			46 000	. ul	2	
Form <b>990-T</b>	Exempt Organization But				L	OMB No 1545 0047
Form 33U-1	(and proxy tax und	ler se	ction 6033(e))			2019
	For calendar year 2019 or other lax year beginning  Go to www its gov/Form990T for it	nstructu	and ending	mation	-	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may	y be ma	de public if your organi	zation is a 501(c)(3)	501	en to Public Inspection for (c)(3) Organizations Only
A Check box if address changed	Name of organization ( Check box if name of	changed	and see instructions )			r identification number nes trust see ons )
B Exempt under section	Print THE CLEVELAND CLINIC FOUNDATION					0714585
x 501(c)(03)	Type (1991 PRESENTED TO BE AND THE REAL PROPERTY OF	x, see II	nstructions			d business activity code ructions )
408(e) 220(e)	6801 BRECKSVILLE ROAD, RK1-85  City or town, state or province, country, and ZIP of	or foroig	un noctal code			
408A	INDEPENDENCE OH 44131	JI IOI <del>G</del> IY	ni posizi code		621500	
C Book value of all assets at end of year	F Group exemption number (See instructions )	<b>&gt;</b>	3641			
12,446,161	, 990. G Check organization type 🕨 🗓 501(c) con			401(a)		Other trust
		10		e the only (or first) un		<b>.</b>
	► MEDICAL AND DIAGNOSTIC LABORATORY SER fank space at the end of the previous sentence, complete P			e, complete Parts I-V In M for each addition		
business, then complete		aris ra	iu ii, complete a ochedu	ie ivi ioi eacii aouilioi	ai ii auc ui	·
	the corporation a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	<b></b>	Yes	X No
	and identifying number of the parent corporation		, , ,			
J The books are in care of				hone number 2		
L	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or sale b Less returns and allow		10	24,982,274			
2 Cost of goods sold (S		2	41,502,271	•	_ ا	/
3 Gross profit. Subtract	•	3	24,982 274	-		24,982,274
4a Capital gain net incom	ne (attach Schedule D)	4a				
	4797, Part II, line 17) (attach Form 4797)	4b				<del></del>
c Capital loss deduction		4c		RECEIVE	<del>D  </del>	<del> </del>
<ul><li>5 Income (loss) from a </li><li>6 Rent income (Schedu</li></ul>	partnership or an S corporation (attach statement)	5		1,002	Ú	<del>}</del>
•	ed income (Schedule E)	7	<del></del>	NOV 2 3 202		
_	valities and rents from a controlled organization (Schedule F)	8	15	NUV & 3 200	0	
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G	9				
-	vity income (Schedule I)	10		OGDEN, I	<u> </u>	
<ul><li>11 Advertising income (S</li><li>12 Other income (See ins</li></ul>	•	11./		<del> </del>		<del></del>
13 Total Combine lines	Structions, attach schedule) 3 through 12	13	24,982,274			24 982,274
Part   Deduction	ns Not Taken Elsewhere (See instructions for	or limita	ations on deductions	)		
	must be directly connected with the unrelated busi	ness in	come)			
	icers, directors, and trustees (Schedule K)				14	( 030 133
<ul><li>15 Salaries and wages</li><li>16 Repairs and maintena</li></ul>	ance				15 16	6,232,139
17 Bad debts	Albo				17	<del></del>
	dule) (see instructions)				18	
19 Taxes and licenses					19	
20 Depreciation (attach I	•		20			
•	ilmed on Schedule A and elsewhere on return		21a		21b	<del></del>
22 Depletion 23 Contributions to defe	erred compensation plans				22	
24 Employee benefit pro	·				24	·
25 Excess exempt exper				ı	25	
26 Excess readership co					26	
27 Other deductions (att			SEE STATEMEN	1T 2	27	7,672,772
	dd lines 14 through 27 CXX + \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r et lina 24	9 from line 13		2B 29	13,904,911
,	erating loss arising in tax years beginning on or after Janua				7-	11,077,505
(see instructions)	, , , , , , , ,	, ,, 20	SEE STATEMEN	ıT 3 .	\$0	0
21 Unrelated business to	axable income. Subtract line 30 from line 29		<u></u>	i	81	11,077,363
923701 01 27 20 LHA FO	r Paperwork Reduction Act Notice, see instructions				,	Form <b>990-T</b> (2019)

	Form 98	0Y (20	19) THE CLEVELAND CLINIC POUNDATION		34-0714	1585	Page 2
(	Par	t IÎL	Total Unrelated Business Taxable Income		. )		
\	32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	.,1	32	14,520	,693.
