

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE CLEVELAND CLINIC FOUNDATION</u> <u>9500 EUCLID AVENUE AC-341</u> <u>CLEVELAND, OH 44195-0001</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1971</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0714585</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>216-448-0400</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1971</u>		2b Employer Identification Number (EIN) <u>34-0714585</u>		2c Plan Sponsor's telephone number <u>216-448-0400</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1971</u>											
2b Employer Identification Number (EIN) <u>34-0714585</u>											
2c Plan Sponsor's telephone number <u>216-448-0400</u>											
2d Business code (see instructions) <u>622000</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	STEVEN C. GLASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	STEVEN C. GLASS
	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) <u>MARTHA S BETHEA, CPA</u> <u>CBIZ MHM LLC</u> <u>4040 EMBASSY PARKWAY #100</u> <u>AKRON, OH 44333-8354</u>			Preparer's telephone number (optional) <u>330-668-6500</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	55495
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	44430
a(2) Total number of active participants at the end of the plan year		6a(2)	43423
b Retired or separated participants receiving benefits		6b	343
c Other retired or separated participants entitled to future benefits.....		6c	13118
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	56884
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	38
f Total. Add lines 6d and 6e		6f	56922
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	50355
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	2069
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2R 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☒	(1)	☒
Insurance		Insurance	
(2)	☐	(2)	☐
Code section 412(e)(3) insurance contracts		Code section 412(e)(3) insurance contracts	
(3)	☒	(3)	☒
Trust		Trust	
(4)	☐	(4)	☐
General assets of the sponsor		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		b General Schedules	
(1)	☒	(1)	☒
R (Retirement Plan Information)		H (Financial Information)	
(2)	☐	(2)	☐
MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		I (Financial Information – Small Plan)	
(3)	☐	(3)	☒
SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		A (Insurance Information)	
		(4)	☒
		C (Service Provider Information)	
		(5)	☐
		D (DFE/Participating Plan Information)	
		(6)	☐
		G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
D Employer Identification Number (EIN) 34-0714585		

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

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA (95)

(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
22-1211670	68241	GIA 1995	760	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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** 3198145**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3479281**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 98214(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 98214**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 3577495**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 338683(2) Administration charge made by carrier **7e(2)** 82(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 40585

▶ LOAN WITHDRAWAL, EXCHANGE-NET

(5) Total deductions **7e(5)** 379350**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 3198145

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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA (Q1 2000)

(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
22-1211670	68241	GIA Q1 2000	3	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 498**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1113**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 17(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 17**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1130**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 525(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 107

▶ EXCHANGE-NET

(5) Total deductions **7e(5)** 632**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 498

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)	
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)	
(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)	
(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 A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

1 Coverage Information:

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	08000	95	01/01/2014	12/31/2014

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
1162	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SEAN R DEASY
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
472			3

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

JAY A FLACK
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
248			3

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

Schedule A (Form 5500) 2014
v. 140124

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

ROBERT A HYNEMAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69			3

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

BASCOM P KURTZ

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69			3

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

STAN LIPINSKI

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
68			3

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

RICHARD P CINALLI JR

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62			3

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

TODD M CHAMELIN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45			3

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

MICHAEL T COOLEY

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

M HENRY SPENCER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37			3

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

MATTHEW B MAXWELL

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

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

PATRICIA A BENNETT

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

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

MICHAEL C CAIRA

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20			3

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

DEAN T KOLLER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			7

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1050239
5 Current value of plan's interest under this contract in separate accounts at year end	5	2638117

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	1283745
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	40644	
(4) Transferred from separate account	7c(4)	2226	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions

7c(6)

42870

d Total of balance and additions (add lines 7b and 7c(6))	7d	1326615
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	276376
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

▶			
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(5) Total deductions

7e(5)

276376

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1050239
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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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY 71

(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
13-5581829	65978	25910-071	712	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	1504588
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	1567095
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c Additions: (1) Contributions deposited during the year.....	7c(1)	1539192	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	23670	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)	269	

▶ ADJUST TO EQUAL F/S REPORTING

(6) Total additions.....	7c(6)	1563131
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3130226
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	58387	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)	1567251	

▶ EXCHANGE-NET

(5) Total deductions.....	7e(5)	1625638
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1504588
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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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

(a) Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA (GIA)

(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
22-1211670	68241	GIA	8801	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	238550111
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	229818490
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c Additions: (1) Contributions deposited during the year.....	7c(1)	13121569	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	6928179	
(4) Transferred from separate account.....	7c(4)	0	
(5) Other (specify below)	7c(5)	45022315	
▶ LOAN PAY PRIN/INT, ADJ, EXCHANGE-NET			

(6) Total additions.....	7c(6)	65072063
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d Total of balance and additions (add lines 7b and 7c(6))	7d	294890553
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	25263704	
(2) Administration charge made by carrier	7e(2)	349603	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	30727135	
▶ LOAN WITHDRAWAL, FORFEITURE, EXCHANGE-NET			

(5) Total deductions.....	7e(5)	56340442
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	238550111
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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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
		D Employer Identification Number (EIN) 34-0714585

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

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA (93-94)

(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
22-1211670	68241	GIA 1993-1994	743	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 5194124**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 5612507**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 158800(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 158800**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 5771307**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 513608(2) Administration charge made by carrier **7e(2)** 104(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 63471

▶ LOAN WITHDRAWAL, EXCHANGE-NET

(5) Total deductions **7e(5)** 577183**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 5194124

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)	
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)	
(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)	
(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 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
D Employer Identification Number (EIN) 34-0714585		

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY 73

(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
13-5581829	65978	25910-073	85	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	16293
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	18653
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	507	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6) 507

d Total of balance and additions (add lines 7b and 7c(6))	7d	19160
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2866	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	1	

▶ **ROUNDING TO EQUAL F/S REPORTING**

(5) Total deductions

7e(5) 2867

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	16293
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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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

(a) Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA (97)

(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
22-1211670	68241	GIA 1997	799	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	4925679
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	5247997
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c Additions: (1) Contributions deposited during the year.....	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	150181	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions..... **7c(6)** 150181

d Total of balance and additions (add lines 7b and 7c(6))	7d	5398178
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	427643	
(2) Administration charge made by carrier	7e(2)	111	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	44745	
▶ LOAN WITHDRAWAL, EXCHANGE-NET			

(5) Total deductions..... **7e(5)** 472499

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4925679
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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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA (Q2 99)

(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
22-1211670	68241	GIA Q2 1999	724	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 607546**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 658787**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 18602(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 18602**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 677389**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 61164(2) Administration charge made by carrier **7e(2)** 29(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 8650

▶ EXCHANGE-NET, LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 69843**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 607546

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)	
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)	
(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)	
(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 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585

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

(a) Name of insurance carrier

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-4072300	65676	194057+030	803	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 18084094**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY**b** Balance at the end of the previous year **7b** 18557761**c** Additions: (1) Contributions deposited during the year **7c(1)** 27131
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 808632
(4) Transferred from separate account **7c(4)** 88706
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 924469**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 19482230**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1396030(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 1000(4) Other (specify below) **7e(4)** 1106

▶ ADJUST TO EQUAL F/S REPORTING

(5) Total deductions **7e(5)** 1398136**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 18084094

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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

(a) Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA (Q3 99)

(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
22-1211670	68241	GIA Q3 1999	717	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 568937**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 617608**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 17311(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 17311**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 634919**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 55841(2) Administration charge made by carrier **7e(2)** 29(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 10112

▶ EXCHANGE-NET, LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 65982**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 568937

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)	
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)	
(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)	
(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 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
D Employer Identification Number (EIN) 34-0714585		

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

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	890998+006	176	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	41734959
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP VARIABLE ANNUITY

b Balance at the end of the previous year	7b	42657040
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c Additions: (1) Contributions deposited during the year	7c(1)	250023	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1849807	
(4) Transferred from separate account	7c(4)	99999	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	2199829
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d Total of balance and additions (add lines 7b and 7c(6))	7d	44856869
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3121910	
(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)	3121910
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	41734959
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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)	
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)	
(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)	
(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 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
D Employer Identification Number (EIN) 34-0714585		

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

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA (Q1 99)

(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
22-1211670	68241	GIA Q1 1999	741	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 1037281**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1106619**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 31513(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 31513**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1138132**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 89920(2) Administration charge made by carrier **7e(2)** 34(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 10897

▶ EXCHANGE-NET, LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 100851**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1037281

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)	
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)	
(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)	
(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 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
D Employer Identification Number (EIN) 34-0714585		

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY 72

(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
13-5581829	65978	25910-072	712	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 29249160**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 25491110**c** Additions: (1) Contributions deposited during the year **7c(1)** 4057049(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 862474(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 1560052

▶ EXCHANGE-NET

(6) Total additions **7c(6)** 6479575**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 31970685**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2721508(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 17

▶ RECONCILING BEGINNING/ENDING BALANCE TO F/S

(5) Total deductions **7e(5)** 2721525**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 29249160

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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
D Employer Identification Number (EIN) 34-0714585		

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

1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA (Q4 99)

(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
22-1211670	68241	GIA Q4 1999	715	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 724956**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 785683**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 22133(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 22133**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 807816**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 70968(2) Administration charge made by carrier **7e(2)** 38(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 11854

▶ EXCHANGE-NET, LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 82860**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 724956

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)	
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)	
(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)	
(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 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
D Employer Identification Number (EIN) 34-0714585		

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

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA (92)

(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
22-1211670	68241	GIA 1992	803	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	37397424
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	40467911
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c Additions: (1) Contributions deposited during the year	7c(1)	-324	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1149105	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	1148781
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d Total of balance and additions (add lines 7b and 7c(6))	7d	41616692
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3785921	
(2) Administration charge made by carrier	7e(2)	229	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	433118	

▶ EXCHANGE-NET, LOAN WITHDRAWALS, ADJUSTMENT

(5) Total deductions	7e(5)	4219268
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	37397424
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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)	
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)	
(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)	
(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 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION		
D Employer Identification Number (EIN) 34-0714585		

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

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA (98)

(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
22-1211670	68241	GIA 1998	793	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	2519732
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	2752951
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	77189	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions

7c(6) 77189

d Total of balance and additions (add lines 7b and 7c(6))	7d	2830140
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	266486	
(2) Administration charge made by carrier	7e(2)	114	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	43808	

▶ EXCHANGE-NET, LOAN WITHDRAWAL

(5) Total deductions

7e(5) 310408

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2519732
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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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585	

