

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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>CASE WESTERN RESERVE UNIVERSITY EMPLOYEES RETIREMENT PLAN B</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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1969</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1969</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1969</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CASE WESTERN RESERVE UNIVERSITY</u> <u>JAMES E. RYAN</u> <u>10900 EUCLID AVENUE</u> <u>CLEVELAND, OH 44106-7047</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1018992</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>216-368-2000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1018992</u>	2c Sponsor's telephone number <u>216-368-2000</u>	2d Business code (see instructions) <u>611000</u>	
2b Employer Identification Number (EIN) <u>34-1018992</u>					
2c Sponsor's telephone number <u>216-368-2000</u>					
2d Business code (see instructions) <u>611000</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.	04/15/2015	JAMES E. RYAN
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address CASE WESTERN RESERVE UNIVERSITY JAMES E. RYAN 10900 EUCLID AVENUE 304 CRAWFORD HALL CLEVELAND, OH 44106-7047		3b Administrator's EIN 34-1018992
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 216-368-2000
5 Total number of participants at the beginning of the plan year		4b EIN
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		4c PN
a Active participants		5 5508
b Retired or separated participants receiving benefits		6a 2096
c Other retired or separated participants entitled to future benefits		6b 686
d Subtotal. Add lines 6a , 6b , and 6c		6c 2778
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6d 5560
f Total. Add lines 6d and 6e		6e 38
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6f 5598
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6g
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		6h 106
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		7
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>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014	
A Name of plan CASE WESTERN RESERVE UNIVERSITY EMPLOYEES RETIREMENT PLAN B	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CASE WESTERN RESERVE UNIVERSITY	D Employer Identification Number (EIN) 34-1018992

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
TEACHERS INSURANCE AND ANNUITY ASSOCIATION

(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
13-1624203	69345	U-LK78	5598	07/01/2013	06/30/2014

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	2312378
5 Current value of plan's interest under this contract in separate accounts at year end	5	6982779

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	490260
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c Additions: (1) Contributions deposited during the year	7c(1)	5709000	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	28509	
(4) Transferred from separate account	7c(4)	750000	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	6487509
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d Total of balance and additions (add lines 7b and 7c(6))	7d	6977769
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4665391	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	4665391
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2312378
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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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **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>CASE WESTERN RESERVE UNIVERSITY EMPLOYEES RETIREMENT PLAN B</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CASE WESTERN RESERVE UNIVERSITY</u>	D Employer Identification Number (EIN) <u>34-1018992</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>07</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>135364421</u>
b Actuarial value	2b <u>138040257</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>705</u> <u>21737271</u>
b For terminated vested participants.....	3b <u>2664</u> <u>53454876</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>3277918</u>
(2) Vested benefits	3c(2) <u>63517667</u>
(3) Total active.....	3c(3) <u>2139</u> <u>66795585</u>
d Total.....	3d <u>5508</u> <u>141987732</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>6.87 %</u>
6 Target normal cost	6 <u>5046952</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>03/24/2015</u>
Signature of actuary		Date
<u>JOSEPH A. PERKO</u>		<u>14-06491</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON PENNSYLVANIA, INC.</u>		<u>216-937-4000</u>
Firm name		Telephone number (including area code)
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114-1172</u>		
Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

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)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.22</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
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	97.21 %
15 Adjusted funding target attainment percentage	15	92.02 %
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	103.82 %
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
03/12/2015	6396038	0			
Totals ▶			18(b)	6396038	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 5714454
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: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	5046952	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	3947475		664382
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	5711334	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	5711334	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5714454	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3120	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>CASE WESTERN RESERVE UNIVERSITY EMPLOYEES RETIREMENT PLAN B</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CASE WESTERN RESERVE UNIVERSITY</u>	D Employer Identification Number (EIN) <u>34-1018992</u>

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

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

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

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

TIAA-CREF

43-1814494

(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?
21	NONE	69943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

23-1159360

(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	NONE	26565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MALONEY & NOVOTNY LLC

34-0677006

(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	NONE	15000	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)

BAKER HOSTETLER

34-0082025

(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?
21	NONE	763	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

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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>		
A Name of plan <u>CASE WESTERN RESERVE UNIVERSITY EMPLOYEES RETIREMENT PLAN B</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CASE WESTERN RESERVE UNIVERSITY</u>	D Employer Identification Number (EIN) <u>34-1018992</u>	

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)	0	6396038
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	14767	13359
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	6844710	263031
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	64438403	77684379
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	6291958	6982779
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	57284323	61373704
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	490260	2312378
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	135364421	155025668

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	83004	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	83004	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	135281417	155025668
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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)	6396038	
(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)		6396038
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	167	
(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)	28509	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28676
(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)	2470370	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2470370
(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)	8995977	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8995977

		(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)		690820
(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)		6664703
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		25246584

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4665391	
(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)		4665391
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)	42328	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	69943	
(4) Other.....	2i(4)	724671	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		836942
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5502333

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		19744251
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☐ Yes ☒ No

