₩,				EXTENDED	TO NOV	EMBE	R 15	201	9					
	Form	990-T	E	Exempt Organizati						ax Return	ı l	OMB No	1545-0687	•
	, 0,,,,			(and prox					•		•	01	140	_
			For cal	endar year 2018 or other tax year beginning	-			ending				Zl)18	
	Dèoar	tment of the Treasury		► Go to www.irs gov/Fo							[−]	Coso to Pul	alic Incoection Io	~
IRS-OS	lhtern	al Revenue Service		Do not enter SSN numbers on this t						ition is a 501(c)(3).	_		olic Inspection for ganizations Only	_
Check box if Address changed Name of organization (Check box if name changed and see instru								ructions))		(Emp	loyer identilic loyees' trust actions)	cation number , see	
\e_	71		Dalas	MUR OF BURNIAND OF THE EOU	IND A DIT ON							4-07145	0 5	
NOV 1 4 2019	7 1	xempt under section 501(c)(03)	Print or	THE CLEVELAND CLINIC FOUND Number, street, and room or suite n		v can inch	ructions				_		ss activity code	-
4		408(e) 220(e)	Type	6801 BRECKSVILLE ROAD, F		K, 500 IIISII	iuciions.				(See	nstructions)	1	
 χ		408A 530(a)		City or town, state or province, cour		r foreian a	ostal code	:						
-	COL]529(a)		INDEPENDENCE, OH 44131	,,			-			6215	00		
7	(Ce 10)	ok value of all assets and of year		F Group exemption number (See in:	structions.)	▶ 36	41							
	$1/T_{\odot}$	10,332,669,	587.	G Check organization type ▶ x	501(c) corp	oration	50	01(c) trus	st	401(a)	trust		Other trust	\ _
C333			-	tion's unrelated trades or businesses	. •:	13		-		he only (or first) uni				
L_				RATORY SERVICES				•	-	complete Parts I-V.				
				ce at the end of the previous sentence	e, complete Pa	irts I and I	I, complete	e a Sched	lule	M for each addition	al trade	e or		
		siness, then complete F		-V. oration a subsidiary in an affiliated gr				lad araus	<u> </u>		Ye		No	-
_				oration a subsidiary in an anniated gr ifying number of the parent corporati	· · · · · ·	11-50051018	ary control	iea group	,,		**	:S 🔼	INO	
NOV 1 4 2019				OBERT F. WAITKUS	011.			Tele	oho	ne number 🕨 21	L6-44	5-2526		-
7				le or Business Income			(A) Inc		1	(B) Expenses			C) Net	-
4	1 a	Gross receipts or sales	3	39,616,772.					\top					Ī
Ţ	b	Less returns and allow	ances	17,239,132. cBalance	e ►	1c	22,	377,640	٥.					l
. 6	2	Cost of goods sold (So	hedule	A, line 7)		2								Ī
	3	Gross profit. Subtract I	line 2 fr	om line 1c		3	22,	377,64	٥.			2	2,377,640.	<u>.</u>
ENVELOPÉ POSTMARK DATE		Capital gain net income	•	•		4a		-	┵					_
쥬 당 .				art II, line 17) (attach Form 4797)		4b			╀	- RECEI	VEI	D		-
ວ [ૂ]		Capital loss deduction			mast\	4c			Н	F		SC		-
\$₹		Rent income (Schedule		hip or an S corporation (attach stater	nent)	6	-		333	NOV 2 1	201			-
ជួស្ត		Unrelated debt-finance	•	ne (Schedule F)		7			4	INU V Z I	701	, Q		-
ጁ	_			nd rents from a controlled organizatio	n (Schedule F)	8			H					-
		•		n 501(c)(7), (9), or (17) organization		9		i		OGDEN	I, U	1		-
	10	Exploited exempt activi	ity inco	me (Schedule I)		10		•						_
	11	Advertising income (So	chedule	J)		11		•	\perp					_
		Other income (See inst		•		12			\perp					_
		Total. Combine lines				13		377,640				22	2,377,640.	<u>:</u>
	Pal			t Taken Elsewhere (See in itions, deductions must be direct						income)				
	14	. ,		ectors, and trustees (Schedule K)	,					<u> </u>	14	[-
	15	Salaries and wages	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ootors, and trootoos (contocolo it)							15	·	7,367,002.	-
	16	Repairs and maintena	nce								16			-
	17	Bad debts									17			_
_	18.	Interest (attach sched	ule) (se	e instructions)						[18			_
2020	19	Taxes and licenses									19			_
7	20		•	instructions for limitation rules) SI	EE STATEME	ENT 3	SEE S	STATEME	ENT	'1	20		0.	<u>,</u>
9	21	Depreciation (attach F		•				21						
0	22	•	med on	Schedule A and elsewhere on return				22a			22b			-
A	23 24	Depletion Contributions to defer	rad con	nnancation plans						ŀ	23	-		-
7	25	Employee benefit prog		ilipelisation plans						ŀ	25			-
Ω	26	Excess exempt expens	-	hedule I)						ļ	26			-
끶	27	Excess readership cos		•							27		<u> </u>	-
Ź	28	Other deductions (atta					SEE S	STATEME	ENT	2	28		7,424,832.	- -
SCANNED JAN 0 6	29	Total deductions. Add		•						ľ	29	14	1,791,834.	_
SC	30	Unrelated business ta	xable ın	come before net operating loss dedu	ction. Subtract	t line 29 fr	om line 13	3		[30		7,585,806.	<u>.</u>
	31	Deduction for net ope	ratıng lo	oss arising in tax years beginning on	or after Januar	y 1, 2018	(see instri	uctions)		[31			1
	32			come. Subtract line 31 from line 30							32		7,585,806.	_
	82370	i 01-09-19 LHA For	Paper	work Reduction Act Notice, see instr	uctions							Form 9	90-T (2018)	1)

1 0/11/1 030	- (2010) THE CBEVERAND CHIMIC POUNDATION			31 0/1130				
Part	III Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instru	ctions)		33		,199	,187
34	Amounts paid for disallowed fringes				34	4	,973	413
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri	uctions)	ST	IT 6	35	14	1,172	600
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of						
	lines 33 and 34				36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				37		1	,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,						
	enter the smaller of zero or line 36				38			0
Part	V Tax Computation							
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			•	39			0
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line :	38 from:					
	Tax rate schedule or Schedule D (Form 1041)			•	40			
41	Proxy tax. See instructions				41			
42	Alternative minimum tax (trusts only)			•	42			
43	Tax on Noncompliant Facility Income. See instructions				43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	_		0
Part								
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			П	-	-	
	Other credits (see instructions)	45b		-	1			
	General business credit. Attach Form 3800	45c			1			
_	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			1			
	Total credits. Add lines 45a through 45d	430			45e			
	•				46			0
46	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	cc [7 044	(attach schedule)	47			
47		00 [) Other	(attach schedule)				0
48	Total tax. Add lines 46 and 47 (see instructions)				48	-		-
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	الحما			49			
	Payments: A 2017 overpayment credited to 2018	50a						
	2018 estimated tax payments	50b						
	Tax deposited with Form 8868	50c			1 1			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d						
e	Backup withholding (see instructions)	50e	<i></i>					
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			ļ			
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136 X Other 32,504. Total	50g		32,504.				
51	Total payments. Add lines 50a through 50g SEE STATEM	ENT 5			51		32	504
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗔			i	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			>	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			>	54		32	504
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Re	funded 🕨	55		32	504
Part '	I Statements Regarding Certain Activities and Other Information	on (se	e instru	ctions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authori	ty			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may ha	eve to file	e				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-						
	here SEE STATEMENT 4	Ū	•				x	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tro	ansfero	to a fo	reign trust?				х
٠,	If "Yes," see instructions for other forms the organization may have to file.		10, 4 10	g.,				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$							
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatement	s. and to	the best of my know	vledge and	d belief, it is	true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has ar	y knowle	dge				
Here	IN THE WILLIAM NOW IT	<i>L</i>	c 11	A -	•	discuss thi		with
	Signature of officer Date	N T	(011	 -	e preparer structions)	shown belo	es E	No
							<u> </u>	
	Print/Type preparer's name Preparer's signature Dai	æ		Check if	PTIN	I		
Paid	I_{-1}	1.1	اہہ	self- employed				
Prepa	arer TERENCE M. KENNEDY lu / Meny 11	18/3	019	I =		0089502		
Use (Only Firm's name ► ERNST & YOUNG, LLP			Firm's EIN ▶	34-	-656559	6	
	950 MAIN AVENUE, SUITE 1800							
	Firm's address ► CLEVELAND OH 44113			Phone no. 21	16-861	-5000		

823711 01-09-19

Schedule A - Cost of Good	Is Sold . Enter	method of inven	tory valuati	on N/A		· · · · · · · · · · · · · · · · · · ·	
1 Inventory at beginning of year	1	0,	1	ntory at end of yea	r		6 0.
2 Purchases	2		7 Cost	of goods sold Su	ıbtract l	ine 6	والر كلي
3 Cost of labor	3		from	line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2	2			7
(attach schedule)	4a		8 Dott	ne rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		prop	erty produced or a	cquirec	for resale) apply to	30.2
5 Total. Add lines 1 through 4b	5			rganization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Person	al Property	Leas	ed With Real Pro	perty)
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued				3(a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	e than	` of rent for p	ersonal proper	operty (if the percenta ty exceeds 50% or if profit or income)	age	columns 2(a) an	d 2(b) (attach schedule)
(1)							.
(2)						_	
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated De	bt-Financed	Income (see	instruction	s)			
	• ••		2. Gros	ss income from		3 Deductions directly conto debt-finance	
1 Description of debt-fi	inanced property			cable to debt- ced property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)		•					
(3)		·		·			
(4)							
Amount of average acquisition debt on or allocable to debt-linanced property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)		ımn 4 divided column 5		7. Gross income reportable (column 2 x column 6)	8. Altocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)			Ì	%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0	
Total dividends-received deductions in	ncluded in column	18		- 1			0.