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

(a) Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA (96)

(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
22-1211670	68241	GIA 1996	804	01/01/2014	12/31/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	2902487
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	3151821
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c Additions: (1) Contributions deposited during the year.....	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	88654	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions.....	7c(6)	88654
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3240475
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	302977	
(2) Administration charge made by carrier	7e(2)	90	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)	34921	
▶ EXCHANGE-NET, LOAN WITHDRAWAL			

(5) Total deductions.....	7e(5)	337988
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2902487
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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)	
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)	
(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)	
(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 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND CLINIC FOUNDATION	D Employer Identification Number (EIN) 34-0714585

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation LINCOLN NATIONAL CORPORATION 35-1140070

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation FIDELITY INVESTMENTS 04-2647786
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation VARIABLE ANNUITY LIFE INSURANCE CO 74-1625348

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

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

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

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

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

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

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

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

THE CLEVELAND CLINIC FOUNDATION

34-0714585

(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?
14	PLAN ADMINISTRATOR	248177	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS

04-2647786

(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?
37 64 65 71	RECORDKEEPER	685595	Yes ☒ No ☐	Yes ☐ No ☐		Yes ☒ No ☐

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

RAV FINANCIAL SERVICES LLC

20-2624241

(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?
26	INVESTMENT ADVISOR	18500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BOSTON FINANCIAL DATA SERVICES INC PO BOX 8480 BOSTON, MA 02266	ANNUALIZED FORMULA .10% DODGE & COX STOCK	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BOSTON FINANCIAL DATA SERVICES, INC PO BOX 8480 BOSTON, MA 02266	ANNUALIZED FORMULAT .40% GABELLI ASSET AAA	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BOSTON FINANCIAL DATA SERVICES, INC PO BOX 8480 BOSTON, MA 02266	ANNUALIZED FORMULA .40% GABELLI VALUE 25 A	

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
FIDELITY INVESTMENTS	60	0
(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.	
HARBOR SERVICES GROUP INC 34-1953399	ANNUALIZED FORMULA .10% HARBOR CAP APPR INST	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.	
HARBOR SERVICES GROUP INC 34-1953399	ANNUALIZED FORMULA .10% HARBOR HIGH YLD BD I	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.	
HARTFORD ADMINISTRATIVE SERVICES CO 41-0679409	ANNUALIZED FORMULA .15% HTFD INTL SM CO Y	

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
FIDELITY INVESTMENTS	60	0
(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.	
JANUS SERVICES LLC 43-1804048	ANNUALIZED FORMULA .35% JANUS GLB RESEARCH T	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.	
JANUS SERVICES LLC 43-1804048	ANNUALIZED FORMULA .35% JANUS OVERSEAS T	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.	
DST SYSTEMS, INC 43-1581814	ANNUALIZED FORMULA .10% LD ABT INTL CR EQ I	

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
FIDELITY INVESTMENTS	60	0
(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.
BOSTON FINANCIAL DATA SERVICES, INC PO BOX 8480 BOSTON, MA 02266		ANNUALIZED FORMULA .20% LOOMIS HIGH INCOME Y
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.
BOSTON FINANCIAL DATA SERVICES, INC PO BOX 8480 BOSTON, MA 02266		ANNUALIZED FORMULA .25% LOOMIS VALUE Y
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.
METLIFE INSURANCE COMPANY		ANNUALIZED FORMULA .25% METLIFE FIXED-OLD
13-5581829		

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
FIDELITY INVESTMENTS	60	0
(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.
BOSTON FINANCIAL DATA SERVICES, INC 330 W 9TH STREET KANSAS CITY, MO 64105		ANNUALIZED FORMULA .40% MSIF MID CAP GRTH A
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.
STATE STREET BANK & TRUST CO 04-0025081		ANNUALIZED FORMULA .10% NB EMERG MKTS EQ IS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.
BOSTON FINANCIAL DATA SERVICES, INC PO BOX 8480 BOSTON, MA 02266		ANNUALIZED FORMULA .25% NUVEEN NWQ S/MCP-VI

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
FIDELITY INVESTMENTS	60	0
(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.
BOSTON FINANCIAL DATA SERVICES, INC PO BOX 8480 BOSTON, MA 02266		ANNUALIZED FORMULA .03% PIM TOTAL RT INST
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.
PRUDENTIAL MUTUAL FUND SERVICES LLC 22-3703799		ANNUALIZED FORMULA .25% PRU GOVT INC Z
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.
PRUDENTIAL MUTUAL FUND SERVICES LLC 22-3703799		ANNUALIZED FORMULA .25% PRU INTL EQUITY Z

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
FIDELITY INVESTMENTS	60	0
(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.	
PRUDENTIAL MUTUAL FUND SERVICES LLC	ANNUALIZED FORMULA .25% PRU TOT RETURN BD Z	
22-3703799		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.	
PRUDENTIAL MUTUAL FUND SERVICES LLC	ANNUALIZED FORMULA .25% PRU/J BLEND Z	
22-3703799		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.	
PRUDENTIAL MUTUAL FUND SERVICES LLC	ANNUALIZED FORMULA .25% PRU/J EQUITY OPP Z	
22-3703799		

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
FIDELITY INVESTMENTS	60	0

(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.
PRUDENTIAL MUTUAL FUND SERVICES LLC 22-3703799	ANNUALIZED FORMULA .25% PRU/J GROWTH Z

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0

(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.
BOSTON FINANCIAL DATA SERVICES, INC. PO BOX 8480 BOSTON, MA 02266	ANNUALIZED FORMULA .55% RS SMALL CAP GRTH A

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0

(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.
FRANKLIN TEMPLETON INVESTOR SRVCS L 94-3167260	ANNUALIZED FORMULA .40% FRANKLIN TEMPLETON DEV MKTS LLC

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
FIDELITY INVESTMENTS	60	0
(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.	
T ROWE PRICE SERVICES, INC. 52-2269240	ANNUALIZED FORMULA .15% TRP SHORT TERM BOND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.	
UMB FUND SERVICES INC 39-1657495	ANNUALIZED FORMULA .40% WASATCH SM CAP GRTH	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	60	0
(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.	
BOSTON FINANCIAL DATA SERVICES, INC PO BOX 8480 BOSTON, MA 02266	ANNUALIZED FORMULA .15% WM BLAIR SMIDCP GR I	

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:

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> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CLEVELAND CLINIC FOUNDATION</u>		D Employer Identification Number (EIN) <u>34-0714585</u>

Part I	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	40750	1457
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	1063959	1820020
	(2) Participant contributions.....	1b(2)	3139372	3214892
	(3) Other.....	1b(3)	0	
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	85436855	72740853
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	41300943	44835020
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		0
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2534352663	2797575595
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	383276171	389266253
	(15) Other.....	1c(15)		2638117

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3048610713	3312092207

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3048610713	3312092207
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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)	62391447	
(B) Participants	2a(1)(B)	185579202	
(C) Others (including rollovers)	2a(1)(C)	25877128	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		273847777
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7675	
(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)	1752518	
(F) Other	2b(1)(F)	3594712	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5354905
(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)	123425485	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		123425485
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		77472969
c Other income.....	2c		700587
d Total income. Add all income amounts in column (b) and enter total.....	2d		480801723

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	214616632	
(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)		214616632
f Corrective distributions (see instructions).....	2f		16607
g Certain deemed distributions of participant loans (see instructions).....	2g		1060223
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	933772	
(3) Investment advisory and management fees.....	2i(3)	18500	
(4) Other.....	2i(4)	674495	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1626767
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		217320229

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		263481494
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **MAYER HOFFMAN MCCANN PC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
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			
e Was this plan covered by a fidelity bond?	X		25000000
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CLEVELAND CLINIC SAVINGS & INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CLEVELAND CLINIC FOUNDATION</u>	D Employer Identification Number (EIN) <u>34-0714585</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-2647786</u> <u>35-1140070</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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
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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.
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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

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2014 and 2013



Mayer Hoffman McCann P.C.

An Independent CPA Firm

6050 Oak Tree Boulevard, Suite 500
Cleveland, Ohio 44131
216-447-9000 ph
216-447-9007 fx
www.mhm-pc.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Cleveland Clinic Savings and Investment Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, The Lincoln National Life Insurance Company, and The Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2014 and 2013 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.



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Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Mayer Hoffman McCann P.C.

Cleveland, Ohio
September 29, 2015

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
Cash	\$ 1,457	\$ 40,750
Investments at fair value		
Mutual funds	2,713,155,302	2,481,283,584
Self-directed brokerage accounts	159,799,263	138,505,934
Guaranteed interest accounts	389,266,253	383,276,171
	<u>3,262,220,818</u>	<u>3,003,065,689</u>
Receivables		
Participants' contributions	3,214,892	3,139,372
Employer's contributions	1,820,020	1,063,959
Notes receivable from participants	44,835,020	41,300,943
	<u>49,869,932</u>	<u>45,504,274</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,312,092,207</u></u>	<u><u>\$ 3,048,610,713</u></u>

See Notes to Financial Statements

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 77,240,986	\$ 332,467,642
Dividends and interest	<u>127,259,855</u>	<u>100,233,947</u>
	<u>204,500,841</u>	<u>432,701,589</u>
Interest income on notes receivable from participants	<u>1,752,518</u>	<u>1,618,382</u>
Other Income	<u>700,587</u>	<u>555,818</u>
Contributions		
Employer	62,391,447	58,959,239
Participants	185,579,202	178,173,861
Rollover	<u>25,877,128</u>	<u>21,483,233</u>
	<u>273,847,777</u>	<u>258,616,333</u>
TOTAL ADDITIONS	<u>480,801,723</u>	<u>693,492,122</u>
DEDUCTIONS		
Benefits paid to participants	215,693,462	145,144,772
Administrative expenses	<u>1,626,767</u>	<u>1,699,529</u>
TOTAL DEDUCTIONS	<u>217,320,229</u>	<u>146,844,301</u>
NET INCREASE	263,481,494	546,647,821
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>3,048,610,713</u>	<u>2,501,962,892</u>
End of year	<u>\$ 3,312,092,207</u>	<u>\$ 3,048,610,713</u>

See Notes to Financial Statements

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) **Description of plan**

The following description of the Cleveland Clinic Savings and Investment Plan (Plan) provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions. Copies of these documents are available from the Total Rewards Department at The Cleveland Clinic Foundation (Foundation).