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

(1) Name: MALONEY & NOVOTNY, LLC

(2) EIN: 34-0677006

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		5000000
4e	X		5000000
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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 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>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014					
A Name of plan CASE WESTERN RESERVE UNIVERSITY EMPLOYEES RETIREMENT PLAN B				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CASE WESTERN RESERVE UNIVERSITY				D Employer Identification Number (EIN) 34-1018992	
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): 43-1814494					
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	18
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 and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2013 v. 130118	

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	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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: 41.3% Investment-Grade Debt: 0.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 58.7%

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):

**CASE WESTERN RESERVE UNIVERSITY
EMPLOYEES' RETIREMENT PLAN B**

FINANCIAL REPORT

JUNE 30, 2014 and 2013

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

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Independent Auditors' Report

To the Retirement Committee of
Case Western Reserve University
Employees' Retirement Plan B
Cleveland, Ohio

We have audited the accompanying financial statements of Case Western Reserve University Employees' Retirement Plan B (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider 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, the net assets available for benefits of the Plan as of June 30, 2014 and 2013, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

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) as of June 30, 2014 and reportable transactions for the year ended June 30, 2014 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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.

Meloney + Novotny LLC

Cleveland, Ohio
April 15, 2015

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments, at fair value	\$148,616,272	\$135,349,654
Contributions receivable	6,396,038	-
Dividends receivable	<u>13,359</u>	<u>14,767</u>
	155,025,669	135,364,421
LIABILITIES		
Accrued expense	<u>-</u>	<u>83,004</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$155,025,669</u>	<u>\$135,281,417</u>

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

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS		
Employer contributions	\$ 6,396,038	\$ -
Interest and dividends	2,470,538	1,456,021
Net appreciation in the fair value of investments	<u>16,380,009</u>	<u>6,651,733</u>
Total additions	25,246,585	8,107,754
DEDUCTIONS		
Benefit payments	4,665,391	3,932,242
Administrative expenses	<u>836,942</u>	<u>594,261</u>
Total deductions	<u>5,502,333</u>	<u>4,526,503</u>
NET INCREASE	19,744,252	3,581,251
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>135,281,417</u>	<u>131,700,166</u>
END OF YEAR	<u>\$155,025,669</u>	<u>\$135,281,417</u>

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

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

Case Western Reserve University Employees' Retirement Plan B (the "Plan") is a defined benefit plan covering substantially all hourly and certain salaried employees of Case Western Reserve University (the "University"), which provides pension and disability benefits for such employees. Effective July 1, 1992, the Plan was amended and redesigned as a cash balance defined benefit plan whereby the University credits 7% of a participant's annual compensation to the participant's account. The University has agreed to voluntarily contribute such amounts as necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The University contributes amounts sufficient to annually fund the Plan's current service cost and the initial past service cost plus interest thereon over a period of 5 to 40 years, plus such amounts as the University may determine to be appropriate and to meet the ERISA minimum funding requirements.

The University has the right under the Plan to discontinue contributions at any time and to terminate the Plan. Should the Plan terminate at some future time, its net assets may not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of these benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee; other benefits may not be provided for at all.

Information about the Plan including present and future benefits, vesting, and the PBGC's benefit guarantee provisions is contained in the Summary Plan Description. Copies of this pamphlet are available from the Retirement Committee.

Note 2. Significant Accounting Policies

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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

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. See Note 5 for discussion of fair value measurements.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Significant Accounting Policies (Continued)

Accounting Standards Update No. 2009-12 ("ASU 2009-12"), *Fair Value Measurements and Disclosures (Topic 820), Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, permits, as a practical expedient, an entity holding investments in certain entities that calculate net asset value ("NAV") per share or its equivalent for which fair value is not readily determinable, to measure the fair value of such investments on the basis of that net asset value per share or its equivalent without adjustment. ASU 2009-12 provides that if the reporting entity has the ability to redeem its investment in another fund at net asset value at the measurement date, the investment shall be categorized as a Level 2 fair value measurement, and if the reporting entity cannot redeem its investment in another fund at net asset value at the measurement date but the investment may be redeemable at a future date, the reporting entity shall consider the length of time until the investment will be redeemable in determining whether it will be categorized as a Level 2 or Level 3 fair value measurement. The Plan's investment in Elliot International Ltd. is subject to an initial lock-up period which restricts liquidity at net asset value until December 31, 2014 and, therefore, is categorized as a Level 3 fair value measurement. Since the Plan has the ability to redeem its investments in all other alternative investments at net asset value in 90 days or less from the measurement date, these investments are categorized as a Level 2 fair value measurement.

Purchases and sales of investments are recorded on a trade-date basis. The cost of securities sold is determined by the average cost method. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on these investments.

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market values of securities fluctuate based on the magnitude of changing market conditions; significant changes in market conditions could materially affect the Plan's portfolio value.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are determined based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions could occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Actuarial and other fees are charged directly to the Plan as administrative expenses. Other administrative expenses are paid by the University or the Plan at the discretion of the University.