Schedule F - Interest,		.,,		Controlled O				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>, </u>
Name of controlled organiza	tion	2. Employer identification number		elated income instructions)		al of specified nents made 5. Part of column 4 included in the cont organization's gross		ed in the contr	olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)				·						
Nonexempt Controlled Organi	zations				-					
7. Taxable income	8. Net unrelate (see inst	d income (loss) ructions)	9. Total	of specified payi made	nents	10 Part of colur in the controlli gross				ductions directly connected income in column 10
(1)			1							
(2)										
(3)		-								
(4)										
X-7	1					Add colum Enter here and line 8 c		1, Part I, i)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (8)
Totals				-> /->	<u>▶</u>			0.		0
Schedule G - Investme (see insti		of a Section	on 501(c)(7), (9), or 	(17) Or	ganization) 			
1. Desc	ription of income			2 Amount of	income	 Deduction directly conne (attach sched) 	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)	,									
(3)							` `			
(4)					Ī					
Totals			•	Enter here and Part I, line 9, co	on page 1, lumn (A)					Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited	-	tivity Incor	ne, Other	r Than Ad	vertisii	ng Income	•			
1 Description of exploited activity	2. Gross unrelated busine income from trade or busine	ess directly with p	expenses or connected production inrelated ess income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expe attributa colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		-					$\overline{}$	_		
(2)		1			Ì					
(3)										
(4)		<u> </u>								
	Enter here and opage 1, Part I line 10, col (A	page	nere and on 1, Part I, 0, col (B)		L					Enter here and on page 1, Part II, line 26
Totals • Advertisi	na Irea	0.	0.	<u> </u>						0
Schedule J - Advertisi					Desi-					
Part I Income From	Periodicais	неропеа	on a Con	solidated	Basis					
1. Name of periodical	adver	iross tising ome ad	3 Direct evertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	il 2 minus in, compute	5 Circulati	ion	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				_						
(3)				╛			I			
(4)					. ′					
							T			
Totals (carry to Part II, line (5))	•	0.).		<u> </u>				
		•								Form 990-T (201)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0,				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTION 2018	N/A	3,402,267.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	3,402,267.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
INSURANCE MISCELLANEOUS		1,181. 42,115.
RENTAL/LEASE SUPPLIES		412,079. 4,259,488.
OTHER PURCHASED SERVICES	•	2,709,969.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	7,424,832.

FORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	3
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100%	LIMIT		
FOR TAX FOR TAX FOR TAX	YEAR 2014 6,09 YEAR 2015 2,13 YEAR 2016 2,20	UTIONS 70,023 93,448 12,230 56,722 59,235		
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	15,701,658 3,402,267		
	RIBUTIONS AVAILABLE	19,103,925		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CSS CONTRIBUTIONS	19,103,925 0 19,103,925		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CONT	RIBUTION DEDUCTION			0

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH	STATEMENT	4
	ORGANIZATION HAS FINANCIAL INTEREST		

NAME OF COUNTRY

CANADA
UNITED KINGDOM
LUXEMBOURG
CAYMAN ISLANDS
SAUDI ARABIA
DENMARK
ISRAEL
KOREA (SOUTH)
NORWAY
PORTUGAL
SWEDEN

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 5
DESCRIPTION		AMOUNT
FORM 8827, LINE 8C		32,504.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	32,504.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/99	87,061.	87,061.	0.	0.
12/31/00	277,763.	277,763.	0.	0.
12/31/01	255,856.	255,856.	0.	0.
12/31/02	382,385.	382,385.	0.	0.
12/31/03	2,173,401.	2,173,401.	0.	0.
12/31/04	4,223,397.	1,804,855.	2,418,542.	2,418,542.
12/31/05	1,883,844.	0.	1,883,844.	1,883,844.
12/31/06	543,173.	0.	543,173.	543,173.
12/31/09	1,956,124.	0.	1,956,124.	1,956,124.
12/31/10	7,020,708.	446,925.	6,573,783.	6,573,783.
12/31/11	11,623,254.	0.	11,623,254.	11,623,254.
12/31/12	1,893,719.	0.	1,893,719.	1,893,719.
12/31/13	6,528,685.	0.	6,528,685.	6,528,685.
12/31/14	8,706,524.	0.	8,706,524.	8,706,524.
12/31/15	3,011,941.	0.	3,011,941.	3,011,941.

THE CLEVELAND	CLINIC FOUNDATION			34-0714585
12/31/16	4,422,311.	0.	4,422,311.	4,422,311.
12/31/17	655,322.	0.	655,322.	655,322.
NOL CARRYOVER AV	AILABLE THIS YEAR		50,217,222.	50,217,222.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending

| 20

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No 1545-0687

1

ENTITY

Name of the organization THE CLEVELAND		Employer identification 34-0714585	on number	
Unrelated business activity code (see in Describe the unrelated trade or busines				
Part I Unrelated Trade or Busin	ness Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales b Less returns and allowances	434,072. c Balance ▶ 1c	434,072.		
 2 Cost of goods sold (Schedule A, line 7 3 Gross profit Subtract line 2 from line 4a Capital gain net income (attach Schedule A) 	1c 3	434,072.		434,072.
b Net gain (loss) (Form 4797, Part II, line c Capital loss deduction for trusts	· · · · · · · · · · · · · · · · · · ·			-
5 Income (loss) from a partnership or an statement)	S corporation (attach			
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Sche	6 6 7	-		<u>.</u>
8 Interest, annuities, royalties, and rents organization (Schedule F)	s from a controlled			·
9 Investment income of a section 501(c organization (Schedule G))(7), (9), or (17)	,		
10 Exploited exempt activity income (Sch11 Advertising income (Schedule J)	nedule I) 10 11			
Other income (See instructions, attackTotal. Combine lines 3 through 12	n schedule) 12 13	434,072.		434,072.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	0.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 7	28	157,581.
29	Total deductions. Add lines 14 through 28	29	157,581.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	276,491.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	276,491.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

11501028 352590 CCF-OTHER

17.4	-	*	Ŧ	

Form 990-T (2018)							F	age 3
THE CLEVELAND					34-071458	5		
Schedule A - Cost of Good	Is Sold. Enter	method of inver	itory valuation N/A					
 Inventory at beginning of year 	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. Se	ubtract l	ine 6			
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7	L	
(attach schedule)	4a		8 Do the rules of section	•	•		Yes	No
b Other costs (attach schedule)	46		property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					Х
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Lease	ed With Real Pro	pert	y)	
(see instructions)								
1. Description of property								
(1)								
(2)			•					
(3)								
(4)								
	2. Rent receiv	ed or accrued			2/a)Dadisahan duanth		atad with the income i	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	conne d 2(b)	cted with the income ii attach schedule)	n
(1)								
(2)								
(3)			·		i i			
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.			
here and on page 1, Part I, line 6, columi	n (A)	>		0.	Enter here and on page 1, Part I, line 6 column (B)	ightharpoonup		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)					
-			2. Gross income from		 Deductions directly conto debt-finance 			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	s
						\perp		
_(1)				ļ		—		
(2)				<u> </u>		-		
(3)				ļ		—		
(4)				<u> </u>		+	r	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	'	8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)	<u> </u>		%		······			
(2)	1		%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (l	
Totals			•		0			Ο.
Total dividends-received deductions in	ncluded in column	18	•					0.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
SUPPLIES UTILITIES		28. 366.
COURIER/FREIGHT INSURANCE		7. 156.960.
OTHER PURCHASED SERVICES		220.
TOTAL TO SCHEDULE M, PART II, I	INE 28	157,581.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and

| 2018

Employer identification number

Department of the Treasury Internal Revenue Service (99) Name of the organization

organization (Schedule F)

organization (Schedule G)

Investment income of a section 501(c)(7), (9), or (17)

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No 1545-0687

2

254,064.

