reaching retirement age. Unmarried participants are paid a monthly annuity for life while married participants receive joint and survivor annuity payments. A participant may also elect a lump-sum payment or installment payments.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Death and disability benefits: If a participant dies while still an employee, the actuarial equivalent of their vested benefit shall be paid to their designated beneficiary or beneficiaries. If a participant terminates employment due to a permanent disability, the participant shall be entitled to payment of the accrued benefit.

Note 2. Summary of Significant Accounting Policies

Expenses of the plan: The Foundation shall pay reasonable compensation for services rendered and expenses incurred in connection with the administration of the Plan. All expenses incurred in the investment of the assets of the Plan shall be deducted from the general Plan assets.

Basis of accounting: The accompanying financial statements of the Plan are prepared on the accrual basis of accounting as of and for the year ending December 31, 2018. Due to the decision to terminate the Plan (Note 6) and management's determination that liquidation was imminent and unlikely to be blocked by regulators, the accompanying financial statements as of and for the periods ended July 17, 2020 and December 31, 2019 have been prepared using the liquidation basis 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 the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those amounts. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment valuation and income recognition: The Plan's investments as of December 31, 2018 are stated at fair value. The Plan's investments as of December 31, 2019 (in liquidation) are reported at liquidation value. For these investments, fair value approximates the amount the Plan expected to collect at liquidation. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Interest was recorded on the accrual basis and dividends were recorded on the ex-dividend date during the year ended December 31, 2018. Interest and dividends were recorded on the liquidation basis, including amounts expected to be earned through final liquidation, during the year ended December 31, 2019.

Purchases and sales of securities were recorded on a trade-date basis during the year ended December 31, 2018. Purchases and sales of securities were recorded on a settlement date basis during the year ended December 31, 2019. Net appreciation (depreciation) includes the Plan's gains and losses for investments bought and sold as well as held during the period.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their years of credited service.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The accumulated plan benefits for active employees are based on their hypothetical account balance, on the date as of which the benefit information is presented (as of January 1, 2020 and 2019, presented as of December 31, 2019 and 2018). There were no significant amendments or demographic differences between December 31, 2019 and 2018 and the January 1, 2020 and 2019 valuation dates, respectively. 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.

The actuarial present value of accumulated plan benefits is determined by The Libman Actuarial Group, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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 cost method used to determine the actuarial accrued liability and normal cost is the unit credit actuarial cost method. The significant actuarial assumptions used in the valuation as of January 1, 2019 were (a) life expectancy of participants (the RP-2014 mortality table with MP-2018 projection), (b) retirement age assumptions (the assumed retirement age is 62), (c) investment return and (d) ASC 960 discount rate (2.80%). The valuation included an assumed average rate of return of 2.88% as of January 1, 2019. Significant changes in actuarial assumptions from the prior year were a decrease in the discount rate from 2.86%, an increase in the assumed average rate of return from 2.50%, and a change in the mortality table projection. The foregoing actuarial assumptions were based on the presumption that the Plan will continue and do not reflect the Plan freeze or termination provisions as discussed in Note 1.

Due to the resolution to terminate the Plan (Note 6) and management's determination that liquidation was imminent as of December 31, 2019, the actuary calculated the actuarial present value of accumulated plan benefits under a liquidation assumption as of January 1, 2020. The significant actuarial assumptions used in the valuation as of January 1, 2020 were (a) life expectancy of participants (the RP-2014 mortality table with MP-2019 projection), (b) retirement age assumptions (the assumed retirement age is 62), (c) investment return and (d) settlement discount rate (3.08%). The valuation included an assumed average rate of return of 3.34% as of January 1, 2020.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Risks and uncertainties: The Plan held various investment securities. Investment securities were exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the values of investment securities would occur in the near term and that such changes could have materially affected participants' account balances and the amounts reported in the statement of net assets available for benefits as of December 31, 2018.

Plan contributions were made and the actuarial present value of accumulated plan benefits were reported based on certain assumptions pertaining to interest rates and employee demographics, all of which were subject to change. Due to uncertainties inherent in the estimations and assumptions process, it was at least reasonably possible that changes in these estimates and assumptions in the near term could have been material to the future financial statements as of December 31, 2018.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Recently adopted accounting pronouncement: In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, and adding certain disclosures. ASU 2018-13 is effective for the Plan for fiscal years beginning after December 31, 2019. The Plan was permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan early adopted this standard as of December 31, 2019. The adoption did not result in any changes to the Plan's fair value measurement disclosures presented in these financial statements.

Subsequent events: The Plan has evaluated events for potential recognition and/or disclosure through February 24, 2021, the date the financial statements were available to be issued.

Note 3. Investments

The following is a summary of the Plan's asset information, as of December 31, 2019 and 2018, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules. The Plan's assets are held in a managed portfolio of funds administered by UBS Financial Services Inc.