Certain reclassifications have been made to the 2013 financial statements to conform to the 2014 presentation.

The Plan has evaluated subsequent events and transactions for potential recognition and presentation through the date the financial statements were available to be issued, April 15, 2015.

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was estimated by the Plan's actuaries. This amount results from applying certain actuarial assumptions to plan participant data to determine the accumulated plan benefits earned to date by the participants. The present value reflects the time value of money, through discounts for interest, and the probability of payment recognizing decrements such as for death, disability, withdrawal, or retirement between the valuation date and the expected dates of payment.

The accumulated plan benefit information as of July 1, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 19,003,257	\$ 16,816,368
Other participants	89,139,678	82,831,417
	<u>108,142,935</u>	<u>99,647,785</u>
Nonvested benefits	<u>1,276,004</u>	<u>1,316,767</u>
Total actuarial present value of accumulated plan benefits	<u>\$109,418,939</u>	<u>\$100,964,552</u>

Changes in the accumulated plan benefits for the year ended June 30, 2013 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$100,964,552
Changes during the year due to:	
Benefits earned	3,564,175
Actuarial losses	11,212
Decrease in the discount period	8,721,229
Actual benefits paid	(3,932,242)
Assumption changes	<u>90,013</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$109,418,939</u>

The significant assumptions underlying the actuarial computations are as follows:

Rate of return on investments 8.50%

Mortality table:

Annuity calculations RP-2000 Annuity Mortality Table projected to 2018
RP-2000 Annuity Mortality Table projected to 2017

Lump-sum calculations Mortality Table published in Revenue Ruling 2007-67

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Accumulated Plan Benefits (Continued)

Retirement	Graded scale - the Plan uses age-graded rates ranging from 3% at age 55 to 100% at age 70
Form of payment	Life annuity for pre-July 1, 1992 accruals and lump-sum (cash balance) for post-July 1, 1992 accruals
Cost method	Projected Unit Credit

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

Note 4. Investments

The following table presents the fair values of investments:

	<u>2014</u>	<u>2013</u>
Money market fund:		
GS Financial SQ Prime Obligation	\$ 263,031	\$ 6,844,710 *
Mutual funds:		
DFA Emerging Markets Portfolio	14,268,138 *	12,924,865 *
TIAA-CREF Large-Cap Value	12,377,071 *	10,397,386 *
TIAA-CREF Mid-Cap Growth	5,759,719	4,987,852
TIAA-CREF International Equity Index	16,482,424 *	14,174,639 *
TIAA-CREF Plus Bond Fund	6,197,173	7,043,743 *
CREF Inflation Linked Bond	6,289,180	7,755,838 *
	<u>61,373,705</u>	<u>57,284,323</u>
Insurance company pooled separate account:		
TIAA Real Estate	6,982,779	6,291,958
Guaranteed insurance contract:		
TIAA Traditional	2,312,378	490,260
Alternative investments:		
Elliot International Ltd.	17,533,442 *	5,832,219
All Weather Portfolio Limited, CL B	-	1,406,906
All Weather Portfolio Fund, LLC	22,459,220 *	23,913,081 *
Bridgewater Pure Alpha Fund II, LLC	17,670,637 *	15,383,507 *
Weatherlow Offshore Fund II	20,021,080 *	17,902,690 *
	<u>77,684,379</u>	<u>64,438,403</u>
	<u>\$148,616,272</u>	<u>\$135,349,654</u>

* Investment represents 5% or more of plan assets

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Investments (Continued)

For the years ended June 30, 2014 and 2013, the Plan's investments, including investments bought and sold, as well as those held at year end, appreciated in fair value as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds	\$ 6,664,703	\$ 3,359,805
Insurance company pooled separate account	690,820	477,841
Guaranteed insurance contract	28,509	39,800
Alternative investments	<u>8,995,977</u>	<u>2,774,287</u>
	<u>\$16,380,009</u>	<u>\$ 6,651,733</u>

Investments classified as alternative investments represent holdings of investment "feeder" funds. These funds themselves invest in offshore investment funds which hold underlying equity interests and various derivative instruments. Alternative investments comprise approximately 52% and 48% of the Plan's total investments at June 30, 2014 and 2013, respectively.

These investment strategies often result in holdings that are not generally liquid, require a notice period for withdrawal, and are valued at fair value from reports provided by investment managers. Because of the inherent uncertainty of the valuations, the fair values may differ significantly from values that would have been used had a ready market for these investments existed, and the differences could be material. The Plan has no commitments to make additional contributions to these investment funds.