ENTITY

34-0714585 THE CLEVELAND CLINIC FOUNDATION Unrelated business activity code (see instructions) RETAIL Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 696,820. 1a Gross receipts or sales 696,820. **b** Less returns and allowances c Balance ▶ 10 442,756. 2 Cost of goods sold (Schedule A, line 7) 2 254,064. 254,064 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled

8

Exploited exempt activity income (Schedule I)

10

11 Advertising income (Schedule J)

12 Other income (See instructions, attach schedule)

13 Total. Combine lines 3 through 12

13 254,064.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	167,566.
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	0.
21	Depreciation (attach Form 4562)	21	10,321.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	10,321.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	49,258.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	STA	TEMENT 8	28	212,399.
29	Total deductions. Add lines 14 through 28		29	439,544.	
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	e 29 f	rom line 13	30	<185,480.
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	(see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	<185,480.

LHA For Paperwork Reduction Act Notice, see instructions.

orm 990-T (2018)				Page
THE CLEVELAND CLIN	IC FOUNDATION	34-07145	85	
Schedule A - Cost of Goods Sol	d. Enter method of invento	ory valuation N/A		
1 Inventory at beginning of year	1	6 Inventory at end of year	6	
2 Purchases	2	7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3	from line 5. Enter here and in Part I,		
4 a Additional section 263A costs		line 2	7	442,756.
(attach schedule)	4a 📑	8 Do the rules of section 263A (with respect to		Yes No
b Other costs (attach schedule) **	4b 442,756.	property produced or acquired for resale) apply to		
5 Total Add lines 1 through 4b	5 442,756.	the organization?		X
Schedule C - Rent Income (Fron	n Real Property and	Personal Property Leased With Real Pr	roperty)	

4 a Additional section 263A costs			line 2			7	442	,756.
(attach schedule)	4a ·		8 Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule) *1	* 4b	442,756.	property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5	442,756.	the organization?	·	,			X
Schedule C - Rent Income				Lease	ed With Real Pro	perty)		
(see instructions)	(* * * * * * * * * * * * * * * * * * *					,		
			···					
1 Description of property								
(1)								
(2)								
(3)		- · · ·						
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per	rcentage of	(b) From real an	nd personal property (if the percenta	age	3(a)Deductions directly columns 2(a) ar	y connected wit nd 2(b) (attach s	n the income i schedule)	ın
rent for personal property is more 10% but not more than 50%		of rent for pe	ersonal property exceeds 50% or if is based on profit or income)					
(1)								
(2)								
(3)								
(4)								
Total	0.	Total	<u></u>	0.				
(c) Total income. Add totals of columns		iter			(b) Total deductions. Enter here and on page 1.			
here and on page 1, Part I, line 6, column		>		0.	Part I, line 6, column (B)			0.
Schedule E - Unrelated Det	ot-Financed	Income (see 1	nstructions)					
			2. Gross income from		3 Deductions directly con to debt-finance		allocable	
1 0			or allocable to debt-	(a)	Straight line depreciation		ther deduction	
1. Description of debt-fir	nanced property		financed property	` '	(attach schedule)	` (átta	ach schedule)	
						<u> </u>		
(1)				L				
(2)								_
(3)				ļ				
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed	5 Average	adjusted basis	6 Column 4 divided by column 5		7. Gross income reportable (column		ocable deducti 6 x total of col	
property (attach schedule)	debt-fina	nced property h schedule)	dy column 3		2 x column 6)		3(a) and 3(b))	
	(0.1.20							
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1,		re and on page ne 7, column (
					art I, line 7, column (A)		ile z , column (
Totals			▶]). 		0.
Total dividanda received deductions in	cluded in column	1 R			_	- I		0

THE CLEVELAND CLINIC FOUNDATION

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
RENTAL/LEASE		47,344.
MISCELLANEOUS		14,320.
OTHER PURCHASED SERVICES		35,003.
ADMINISTRATIVE EXPENSES		80,998.
PROFESSIONAL SERVICES		34,734.
TOTAL TO SCHEDULE M, PART II, I	JINE 28	212,399.

FORM 990-T (M)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 19
DESCRIPTION		AMOUNT
SUPPLIES		442,756.
TOTAL TO FORM 990-T	C, SCHEDULE A, LINE 4B	442,756.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2018

Attachment Sequence No 179

Department of the Treasury ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Identifying number Name(s) shown on return Business or activity to which this form relates The Cleveland Clinic Foundation Retail 34-0714585 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 10,321 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ □ Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27 5 yrs ММ S/L h Residential rental 275 yrs ММ S/L property i Nonresidential real 39 yrs ММ S/L ММ S/L property Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year 30 yrs ММ S/L c 30-year 40 yrs ММ S/L d 40-year Part IV Summary (See instructions.) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 10,321.00 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23

Form	4562 (2018)							-								Page 2
Pa		d Proper ainment, i		lude aut			ertain	other	vehicl	es, ce	rtain a	aircraft	, and	prope	erty us	ed for
	Note:	For any ve	hicle for v	which you	are usii	ng the						lease	expens	se, com	plete or	n iy 24a,
		olumns (a)										.			abiles 1	
242	Section A Do you have e	Mepreci														□ No
270	(a)	(b)	(c)				(e)		<u> </u>	1	(g)	1110 041	(h)		(1)	
	e of property (list rehicles first)	Date placed in service	percentage	se Cost or d		(busir	for depre ness/inve use only	stment)	Recover	Cor	ethod/ evention		oreciatio eduction		lected sec cost	
	Special dep the tax year	and used	more thar	50% in a	qualifie	d busii	ness us				25			_		
26	Property use	ed more tha			d busine	ess use	;		_							
				/6 /6		+								_		
				6		i				-						_
27	Property use	ed 50% or	ess in a q	ualified bu	usiness	use					·					
	*** **********			<u>6</u>		_				S/L -						
	***************************************			<u>6</u>						9/L - 9/L -		-				
28	Add amount	s in column		25 throug	nh 27 Fi	l nter he	re and	on line	21 nac		28					
	Add amount			-					21, pag	, .				29		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sec	ction B-	-Infor	mation	on Us								
	plete this sect ur employees,															vehicles
30	Total busines			•	(a Vehid			b) icle 2		(c) icle 3		(d) licle 4	Vel	(e) hicle 5		f) icle 6
31	Total commut	ing miles dr	ven during	the year												
32	Total other miles driven	•	(noncor	mmuting)												-
33	Total miles lines 30 thro		ing the y	ear Add												
34	Was the veh			sonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during o Was the veh than 5% own	iicle used p	rimarily b													
36	Is another veh		•							<u> </u>				+	+	
	TO GITOLITICI VOI			stions for	Employ	yers W	ho Pro	vide V	ehicles	for Us	e by Ti	neir Em	ployee	es	1	
	ver these que than 5% ow	stions to d	etermine	f you mee	et an exc	eption									who ar	en't
37	Do you mair your employ		ten policy	statemer	nt that p	rohibit	s all pe	rsonal	use of	vehicle	s, inclu	ding co	mmuti	ng, by	Yes	No
38	Do you main employees?													y your		
39	Do you treat	all use of v	vehicles b	y employe	es as p	ersona	l use?									
40	Do you provuse of the ve	ehicles, and	d retain the	e informat	ion rece	ived?					-			out the		
41	Do you meet			_	-											ļ
Dec	Note: If you		37, 38, 3	9, 40, or 4	11 is "Ye	s," do	n't com	plete S	Section	B for th	e cove	red veh	cles			
Par	t VI Amor	tization		/E3		<u> </u>						(e)				
		a) on of costs		(b) Date amortiz begins	ation	Amor	(c) rtizable ai	mount	c	(d) ode secti	on	Amortiza penod percent	ation or	Amortiz	(f) ation for th	nis year
42	Amortization	of costs th	nat begins	during yo	ur 2018	tax ye	ar (see	instruc	tions)							
				L _f_	0015	1						******	140			
43	Amortization	of costs th	_	-		-		to roo	ort				43			

Form 4562 (2018)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending

2018

OMB No 1545-0687

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service (99)

Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

THE CLEVELAND CLINIC FOUNDATION 34-0714585 Unrelated business activity code (see instructions) Describe the unrelated trade or business HOTEL Part I Unrelated Trade or Business Income (C) Net (B) Expenses (A) Income 16,964,734. 1a Gross receipts or sales 16,964,734 **b** Less returns and allowances c Balance 2,393,152. 2 Cost of goods sold (Schedule A, line 7) 2 3 14,571,582. 14,571,582. Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 STMT 9 2,347,663. 2,347,663. Other income (See instructions, attach schedule) 12 12 13 16,919,245. 16,919,245. Total. Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	8,322,803.
16	Repairs and maintenance	16	2,062,191.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	1,075,688.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 3,364,684.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	3,364,684.
23	Depletion	23	•
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 10	28	3,200,001.
29	Total deductions. Add lines 14 through 28	29	18,025,367.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<1,106,122.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	<1,106,122.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)							Page 3		
THE CLEVELAND						34-0714585	<u> </u>		
Schedule A - Cost of Good	Is Sold. Enter	method of invent	ory v	valuation N/A					
 Inventory at beginning of year 	1		6	Inventory at end of year	ır	_	6		
2 Purchases	2		7	Cost of goods sold. Si	ubtract I	ine 6			
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2		L	7 2,393,152.		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to	Yes No		
b Other costs (attach schedule)	* 4b	2,393,152.		property produced or a	acquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5	2,393,152.		the organization?			Х		
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pe	rsonal Property	Leas	ed With Real Prop	oerty) 		
1. Description of property									
(1)							. 		
(2)				·					
(3)				·					
(4)		-		-					
	2 Rent receiv	red or accrued							
rent for personal property is more than of rent for p			ersonal	sonal property (if the percent I property exceeds 50% or if sed on profit or income)	exceeds 50% or if				
(1)				•					
(2)	,			-					
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		iter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, cotumn (B)	0.		
Schedule E - Unrelated De		I Income (see)	netn	ictions)		rart, me o, column (b)	<u> </u>		
- Onielated De	Dt-1 mancec	income (see	listro	ictions)	Γ	3. Deductions directly conn	nected with or allocable		
			2	2. Gross income from		to debt-finance			
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)	.,								
(2)			<u> </u>						
(3)									
(4)	<u>,</u>				ļ		ļ		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	•	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)			<u> </u>	%					
(4)				%					
					ء ا	nter here and on page 1.	Enter here and on page 1.		

0.

SEE STATEMENT 20

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER	INCOME	STATEMENT 9
DESCRIPTION			AMOUNT
OTHER INCOME			2,347,663.
TOTAL TO SCHEDULE M, PART	I, LINE 12		2,347,663.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 10
DESCRIPTION			AMOUNT
UTILITIES PRINTING RENTAL/LEASE INSURANCE DUES/REGISTRATION PROFESSIONAL SERVICES OTHER PURCHASED SERVICES			843,513. 86. 51,442. 46,903. 991,871. 1,265,848. 338.
TOTAL TO SCHEDULE M, PART	II, LINE 28		3,200,001.

FORM 990-T (M)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 20
DESCRIPTION		AMOUNT
PURCHASED SERVICES		2,393,152.
TOTAL TO FORM 990-T	, SCHEDULE A, LINE 4B	2,393,152.

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2018 Attachment

OMB No 1545-0172

Attachment Sequence No 179

	Revenue Service (99)	₽ 30 10	WWW.irs.gov/F0111490				Jillation.	Idon		number
	(s) shown on return Cleveland Cli	nic Founds		ss or activity to w	nich this lonn re	iales		Identifying number 34-0714585		
			rtain Property Unc		179			134	071	1505
ı a			ed property, comple			omplete	e Part I.			
1	Maximum amount (<u> </u>			1		
2	Total cost of section	n 179 property	placed in service (see	e instructions)			2		
3	Threshold cost of s	ection 179 prop	perty before reduction	n in limitation	(see instruct	ions)		3	<u> </u>	
4			ne 3 from line 2 If zer					4	<u> </u>	
5		-	otract line 4 from lin	e 1 If zero	or less, ente	er -0-	If married filing			
	separately, see inst				1			5_	ļ	
6	(a) De	scription of proper	ty	(b) Cost (busi	ness use only)		(c) Elected cost		4	
									-	
			f b 20						-	
	Listed property Ent			o io ookimo (7	d 7		8	 	
_			roperty Add amount aller of line 5 or line 8		c), lines o and	u /		9	 	
9 10			from line 13 of your 2		562			10	╁	
11	-		smaller of business inc			ine 5. Se	e instructions	11	 	
			dd lines 9 and 10, bu	•			cc matructions	12		
	•		to 2019 Add lines 9		_	13				
		•	for listed property In			1			·	
			wance and Other D			ıde liste	ed property. See	ınstr	uctio	ns.)
			or qualified property							
	during the tax year			(0.0000				14		504,296
15	Property subject to	section 168(f)(1	I) election					15		
16	Other depreciation	(including ACR	S)					16		
Par	t III MACRS De	oreciation (D	on't include listed p	property. Se	e instructio	ns)				•
				Section A				,		
			ced in service in tax y					17		2,857,362
18	•	•	ssets placed in servi	ce during the	e tax year int	o one c	or more general			
	asset accounts, che			2010 7	11-1 41-	- 0	▶ <u></u>			
	Section B		ed in Service During	2018 Tax 1	ear Using th	e Gene	rai Depreciation	Joysi	em	
(a) (Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery penod	(e) Convention	n	(f) Method	(g) [Depreci	ation deduction
19a			***************************************		-			.	•••••	
	5-year property									****
<u>C</u>		-		1						
	10-year property			-				<u> </u>		
	15-year property							 		
	20-year property			25 yrs			S/L	 		
	25-year property Residential rental			275 yrs	ММ		5/L			
"				275 yrs	MM					
	property Nonresidential real		139,472	39 yrs	MM		9/L			3,026
	property		139,472	00 yi 5	MM		5/L			3,020
		-Assets Place	d in Service During	2018 Tax Ye		Alterna		n Sv	stem	
20a	Class life	- Assets Flace	a in oci vice Daining i		ar comg the	7 (1011)	5/L) ,	<u> </u>	
	12-year	-		12 yrs			S/L			
	30-year		***************************************	30 yrs	ММ		5/L			
	40-year			40 yrs	ММ		S/L			
	t IV Summary (See instructio	ns.)							
	Listed property Ent							21		
	Total. Add amount	s from line 12,	lines 14 through 17,			n (g), an				
									1	
			of your return. Partner ed in service during to				structions	22	3,3	64,684.00

	4562 (2018)	nclude aut	omobil	00 00	ortoin	othor	vobio	los	corts	in 1	urcraft	and	Drone		Page 2
Pal	rt V Listed Property (l entertainment, recrea				Bilain	otner	veriic	165,	Certa	1111 C	ancran	, and	prope	rty us	eu ioi
	Note: For any vehicle for 24b, columns (a) throug										lease (expens	se, com	plete or	ı ly 24a
	Section A—Depreciation	and Other In	format	ion (Ca	ution: S	See the	ınstru								
24a	Do you have evidence to support the	ne business/inv	estment	use clair] Yes [No	24t	o If "Y	'es," ι	s the ev	dence	written?	☐ Yes	☐ No
	(a) (b) Busing e of property (list vehicles first) In service percent	ntuse Cost or c	d) other basi		(e) for depre ness/inve: use only	stment	(f) Recove penod		(g) Metho Conver	od/		(h) preciation eduction	n El	(i) ected sec cost	
25	Special depreciation allowand the tax year and used more to									25					
26	Property used more than 50%	ın a qualifie	d busin	ess use	9										
		%													
		%													
		%		J										,	
_27	Property used 50% or less in		usiness	use							I		<u> </u>		
		%							/L - /L -		ļ				
		<u>%</u>						-	/L -						
28	Add amounts in column (h), lir		h 27 E	nter he	re and	on line	21 na		76	28	 				
	Add amounts in column (i), lin	_					Σ1, μα	ge i	l	20	J	- 1	29		
	rad amounts in column (i); in				mation		e of V	ehicle	es						
Com	plete this section for vehicles use									orı	elated p	erson	If you p	rovided	vehicles
to yo	ur employees, first answer the qu	iestions in Sec	ction C t	o see if	you me	et an ex	xceptio	n to c	comple	eting	this sect	tion for	those v	ehicles	
				a)		b)		(c)			d)		(e)		ŋ
30	Total business/investment miles the year (don't include commutin	_	Vehi	cle 1	Vehi	icle 2	Ve	hicle 3		Veh	icle 4	Vet	nicle 5	Vehi	cle 6
31	Total commuting miles driven du	ing the year													
32	Total other personal (non miles driven	commuting)													
33	Total miles driven during the lines 30 through 32	e year Add													
34	Was the vehicle available for p	ersonal	Yes	No	Yes	No	Yes	N	lo `	Yes	No	Yes	No	Yes	No
35	use during off-duty hours? Was the vehicle used primarily								+						
	than 5% owner or related pers				1		<u> </u>	—					-	ļ	
36	Is another vehicle available for pe		<u> </u>		<u> </u>		ا ا				L	<u> </u>	<u> </u>		1
	Section C—Q ver these questions to determine than 5% owners or related pe	ne if you mee	t an ex	ception										who ar	en't
	Do you maintain a written po				s all pe	rsonal	use of	vehi	cles,	ınclu	ding co	mmuti	ng, by	Yes	No
38	your employees? Do you maintain a written po	licy statemer	nt that r	orohibit	s perso	nal use	e of ve	hicle	s, exc	ept (commu	ting, b	y your		
	employees? See the instruction	ons for vehic	les use	d by co	rporate										
39	Do you treat all use of vehicles	-						_						<u> </u>	
40	Do you provide more than five				ees, ob	taın ınf	ormati	on fr	om yo	our e	mploye	es abo	out the		
44	use of the vehicles, and retain Do you meet the requirements				nabila -	domo-	atratia -		2 500	inct-	uchon				
41	Note: If your answer to 37, 38	_	•												L
Par	t VI Amortization	, Ja, 40, Ul 4	TI 13 1	, u∪	ii t COIII	Piere 3	,500011	טוט		-U V C(Cu VEIII	0100			-
	, and the date of	/6)									(e)				
	(a) Description of costs	(b) Date amortiza begins	ation	Amo	(c) rtizable ar	mount			d) section		Amortiza penod percent	or	Amortiza	(f) ation for th	ııs year
42	Amortization of costs that beg	ins during yo	ur 2018	3 tax ye	ear (see	ınstruc	tions)								
	Amortization of costs that beg	-		-								43			
44	Total. Add amounts in colum	n (f) See the	ınstruc	tions fo	or where	to rep	ort					44			