General - The Plan is a defined contribution plan sponsored by the Foundation and certain of its affiliated entities (System) covering all permissible employees, as defined in accordance with the universal availability standards. The Plan is designed under and intended to comply with the provisions of IRS code section 403(b) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Contributions - Participants may contribute up to 75% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions as defined in the Plan. The Plan includes an auto-enrollment feature whereby all newly eligible participants are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions are automatically invested in a designated target-date fund until changed by the participant.

The System contributes 50% of the first 6% of base compensation that a participant contributes to the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations.

Participant investment account options - All current contributions to the Plan are deposited in accounts maintained by Fidelity Management Trust Company (Fidelity). Separate accounts are maintained for each participant. All contributions and earnings are to be invested as directed by the participants in any of the various mutual funds or guaranteed interest accounts held by Fidelity. Additionally, self-directed brokerage account investments are available through Fidelity Brokeragelink. The Lincoln National Life Insurance Company (Lincoln) and The Variable Annuity Life Insurance Company (VALIC) continue to hold certain Plan assets in accordance with participant direction.

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Participant accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the System's contribution and, (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus any earnings thereon. Participants are vested in System contributions after completing three years of service or after two years of service if hired prior to January 1, 2010.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest payments for loans originating prior to July 1, 2013 can be made ratably through payroll deduction or by the participant directly to Fidelity. Effective July 1, 2013, the Plan Administrator updated the loan repayment policy. Under the updated policy, loans originating after July 1, 2013 require principal and interest payments to be made ratably by the participant directly to Fidelity.

Payment of benefits - On termination of service due to death, disability or retirement, or other reasons, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period not to exceed the life of the participant or their beneficiary. In the event of financial hardship, participants may apply to receive a distribution from their fund accounts, subject to meeting Internal Revenue Service mandated rules for hardship withdrawals.

Forfeited accounts - At December 31, 2014, and 2013, forfeited non-vested accounts totaled \$705,981 and \$236,221, respectively. These accounts will be used to reduce future employer contributions. For the years ended December 31, 2014 and 2013, employer contributions were reduced by \$796,122 and \$936,250, respectively, from forfeited nonvested accounts.

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies

New accounting pronouncement - In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, "*Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.*" ASU 2015-12 has been issued in an effort to simplify the presentation and disclosure requirements related to the measurement of fully benefit-responsive investment contracts, to simplify the information disclosed regarding plan investments measured at fair value and to define the benefit plan measurements dates when such dates do not coincide with period end dates. The guidance on measurement date practical expedient is not applicable to the Plan. The guidance is effective for fiscal years beginning after December 15, 2015 and early adoption is permitted. The guidance on fully benefit-responsive investment contracts and plan investment disclosures must be applied retrospectively. The Plan's management is currently evaluating the impact of ASU 2015-12 and does not expect the adoption of this ASU to have a material impact on the Plan's financial statements.

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

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

Administrative expenses - Certain expenses of the Plan are paid by the System and are not included in the statements of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

A Revenue Credit Account is maintained at Fidelity which is funded quarterly based on revenue sharing on covered investments, as defined, in excess of a quarterly participant fee. The Revenue Credit Account may be used to reimburse the System for fees and expenses or to pay such vendors directly for services provided to the Plan. Amounts not used to pay expenses of the Plan may be allocated to Plan participants. Amounts allocated to participants are reported in the financial statements as other income. During 2014 and 2013, the Plan allocated \$700,587 and \$555,818, respectively, in revenue credits to participants.

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment custodians. See Note 5 for discussions of fair value measurements.

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Fully benefit-responsive investment contracts are reflected at contract value, since it represents the amount at which participants can execute transactions in the Plan. The Plan invests in investment contracts through guaranteed interest accounts (GICs) with MetLife, Lincoln, VALIC, and Prudential, which are fully benefit-responsive. The statements of net assets available for benefits present the contract value of the GICs. However, no adjustment of the investment in the GICs from fair value to contract value relating to the investment contracts is required, as contract value approximates fair value.

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014, and 2013. Delinquent participant notes receivable are reclassified as distributions based upon the terms of the plan document.

Payment of benefits - Benefits are recorded when paid.

(3) Investments

The following table presents investments that represent 5% or more of the Plan's net assets at year end:

	December 31,	
	2014	2013
Prudential Guaranteed Income Account	\$ 238,550,111	\$ 229,818,490
BlackRock Lifepath Index 2020 K	235,946,197	215,351,996
BlackRock Lifepath Index 2030 K	188,488,919	160,611,355
Vanguard Balanced Index Inst	201,983,828	187,068,584

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	Years Ended December 31,	
	2014	2013
Mutual funds	\$ 70,278,346	\$ 316,443,885
Self-directed brokerage accounts	6,962,640	16,023,757
	<u>\$ 77,240,986</u>	<u>\$ 332,467,642</u>

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(4) **Information prepared and certified by the custodians**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, Lincoln, and VALIC, the custodians of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments at fair value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Dividends and interest
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

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

(5) **Fair value measurements**

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

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

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

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014, and 2013.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Guaranteed interest accounts: The Plan holds GIC accounts under which insurance companies promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the GICs. The fair value of each GIC account is determined by the insurance companies by multiplying the contractual market value adjustment by the contract value as of the Plan year-end date (see Note 6). In determining the reasonableness of the methodology, the Plan Administrator evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although 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, the Plan's investments at fair value:

Investments at Fair Value at December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 59,647,571	\$ -	\$ -	\$ 59,647,571
Bond funds	210,636,295	-	-	210,636,295
Balanced & target-date funds	1,270,174,706	-	-	1,270,174,706
Domestic equity funds	923,590,685	-	-	923,590,685
International equity funds	153,025,478	-	-	153,025,478
Industry sector funds	88,465,969	-	-	88,465,969
Real estate funds	7,614,598	-	-	7,614,598
Total mutual funds	2,713,155,302	-	-	2,713,155,302
Self-directed brokerage accounts:				
Money market funds	12,885,522	-	-	12,885,522
Mutual funds - equity based	102,112,900	-	-	102,112,900
Mutual funds - other	44,800,841	-	-	44,800,841
Total self-directed brokerage accounts	159,799,263	-	-	159,799,263
Guaranteed interest accounts	-	-	389,266,253	389,266,253
Total assets at fair value	\$ 2,872,954,565	\$ -	\$ 389,266,253	\$ 3,262,220,818

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

Investments at Fair Value at December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 70,440,336	\$ -	\$ -	\$ 70,440,336
Bond funds	201,849,250	-	-	201,849,250
Balanced & target-date funds	1,127,233,569	-	-	1,127,233,569
Domestic equity funds	828,363,971	-	-	828,363,971
International equity funds	154,049,649	-	-	154,049,649
Industry sector funds	92,226,014	-	-	92,226,014
Real estate funds	7,120,795	-	-	7,120,795
Total mutual funds	2,481,283,584	-	-	2,481,283,584
Self-directed brokerage accounts:				
Money market funds	14,996,519	-	-	14,996,519
Mutual funds - equity based	78,985,499	-	-	78,985,499
Mutual funds - other	44,523,916	-	-	44,523,916
Total self-directed brokerage accounts	138,505,934	-	-	138,505,934
Guaranteed interest accounts	-	-	383,276,171	383,276,171
Total assets at fair value	\$ 2,619,789,518	\$ -	\$ 383,276,171	\$ 3,003,065,689

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2014, and 2013:

	Guaranteed Interest Accounts
January 1, 2013	\$ 370,173,941
Purchases	57,822,123
Sales and redemptions	(56,357,134)
Interest income	11,637,241
December 31, 2013	383,276,171
Purchases	65,994,792
Sales and redemptions	(71,965,413)
Interest income	11,960,703
December 31, 2014	\$ 389,266,253

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

No gains or losses relating to the guaranteed interest accounts are reported in the accompanying statements of changes in net assets available for benefits as a result of the accounts being reported at contract value which approximates fair value, as more fully described in Note 6. Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Rates are reset quarterly or annually using a portfolio rate approach where a single interest crediting rate is applied to all contributions made regardless of the timing of those contributions. The contracts are evergreen and do not have maturity dates.

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2014 and 2013.

Description	Fair Value	Principal Valuation Techniques	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Guaranteed Interest Accounts	2014: \$298,677,159	Contract value with market value adjustment	Contractual definitions of market value adjustments	Market value adjustments: 0% in 2014 and 2013	N/A
	2013: \$294,984,512		Declared interest rates	2014: 1.75 - 4.5% 2013: 2.3 - 4.5%	2014: 3.0% 2013: 3.4%
Guaranteed Interest Accounts	2014: \$90,589,094 2013: \$88,291,659	Contract value without market value adjustment	Declared interest rates	3.0 - 4.5% in 2014 and 2013	4.0% in 2014 and 2013

(6) Fully benefit-responsive investment contracts

The Plan has benefit-responsive investment contracts with MetLife, Lincoln, VALIC, and Prudential. The MetLife and Prudential contracts are held by Fidelity. Contributions are maintained in the general accounts of the contract issuers. Each account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contracts are included in the statements of net assets available for benefits at contract value as determined by Fidelity, Lincoln, and VALIC. The Plan administrator believes that contract value approximates fair value. Therefore, no adjustment from fair value to contract value is included in the accompanying statements of net assets available for benefits.

There are no reserves against contract value for credit risk of the contract issuers or otherwise. The crediting interest rate is based on a formula agreed upon with the issuers, but may not be less than 3.0% for MetLife and Prudential, 4.5% for Lincoln and varying rates up to 4.5% for VALIC contracts. Such interest rates are reviewed on a quarterly or annual basis for resetting.

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(6) **Fully benefit-responsive investment contracts (continued)**

Ranges for average yields and crediting interest rates related to the fully benefit-responsive investment contracts held by the Plan are as follows:

	December 31,	
	2014	2013
Average yield	1.6 - 4.5%	2.3 - 4.5%
Crediting interest rate	1.8 - 4.5%	2.3 - 4.5%

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events could include the following: (1) amendment to the Plan document (including complete or partial termination or merger with another plan.) (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. These events could cause contract value to be reduced subject to the application of market value adjustments, as defined in the contracts. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

There are no events that permit the issuer to terminate the contract which would require the Plan to transact at amounts different than contract value.

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

Fees for legal, accounting, and other services are paid for by the System. Administrative fees, including penalties for withdrawals, charged by Fidelity, Lincoln, and VALIC are deducted from the individual accounts of applicable participants. Other party-in-interest transactions include the purchase and sale of investments through Fidelity, Lincoln, and VALIC. Such transactions are exempt from being prohibited transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are deducted from the NAV of the respective mutual fund, rather than a direct payment.