Note 5. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

Level 1 – Quoted market prices in active markets for identical assets and liabilities

Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data

Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodology used for investments of the Plan measured at fair value at June 30, 2014 and 2013:

- Money market and mutual funds – Except for the TIAA-CREF Inflation Linked Bond, money market and mutual funds are valued at the quoted net asset values of shares held by the Plan at the end of the year, which are considered to be Level 1 inputs. The TIAA-CREF Inflation Linked Bond is reported at estimated fair value. While they are not available for sale on any securities exchange, the underlying investments consist of fixed income instruments. These are considered to be Level 2 inputs.
- Insurance company pooled separate account – The TIAA Real Estate Account's value is principally derived from the market value appraisals of the underlying real estate holdings or other real estate-related investments. The TIAA general account provides this real estate fund with a liquidity guarantee to ensure there are funds to meet participant redemption, transfer, or cash withdrawal requests. These are considered to be Level 2 inputs.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

- **Guaranteed insurance contract** – The investment in the guaranteed insurance contract is reported at fair value as determined by TIAA-CREF. It is classified as Level 3 as there are no quoted prices or other observable inputs for pricing. Accordingly, the Plan does not use separate quantitative information to value the contract. In determining the reasonableness of the value, the plan administrator evaluates a variety of factors including review of existing contracts, economic conditions, and overall credit ratings.
- **Alternative investments** – The Plan has interests in investment funds structured as limited partnerships that invest in privately-held companies and derivative instruments. These valuations are based on proprietary appraisals, the application of public market multiples to private company cash flows, and the utilization of market transactions that provide valuation information for comparable companies and other methods. Due to the private nature of these investments, pricing inputs are not readily observable. Asset valuations are developed by the general partners that manage the partnerships. These investments are generally classified as Level 2 or Level 3 as described in Note 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2013 to 2014. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy as determined by Plan management, the Plan's investments at fair value as of June 30, 2014 and 2013:

Assets at Fair Value as of June 30, 2014				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 263,031	\$ -	\$ -	\$ 263,031
Mutual funds:				
Large Cap	12,377,071	-	-	12,377,071
Mid Cap	5,759,719	-	-	5,759,719
Fixed Income	6,197,173	6,289,180	-	12,486,353
International	30,750,562	-	-	30,750,562
Insurance company pooled separate account:				
Real Estate	-	6,982,779	-	6,982,779
Guaranteed insurance contract:				
TIAA Traditional	-	-	2,312,378	2,312,378
Alternative investments:				
Private Equity	-	60,150,937	17,533,442	77,684,379
Total	<u>\$55,347,556</u>	<u>\$73,422,896</u>	<u>\$19,845,820</u>	<u>\$148,616,272</u>

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

	Assets at Fair Value as of June 30, 2013			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 6,844,710	\$ -	\$ -	\$ 6,844,710
Mutual funds:				
Large Cap	10,397,386	-	-	10,397,386
Mid Cap	4,987,852	-	-	4,987,852
Fixed Income	7,043,743	7,755,839	-	14,799,582
International	27,099,504	-	-	27,099,504
Insurance company pooled separate account:				
Real Estate	-	6,291,958	-	6,291,958
Guaranteed insurance contract:				
TIAA Traditional	-	-	490,260	490,260
Alternative investments:				
Private Equity	<u>-</u>	<u>58,606,183</u>	<u>5,832,219</u>	<u>64,438,402</u>
Total	<u>\$56,373,195</u>	<u>\$72,653,980</u>	<u>\$ 6,322,479</u>	<u>\$135,349,654</u>

The tables below set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended June 30, 2014 and 2013:

	<u>2014</u>	
	<u>Guaranteed Insurance Contract</u>	<u>Alternative Investments</u>
Balance, beginning of year	\$ 490,260	\$ 5,832,219
Realized gains	-	-
Unrealized gains relating to instruments still held at the reporting date	28,509	1,701,223
Purchases, net of fees	6,459,000	10,000,000
Sales	<u>(4,665,391)</u>	<u>-</u>
Balance, end of year	<u>\$ 2,312,378</u>	<u>\$17,533,442</u>

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

	2013	
	Guaranteed Insurance Contract	Alternative Investments
Balance, beginning of year	\$ 382,975	\$ 5,091,808
Realized gains	-	-
Unrealized gains relating to instruments still held at the reporting date	39,800	739,378
Purchases, net of fees	4,000,000	1,033
Sales	(3,932,515)	-
Balance, end of year	<u>\$ 490,260</u>	<u>\$ 5,832,219</u>

Note 6. Party-in-Interest Transactions

The Plan has invested in shares of pooled investments managed by TIAA-CREF, the Plan's Trustee, as well as investments managed by Bridgewater Associates, Evanston Capital Management, and Harmonic Fund Services, the Plan's Investment Managers. TIAA-CREF, Bridgewater Associates, and Evanston Capital Management are fiduciaries as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for trustee, custodial, and investment management services amounted to \$69,943 and \$92,239 for the years ended June 30, 2014 and 2013, respectively.

Note 7. Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated January 29, 2010, that the Plan is designed and in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since the Internal Revenue Service ruling; however, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of June 30, 2014, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. In general, the Plan's previous three tax years remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

Note 8. Subsequent Event

Subsequent to the end of the Plan year, the University elected to close the Plan to new entrants. The Plan will be amended so that employees hired prior to July 1, 2015 may enter and continue to participate in the Plan. Benefits to current participants will not be affected by this amendment.