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending

Employer identification number

Department of the Treasury Internal Revenue Service (99) Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 50 I(c)(3) Organizations Only

OMB No 1545-0687

ENTITY

	THE CLEVELAND CLINIC FOUNDATION	34-0714585	34-0714585		
	Inrelated business activity code (see instructions) > 541800			•	
	Describe the unrelated trade or business ADVERTISING		<u></u>		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 500,000.				
b	Less returns and allowances c Balance ▶	1c	500,000.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	500,000.		500,000.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	500,000.		500,000.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	·
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	<u>`</u>	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	-
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 11	28	138,185.
29	Total deductions. Add lines 14 through 28	29	138,185.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	361,815.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	361,815.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)							Page :		
THE CLEVELAND					34-0714585				
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	raluation N/A	_				
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6		
2 Purchases	2		7	Cost of goods sold. S	ubtract l	ine 6			
3 Cost of labor	3		7	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes No		
b Other costs (attach schedule)	4b		7	property produced or a	acquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5	_	1	the organization?			X		
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Lease	ed With Real Prop	perty)		
(see instructions)		• -							
1									
Description of property									
(1)	<u> </u>					•			
(2)									
(3)									
(4)									
-	2 Rent receiv	ed or accrued		-		0/0) 0. 4 . 4 . 4 . 4 . 4 . 4 . 4			
(a) From personal property (if the per rent for personal property is more	centage of	(b) From real	and pers	sonal property (if the percent property exceeds 50% or if	ntage columns 2(a) and 2(b) (attach schedule)				
10% but not more than 50%)			ed on profit or income)					
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column	(A)	•			0.	Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Det	ot-Financed	I Income (see	instru	ictions)					
			Τ,	·		Deductions directly conn to debt-finance			
_			1 1	Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions		
Description of debt-fir	nanced property			financed property	`-'	(attach schedule)	(attach schedule)		
(1)									
(2)			.]						
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property	-	Column 4 divided by column 5		7. Gross income reportable (column	8. Allocable deductions (column 6 x total of columns		
property (access desired		schedule)			ļ	2 x column 6)	3(a) and 3(b))		
(1)	·		T	%					
(2)	·- ·- · · · · · · · · · · · · · · · · ·		1	%					
(3)			1	%					
(4)			1	%		****			
					E	nter here and on page 1,	Enter here and on page 1,		
							1		

٥.

Totals

Total dividends-received deductions included in column 8

THE CLEVELAND CLINIC FOUNDATION

FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 11
DESCRIPTION	AMOUNT
OTHER PURCHASED SERVICES	138,185.
TOTAL TO SCHEDULE M, PART II, LINE 28	138,185.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning

OMB No 1545-0687

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service (99) Name of the organization

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection for 501(c)(3) Organizations Only

	THE CLEVELAND CLINIC FOUNDATION	34-0714585				
	Inrelated business activity code (see instructions) 621400			•		
	Describe the unrelated trade or business AMWELL					
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sales Less returns and allowances c Balance	1c	424,291.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	424,291.			424,291
_	Capital gain net income (attach Schedule D)	4a				
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			$\overline{}$	~-
	Capital loss deduction for trusts	4c		·		
5	Income (loss) from a partnership or an S corporation (attach	<u> </u>		·,-		· · · · · · · · ·
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	424,291.			424,291
14	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	unrel	ated business income	;)	14	or contributions,
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)			ļ į	18	
19	Taxes and licenses			F	19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21		\neg	
22	Less depreciation claimed on Schedule A and elsewhere on return	1	22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs			[-	25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		SEE STATEMENT	12	28	474.077

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

474,077.

<49,786.>

<49,786.>

28

30

instructions)

28

29

30

31

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

FORM 990-1 (2016)				•	aye
THE CLEVELAND	34-07145	34-0714585			
Schedule A - Cost of Goods	s Sold. Enter method of ir	ventory valuation N/A			
1 Inventory at beginning of year	1	6 Inventory at end of year	6		
2 Purchases	2	7 Cost of goods sold. Subtract line 6			
3 Cost of labor	3	from line 5. Enter here and in Part I,			
4 a Additional section 263A costs		line 2	7		
(attach schedule)	4a	8 Do the rules of section 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b	property produced or acquired for resale) apply to			
5 Total Add lines 1 through 4b	5	the organization?			х
Out of the Out to a second	(E Deal December	and Damanal Dramarky Lagrand With Deal De			

Ta Additional Scotton 200A 60313	í i		1		_		
(attach schedule)	4a		8 Do the rules of section	Yes No			
b Other costs (attach schedule)	45	_	property produced or	acquired	d for resale) apply to		
5 Total Add lines 1 through 4b	5	•	the organization?			Х	
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Personal Property	Leas	ed With Real Prop	erty)	
Description of property							
(1)							
(2)	-		·· ·				
(3)		·			· ·		
(4)			····				
	2. Rent receiv	ed or accrued					
rent for personal property is more than of rent for p			and personal property (if the percen personal property exceeds 50% or in this based on profit or income)	itage if	3(a) Deductions directly of columns 2(a) and	connected with the income in 2(b) (attach schedule)	
(1)					·	****	
(2)		*-				~	
(3)					<u> </u>		
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	• 0.	
Schedule E - Unrelated Deb	t-Finance	I Income (see	instructions)		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	2. Gross income from		3. Deductions directly conni		
1 Description of debt-fin:	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			<u> </u>	 			
(2)							
(3)					.,		
(4)	•						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt on or allocable to debt-financed of or allocable to		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%		•		
(3)			%	Ì	···		
(4)			%				
					inter here and on page 1 Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			•	.	0.	0.	
Total dividends-received deductions inc	cluded in columi	n 8	r		•	0.	

FORM 990-T (M) OTHER DEDUCTIONS		STATEMENT 12				
DESCRIPTION		AMOUNT				
MISCELLANEOUS		33,326.				
OTHER PURCHASED SERVICES		440,751.				
TOTAL TO SCHEDULE M, PART II, I	INE 28	474,077.				

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending

2018

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No 1545-0687

ENTITY

THE CLEVELAND CLINIC FOUNDATION	34-0714585			
Unrelated business activity code (see instructions) 446110 Describe the unrelated trade or business PHARMACY)			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales b Less returns and allowances c Balance	▶ 1c	205,980.	•	
2 Cost of goods sold (Schedule A, line 7)	2	281,528.		<u> </u>
3 Gross profit Subtract line 2 from line 1c	3	<75,548.>		<75,548.>
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5_			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12			
42 Total Combine lines 2 through 12	42	∠75 548 -		<75 548.5

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	33,236.
16	Repairs and maintenance				16	2,367.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)	!	21			_
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	6,725.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)	SEE	STA	TEMENT 13	28	5,386.
29	Total deductions. Add lines 14 through 28				29	47,714.
30	Unrelated business taxable income before net operating loss deduction. Subt	ract lın	e 29 f	rom line 13	30	<123,262.
31	Deduction for net operating loss arising in tax years beginning on or after Janu	uary 1,	2018	(see		
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	<123,262.

LHA For Paperwork Reduction Act Notice, see instructions.