(8) **Plan termination**

Although it has not expressed any intent to do so, the System reserves the right to terminate or modify the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in System contributions and the benefits accrued to the date of termination shall continue to be administered in accordance with the Plan agreement until the time of distribution.

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(9) Tax status

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax exempt status for plan participants under Section 403(b). The Plan Administrator and the Plan's tax counsel believe the Plan is currently being operated in compliance with the applicable provisions of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

(10) Risks and uncertainties

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

(11) Subsequent events

The Plan has evaluated events that have occurred subsequent to the year ended December 31, 2014 through September 29, 2015, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure, except that, in August 2015, the Plan was selected for an examination by the U.S. Department of Labor. The examination is currently in-process and covers periods since 2012. There have been no communicated material findings as of the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		<i>Mutual Funds</i>		
	The Lincoln National Life Insurance Company	AB VPS GLOBAL THEMATIC	A	\$ 8,115
	The Lincoln National Life Insurance Company	ALLIANCE BERNSTEIN GROWTH	A	3,582
	The Lincoln National Life Insurance Company	AMERICAN CENTURY VP BALANCED	A	391,104
	The Lincoln National Life Insurance Company	AMERICAN FUNDS GLOBAL GROWTH	A	97,055
	The Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH FUND	A	163,619
	The Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH INCOME	A	14,642
	The Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH-INCOME	A	5,841
	The Lincoln National Life Insurance Company	AMERICAN FUNDS INTERNATIONAL	A	21,119
	The Lincoln National Life Insurance Company	AMERICAN FUNDS INTERNATIONAL	A	66,761
	The Lincoln National Life Insurance Company	BLACKROCK GLOBAL ALLOCATION	A	1,730
	The Lincoln National Life Insurance Company	DELAWARE VIP DVRS INCOME	A	1,156
	The Lincoln National Life Insurance Company	DELAWARE VIP HIGH YIELD SERIES	A	37,159
	The Lincoln National Life Insurance Company	DELAWARE VIP REIT SERIES	A	86,360
	The Lincoln National Life Insurance Company	DELAWARE VIP SMALL CAP VALUE	A	256,034
	The Lincoln National Life Insurance Company	DELAWARE VIP SMID CAP GROWTH	A	16,500
*	The Lincoln National Life Insurance Company	FIDELITY ASSET MANAGER	A	1,025,779
*	The Lincoln National Life Insurance Company	FIDELITY CONTRAFUND PORTFOLIO	A	182,319
*	The Lincoln National Life Insurance Company	FIDELITY GROWTH PORTFOLIO	A	1,631,578
	The Lincoln National Life Insurance Company	JANUS ASPEN GLOBAL RESEARCH	A	186,311
*	The Lincoln National Life Insurance Company	LINCOLN VIP BOND FUND	A	119,407
*	The Lincoln National Life Insurance Company	LINCOLN VIP GROWTH AND INCOME	A	8,666
*	The Lincoln National Life Insurance Company	LINCOLN VIP SOCIAL AWARENESS	A	196,224
*	The Lincoln National Life Insurance Company	LVIP BARON GRTH OPPORTUNITIES	A	332,573
*	The Lincoln National Life Insurance Company	LVIP MANAGED RISK PROFILE CONS	A	74,664
*	The Lincoln National Life Insurance Company	LVIP MANAGED RISK PROFILE GRTH	A	51,869
*	The Lincoln National Life Insurance Company	LVIP MANAGED RISK PROFILE MOD	A	31,323
*	The Lincoln National Life Insurance Company	LVIP MONDRIAN INT'L VALUE	A	48,437
*	The Lincoln National Life Insurance Company	LVIP SSGA BOND INDEX	A	6,041
*	The Lincoln National Life Insurance Company	LVIP SSGA GLOBL TAC ALLOC RPM	A	8,455
*	The Lincoln National Life Insurance Company	LVIP SSGA INTERNATIONAL INDEX	A	855
*	The Lincoln National Life Insurance Company	LVIP SSGA S&P 500 INDEX	A	1,609,295
*	The Lincoln National Life Insurance Company	LVIP SSGA SMALL-CAP INDEX	A	913,654
*	The Lincoln National Life Insurance Company	LVIP T. ROWE PRICE STRUCTURED	A	545,724
	The Lincoln National Life Insurance Company	NB AMT LARGE CAP VALUE	A	46,597
	The Lincoln National Life Insurance Company	T. ROWE PRICE INT'L STOCK	A	302,549
*	The Lincoln National Life Insurance Company	LVIP BR INFLATION PROTECTED	A	6,627
*	The Lincoln National Life Insurance Company	LVIP GLOBAL INCOME	A	100

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	The Lincoln National Life Insurance Company	LVIP JPMORGAN MIDCAP VALUE RPM	A	100
	Fidelity Management Trust Company	ARTISAN EMRG MKT IS	A	684,956
	Fidelity Management Trust Company	BLKRK LP IDX 2020 K	A	235,946,197
	Fidelity Management Trust Company	BLKRK LP IDX 2025 K	A	135,771,386
	Fidelity Management Trust Company	BLKRK LP IDX 2030 K	A	188,488,919
	Fidelity Management Trust Company	BLKRK LP IDX 2035 K	A	102,821,144
	Fidelity Management Trust Company	BLKRK LP IDX 2040 K	A	108,598,426
	Fidelity Management Trust Company	BLKRK LP IDX 2045 K	A	57,053,869
	Fidelity Management Trust Company	BLKRK LP IDX 2050 K	A	45,464,219
	Fidelity Management Trust Company	BLKRK LP IDX 2055 K	A	13,953,537
	Fidelity Management Trust Company	BLKRK LP IDX RTMT K	A	110,851,825
	Fidelity Management Trust Company	DFA EMERG MKTS VAL I	A	10,529,088
	Fidelity Management Trust Company	DFA INTL SMALL CO I	A	4,093,259
	Fidelity Management Trust Company	DODGE & COX STOCK	A	36,883,221
*	Fidelity Management Trust Company	FID BLUE CHIP GR K	A	64,085,056
*	Fidelity Management Trust Company	FID BLUE CHIP VALUE	A	1,362,595
*	Fidelity Management Trust Company	FID CANADA	A	4,187,015
*	Fidelity Management Trust Company	FID CAP APPREC K	A	5,838,990
*	Fidelity Management Trust Company	FID CAPITAL & INCOME	A	7,292,209
*	Fidelity Management Trust Company	FID CHINA REGION	A	3,800,386
*	Fidelity Management Trust Company	FID CONTRAFUND K	A	147,379,700
*	Fidelity Management Trust Company	FID CONVERTIBLE SEC	A	2,203,203
*	Fidelity Management Trust Company	FID CORPORATE BOND	A	353,674
*	Fidelity Management Trust Company	FID DISCIPLND EQ K	A	4,838,719
*	Fidelity Management Trust Company	FID DIVERSIFD INTL K	A	32,241,896
*	Fidelity Management Trust Company	FID DIVIDEND GR K	A	20,221,017
*	Fidelity Management Trust Company	FID EMEA	A	197,229
*	Fidelity Management Trust Company	FID EMERG MKTS DISC	A	456
*	Fidelity Management Trust Company	FID EMERGING ASIA	A	1,389,122
*	Fidelity Management Trust Company	FID EMERGING MKTS K	A	3,145,527
*	Fidelity Management Trust Company	FID EQ DIV INCOME K	A	5,036,214
*	Fidelity Management Trust Company	FID EQUITY INCOME K	A	24,563,611
*	Fidelity Management Trust Company	FID EUROPE	A	2,547,385
*	Fidelity Management Trust Company	FID EXPORT & MULTI K	A	2,732,062
*	Fidelity Management Trust Company	FID FIFTY	A	1,445,522
*	Fidelity Management Trust Company	FID FOCUSED HIGH INC	A	443,420
*	Fidelity Management Trust Company	FID FOCUSED STOCK	A	1,092,121
*	Fidelity Management Trust Company	FID FUND K	A	12,514,901

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Management Trust Company	FID GLB COMDTY STK	A	318,983
*	Fidelity Management Trust Company	FID GLB HIGH INCOME	A	76,956
*	Fidelity Management Trust Company	FID GLOBAL BALANCED	A	1,555,473
*	Fidelity Management Trust Company	FID GLOBAL STRAT	A	23,369
*	Fidelity Management Trust Company	FID GNMA	A	4,847,430
*	Fidelity Management Trust Company	FID GROWTH & INC K	A	20,553,548
*	Fidelity Management Trust Company	FID GROWTH CO K	A	37,989,669
*	Fidelity Management Trust Company	FID GROWTH DISC K	A	1,911,944
*	Fidelity Management Trust Company	FID GROWTH STRAT K	A	18,449,643
*	Fidelity Management Trust Company	FID HIGH INCOME	A	6,259,967
*	Fidelity Management Trust Company	FID INDEPENDENCE K	A	3,549,043
*	Fidelity Management Trust Company	FID INFLAT PROT BOND	A	3,302,357
*	Fidelity Management Trust Company	FID INTERMED BOND	A	4,831,900
*	Fidelity Management Trust Company	FID INTL CAP APPREC	A	761,937
*	Fidelity Management Trust Company	FID INTL DISCOVERY K	A	4,408,500
*	Fidelity Management Trust Company	FID INTL ENH INDEX	A	28,680
*	Fidelity Management Trust Company	FID INTL GROWTH	A	1,610,940
*	Fidelity Management Trust Company	FID INTL REAL ESTATE	A	754,476
*	Fidelity Management Trust Company	FID INTL SM CAP OPP	A	414,017
*	Fidelity Management Trust Company	FID INTL SMALL CAP	A	1,702,612
*	Fidelity Management Trust Company	FID INTL VALUE	A	1,112,405
*	Fidelity Management Trust Company	FID INTM GOVT INCOME	A	1,153,018
*	Fidelity Management Trust Company	FID INVST GR BD	A	4,771,281
*	Fidelity Management Trust Company	FID JAPAN	A	200,916
*	Fidelity Management Trust Company	FID JAPAN SMALL CO	A	189,212
*	Fidelity Management Trust Company	FID LARGE CAP STOCK	A	6,774,396
*	Fidelity Management Trust Company	FID LATIN AMERICA	A	1,396,328
*	Fidelity Management Trust Company	FID LC GRO ENH INDX	A	582,578
*	Fidelity Management Trust Company	FID LC VAL ENH INDX	A	519,376
*	Fidelity Management Trust Company	FID LEVERGD CO STK K	A	8,003,299
*	Fidelity Management Trust Company	FID LOW PRICED STK K	A	40,052,634
*	Fidelity Management Trust Company	FID MAGELLAN K	A	42,944,217
*	Fidelity Management Trust Company	FID MEGA CAP STOCK	A	1,494,669
*	Fidelity Management Trust Company	FID MID CAP ENH INDX	A	200,376
*	Fidelity Management Trust Company	FID MID CAP STOCK K	A	9,968,213
*	Fidelity Management Trust Company	FID MID CAP VALUE	A	3,609,781
*	Fidelity Management Trust Company	FID MORTGAGE SEC	A	577,503
*	Fidelity Management Trust Company	FID NASDAQ COMP INDX	A	896,985