SUPPLEMENTAL SCHEDULES

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

EMPLOYER NO. 34-1018992

PLAN NO. 003

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

June 30, 2014

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
*	TIAA-CREF Insurance Company	GS Financial SQ Prime Obligation	\$ 263,031	\$ 263,031
*	TIAA-CREF Insurance Company	DFA Emerging Markets Portfolio	10,593,663	14,268,138
*	TIAA-CREF Insurance Company	TIAA-CREF Large-Cap Value	10,330,696	12,377,071
*	TIAA-CREF Insurance Company	TIAA-CREF Mid-Cap Growth	4,784,549	5,759,719
*	TIAA-CREF Insurance Company	TIAA-CREF International Equity Index	12,482,189	16,482,424
*	TIAA-CREF Insurance Company	TIAA-CREF Plus Bond Fund	5,400,874	6,197,173
*	TIAA-CREF Insurance Company	CREF Inflation Linked Bond	4,993,411	6,289,180
*	TIAA-CREF Insurance Company	TIAA Real Estate	6,121,190	6,982,779
*	TIAA-CREF Insurance Company	TIAA Traditional	2,312,378	2,312,378
*	Elliot Management Group	Elliot International Ltd.	15,034,057	17,533,442
*	Bridgewater Associates	All Weather Portfolio Fund, LLC	11,906,934	22,459,220
*	Bridgewater Associates	Bridgewater Pure Alpha Fund II, LLC	6,836,617	17,670,637
*	Evanston Capital Management, LLC	Weatherlow Offshore Fund II	<u>15,000,000</u>	<u>20,021,080</u>
			<u>\$106,059,589</u>	<u>\$148,616,272</u>

* Represents a party-in-interest

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

EMPLOYER NO. 34-1018992

PLAN NO. 003

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2014

SINGLE SECURITY TRANSACTION IN EXCESS OF 5%
OF THE CURRENT VALUE OF PLAN ASSETS
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan
Assets \$135,281,417
5% of Total Current Value of
Plan Assets \$ 6,764,071

Identity of (a) <u>Party</u>	Description (b) <u>of Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
TIAA-CREF Insurance Company	GS Financial SQ Prime Obligation	\$ 10,000,000	N/A	N/A	N/A	\$ 10,000,000	\$ 10,000,000	N/A
TIAA-CREF Insurance Company	Elliot International Limited	10,000,000	N/A	N/A	N/A	10,000,000	10,000,000	N/A

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

EMPLOYER NO. 34-1018992

PLAN NO. 003

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2014

SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5%
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TIAA-CREF Insurance Company	GS Financial SQ Prime Obligation	\$ 7,057,757	N/A	N/A	N/A	\$ 7,057,757	\$ 7,057,757	N/A
TIAA-CREF Insurance Company	GS Financial SQ Prime Obligation	N/A	\$ 13,639,434	N/A	N/A	13,639,434	13,639,434	\$ -
TIAA-CREF Insurance Company	TIAA Traditional	4,628,508	N/A	N/A	N/A	4,628,508	4,628,508	N/A
TIAA-CREF Insurance Company	TIAA Traditional	N/A	4,665,390	N/A	N/A	4,665,390	4,665,390	-

Schedule SB Attachment, Line 26 - Schedule of Active Participant Data
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

Attained Age	Attained Age and Years of Service														Total
	Average Compensation/Salary (limited)														
0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over			
Under 25	5	21	4										30		
		29,515											27,960		
		708											752		
25-29	18	49	49	32	17	13							178		
		33,547	34,100	32,135									33,240		
		1,660	4,220	6,372									4,572		
30-34	12	54	49	37	29	81	13	1					276		
		37,310	41,902	41,713	42,952	42,357							40,991		
		2,073	4,656	8,600	10,767	18,131							10,574		
35-39	21	28	35	20	95	57	8						284		
		41,139	44,864	41,712	39,102	43,496	44,369						43,111		
		2,712	6,193	8,779	10,835	19,971	36,935						18,060		
40-44	6	24	23	23	13	81	66	28	5				269		
		48,618	51,484	42,222		47,042	48,324	53,573					47,913		
		3,609	6,202	7,638		21,057	41,800	64,002					26,481		
45-49	8	16	11	16	18	67	67	33	23	15			274		
						46,259	46,519	54,560	59,743				48,198		
						22,928	43,927	68,833	91,615				38,876		
50-54	7	22	14	18	8	67	60	23	28	33	17	1	298		
		38,938				45,128	45,907	51,526	45,368	49,896			45,779		
		2,148				23,056	40,244	67,475	76,696	86,867			42,566		
55-59	1	10	13	11	9	53	58	32	24	22	17	9	260		
						44,615	49,768	49,199	49,966	48,238			47,793		
						20,860	47,863	65,123	82,502	89,060			48,377		
60-64	1	4	6	6	8	38	26	19	21	18	10	10	170		
						45,890	41,549	50,656	50,656				46,973		
						21,918	38,651	89,172	89,172				52,890		
65-69		1	1	1		16	12	15	9	7	7	1	72		
													46,158		
70&Over					1	4	1	7	5	4	1	2	58,970		
													28		
													46,381		
Total	79	229	205	164	123	515	360	166	115	99	52	23	9	72,517	
	35,644	38,551	40,895	40,910	42,410	44,814	46,268	50,321	50,174	49,988	51,276	51,962	2,139	44,452	
	1,294	2,177	5,046	8,142	10,951	20,850	41,633	64,295	83,145	89,195	92,432	99,445	51,962	31,341	

Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

- | | |
|---|-----------------|
| ▶ Applicable month | March |
| ▶ Yield curve basis | 3-Segment rates |
| ▶ MAP-21 applied for funding | Yes |
| ▶ MAP-21 applied for benefit restrictions | Yes |

Interest rates:

- | | Reflecting
HATFA Corridors | Not Reflecting
Corridors |
|--------------------------------------|-------------------------------|-----------------------------|
| ▶ First segment rate - 10-year rate | 5.23% | 1.54% |
| ▶ Second segment rate - 20-year rate | 6.51% | 4.28% |
| ▶ Third segment rate - 30-year rate | 7.16% | 5.32% |
| ▶ Effective interest rate | 6.87% | 4.94% |

Annual rates of increase

- | | |
|---|-------|
| ▶ Salaries | 4.25% |
| ▶ Future Social Security wage bases | 4.50% |
| ▶ Future annual interest credit to participant accounts | 6.00% |

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: | |
| — Preretirement | RP2000 "Employees" table without collar or amount adjustments, projected to 2028 using Scale AA. |
| — Postretirement | RP2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2020 using Scale AA. |
| ▶ Disabled | RP2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2020 using Scale AA. |

Schedule SB Attachment, Part V – Statement of Actuarial Assumptions/Methods
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

Termination

Rates varying by age and service.

Sample rates:

Percentage leaving during the year					
Years of service	Age 20	Age 30	Age 40	Age 50	Age 55
Less than 3	0.250	0.250	0.250	0.250	0.250
3 or more	0.375	0.150	0.075	0.030	0.015

Disability

Rates varying by age.

Sample rates:

	Age 20	Age 30	Age 40	Age 50	Age 55
	0.0010	0.0011	0.0017	0.0034	0.0055

Retirement

Rates varying by age.

Sample rates:

Percentage retiring during the year	
Age	Rate
55 – 61	3%
62	10%
63 – 64	5%
65	50%
66 – 69	25%
70	100%
Average retirement age	64

Schedule SB Attachment, Part V – Statement of Actuarial Assumptions/Methods
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

Form of payment	Active Participants Pre-July 1, 1992 benefit: Life annuity. Post July 1, 1992 benefit: The Prior Plan Benefit for service after July 1, 1992 is converted to a lump sum and compared to the cash balance account. The greater of the two benefits is then valued as a lump sum. Participants with Deferred Benefit Life annuity commencing at age 65. The post July 1, 1992 cash balance account is converted to an annuity by projecting to age 65 and dividing by 12.
Percent married	100%.
Spouse age	Wives are assumed to be three years younger than husband.
Covered pay	Base salary exclusive of overtime.
Administrative expenses	\$82,197.

Schedule SB Attachment, Part V – Statement of Actuarial Assumptions/Methods
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

Methods

Valuation date	July 1.
Funding target and target normal cost	Present value of accrued benefits.
Plan assets	The average of market values (adjusted for contributions, benefit/expense payments, and expected investment returns) as of valuation date and prior two valuation dates.
Funding policy	Case Western Reserve University's funding policy has historically been to contribute the minimum required contributions. Case Western Reserve University may increase its contribution above the minimum, as appropriate to its tax and cash position and the plan's funded status.
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.
Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of March 2012 to March 2013.</p> <p>HATFA corridors were applied to the segment rates for minimum funding requirement purposes.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p> <p>The assumed plan-related expenses added to the normal cost were changed from \$127,920 for 2012 to \$82,197 for 2013.</p>
Data sources	Towers Watson used asset data supplied by the trustee. Case Western Reserve University furnished participant data from Milliman as of the valuation date. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

EMPLOYER NO. 34-1018992

PLAN NO. 003

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2014

SINGLE SECURITY TRANSACTION IN EXCESS OF 5%
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AT THE BEGINNING OF THE YEAR

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5% of Total Current Value of
Plan Assets \$ 6,764,071

Identity of (a) <u>Party</u>	Description (b) <u>of Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
TIAA-CREF Insurance Company	GS Financial SQ Prime Obligation	\$ 10,000,000	N/A	N/A	N/A	\$ 10,000,000	\$ 10,000,000	N/A
TIAA-CREF Insurance Company	Elliot International Limited	10,000,000	N/A	N/A	N/A	10,000,000	10,000,000	N/A

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

EMPLOYER NO. 34-1018992

PLAN NO. 003

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TIAA-CREF Insurance Company	GS Financial SQ Prime Obligation	\$ 7,057,757	N/A	N/A	N/A	\$ 7,057,757	\$ 7,057,757	N/A
TIAA-CREF Insurance Company	GS Financial SQ Prime Obligation	N/A	\$ 13,639,434	N/A	N/A	13,639,434	13,639,434	\$ -
TIAA-CREF Insurance Company	TIAA Traditional	4,628,508	N/A	N/A	N/A	4,628,508	4,628,508	N/A
TIAA-CREF Insurance Company	TIAA Traditional	N/A	4,665,390	N/A	N/A	4,665,390	4,665,390	-

**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

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

► 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.