THE CLEVELAND	CLINIC POI	ND ATTON				34-071458	15		Page
Schedule A - Cost of Good			orv v	valuation N/A	_	31 0,113			
1 Inventory at beginning of year	1	THE CHIEGO OF THE CHIE		Inventory at end of yea	r		6		
2 Purchases	2	_	1	Cost of goods sold. Su		ine 6			
3 Cost of labor	3		'	from line 5 Enter here			100		
4a Additional section 263A costs		··	1	line 2	.	 ,	7	21	81.528.
(attach schedule)	4a		,	Do the rules of section	263A (with respect to	<u> </u>	<u>'</u>	es No
b Other costs (attach schedule) *	+ 4b	281,528,	ľ	property produced or a	•	·			
5 Total. Add lines 1 through 4b	5	281 528.	1	the organization?	oquiice	i for resule, uppry to		.500	X
Schedule C - Rent Income			Pe		Leas	ed With Real Pro	pert	v)	
(see instructions)	(1.1011.1100.	rioporty and		. cond opoy				.37	
Description of property									
(1)				A					
(2)				****					
(3)									
(4)									
	2 Rent receiv	ed or accrued				2(0)2-4-141			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for pe	ersonal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directi columns 2(a) a	nd 2(b)	cted with the incor (attach schedule)	me in
(1)									
(2)									
(3)									
(4)		1							
Total	Ō.	Total			0.	1			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	, , , , ,	ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De	· · ·	Income (see i	nstru	ections)					
			_	Gross income from		3. Deductions directly co to debt-finan			
. 1. Description of debt-fi	nanced property	!		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedu	tions :te)
(1)		· · · ·					\dashv		
(2)							\top		
(3)							1		
(4)									
Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	,	8 Allocable ded (column 6 x total o 3(a) and 3(t	f columns
(1)	1			%			╅		
(2)				%			1		
(3)				%					
(4)	1			%					
	-					nter here and on page 1, Part I, line 7 column (A)		Enter here and on p Part I, line 7, colur	
Totale							0		0

0.

SEE STATEMENT 21

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 13
DESCRIPTION		AMOUNT
SUPPLIES		592.
RENTAL/LEASE		1,985. 13.
DUES/REGISTRATION MISCELLANEOUS		2,108.
OTHER PURCHASED SERVICES		688.
TOTAL TO SCHEDULE M, PART II,	LINE 28	5,386.

FORM 990-T (M)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 21
DESCRIPTION		AMOUNT
SUPPLIES		281,528.
TOTAL TO FORM 990-	r, schedule A, line 4B	281,528.

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY OMB No 1545-0687

Open to Public Inspection for

501(c)(3) Organizations Only

86,740.

86,740.

Department of the Treasury Internal Revenue Service (99)

Name of the organization

10

11

12

13

For calendar year 2018 or other tax year beginning , and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Employer identification number 34-0714585

THE CLEVELAND CLINIC FOUNDATION Unrelated business activity code (see instructions) HOSPITAL MANAGEMENT Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (B) Expenses (A) Income 1a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

STMT 14

10

11

12

86,740.

86,740.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 15	28	969
29	Total deductions. Add lines 14 through 28	29	969
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	85,771.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	85,771

LHA For Paperwork Reduction Act Notice, see instructions.

Exploited exempt activity income (Schedule I)

Other income (See instructions, attach schedule)

Advertising income (Schedule J)

Total. Combine lines 3 through 12

FORM 990-T (M)	OTHER	INCOME	STATEMENT	14
DESCRIPTION			AMOUNT	
OTHER INCOME			86	,740.
TOTAL TO SCHEDULE M, PART I, LI	NE 12		86	,740.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT	15
DESCRIPTION			AMOUNT	
SUPPLIES UTILITIES				691. 278.
TOTAL TO SCHEDULE M, PART II, I	INE 28			969.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending

OMB No 1545-0687

ENTITY

2018

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 50 1(c)(3) Organizations Only

10,242,714.

Employer identification number Name of the organization 34-0714585 THE CLEVELAND CLINIC FOUNDATION Unrelated business activity code (see instructions) Describe the unrelated trade or business

HEALTHCARE CONSULTING Part I Unrelated Trade or Business Income (C) Net (B) Expenses (A) Income 10,242,714. 1 a Gross receipts or sales 10,242,714 b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D)

5 Income (loss) from a partnership or an S corporation (attach statement)

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

6 Rent income (Schedule C)

c Capital loss deduction for trusts

7 Unrelated debt-financed income (Schedule E)

8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule I)

11 Advertising income (Schedule J)

12 Other income (See instructions, attach schedule)

13 Total. Combine lines 3 through 12

3	10,242,714.	10,242,714.
4a		
4b		
4c		-
5		
6		
7		
8		- 11
9		
10		
11		
12		

10,242,714.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	6,423,397.
16	Repairs and maintenance	16	22,885.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 35,692.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	35,692.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	315,606.
25	Employee benefit programs	25	944,279.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 16	28	2,617,563.
29	Total deductions. Add lines 14 through 28	29	10,359,422.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<116,708.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	<116,708.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)							Page		
THE CLEVELAND			34-0714585						
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A						
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6			
2 Purchases	2		7 Cost of goods sold St						
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,				
4a Additional section 263A costs			line 2			7			
(attach schedule)	4a		8 Do the rules of section		Yes No				
b Other costs (attach schedule)	4b		property produced or a						
5 Total. Add lines 1 through 4b	5		the organization?				х		
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Leas	ed With Real Pro	perty)			
(see instructions)		••							
1 Description of property									
(1)		·							
(2)			·.		.				
(3)			_ .				· · · · · · · · · · · · · · · · · · ·		
(4)	2. Rent receiv	ved or accrued			<u> </u>				
(a) From personal expects (if the per			and personal property (if the percent	200	3(a) Deductions directly	connected	with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	trib personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	aye	columns 2(a) a	nd 2(b) (attac	h schedule)		
(1)									
(2)									
(3)						_			
(4)									
Total	0.	Total		0.			·		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions. Enter here and on page 1 Part I, line 6 column (B)	•	0.		
Schedule E - Unrelated Del		Income (see	instructions)		1.000				
		(2. Gross income from		3 Deductions directly con to debt-finant	nected with	or allocable		
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deductions attach schedule)		
					(attach schedule)	,	attach schoole,		
(1)				<u> </u>					
(2)									
(3)									
(4)					·				
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. (colur	Allocable deductions mn 6 x total of columns 3(a) and 3(b))		
(1)			%						
(2)	, <u> </u>		%						
(3)			%						
(4)			%						
				E	nter here and on page 1	Enter	here and on page 1,		

0.

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M) O	THER DEDUCTIONS	STATEMENT	16
DESCRIPTION		AMOUNT	
SUPPLIES		26,	347.
UTILITIES			188.
MARKETING		15,	453.
PRINTING		5,	545.
COURIER/FREIGHT			530.
TRAVEL		196,	162.
RENTAL/LEASE		38,	915.
MISCELLANEOUS		466,	190.
PROFESSIONAL SERVICES		217,	427.
OTHER PURCHASED SERVICES		480,	598.
INDIRECT EXPENSES		1,097,	224.
DUES/REGISTRATION		54,	984.
TOTAL TO SCHEDULE M, PART II, LIN	E 28	2,617,	563.