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Management Trust Company	FID NEW MARKETS INC	A	5,441,878
*	Fidelity Management Trust Company	FID NEW MILLEN	A	16,193,043
*	Fidelity Management Trust Company	FID NORDIC	A	796,248
*	Fidelity Management Trust Company	FID OTC K	A	23,409,593
*	Fidelity Management Trust Company	FID OVERSEAS K	A	5,745,861
*	Fidelity Management Trust Company	FID PACIFIC BASIN	A	1,455,732
*	Fidelity Management Trust Company	FID REAL ESTATE INC	A	1,638,116
*	Fidelity Management Trust Company	FID REAL ESTATE INVS	A	5,135,647
*	Fidelity Management Trust Company	FID SEL AIR TRANSPRT	A	484,845
*	Fidelity Management Trust Company	FID SEL AUTOMOTIVE	A	309,935
*	Fidelity Management Trust Company	FID SEL BANKING	A	3,038,989
*	Fidelity Management Trust Company	FID SEL BIOTECH	A	12,629,719
*	Fidelity Management Trust Company	FID SEL BROKERAGE	A	695,610
*	Fidelity Management Trust Company	FID SEL CHEMICALS	A	3,447,196
*	Fidelity Management Trust Company	FID SEL COMM EQUIP	A	790,528
*	Fidelity Management Trust Company	FID SEL COMPUTERS	A	1,742,800
*	Fidelity Management Trust Company	FID SEL CONS DISCR	A	383,592
*	Fidelity Management Trust Company	FID SEL CONS STAPLES	A	3,824,068
*	Fidelity Management Trust Company	FID SEL CONSTR/HOUSE	A	426,539
*	Fidelity Management Trust Company	FID SEL CONSUMER FIN	A	493,073
*	Fidelity Management Trust Company	FID SEL DEFENSE	A	2,504,662
*	Fidelity Management Trust Company	FID SEL ELECTRONICS	A	3,382,333
*	Fidelity Management Trust Company	FID SEL ENERGY	A	4,285,850
*	Fidelity Management Trust Company	FID SEL ENERGY SVCS	A	1,771,747
*	Fidelity Management Trust Company	FID SEL ENV ALT ENGY	A	323,483
*	Fidelity Management Trust Company	FID SEL FINANCIAL	A	1,030,729
*	Fidelity Management Trust Company	FID SEL GOLD	A	2,106,685
*	Fidelity Management Trust Company	FID SEL HEALTHCARE	A	10,930,113
*	Fidelity Management Trust Company	FID SEL INDUST EQUIP	A	114,182
*	Fidelity Management Trust Company	FID SEL INDUSTRIALS	A	877,424
*	Fidelity Management Trust Company	FID SEL INSURANCE	A	292,412
*	Fidelity Management Trust Company	FID SEL IT SERVICES	A	1,106,945
*	Fidelity Management Trust Company	FID SEL LEISURE	A	2,061,789
*	Fidelity Management Trust Company	FID SEL MATERIALS	A	1,494,201
*	Fidelity Management Trust Company	FID SEL MED EQ & SYS	A	5,239,382
*	Fidelity Management Trust Company	FID SEL MEDICAL DEL	A	2,027,841
*	Fidelity Management Trust Company	FID SEL MULTIMEDIA	A	382,527
*	Fidelity Management Trust Company	FID SEL NATURAL GAS	A	1,249,908

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Management Trust Company	FID SEL NATURAL RES	A	1,944,570
*	Fidelity Management Trust Company	FID SEL PHARMACEUTCL	A	2,346,988
*	Fidelity Management Trust Company	FID SEL RETAILING	A	781,449
*	Fidelity Management Trust Company	FID SEL SOFTWARE	A	3,602,870
*	Fidelity Management Trust Company	FID SEL TECHNOLOGY	A	5,382,766
*	Fidelity Management Trust Company	FID SEL TELECOMM	A	1,423,778
*	Fidelity Management Trust Company	FID SEL TRANSPORT	A	899,796
*	Fidelity Management Trust Company	FID SEL UTILITIES	A	1,060,976
*	Fidelity Management Trust Company	FID SEL WIRELESS	A	628,384
*	Fidelity Management Trust Company	FID SM CAP DISCOVERY	A	6,929,347
*	Fidelity Management Trust Company	FID SM CAP ENH INDX	A	241,583
*	Fidelity Management Trust Company	FID SMALL CAP GROWTH	A	2,158,905
*	Fidelity Management Trust Company	FID SMALL CAP STOCK	A	5,123,961
*	Fidelity Management Trust Company	FID SMALL CAP VALUE	A	4,262,718
*	Fidelity Management Trust Company	FID STK SEL ALL CP K	A	2,468,861
*	Fidelity Management Trust Company	FID STK SEL SM CAP	A	2,771,563
*	Fidelity Management Trust Company	FID STKSEL LGCAP VAL	A	2,505,533
*	Fidelity Management Trust Company	FID STRAT DIV & INC	A	1,920,791
*	Fidelity Management Trust Company	FID STRAT REAL RET	A	2,050,051
*	Fidelity Management Trust Company	FID STRATEGIC INCOME	A	5,733,961
*	Fidelity Management Trust Company	FID TELECOM & UTIL	A	945,285
*	Fidelity Management Trust Company	FID TOTAL BOND	A	2,489,113
*	Fidelity Management Trust Company	FID TOTAL EMERG MKTS	A	5,446
*	Fidelity Management Trust Company	FID TOTAL INTL EQ	A	296,400
*	Fidelity Management Trust Company	FID TREND	A	1,147,736
*	Fidelity Management Trust Company	FID VALUE DISCOV K	A	1,541,670
*	Fidelity Management Trust Company	FID VALUE K	A	12,872,900
*	Fidelity Management Trust Company	FID VALUE STRAT K	A	695,759
*	Fidelity Management Trust Company	FID WORLDWIDE	A	2,003,265
*	Fidelity Management Trust Company	FIDELITY GOVT INCOME	A	7,258,478
*	Fidelity Management Trust Company	FIMM TREASURY ONLY I	A	59,647,621
	Fidelity Management Trust Company	GABELLI ASSET AAA	A	8,282,119
	Fidelity Management Trust Company	HARBOR CAP APPR INST	A	57,871,719
	Fidelity Management Trust Company	HARBOR HIGH YLD BD I	A	8,078,876
	Fidelity Management Trust Company	HTFD INTL SM CO Y	A	1,777,088
	Fidelity Management Trust Company	JANUS GLB RESEARCH T	A	7,000,378
	Fidelity Management Trust Company	JANUS OVERSEAS T	A	12,880,922
	Fidelity Management Trust Company	LOOMIS HIGH INCOME Y	A	10,280,393

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Fidelity Management Trust Company	NUVEEN NWQ S/MCP V I	A	2,399,791
	Fidelity Management Trust Company	PIM TOTAL RT INST	A	65,726,023
	Fidelity Management Trust Company	PRU GOVT INC Z	A	115,223
	Fidelity Management Trust Company	PRU TOT RETURN BD Z	A	697,706
	Fidelity Management Trust Company	PRU/J BLEND Z	A	3,798,709
	Fidelity Management Trust Company	PRU/J EQUITY OPP Z	A	6,157,754
	Fidelity Management Trust Company	PRU/J GROWTH Z	A	3,039,516
	Fidelity Management Trust Company	RS SMALL CAP GRTH A	A	10,382,411
	Fidelity Management Trust Company	SA CORE MULTI MGR	A	366
	Fidelity Management Trust Company	SA GROWTH MULTI MGR	A	6,131
*	Fidelity Management Trust Company	SPTN EM MKTS IDX ADV	A	10,590
*	Fidelity Management Trust Company	SPTN EXT MKT IDX ADV	A	3,006,993
*	Fidelity Management Trust Company	SPTN INTL INDEX INS	A	2,783,822
*	Fidelity Management Trust Company	SPTN LT TR IDX ADV	A	1,516,934
*	Fidelity Management Trust Company	SPTN MID CAP IDX ADV	A	21,365
*	Fidelity Management Trust Company	SPTN REAL ES IDX ADV	A	92,154
*	Fidelity Management Trust Company	SPTN SM CAP IDX ADV	A	42,300
*	Fidelity Management Trust Company	SPTN TOT MKT IDX INS	A	7,960,774
	Fidelity Management Trust Company	STONE HBR HGH YLD IS	A	2,656,135
	Fidelity Management Trust Company	TEMPLETON DEV MKTS A	A	3,176,571
	Fidelity Management Trust Company	TIFI TEMPL FORGN EQU	A	5,712,568
	Fidelity Management Trust Company	TMPL INST FRGN SM CO	A	5,833,009
	Fidelity Management Trust Company	TRP SHORT TERM BOND	A	17,997,096
	Fidelity Management Trust Company	VANG BAL INDEX INST	A	201,983,828
	Fidelity Management Trust Company	VANG EXT MKT IDX INS	A	47,292,753
	Fidelity Management Trust Company	VANG TOT BD MKT INST	A	22,208,539
	Fidelity Management Trust Company	VANG TOT INTL STK IS	A	22,868,907
	Fidelity Management Trust Company	VANGUARD INST INDEX	A	121,755,224
	Fidelity Management Trust Company	WASATCH SM CAP GRTH	A	12,048,630
	Fidelity Management Trust Company	WM BLAIR SMIDCP GR I	A	27,703,837
	Fidelity Management Trust Company	MSIF MID CAP GRTH A	A	9,195,889
	Fidelity Management Trust Company	GABELLI VALUE 25 A	A	4,844,801
	Fidelity Management Trust Company	JPM CORE BOND R6	A	8,447,610
	Fidelity Management Trust Company	JANUS FLEXIBLE BD N	A	15,465,358
	Fidelity Management Trust Company	JH DISCPL VALUE R6	A	22,601,073
	Fidelity Management Trust Company	LOOMIS VALUE N	A	5,794,946
	Fidelity Management Trust Company	VI SM-CAP VAL R6	A	14,775,088
	Fidelity Management Trust Company	NB EMERG MKTS EQ R6	A	4,032,154