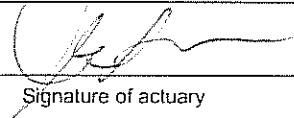
A Name of plan EMPLOYEE'S RETIREMENT PLAN B	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CASE WESTERN RESERVE UNIVERSITY	D Employer Identification Number (EIN) 34-1018992
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2013</u>		
2 Assets:		
a Market value	2a	135,364,421
b Actuarial value	2b	138,040,257
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 705	21,737,271
b For terminated vested participants	3b 2,664	53,454,876
c For active participants:		
(1) Non-vested benefits	3c(1)	3,277,918
(2) Vested benefits	3c(2)	63,517,667
(3) Total active	3c(3) 2,139	66,795,585
d Total	3d 5,508	141,987,732
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	6.87 %
6 Target normal cost	6	5,046,952

Statement by Enrolled Actuary

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

SIGN HERE		<u>3/24/15</u>
	Signature of actuary	Date
Joseph A. Perko	Type or print name of actuary	14-06491
Towers Watson Delaware, Inc.	Firm name	Most recent enrollment number
1001 Lakeside Avenue, Suite 1900		(216) 937-4000
Cleveland	Address of the firm	Telephone number (including area code)
	OH 44114-1172	

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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

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)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.99</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.22</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
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	97.21 %
15 Adjusted funding target attainment percentage	15	92.02 %
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	103.82 %
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
03/12/2012	6,396,038				
Totals ▶			18(b)	6,396,038	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5,714,454

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: 5.23 %	2nd segment: 6.51 %	3rd segment: 7.16 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	5,046,952
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		3,947,475	664,382
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	5,711,334
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36		5,711,334
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		5,714,454
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	3,120
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008	☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment, Line 15 – Reconciliation of differences between valuation results and amounts used to calculate AFTAP
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

The AFTAP indicated on line 15 was certified on March 31, 2014. Subsequent to that certification, the Highway and Transportation Funding Act (HATFA) was passed by Congress. The plan sponsor opted to reflect the provisions of HATFA for minimum funding, which substantially reduced the funding target. The corresponding change in the AFTAP, however, would not have been a material change and the AFTAP was not revised for HATFA. The pre-HATFA funding target was \$150,002,890; the actuarial value of assets was not affected. The segment rates applied for purposes of determining the funding target included in the AFTAP certification were 4.94%, 6.15%, and 6.76%.

Schedule SB Attachment, Line 22 - Description of Weighted Average Retirement Age
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

<i>Retirement Age (1)</i>	<i>Assumed Rate (2)</i>	<i>Participants At Beginning (3)</i>	<i>Participants Retiring: (2)x(3) (4)</i>	<i>(1)^(4) (5)</i>
55	3%	1000	30	1,650
56	3%	970	29	1,630
57	3%	941	28	1,609
58	3%	913	27	1,588
59	3%	885	27	1,567
60	3%	859	26	1,546
61	3%	833	25	1,524
62	10%	808	81	5,010
63	5%	727	36	2,291
64	5%	691	35	2,211
65	50%	656	328	21,329
66	25%	328	82	5,415
67	25%	246	62	4,123
68	25%	185	46	3,138
69	25%	138	35	2,388
70	100%	104	104	7,267
			1,000	64,284
64.284	/	1,000	=	64

Summary of plan provisions

Plan Provisions

Plan name	Employees' Retirement Plan B.
Effective date	Most recent amendment effective July 1, 2012.
Covered employees	All regular employees who are not participants in Plan A. Temporary/post-doctorate employees are not Covered Employees but accrue vesting service with the university. Job status as of July 1 will determine in which plan an employee participates for that ensuing plan year.

Definitions

Participation date	First of January or July coincident with or following one year of completed service.		
Normal retirement date (NRD)	Age 65	Service 3	Date First of the month coincident with or following.
Early retirement date	Age 55	Service 15	Date First of the month coincident with or following.
Late retirement date	Actual retirement after normal retirement date.		
Disability retirement date	Employee qualifies, if eligible, under the long-term disability program. Retirement is on or after earliest retirement date.		
Credited service	Elapsed time from date of hire.		
Vesting	Three years of credited service.		
Benefit service	Elapsed time from date of participation.		
Pension earnings	Base salary exclusive of overtime.		
Plan formula	Prior plan benefits The benefit is equal to (1) plus (2) plus maximum of (3) and (4): (1) \$25 for each month of benefit service prior to July 1, 1986. (2) For each year after June 30, 1986, the maximum of \$25 a month or 1.5% time the lesser of the participant's compensation or one-half the Social Security annual wage base. (3) 37.5% of employee contributions prior to July 1, 1986 plus 62.5% of employee contributions on or after July 1, 1986.		