	2019	2018
Investments, at fair value:		
Money market fund	\$ 1,957,000	\$ -
Registered investment companies	-	1,817,854
Interest bearing cash	452	45,016
	<u>\$ 1,957,452</u>	<u>\$ 1,862,870</u>

For the years ended December 31, 2019 and 2018, the net appreciation (depreciation) in fair value of investments, which includes gains and losses on assets bought and sold, as well as held during the year, amounted to \$49,534 and (\$134,025), respectively. Interest and dividends amounted to \$44,302 and \$69,699 for the years ended December 31, 2019 and 2018, respectively.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Notes to Financial Statements

Note 4. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 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 or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 asset's or liability's fair value measurement 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money market fund: Valued at cost, which approximates fair value, generally at \$1 per share.

Shares of registered investment companies: Valued at quoted market prices which represent the net asset value of the shares held by the Plan at year end.

Interest bearing cash: Valued at \$1 per unit.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31:

	2019			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,957,000	\$ -	\$ -	\$ 1,957,000
Interest bearing cash	452	-	-	452
Investments at fair value	\$ 1,957,452	\$ -	\$ -	\$ 1,957,452

	2018			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 1,817,854	\$ -	\$ -	\$ 1,817,854
Interest bearing cash	45,016	-	-	45,016
Investments at fair value	\$ 1,862,870	\$ -	\$ -	\$ 1,862,870

Note 5. Tax Status

The Internal Revenue Service (IRS) determined and informed the Plan sponsor, by a letter dated February 10, 2015, that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the IRC. An application for a final determination letter was filed in June 2019 due to the Plan termination (Note 6), for which a favorable determination was made by the IRS on February 24, 2020. The Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. As of July 17, 2020, December 31, 2019 and 2018, management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 6. Plan Termination and Liquidation of Plan Assets

As a result of the Foundation's resolution to terminate the Plan effective February 28, 2019 (Note 1), a Notice to Interested Parties advising that an application for Plan termination was to be filed was distributed to Plan participants in December 2018. In June 2019, the application for approval of the Plan's termination was filed with the IRS. Although the Plan had not yet received final approval from regulatory agencies, management determined that liquidation was imminent, and unlikely to be blocked by regulators, as of December 31, 2019, at which time the Plan's basis of accounting was changed from the ongoing basis of accounting to the liquidation basis of accounting. A favorable determination from the IRS as it relates to the Plan termination was received on February 24, 2020.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

Notes to Financial Statements

Note 6. Plan Termination and Liquidation of Plan Assets (Continued)

As a result of the termination of the Plan, rights of participants under the Plan to their accrued benefits, to the extent funded, became vested and nonforfeitable. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) upon Plan termination. 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.

Form 500 was filed with the PBGC in August 2019 and the PBGC acknowledged receipt of the submission. Subsequent to receiving the favorable determination from the IRS, benefit election forms were sent to participants. An extension to complete the distribution process was requested by the Plan sponsor in June 2020, but a response was not received by the PBGC. The Plan sponsor believes it took all appropriate measures to obtain necessary extensions with the PBGC to carry out the Plan termination in accordance with applicable regulations.

On July 17, 2020, the trust was determined to be fully liquidated and the Plan termination process to be complete.

Note 7. Party-in-Interest Transactions

The Plan held investments which were in the custody of UBS Financial Services Inc. Fees incurred by the Plan for investment management services provided by UBS Financial Services Inc. amounted to \$4,609 and \$21,073 for the years ended December 31, 2019 and 2018, respectively.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2019:

Net assets available for benefits per the financial statements	\$ 2,232,756
Accrued interest income	(4,588)
Accrued expenses	2,984
Net assets available for benefits per Form 5500	<u><u>\$ 2,231,152</u></u>

The following is a reconciliation of the total decrease in net assets per the financial statements to the total decrease in net assets per Form 5500 for the period ended July 17, 2020:

Total decrease in net assets per the financial statements	\$ (2,232,756)
Change in accrued interest income	4,588
Change in accrued expenses	(2,984)
Total decrease in net assets per Form 5500	<u><u>\$ (2,231,152)</u></u>

Supplemental Schedules

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

EIN: 23-7304942

Plan No. 002

Schedule H, Line 4(i) - Schedule of Assets Held (At End of Year) (in Liquidation)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost Value	Current Value
		Interest bearing cash:		
*	UBS Financial Services Inc.	UBS Liquid Assets Fund	\$ 452	\$ 452
		Money market fund:		
*	UBS Financial Services Inc.	UBS Select Treasury Investor Fund	1,957,000	1,957,000
			<u>\$ 1,957,452</u>	<u>\$ 1,957,452</u>

* Represents a party-in-interest.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

EIN: 23-7304942

Plan No. 002

Schedule H, Line 4(j) - Schedule of Reportable Transactions (in Liquidation)

Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or Loss
Category (i) - Single transactions in excess of 5 percent of beginning plan net assets:						
Independent Bank	Certificate of deposit Purchase	\$ 240,000	\$ -	\$ 240,000	\$ 240,000	\$ -
	Sale	-	240,000	240,000	240,000	-
Minnwest Bank	Certificate of deposit Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
MVB Bank, Inc.	Certificate of deposit Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
State Bank	Certificate of deposit Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
Synovus Bank	Certificate of deposit Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
Texas Capital Bank N.A.	Certificate of deposit Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
Valley National Bank	Certificate of deposit Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
Cohen & Steers Preferred	Registered investment company Sale	-	127,575	132,782	127,575	(5,207)
iShares US Treasury Bond	Registered investment company Sale	-	438,614	432,723	438,614	5,891
Lord Abbett High Yield	Registered investment company Sale	-	129,302	136,576	129,302	(7,274)
PIMCO Investment Grade	Registered investment company Sale	-	187,267	189,689	187,267	(2,422)
Western Asset Corporate	Registered investment company Sale	-	149,870	151,751	149,870	(1,881)
Category (iii) - Series of transactions in excess of 5 percent of beginning plan net assets:						
Cohen & Steers Preferred	Registered investment company 10 Sales	-	133,056	138,308	133,056	(5,252)
Federated High Yield	Registered investment company 4 Sales	-	93,475	94,232	93,475	(757)
iShares US Treasury Bond	Registered investment company 4 Sales	-	506,899	500,211	506,899	6,688
Lord Abbett High Yield	Registered investment company 10 Sales	-	134,721	142,139	134,721	(7,418)
PIMCO Investment Grade	Registered investment company 12 Sales	-	192,768	195,166	192,768	(2,398)
Western Asset Corporate	Registered investment company 10 Sales	-	154,194	156,053	154,194	(1,859)

There were no category (ii) or (iv) transactions during the year ended December 31, 2019.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>07/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____ B This return/report is:
☐ the first return/report ☐ an amended return/report	☒ the final 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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II Basic Plan Information—enter all requested information											
1a Name of plan PLAYHOUSE SQUARE FOUNDATION DEFINED BENEFIT PENSION PLAN AND TRUST 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) PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE SUITE 200 CLEVELAND OH 44115	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2006</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 23-7304942</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 216-771-4444</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 711100</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/2006		2b Employer Identification Number (EIN) 23-7304942		2c Plan Sponsor's telephone number 216-771-4444		2d Business code (see instructions) 711100	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 01/01/2006											
2b Employer Identification Number (EIN) 23-7304942											
2c Plan Sponsor's telephone number 216-771-4444											
2d Business code (see instructions) 711100											

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	<i>Patricia A. Gaul</i>	<i>3/15/21</i>	<i>PATRICIA A GAUL</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 88
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 82 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1H 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

EIN: 23-7304942

Plan No. 002

Schedule H, Line 4(i) - Schedule of Assets Held (At End of Year) (in Liquidation)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost Value	Current Value
		Interest bearing cash:		
*	UBS Financial Services Inc.	UBS Liquid Assets Fund	\$ 452	\$ 452
		Money market fund:		
*	UBS Financial Services Inc.	UBS Select Treasury Investor Fund	1,957,000	1,957,000
			<u>\$ 1,957,452</u>	<u>\$ 1,957,452</u>

* Represents a party-in-interest.

Playhouse Square Foundation Defined Benefit Pension Plan and Trust

EIN: 23-7304942

Plan No. 002

Schedule H, Line 4(j) - Schedule of Reportable Transactions (in Liquidation)

Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or Loss
Category (i) - Single transactions in excess of 5 percent of beginning plan net assets:						
Independent Bank	Certificate of deposit					
	Purchase	\$ 240,000	\$ -	\$ 240,000	\$ 240,000	\$ -
	Sale	-	240,000	240,000	240,000	-
Minnwest Bank	Certificate of deposit					
	Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
MVB Bank, Inc.	Certificate of deposit					
	Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
State Bank	Certificate of deposit					
	Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
Synovus Bank	Certificate of deposit					
	Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
Texas Capital Bank N.A.	Certificate of deposit					
	Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
Valley National Bank	Certificate of deposit					
	Purchase	240,000	-	240,000	240,000	-
	Sale	-	240,000	240,000	240,000	-
Cohen & Steers Preferred	Registered investment company					
	Sale	-	127,575	132,782	127,575	(5,207)
iShares US Treasury Bond	Registered investment company					
	Sale	-	438,614	432,723	438,614	5,891
Lord Abbett High Yield	Registered investment company					
	Sale	-	129,302	136,576	129,302	(7,274)
PIMCO Investment Grade	Registered investment company					
	Sale	-	187,267	189,689	187,267	(2,422)
Western Asset Corporate	Registered investment company					
	Sale	-	149,870	151,751	149,870	(1,881)
Category (iii) - Series of transactions in excess of 5 percent of beginning plan net assets:						
Cohen & Steers Preferred	Registered investment company					
	10 Sales	-	133,056	138,308	133,056	(5,252)
Federated High Yield	Registered investment company					
	4 Sales	-	93,475	94,232	93,475	(757)
iShares US Treasury Bond	Registered investment company					
	4 Sales	-	506,899	500,211	506,899	6,688
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	10 Sales	-	134,721	142,139	134,721	(7,418)
PIMCO Investment Grade	Registered investment company					
	12 Sales	-	192,768	195,166	192,768	(2,398)
Western Asset Corporate	Registered investment company					
	10 Sales	-	154,194	156,053	154,194	(1,859)

There were no category (ii) or (iv) transactions during the year ended December 31, 2019.