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
Fidelity Management Trust Company		PRU INTL EQUITY Z	A	1,434,729
VALIC		ARIEL APPRECIATION FUND	A	54,037
VALIC		ARIEL FUND	A	128,682
VALIC		ASSET ALLOCATION FUND	A	33,452
VALIC		BLUE CHIP GROWTH FUND	A	24,169
VALIC		CAPITAL APPRECIATION FUND	A	637
VALIC		CAPITAL CONSERVATION	A	12,506
VALIC		CORE EQUITY FUND	A	33,083
VALIC		DIVIDEND VALUE	A	2,358
VALIC		EMERGING ECONOMIES	A	229
VALIC		FOREIGN VALUE	A	104,110
VALIC		GLOBAL REAL ESTATE FUND	A	1,288
VALIC		GLOBAL SOCIAL AWARENESS FUND	A	45,057
VALIC		GLOBAL STRATEGY	A	104,702
VALIC		GOVERNMENT SECURITIES FUND	A	31,699
VALIC		GROWTH & INCOME FUND	A	820
VALIC		GROWTH FUND	A	58,995
VALIC		HEALTH SCIENCES FUND	A	8,249
VALIC		HIGH YIELD BOND FUND	A	24,860
VALIC		INTERNATIONAL EQUITIES FUND	A	1,394
VALIC		INTERNATIONAL GOVERNMENT BOND	A	112,068
VALIC		INTERNATIONAL GROWTH FUND	A	119,366
VALIC		INTL OPPORTUNITIES	A	19,706
VALIC		LARGE CAP CORE	A	26,895
VALIC		LARGE CAPITAL GROWTH	A	23,358
VALIC		LOAN COLLATERAL FUND	A	96,963
VALIC		LOAN ESCROW FUND	A	4,089
VALIC		MID CAP GROWTH FUND	A	801
VALIC		MID CAP INDEX FUND	A	583,146
VALIC		MID CAP STRATEGIC GROWTH	A	7,395
VALIC		MID CAP VALUE FUND	A	82,712
VALIC		MODERATE GROWTH LIFESTYLE	A	1,846
VALIC		MONEY MARKET I FUND	A	3,423
VALIC		NASDAQ-100 ® INDEX FUND	A	17,831
VALIC		SCIENCE & TECHNOLOGY FUND	A	69,993
VALIC		SMALL CAP FUND	A	123,044
VALIC		SMALL CAP INDEX FUND	A	66,173
VALIC		SMALL CAP SPECIAL VALUE FUND	A	31,913

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
VALIC	SMALL CAP VALUE FUND	A	12,992	
VALIC	SMALL MID GROWTH FUND	A	13,735	
VALIC	SOCIALLY RESPONSIBLE FUND	A	3,825	
VALIC	STOCK INDEX FUND	A	321,431	
VALIC	STRATEGIC BOND FUND	A	71,540	
VALIC	VANGUARD LONG-TERM TREASURY	A	1,242	
VALIC	VANGUARD LT INV-GRADE FUND	A	2,286	
VALIC	VANGUARD WELLINGTON FUND, INC.	A	66,951	
VALIC	VANGUARD WINDSOR II	A	83,069	
			<u>2,713,155,302</u>	
<i>Self-directed Brokerage Accounts</i>				
* Fidelity Management Trust Company	Fidelity Brokeragelink Accounts	A	159,799,263	
<i>Guaranteed Interest Accounts</i>				
MetLife	MetLife Fixed - Old	A	29,249,160	
MetLife	MetLife Fixed - New	A	1,504,588	
MetLife	MetLife Fixed - Misc	A	16,293	
Prudential Insurance Company of America	PRU GIA	A	238,550,111	
Prudential Insurance Company of America	PRU GIA 1992	A	37,397,424	
Prudential Insurance Company of America	PRU GIA 93-94	A	5,194,124	
Prudential Insurance Company of America	PRU GIA 1995	A	3,198,145	
Prudential Insurance Company of America	PRU GIA 1996	A	2,902,487	
Prudential Insurance Company of America	PRU GIA 1997	A	4,925,679	
Prudential Insurance Company of America	PRU GIA 1998	A	2,519,732	
Prudential Insurance Company of America	PRU GIA Q1 1999	A	1,037,281	
Prudential Insurance Company of America	PRU GIA Q2 1999	A	607,546	
Prudential Insurance Company of America	PRU GIA Q3 1999	A	568,937	
Prudential Insurance Company of America	PRU GIA Q4 1999	A	724,956	
Prudential Insurance Company of America	PRU GIA Q1 2000	A	498	
* The Lincoln National Life Insurance Company	Guaranteed Interest Account	A	59,819,053	
* VALIC	Fixed Account Plus	A	981,076	
* VALIC	Short Term Fixed Account	A	69,163	
			<u>389,266,253</u>	

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par, or maturity value		
	Identity of issue, borrower, lessor, or similar party		Cost	Current value
*	Participant Loans	Notes Receivable, with interest rate ranges of 4.25% to 9.5%, maturing through January 2025	-0-	44,835,020
				<u>\$ 3,307,055,838</u>

* Party-in-interest as defined by ERISA

A Cost information may be omitted for plan assets, which are participant directed.

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
	<i>Mutual Funds</i>			
The Lincoln National Life Insurance Company	AB VPS GLOBAL THEMATIC	A	\$	8,115
The Lincoln National Life Insurance Company	ALLIANCE BERNSTEIN GROWTH	A		3,582
The Lincoln National Life Insurance Company	AMERICAN CENTURY VP BALANCED	A		391,104
The Lincoln National Life Insurance Company	AMERICAN FUNDS GLOBAL GROWTH	A		97,055
The Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH FUND	A		163,619
The Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH INCOME	A		14,642
The Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH-INCOME	A		5,841
The Lincoln National Life Insurance Company	AMERICAN FUNDS INTERNATIONAL	A		21,119
The Lincoln National Life Insurance Company	AMERICAN FUNDS INTERNATIONAL	A		66,761
The Lincoln National Life Insurance Company	BLACKROCK GLOBAL ALLOCATION	A		1,730
The Lincoln National Life Insurance Company	DELAWARE VIP DVRS INCOME	A		1,156
The Lincoln National Life Insurance Company	DELAWARE VIP HIGH YIELD SERIES	A		37,159
The Lincoln National Life Insurance Company	DELAWARE VIP REIT SERIES	A		86,360
The Lincoln National Life Insurance Company	DELAWARE VIP SMALL CAP VALUE	A		256,034
The Lincoln National Life Insurance Company	DELAWARE VIP SMID CAP GROWTH	A		16,500
* The Lincoln National Life Insurance Company	FIDELITY ASSET MANAGER	A		1,025,779
* The Lincoln National Life Insurance Company	FIDELITY CONTRAFUND PORTFOLIO	A		182,319
* The Lincoln National Life Insurance Company	FIDELITY GROWTH PORTFOLIO	A		1,631,578
The Lincoln National Life Insurance Company	JANUS ASPEN GLOBAL RESEARCH	A		186,311
* The Lincoln National Life Insurance Company	LINCOLN VIP BOND FUND	A		119,407
* The Lincoln National Life Insurance Company	LINCOLN VIP GROWTH AND INCOME	A		8,666
* The Lincoln National Life Insurance Company	LINCOLN VIP SOCIAL AWARENESS	A		196,224
* The Lincoln National Life Insurance Company	LVIP BARON GRTH OPPORTUNITIES	A		332,573
* The Lincoln National Life Insurance Company	LVIP MANAGED RISK PROFILE CONS	A		74,664
* The Lincoln National Life Insurance Company	LVIP MANAGED RISK PROFILE GRTH	A		51,869
* The Lincoln National Life Insurance Company	LVIP MANAGED RISK PROFILE MOD	A		31,323
* The Lincoln National Life Insurance Company	LVIP MONDRIAN INT'L VALUE	A		48,437
* The Lincoln National Life Insurance Company	LVIP SSGA BOND INDEX	A		6,041
* The Lincoln National Life Insurance Company	LVIP SSGA GLOBL TAC ALLOC RPM	A		8,455
* The Lincoln National Life Insurance Company	LVIP SSGA INTERNATIONAL INDEX	A		855
* The Lincoln National Life Insurance Company	LVIP SSGA S&P 500 INDEX	A		1,609,295
* The Lincoln National Life Insurance Company	LVIP SSGA SMALL-CAP INDEX	A		913,654
* The Lincoln National Life Insurance Company	LVIP T. ROWE PRICE STRUCTURED	A		545,724
The Lincoln National Life Insurance Company	NB AMT LARGE CAP VALUE	A		46,597
The Lincoln National Life Insurance Company	T. ROWE PRICE INT'L STOCK	A		302,549
* The Lincoln National Life Insurance Company	LVIP BR INFLATION PROTECTED	A		6,627
* The Lincoln National Life Insurance Company	LVIP GLOBAL INCOME	A		100