Schedule SB Attachment, Part V – Summary of Plan Provisions
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

- (4) Employee contributions with statutory interest to valuation date converted to a monthly benefit using deferred lump sum factors.

Account balance benefit

The greater of (1) or (2):

- (1) Cash balance account converted to a monthly benefit.
(2) If a participant on June 30, 1992, the Prior Plan Benefit for benefit service after July 1, 1992.

Monthly pension benefit

Prior plan benefit as of June 30, 1992, plus the account balance benefit.

Interest credit

Account balances are assumed to grow at a rate equal to the greater of (1) 6.00% per annum, or (2) the five year T-Bill rate effective on the last day of sale in June of the prior plan year.

Pay credit

Account balances also grow with annual credits equal to 7.00% of pay, reflected at the end of the year.

Normal form

Life annuity for single employees; 50% joint and survivor for married employees.

Schedule SB Attachment, Part V – Summary of Plan Provisions
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

Eligibility for Benefits

Normal or late retirement	Monthly pension benefit determined at retirement.
Early retirement	Actuarial equivalent of the monthly amount the employee would have received at his normal retirement date. The actuarial equivalent of the Deferred Cash Balance Account annuity shall not be less than the Immediate Cash Balance Account annuity.
Vested termination	Monthly pension benefit determined at termination date.
Preretirement death	<p>Beneficiaries of vested employees receive a lump sum death benefit equal to (1) plus (2):</p> <p>(1) The lump sum value of the account balance benefit, but no less than the account balance.</p> <p>(2) The actuarial equivalent value of an annuity based on the prior plan accrued benefit and assuming the participant had terminated on the date of death, survived to his earliest retirement age and retired after electing a 50% joint and survivor option and then died. This portion of the benefit is only payable to the participant's surviving spouse.</p>
Disability retirement	The employee continues to accrue account balance contributions (based on last rate of pay) and interest credits to retirement date.
Optional forms	<p>Pre July 1, 1992 benefit: Single life annuity, qualified joint and survivor annuity (50%, 66 2/3%, 75%, 100%), five-year or ten-year certain and life annuity.</p> <p>Post July 1, 1992 benefit: Any of the above forms or a lump sum.</p>

Plan Status for PBGC Reporting Purposes

Ongoing.

Plan Provisions Effective After July 1, 2013

None.

Changes in Plan Provisions Since Prior Year

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

CASE WESTERN RESERVE UNIVERSITY EMPLOYEES' RETIREMENT PLAN B

EMPLOYER NO. 34-1018992

PLAN NO. 003

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

June 30, 2014

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
*	TIAA-CREF Insurance Company	GS Financial SQ Prime Obligation	\$ 263,031	\$ 263,031
*	TIAA-CREF Insurance Company	DFA Emerging Markets Portfolio	10,593,663	14,268,138
*	TIAA-CREF Insurance Company	TIAA-CREF Large-Cap Value	10,330,696	12,377,071
*	TIAA-CREF Insurance Company	TIAA-CREF Mid-Cap Growth	4,784,549	5,759,719
*	TIAA-CREF Insurance Company	TIAA-CREF International Equity Index	12,482,189	16,482,424
*	TIAA-CREF Insurance Company	TIAA-CREF Plus Bond Fund	5,400,874	6,197,173
*	TIAA-CREF Insurance Company	CREF Inflation Linked Bond	4,993,411	6,289,180
*	TIAA-CREF Insurance Company	TIAA Real Estate	6,121,190	6,982,779
*	TIAA-CREF Insurance Company	TIAA Traditional	2,312,378	2,312,378
*	Elliot Management Group	Elliot International Ltd.	15,034,057	17,533,442
*	Bridgewater Associates	All Weather Portfolio Fund, LLC	11,906,934	22,459,220
*	Bridgewater Associates	Bridgewater Pure Alpha Fund II, LLC	6,836,617	17,670,637
*	Evanston Capital Management, LLC	Weatherlow Offshore Fund II	<u>15,000,000</u>	<u>20,021,080</u>
			<u>\$106,059,589</u>	<u>\$148,616,272</u>

* Represents a party-in-interest

Schedule SB Attachment, Line 32 - Schedule of Amortization Bases
Case Western Reserve University Employee's Retirement Plan B
EIN/Plan Number: 34-1018992/003

Type of Base	Present Value of Remaining Installments as of 7/1/2013	Valuation date as of which Base was First Established	Remaining Amortization Period	Amortization Installment
2013 Shortfall	\$3,947,475	7/1/2013	7	\$664,382
Total	\$3,947,475			\$664,382