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172 2018

Attachment Sequence No 179

Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number The Cleveland Clinic Foundation Healthcare Consulting 34-0714585 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost 6 (a) Description of property 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 35,692 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction (business/investment use penod service only-see instructions) 19a 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 275 yrs ММ S/L h Residential rental 275 yrs ММ S/L property i Nonresidential real 39 yrs ММ S/L ММ S/L property Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year 30 yrs ММ S/L c 30-year MM S/L d 40-year 40 yrs Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 35,692.00 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form	4562 (2018)														Page 2
Pa	•	nclude aut			ertain	other	vehic	les,	, cert	ain a	aircraft	, and	prop	erty us	ed fo
	entertainment, recreat			-											
	Note: For any vehicle for										lease	expens	se, con	iplete o	niy 24a
	24b, columns (a) through														
	Section A—Depreciation a														
248	a Do you have evidence to support th	e business/inv	estment	use clain		_ Yes ∟	<u>No</u>	24	b It "	res," i	s the ev	dence	written'	Yes	∐ No
	(a) (b) Busine of property (list Date placed investmen	,	d) ther basis		(e) for depre ness/inve:		(f) Recov	٠, ١	(g Meth	nod/		(h) preciation		(ı) lected sec	
,	vehicles first) in service percent			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	use only		репос	d	Conve	ention	de	duction		cos	ı
25	Special depreciation allowand the tax year and used more the	•							-	25					
26	Property used more than 50%					-					J				_
	1 Toperty used more than 30%	%	u Dusii i	<u> </u>						-	Ī				
		%										_			
		%	· - · · · · · ·	-											
27	Property used 50% or less in a		isiness	use											
		%		<u> </u>]	5/L -						
		%							5/L -						
		%						\rightarrow	S/L -						
28	Add amounts in column (h), lin	es 25 throug	h 27 E	nter he	re and	on line	21, pa	ige '	 1	28					
	Add amounts in column (i), line	_					•	_			•		29		
	•	Sec	tion B	-Infor	mation	on Us	e of V	ehic	cles			•			
	plete this section for vehicles use														vehicles
to yo	our employees, first answer the qu	estions in Sec	ction C t	o see if	you me	et an e	xceptio	n to	compl	eting	this sec	tion for	those v	ehicles	
				a)		b)		(c)			d)		(e)		f)
30	Total business/investment miles of the year (don't include commuting	-	Vehicle 1 Vehicle 2		Ve	Vehicle 3 Veh		Veh	ehicle 4 Vehicli		nicle 5	nicle 5 Vehicle 6			
31	Total commuting miles driven duri	ing the year													
32	Total other personal (noncomiles driven	commuting)													
33	Total miles driven during the lines 30 through 32	year Add													
34	Was the vehicle available for p	ersonal	Yes	No	Yes	No	Yes		No	Yes	No	Yes	No	Yes	No
•	use during off-duty hours?	Ol Solital					''		-				1	1	110
35	Was the vehicle used primarily than 5% owner or related pers	•								_					
36	is another vehicle available for per						<u> </u>	_						 	
•••	Section C—Qu		Emplo	vers W	ho Pro	vide V	ehicle:	s fo	r Use	by Th	eir Em	plovee	 2S	.1.	1
Ansv	ver these questions to determin													who ar	en't
	e than 5% owners or related per						•								
37	Do you maintain a written poli	icy statemen	it that p	prohibit	s all pe	rsonal	use of	f vel	hicles,	ınclu	ding co	mmutı	ng, by	Yes	No
38	Do you maintain a written poli												y your		
~~	employees? See the instruction			-		officer	s, dire	ctor	's, or 1	% or	more o	wners		-	
39	Do you treat all use of vehicles													-	
40	Do you provide more than five				ees, ob	tain inf	ormati	on 1	from y	our e	mploye	es abo	out the		
44	use of the vehicles, and retain				nakıl-	dores -	n4 == 4 · =	.	~2 C-					-	
41	Do you meet the requirements													<u> </u>	L
Day	Note: If your answer to 37, 38	s, 39, 40, or 4	IT IS TY	es, do	n't com	piete S	ection	וטו	or the	cover	ea veni	cies			
Par	rt VI Amortization				-						(e)				
	(a) Description of costs	(b) Date amortiza begins	ation	Amor	(c) tizable ar	mount			(d) e section	1	Amortiza period percent	or	Amortiz	(f) ation for th	ns year
42	Amortization of costs that begin	ins during vo	ur 2018	tay ve	ar (see	instruc	tions)				P 2. 9 0. 11	- 3			
	ortization or ocoto that begi	Juning yo	3. 2310	, 6	(UCC										
43	Amortization of costs that bega	an before vo	ur 2018	tax ve	ar					l		43			
44	Total. Add amounts in column	-		-		to rep	ort					44			

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending

| 2018

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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OMB No 1545-0687

11

ENTITY

Name	of the organization THE CLEVELAND CLINIC FOUNDATION			34-071458		number
$\overline{}$	Inrelated business activity code (see instructions) > 525990		 -	L <u>.</u>		
	Describe the unrelated trade or business INVESTMENTS					
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					
þ	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction for trusts	4c			ــــ	
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled	1 1				
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)				- 1	
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11	<u> </u>		-	
12	Other income (See instructions, attach schedule) STMT 17	12	908,669.			908,669.
13	Total. Combine lines 3 through 12	13	908,669.			908,669.
Pa	til Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the i				pt for	contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			L	14	
15	Salaries and wages			L	15	
16	Repairs and maintenance			L	16	
17	Bad debts			L	17	
18	Interest (attach schedule) (see instructions)			L	18	
19	Taxes and licenses			L	19	19,365.
20	Charitable contributions (See instructions for limitation rules)			L	20	
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return	1	22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	•••
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)			L	26	
27	Excess readership costs (Schedule J)			L	27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	19,365.
30	Unrelated business taxable income before net operating loss dedu	iction S	Subtract line 29 from line	13	30	889,304.

instructions)

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

32

889 304.

FORM 990-T (M) OTHER INCOME	STATEMENT 17
DESCRIPTION	AMOUNT
BLACKSTONE REAL ESTATE PARTNERS VI.TE.2 NQ, LP 26-1129052	14,731.
BLACKSTONE REAL ESTATE PARTNERS VI.TE.2, LP 20-8081716	90,215.
BULLPEN CAPITAL IV, LP 82-4951379	<28,182.
BULLPEN PLAYOFF FUND, LP 82-4951379	<13,384.
CENTERBRIDGE SPECIAL CREDIT PARTNERS AIV I, LP 27-2187227	<5,398.
CEREP III FEEDER, LP 98-0573612	47,385.
COLONY INVESTORS VIII, LP 20-5748317	<39.
CROW HOLDINGS REALTY PARTNERS VII-A, LP 47-2300123	1,641,455.
ENCAP ENERGY CAPITAL FUND XI, LP 81-4648210	<309,899.
ENCAP FLATROCK MIDSTREAM FUND IV, LP 82-2890021	<1,140,977.
HG VORA SPECIAL OPPORTUNITIES FUND, LP 26-2754073	114,687.
HIGHSTAR CAPITAL IV, LP 27-1782444	<821,073.
HUDSON REALTY CAPITAL FUND V, LP 26-2754073	<54,672.:
JACE MEDICAL, LLC 46-1956552	11,298.
KOHLBERG TE INVESTORS VII, LP 45-3274956	1,274.
LONG WHARF REAL ESTATE PARTNERS IV, LP 35-2424296	335,527. 509,672.
LONG WHARF REAL ESTATE PARTNERS V, LP 47-4390905 VERSA CAPITAL FUND II, LP 26-1758586	258,405.
WESTBROOK REAL ESTATE FUND VII, LP 20-5372857	230,403. <3,555.;
WESTBROOK REAL ESTATE FUND VII, DF 20-3372037 WESTBROOK REAL ESTATE FUND X, LP 37-1768594	335,409.
ONEX PARTNERS III HORNET, LP 98-1081731	54,214.
THACKERAY PARTNERS REALTY FUND III, LP 45-2184822	215,174.
THACKERAY PARTNERS REALTY FUND IV, LP 38-3941473	40,997.
TSG7 A AIV IV CAYMAN, LP 98-1395335	<12,778.
KAYNE ANDERSON ENERGY FUND VI 38-3865939	<399,062.
GREENSPRING MICRO II, LP 82-3535756	<3,091.
SHAMROCK CAPITAL GROWTH FUND III, LP 45-1589350	93,161.
PRAEDIUM VIII MULTIFAMILY VALUE FUND 80-0946897	<3,186.
SUN-APOLLO INDIA REAL ESTATE FUND 98-0509859	<95,018.
TSG7 A AIV V LP 82-4504964	102,757.
TSG7 A AIV VI LP 83-1508514	<125,785.
TSG7 B AIV II LP 82-2578414	<118,745.:
TSG7 B AIV IV LP 83-0983039	<24,837.
TOWER ARCH PARTNERS I (Q) LP 30-0840292	57,920.
EIF UNITED STATES POWER FUND IV LP 27-2858420	144,069.
TOTAL TO SCHEDULE M, PART I, LINE 12	908,669.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning ______, and ending _____

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

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OMB No 1545-0687

12

ENTITY

Name	e of the organization THE CLEVELAND CLINIC FOUNDATION			Employer identification number 34-0714585		
	Unrelated business activity code (see instructions) 518210 Describe the unrelated trade or business INTERNET DOMAD	N HOS	Т			
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1 a					Ì	
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a		•		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c		F		
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	<191,331.	,	<191,331.>	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	<191,331.>		<191,331.	
=				\.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		•
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<191,331.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	<191,331.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending

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Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

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OMB No 1545-0687

13

ENTITY

Employer identification number Name of the organization THE CLEVELAND CLINIC FOUNDATION 34-0714585 Unrelated business activity code (see instructions) Describe the unrelated trade or business GROUP PURCHASING Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances c Balance 1c 2 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach <335,027.> <335,027. 5 statement) 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 12 Other income (See instructions, attach schedule) <335,027. <335,027.> 13 Total. Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14			
15	Salaries and wages	15			
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			-
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion		23		
24	Contributions to deferred compensation plans			24	_
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28	29	0.		
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	30	<335,027.		
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	(see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	<335,027.		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending

OMB No 1545-0687

ENTITY

2018

14

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number Name of the organization THE CLEVELAND CLINIC FOUNDATION 34-0714585 Unrelated business activity code (see instructions) Describe the unrelated trade or business PHYSICIAN ANSWERING SVC Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 165,520 **b** Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 2 165,520 165,520. 3 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 165,520. Total. Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	193,716.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	72,277.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 18	28	6,586.
29	Total deductions. Add lines 14 through 28	29	272,579.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<107,059.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	<107,059.