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	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	The Lincoln National Life Insurance Company	LVIP JPMORGAN MIDCAP VALUE RPM	A	100
	Fidelity Management Trust Company	ARTISAN EMRG MKT IS	A	684,956
	Fidelity Management Trust Company	BLKRR LP IDX 2020 K	A	235,946,197
	Fidelity Management Trust Company	BLKRR LP IDX 2025 K	A	135,771,386
	Fidelity Management Trust Company	BLKRR LP IDX 2030 K	A	188,488,919
	Fidelity Management Trust Company	BLKRR LP IDX 2035 K	A	102,821,144
	Fidelity Management Trust Company	BLKRR LP IDX 2040 K	A	108,598,426
	Fidelity Management Trust Company	BLKRR LP IDX 2045 K	A	57,053,869
	Fidelity Management Trust Company	BLKRR LP IDX 2050 K	A	45,464,219
	Fidelity Management Trust Company	BLKRR LP IDX 2055 K	A	13,953,537
	Fidelity Management Trust Company	BLKRR LP IDX RTMT K	A	110,851,825
	Fidelity Management Trust Company	DFA EMERG MKTS VAL I	A	10,529,088
	Fidelity Management Trust Company	DFA INTL SMALL CO I	A	4,093,259
	Fidelity Management Trust Company	DODGE & COX STOCK	A	36,883,221
*	Fidelity Management Trust Company	FID BLUE CHIP GR K	A	64,085,056
*	Fidelity Management Trust Company	FID BLUE CHIP VALUE	A	1,362,595
*	Fidelity Management Trust Company	FID CANADA	A	4,187,015
*	Fidelity Management Trust Company	FID CAP APPREC K	A	5,838,990
*	Fidelity Management Trust Company	FID CAPITAL & INCOME	A	7,292,209
*	Fidelity Management Trust Company	FID CHINA REGION	A	3,800,386
*	Fidelity Management Trust Company	FID CONTRAFUND K	A	147,379,700
*	Fidelity Management Trust Company	FID CONVERTIBLE SEC	A	2,203,203
*	Fidelity Management Trust Company	FID CORPORATE BOND	A	353,674
*	Fidelity Management Trust Company	FID DISCIPLND EQ K	A	4,838,719
*	Fidelity Management Trust Company	FID DIVERSIFD INTL K	A	32,241,896
*	Fidelity Management Trust Company	FID DIVIDEND GR K	A	20,221,017
*	Fidelity Management Trust Company	FID EMEA	A	197,229
*	Fidelity Management Trust Company	FID EMERG MKTS DISC	A	456
*	Fidelity Management Trust Company	FID EMERGING ASIA	A	1,389,122
*	Fidelity Management Trust Company	FID EMERGING MKTS K	A	3,145,527
*	Fidelity Management Trust Company	FID EQ DIV INCOME K	A	5,036,214
*	Fidelity Management Trust Company	FID EQUITY INCOME K	A	24,563,611
*	Fidelity Management Trust Company	FID EUROPE	A	2,547,385
*	Fidelity Management Trust Company	FID EXPORT & MULTI K	A	2,732,062
*	Fidelity Management Trust Company	FID FIFTY	A	1,445,522
*	Fidelity Management Trust Company	FID FOCUSED HIGH INC	A	443,420
*	Fidelity Management Trust Company	FID FOCUSED STOCK	A	1,092,121
*	Fidelity Management Trust Company	FID FUND K	A	12,514,901

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Management Trust Company	FID GLB COMDTY STK	A	318,983
*	Fidelity Management Trust Company	FID GLB HIGH INCOME	A	76,956
*	Fidelity Management Trust Company	FID GLOBAL BALANCED	A	1,555,473
*	Fidelity Management Trust Company	FID GLOBAL STRAT	A	23,369
*	Fidelity Management Trust Company	FID GNMA	A	4,847,430
*	Fidelity Management Trust Company	FID GROWTH & INC K	A	20,553,548
*	Fidelity Management Trust Company	FID GROWTH CO K	A	37,989,669
*	Fidelity Management Trust Company	FID GROWTH DISC K	A	1,911,944
*	Fidelity Management Trust Company	FID GROWTH STRAT K	A	18,449,643
*	Fidelity Management Trust Company	FID HIGH INCOME	A	6,259,967
*	Fidelity Management Trust Company	FID INDEPENDENCE K	A	3,549,043
*	Fidelity Management Trust Company	FID INFLAT PROT BOND	A	3,302,357
*	Fidelity Management Trust Company	FID INTERMED BOND	A	4,831,900
*	Fidelity Management Trust Company	FID INTL CAP APPREC	A	761,937
*	Fidelity Management Trust Company	FID INTL DISCOVERY K	A	4,408,500
*	Fidelity Management Trust Company	FID INTL ENH INDEX	A	28,680
*	Fidelity Management Trust Company	FID INTL GROWTH	A	1,610,940
*	Fidelity Management Trust Company	FID INTL REAL ESTATE	A	754,476
*	Fidelity Management Trust Company	FID INTL SM CAP OPP	A	414,017
*	Fidelity Management Trust Company	FID INTL SMALL CAP	A	1,702,612
*	Fidelity Management Trust Company	FID INTL VALUE	A	1,112,405
*	Fidelity Management Trust Company	FID INTM GOVT INCOME	A	1,153,018
*	Fidelity Management Trust Company	FID INVST GR BD	A	4,771,281
*	Fidelity Management Trust Company	FID JAPAN	A	200,916
*	Fidelity Management Trust Company	FID JAPAN SMALL CO	A	189,212
*	Fidelity Management Trust Company	FID LARGE CAP STOCK	A	6,774,396
*	Fidelity Management Trust Company	FID LATIN AMERICA	A	1,396,328
*	Fidelity Management Trust Company	FID LC GRO ENH INDX	A	582,578
*	Fidelity Management Trust Company	FID LC VAL ENH INDX	A	519,376
*	Fidelity Management Trust Company	FID LEVERGD CO STK K	A	8,003,299
*	Fidelity Management Trust Company	FID LOW PRICED STK K	A	40,052,634
*	Fidelity Management Trust Company	FID MAGELLAN K	A	42,944,217
*	Fidelity Management Trust Company	FID MEGA CAP STOCK	A	1,494,669
*	Fidelity Management Trust Company	FID MID CAP ENH INDX	A	200,376
*	Fidelity Management Trust Company	FID MID CAP STOCK K	A	9,968,213
*	Fidelity Management Trust Company	FID MID CAP VALUE	A	3,609,781
*	Fidelity Management Trust Company	FID MORTGAGE SEC	A	577,503
*	Fidelity Management Trust Company	FID NASDAQ COMP INDX	A	896,985

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

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EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Management Trust Company	FID NEW MARKETS INC	A	5,441,878
*	Fidelity Management Trust Company	FID NEW MILLEN	A	16,193,043
*	Fidelity Management Trust Company	FID NORDIC	A	796,248
*	Fidelity Management Trust Company	FID OTC K	A	23,409,593
*	Fidelity Management Trust Company	FID OVERSEAS K	A	5,745,861
*	Fidelity Management Trust Company	FID PACIFIC BASIN	A	1,455,732
*	Fidelity Management Trust Company	FID REAL ESTATE INC	A	1,638,116
*	Fidelity Management Trust Company	FID REAL ESTATE INVS	A	5,135,647
*	Fidelity Management Trust Company	FID SEL AIR TRANSPRT	A	484,845
*	Fidelity Management Trust Company	FID SEL AUTOMOTIVE	A	309,935
*	Fidelity Management Trust Company	FID SEL BANKING	A	3,038,989
*	Fidelity Management Trust Company	FID SEL BIOTECH	A	12,629,719
*	Fidelity Management Trust Company	FID SEL BROKERAGE	A	695,610
*	Fidelity Management Trust Company	FID SEL CHEMICALS	A	3,447,196
*	Fidelity Management Trust Company	FID SEL COMM EQUIP	A	790,528
*	Fidelity Management Trust Company	FID SEL COMPUTERS	A	1,742,800
*	Fidelity Management Trust Company	FID SEL CONS DISCR	A	383,592
*	Fidelity Management Trust Company	FID SEL CONS STAPLES	A	3,824,068
*	Fidelity Management Trust Company	FID SEL CONSTR/HOUSE	A	426,539
*	Fidelity Management Trust Company	FID SEL CONSUMER FIN	A	493,073
*	Fidelity Management Trust Company	FID SEL DEFENSE	A	2,504,662
*	Fidelity Management Trust Company	FID SEL ELECTRONICS	A	3,382,333
*	Fidelity Management Trust Company	FID SEL ENERGY	A	4,285,850
*	Fidelity Management Trust Company	FID SEL ENERGY SVCS	A	1,771,747
*	Fidelity Management Trust Company	FID SEL ENV ALT ENGY	A	323,483
*	Fidelity Management Trust Company	FID SEL FINANCIAL	A	1,030,729
*	Fidelity Management Trust Company	FID SEL GOLD	A	2,106,685
*	Fidelity Management Trust Company	FID SEL HEALTHCARE	A	10,930,113
*	Fidelity Management Trust Company	FID SEL INDUST EQUIP	A	114,182
*	Fidelity Management Trust Company	FID SEL INDUSTRIALS	A	877,424
*	Fidelity Management Trust Company	FID SEL INSURANCE	A	292,412
*	Fidelity Management Trust Company	FID SEL IT SERVICES	A	1,106,945
*	Fidelity Management Trust Company	FID SEL LEISURE	A	2,061,789
*	Fidelity Management Trust Company	FID SEL MATERIALS	A	1,494,201
*	Fidelity Management Trust Company	FID SEL MED EQ & SYS	A	5,239,382
*	Fidelity Management Trust Company	FID SEL MEDICAL DEL	A	2,027,841
*	Fidelity Management Trust Company	FID SEL MULTIMEDIA	A	382,527
*	Fidelity Management Trust Company	FID SEL NATURAL GAS	A	1,249,908