Form 990-T (2018)							Page 3	
THE CLEVELAND			34-0714585					
Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory v	aluation N/A		<u> </u>		
 Inventory at beginning of year 	1		6	Inventory at end of year	ır	_	6	
2 Purchases	2		_ 7	Cost of goods sold. St	ubtract i	ine 6		
3 Cost of labor	3		_]	from line 5 Enter here	and in f	Part I,		
4 a Additional section 263A costs			1	line 2		L	7	
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		7	property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		Π.	the organization?			х	
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty)	
(see instructions)								
Description of property				•				
(1)								
(2)								
(3)								
(4)							·	
	2 Rent receiv	ed or accrued				2/a) Dadustions directly	connected with the income in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	e than	of rent for	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)				·				
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1	0.	
Schedule E - Unrelated De	· · ·	Uncomo (see		entrana\	···	Part I, line 6, column (B)	<u> </u>	
Scriedule E - Officialed De	DI-Finance	i income (see	Instru	ctions)	Ι	3. Deductions directly conn	ected with or allocable	
			2	. Gross income from		to debt-finance	d property	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Altocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
		-				nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	

0.

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 18
DESCRIPTION		AMOUNT
SUPPLIES UTILITIES OTHER PURCHASED SERVICES		377. 6,203. 6.
TOTAL TO SCHEDULE M, PART	II, LINE 28	6,586.

Form **8827**

Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No 1545-0123

Name		Employer Identification number		
THE CLEVELAND CLINIC FOUNDATION		34-0714585		
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	38,656.		
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	26,351.		
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3			
4 Add lines 1, 2, and 3	4	65,007.		
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.		
6 Enter the refundable minimum tax credit (see instructions)	6	32,504.		
7 Add lines 5 and 6	7	32,504.		
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	32,504.		
b Current year minimum tax credit Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a post-1986 ownership change or has pre-acquisition				
excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	0.		
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	32,504.		
9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4 Keep a record of this amount to carry forward and use in future years	9	32,503.		

3800

General Business Credit

OMB No 1545-0895

2018 Attachment Sequence No 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form3800 for instructions and the latest information.

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Identifying number

The			714585	
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (1	MT)		
	(See instructions and complete Part(s) III before Parts I and II.)			
1	General business credit from line 2 of all Parts III with box A checked	1	8,127	
2	Passive activity credits from line 2 of all Parts III with box B checked 2			
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3		
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	206,797	
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with box D checked See instructions	5		
6	Add lines 1, 3, 4, and 5	6	214,924	00
Part	II Allowable Credit			,
7	Regular tax before credits			
	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44			
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return	7	0	
	Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return			
8	Alternative minimum tax			
	Individuals Enter the amount from Form 6251, line 11			
	Corporations Enter -0-	8	0	
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 56			1
	•		_	
9	Add lines 7 and 8	9	0	00
10a	Foreign tax credit 10a			
b	Certain allowable credits (see instructions)			
C	Add lines 10a and 10b	10c	0	00
·	Add lines for and for	1.00		• •
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0	00
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-			
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See Instructions			
14	Tentative minimum tax			
	Individuals Enter the amount from Form 6251, line 9			
	Corporations Enter -0- \[14 \]			
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 54			
15	Enter the greater of line 13 or line 14	15		L
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	0	00
17	Enter the smaller of line 6 or line 16	17		
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization			
Ear Da	nerwork Reduction Art Notice see senarate instructions		Form 3800	/2018)

Part				
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and en	nter -()- on line 26	
18	Multiply line 14 by 75% (0 75) See instructions	18		
19	Enter the greater of line 13 or line 18	19		
20	Subtract line 19 from line 11 If zero or less, enter -0-	20		
21	Subtract line 17 from line 20 If zero or less, enter -0-	21		-
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22		
23	Passive activity credit from line 3 of all Parts III with box B checked 23			
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24		<u> </u>
25	Add lines 22 and 24	25		
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0	00
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	. 0	00
28	Add lines 17 and 26	28	0	00
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	0	00
30	Enter the general business credit from line 5 of all Parts III with box A checked	30		
31	Reserved .	31		
32	Passive activity credits from line 5 of all Parts III with box B checked 32			
33	Enter the applicable passive activity credits allowed for 2018 See instructions	33		-
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34		
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions	35		
36	Add lines 30, 33, 34, and 35	36	0	00
37	Enter the smaller of line 29 or line 36	37	0	00
38	Credit allowed for the current year. Add lines 28 and 37			
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return • Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 • Corporations Form 1120, Schedule J, Part I, line 5c			
	• Estates and trusts Form 1041, Schedule G, line 2b	38	0	00
		_ _	Form 3800	

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

z 5

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863 00

4z

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Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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Name(s) s	shown on return		Iden	ntifying number	· ugc •
` '			34-0714585		
	leveland Clinic Foundation		-0714363		
Part II	<u> </u>	# IIISL	ructions)	•	
	ete a separate Part III for each box checked below See instructions				
	General Business Credit From a Non-Passive Activity E Reserved				
_	General Business Credit From a Passive Activity F Reserved	_			
	<u> </u>	Busin	ess Credit Carr	ytorwards	
	General Business Credit Carrybacks H Reserved				
	u are filing more than one Part III with box A or B checked, complete and attach firs	it an a	idditional Part III	combining amounts	
all P	arts III with box A or B checked. Check here if this is the consolidated Part III			 	▶ ⊔
	(a) Description of credit		(b)	(c)	
Note: Or	n any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the cre from a pass-throu	Enter the approp	пате
pass-thr	ough entity		entity, enter the E	-IN	_
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a			ļ.,,
b	Reserved	1b			
С	Increasing research activities (Form 6765)	1c	83-1508514	70	
d	Low-income housing (Form 8586, Part I only)	1d			
е	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
g	Indian employment (Form 8845)	1g			
ĥ	Orphan drug (Form 8820)	1h			
i	New markets (Form 8874)	1i			
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			
k	Employer-provided child care facilities and services (Form 8882) (see				
.,	instructions for limitation)	1k			
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11			<u> </u>
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
0	Nonconventional source fuel (carryforward only)	10	***		
р	Energy efficient home (Form 8908)	1p			
q	Energy efficient appliance (carryforward only)	1q			†
r	Alternative motor vehicle (Form 8910)	1r			t
S	Alternative fuel vehicle refueling property (Form 8911)	1s			
t	Enhanced oil recovery credit (Form 8830)	1t	•		
u	Mine rescue team training (Form 8923)	1u			
v	Agricultural chemicals security (carryforward only)	1v			\vdash
w	Employer differential wage payments (Form 8932)	1w	-		\vdash
X	Carbon oxide sequestration (Form 8933)	1x			\vdash
	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			\vdash
y	Qualified plug-in electric whice (carryforward only)	1z		-	\vdash
z	Employee retention (Form 5884-A)	1aa		-	
aa bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
		100		-	
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz			
2	other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		70	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			
	Investment (Form 3468, Part III) (attach Form 3468)	4a			├─
4a	, , , , , , , , , , , , , , , , , , ,	4a 4b			├
b	Work opportunity (Form 5884)	4c		 	\vdash
C	Biofuel producer (Form 6478)			 	\vdash
d	Low-income housing (Form 8586, Part II)	4d			\vdash
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	<u> </u>		\vdash
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f			
g	Qualified railroad track maintenance (Form 8900)	4g			\vdash
h	Small employer health insurance premiums (Form 8941)	4h			
i	Increasing research activities (Form 6765)	4i	·	 	
j	Employer credit for paid family and medical leave (Form 8994)	4j			├─-
Z	Other	4z			├ ─
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5_			\vdash
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	<u> </u>	70	<u> </u>
				Form 3800	J (2018)

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Small employer health insurance premiums (Form 8941)

Employer credit for paid family and medical leave (Form 8994)

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Increasing research activities (Form 6765)

206,797

4h

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4z

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EIN: 34-0714585

The Cleveland Clinic Foundation Year Ended 12/31/2018 Form 3800 - General Business Credit

General Busincess Credit Carryover Schedule

Year Credit			Credit Utilized in	Credit Allowed in	
Generated	Type of Credit	Credit Amount	Prior Year	Current Year	Carryover to 2018
2011	Hire Credit	199,903	-	-	199,903
2017	Increasing Research Activities Credit	850	-	-	850
2017	Renewable Energy Credit	6,044	•	<u>•</u>	6,044
	-	206,797	•	-	206,797

^{*}The General Business Credit carryforward for each of the credits listed above has not changed from the originally reported amount