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Management Trust Company	FID SEL NATURAL RES	A	1,944,570
*	Fidelity Management Trust Company	FID SEL PHARMACEUTCL	A	2,346,988
*	Fidelity Management Trust Company	FID SEL RETAILING	A	781,449
*	Fidelity Management Trust Company	FID SEL SOFTWARE	A	3,602,870
*	Fidelity Management Trust Company	FID SEL TECHNOLOGY	A	5,382,766
*	Fidelity Management Trust Company	FID SEL TELECOMM	A	1,423,778
*	Fidelity Management Trust Company	FID SEL TRANSPORT	A	899,796
*	Fidelity Management Trust Company	FID SEL UTILITIES	A	1,060,976
*	Fidelity Management Trust Company	FID SEL WIRELESS	A	628,384
*	Fidelity Management Trust Company	FID SM CAP DISCOVERY	A	6,929,347
*	Fidelity Management Trust Company	FID SM CAP ENH INDX	A	241,583
*	Fidelity Management Trust Company	FID SMALL CAP GROWTH	A	2,158,905
*	Fidelity Management Trust Company	FID SMALL CAP STOCK	A	5,123,961
*	Fidelity Management Trust Company	FID SMALL CAP VALUE	A	4,262,718
*	Fidelity Management Trust Company	FID STK SEL ALL CP K	A	2,468,861
*	Fidelity Management Trust Company	FID STK SEL SM CAP	A	2,771,563
*	Fidelity Management Trust Company	FID STKSEL LGCAP VAL	A	2,505,533
*	Fidelity Management Trust Company	FID STRAT DIV & INC	A	1,920,791
*	Fidelity Management Trust Company	FID STRAT REAL RET	A	2,050,051
*	Fidelity Management Trust Company	FID STRATEGIC INCOME	A	5,733,961
*	Fidelity Management Trust Company	FID TELECOM & UTIL	A	945,285
*	Fidelity Management Trust Company	FID TOTAL BOND	A	2,489,113
*	Fidelity Management Trust Company	FID TOTAL EMERG MKTS	A	5,446
*	Fidelity Management Trust Company	FID TOTAL INTL EQ	A	296,400
*	Fidelity Management Trust Company	FID TREND	A	1,147,736
*	Fidelity Management Trust Company	FID VALUE DISCOV K	A	1,541,670
*	Fidelity Management Trust Company	FID VALUE K	A	12,872,900
*	Fidelity Management Trust Company	FID VALUE STRAT K	A	695,759
*	Fidelity Management Trust Company	FID WORLDWIDE	A	2,003,265
*	Fidelity Management Trust Company	FIDELITY GOVT INCOME	A	7,258,478
*	Fidelity Management Trust Company	FIMM TREASURY ONLY I	A	59,647,621
	Fidelity Management Trust Company	GABELLI ASSET AAA	A	8,282,119
	Fidelity Management Trust Company	HARBOR CAP APPR INST	A	57,871,719
	Fidelity Management Trust Company	HARBOR HIGH YLD BD I	A	8,078,876
	Fidelity Management Trust Company	HTFD INTL SM CO Y	A	1,777,088
	Fidelity Management Trust Company	JANUS GLB RESEARCH T	A	7,000,378
	Fidelity Management Trust Company	JANUS OVERSEAS T	A	12,880,922
	Fidelity Management Trust Company	LOOMIS HIGH INCOME Y	A	10,280,393

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

December 31, 2014

EIN: 34-0714585

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Fidelity Management Trust Company	NUVEEN NWQ S/MCP V I	A	2,399,791	
Fidelity Management Trust Company	PIM TOTAL RT INST	A	65,726,023	
Fidelity Management Trust Company	PRU GOVT INC Z	A	115,223	
Fidelity Management Trust Company	PRU TOT RETURN BD Z	A	697,706	
Fidelity Management Trust Company	PRU/J BLEND Z	A	3,798,709	
Fidelity Management Trust Company	PRU/J EQUITY OPP Z	A	6,157,754	
Fidelity Management Trust Company	PRU/J GROWTH Z	A	3,039,516	
Fidelity Management Trust Company	RS SMALL CAP GRTH A	A	10,382,411	
Fidelity Management Trust Company	SA CORE MULTI MGR	A	366	
Fidelity Management Trust Company	SA GROWTH MULTI MGR	A	6,131	
* Fidelity Management Trust Company	SPTN EM MKTS IDX ADV	A	10,590	
* Fidelity Management Trust Company	SPTN EXT MKT IDX ADV	A	3,006,993	
* Fidelity Management Trust Company	SPTN INTL INDEX INS	A	2,783,822	
* Fidelity Management Trust Company	SPTN LT TR IDX ADV	A	1,516,934	
* Fidelity Management Trust Company	SPTN MID CAP IDX ADV	A	21,365	
* Fidelity Management Trust Company	SPTN REAL ES IDX ADV	A	92,154	
* Fidelity Management Trust Company	SPTN SM CAP IDX ADV	A	42,300	
* Fidelity Management Trust Company	SPTN TOT MKT IDX INS	A	7,960,774	
Fidelity Management Trust Company	STONE HBR HGH YLD IS	A	2,656,135	
Fidelity Management Trust Company	TEMPLETON DEV MKTS A	A	3,176,571	
Fidelity Management Trust Company	TIFI TEMPL FORGN EQU	A	5,712,568	
Fidelity Management Trust Company	TMPL INST FRGN SM CO	A	5,833,009	
Fidelity Management Trust Company	TRP SHORT TERM BOND	A	17,997,096	
Fidelity Management Trust Company	VANG BAL INDEX INST	A	201,983,828	
Fidelity Management Trust Company	VANG EXT MKT IDX INS	A	47,292,753	
Fidelity Management Trust Company	VANG TOT BD MKT INST	A	22,208,539	
Fidelity Management Trust Company	VANG TOT INTL STK IS	A	22,868,907	
Fidelity Management Trust Company	VANGUARD INST INDEX	A	121,755,224	
Fidelity Management Trust Company	WASATCH SM CAP GRTH	A	12,048,630	
Fidelity Management Trust Company	WM BLAIR SMIDCP GR I	A	27,703,837	
Fidelity Management Trust Company	MSIF MID CAP GRTH A	A	9,195,889	
Fidelity Management Trust Company	GABELLI VALUE 25 A	A	4,844,801	
Fidelity Management Trust Company	JPM CORE BOND R6	A	8,447,610	
Fidelity Management Trust Company	JANUS FLEXIBLE BD N	A	15,465,358	
Fidelity Management Trust Company	JH DISCPL VALUE R6	A	22,601,073	
Fidelity Management Trust Company	LOOMIS VALUE N	A	5,794,946	
Fidelity Management Trust Company	VI SM-CAP VAL R6	A	14,775,088	
Fidelity Management Trust Company	NB EMERG MKTS EQ R6	A	4,032,154	

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

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Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par, or maturity value		
Identity of issue, borrower, lessor, or similar party			Cost	Current value
Fidelity Management Trust Company		PRU INTL EQUITY Z	A	1,434,729
VALIC		ARIEL APPRECIATION FUND	A	54,037
VALIC		ARIEL FUND	A	128,682
VALIC		ASSET ALLOCATION FUND	A	33,452
VALIC		BLUE CHIP GROWTH FUND	A	24,169
VALIC		CAPITAL APPRECIATION FUND	A	637
VALIC		CAPITAL CONSERVATION	A	12,506
VALIC		CORE EQUITY FUND	A	33,083
VALIC		DIVIDEND VALUE	A	2,358
VALIC		EMERGING ECONOMIES	A	229
VALIC		FOREIGN VALUE	A	104,110
VALIC		GLOBAL REAL ESTATE FUND	A	1,288
VALIC		GLOBAL SOCIAL AWARENESS FUND	A	45,057
VALIC		GLOBAL STRATEGY	A	104,702
VALIC		GOVERNMENT SECURITIES FUND	A	31,699
VALIC		GROWTH & INCOME FUND	A	820
VALIC		GROWTH FUND	A	58,995
VALIC		HEALTH SCIENCES FUND	A	8,249
VALIC		HIGH YIELD BOND FUND	A	24,860
VALIC		INTERNATIONAL EQUITIES FUND	A	1,394
VALIC		INTERNATIONAL GOVERNMENT BOND	A	112,068
VALIC		INTERNATIONAL GROWTH FUND	A	119,366
VALIC		INTL OPPORTUNITIES	A	19,706
VALIC		LARGE CAP CORE	A	26,895
VALIC		LARGE CAPITAL GROWTH	A	23,358
VALIC		LOAN COLLATERAL FUND	A	96,963
VALIC		LOAN ESCROW FUND	A	4,089
VALIC		MID CAP GROWTH FUND	A	801
VALIC		MID CAP INDEX FUND	A	583,146
VALIC		MID CAP STRATEGIC GROWTH	A	7,395
VALIC		MID CAP VALUE FUND	A	82,712
VALIC		MODERATE GROWTH LIFESTYLE	A	1,846
VALIC		MONEY MARKET I FUND	A	3,423
VALIC		NASDAQ-100 @ INDEX FUND	A	17,831
VALIC		SCIENCE & TECHNOLOGY FUND	A	69,993
VALIC		SMALL CAP FUND	A	123,044
VALIC		SMALL CAP INDEX FUND	A	66,173
VALIC		SMALL CAP SPECIAL VALUE FUND	A	31,913

CLEVELAND CLINIC SAVINGS AND INVESTMENT PLAN

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

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	VALIC	SMALL CAP VALUE FUND	A	12,992
	VALIC	SMALL MID GROWTH FUND	A	13,735
	VALIC	SOCIALLY RESPONSIBLE FUND	A	3,825
	VALIC	STOCK INDEX FUND	A	321,431
	VALIC	STRATEGIC BOND FUND	A	71,540
	VALIC	VANGUARD LONG-TERM TREASURY	A	1,242
	VALIC	VANGUARD LT INV-GRADE FUND	A	2,286
	VALIC	VANGUARD WELLINGTON FUND, INC.	A	66,951
	VALIC	VANGUARD WINDSOR II	A	83,069
				<u>2,713,155,302</u>
		<i>Self-directed Brokerage Accounts</i>		
*	Fidelity Management Trust Company	Fidelity Brokeragelink Accounts	A	<u>159,799,263</u>
		<i>Guaranteed Interest Accounts</i>		
	MetLife	MetLife Fixed - Old	A	29,249,160
	MetLife	MetLife Fixed - New	A	1,504,588
	MetLife	MetLife Fixed - Misc	A	16,293
	Prudential Insurance Company of America	PRU GIA	A	238,550,111
	Prudential Insurance Company of America	PRU GIA 1992	A	37,397,424
	Prudential Insurance Company of America	PRU GIA 93-94	A	5,194,124
	Prudential Insurance Company of America	PRU GIA 1995	A	3,198,145
	Prudential Insurance Company of America	PRU GIA 1996	A	2,902,487
	Prudential Insurance Company of America	PRU GIA 1997	A	4,925,679
	Prudential Insurance Company of America	PRU GIA 1998	A	2,519,732
	Prudential Insurance Company of America	PRU GIA Q1 1999	A	1,037,281
	Prudential Insurance Company of America	PRU GIA Q2 1999	A	607,546
	Prudential Insurance Company of America	PRU GIA Q3 1999	A	568,937
	Prudential Insurance Company of America	PRU GIA Q4 1999	A	724,956
	Prudential Insurance Company of America	PRU GIA Q1 2000	A	498
*	The Lincoln National Life Insurance Company	Guaranteed Interest Account	A	59,819,053
*	VALIC	Fixed Account Plus	A	981,076
*	VALIC	Short Term Fixed Account	A	69,163
				<u>389,266,253</u>

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(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par, or maturity value		
	Identity of issue, borrower, lessor, or similar party		Cost	Current value
		Notes Receivable, with interest rate ranges of 4.25% to 9.5%, maturing through January 2025		
*	Participant Loans		-0-	44,835,020
				<u>\$ 3,307,055,838</u>

* Party-in-interest as defined by ERISA

A Cost information may be omitted for plan assets, which are participant directed.