	33	Amo	unts paid for disallowed fringes	- L	33		
	34	Chari	table contributions (see instructions for limitation rules) STMT 7 STMT 8	·\ !	34		0.
	35		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sur	of lines 32 and 33	35 ′	14,520	,693.
	36				38	14,520	,693.
	37	Total	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37		
	38	Speci	fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)			1	,000.
	39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
$\sim$	,	<b>Sente</b> r	the smaller of zero or line 37		ab		0.
$\langle \cap \rangle$		_	Tax Computation				
(, )	40	_	nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	•	40		G.
\']	41		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:				
$\vee$			Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	41		
	42		tax. See instructions		<del></del>		
	43	Altern			1 40 1		
	44	Tay	n Noncompliant Facility Income. See instructions		<del></del>		
		Total	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45		0.
$\sim 1$	_	_	Tax and Payments		1 1		
//	46a	Fore	n tax credit (corporations attach Form 1118, trusts attach Form 1116)		TT		
(( ''	h	Other	credits (see instructions) 46b		┪. ┃		
ヘノル			al business credit. Attach Form 3800 46c		1		
$\bigcup$	đ	Credi	for prior year minimum tax (attach Form 8801 or 8827)	0	1		
		letaT	- m 444 40 H 404	<del></del>	7 l		
	47						0.
	48	Other	act line 46e from line 45 taxes. Check if from: Form 4255 Form 8611 Form 8897 Form 8866 Othe		48		<del></del>
	49		tax. Add lines 47 and 48 (see instructions)		49		0.
	50	2010	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	<del></del>	0.
			ents: A 2018 overpayment credited to 2019		<del></del>	<del></del>	
		_	<del> </del>		-		
					┥ ┃		
					-		
				<del></del>	1 1		
					-		
					<b>-</b>		
	9	$\overline{}$	credris, adjustments, and payments: Form 2439  Form 4136  X Other 32,503. Total 51g	32,503	1 1		
			Form 4136 X Other 32,503. Total 5tg  payments. Add lines 51a through 51g SBE STATEMENT 5	32,303	<b>⊣</b> I	21	E03
					52		,503.
	53		ated tax penalty (see instructions). Check if Form 2220 is attached		54		
	54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	···· · · · · (r)	2	31	502
1	.55		eayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		56		503.
// 1	20			tefunded 1	1 20 1	32	2,503.
į		_	Statements Regarding Certain Activities and Other Information (see instru		<del></del>		1 41-
	57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authorit	•	•	Yes	No
			financial account (bank, securities, or other) in a foreign country? If Yes,* the organization may have to file	)			1
			N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				1
		here	SEE STATEMENT 4			_   X	╀—
	58		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?			X
			see instructions for other forms the organization may have to file.				
_	59		the amount of tax-exempt interest received or accrued during the tax year 🕨 \$	·			Щ
	D:	- 1,	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	o tne best of my kn ledge	owledge and bei	au, ai as trua,	
	Sign	- 1		_	May the IRS disc	use this return	tovitin
•	Here	- 1	Timethy I marvelly 11/12/20 CAO/Controller		he preparer show	_ `_	— f
_			Signature of offices Date Title		nstructions)?	Yes	No
_			Print/Type preparer's name Preparer's signature Oate	Check	if PTIN		
	Paid	ì	17. N//	setf- employed			
	Prep		TERFACE M. KEMEDY Char / My 11/10/1020		P0008		
	Use		Circle same & PRINCE C VOTEIC LLD	Firm's EIN	34-65	55596	
		~···]	950 MAIN AVENUE, SUITE 1800				
_			Firm's address CLEVELAND, OH 44113	Phone no.	216-861-50		
-	23711	01-27-2	0		For	m <b>990-T</b>	(2019)

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inven	itory valuation   N/A					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		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,					
4a Additional section 263A costs			line 2					
(attach schedule) 4a			8 Do the rules of section	n 263A (1	with respect to		· Yes No	
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?		•			
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Leas	ed With Real Pro	pert	y)	
(see instructions)								
1 Description of property								
(1)						-	·-	
(2)								
(3)								
(4)								
	<ol><li>Rent receive</li></ol>	d or accrued			2(2)0-4-1-44			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for p	and personal property (if the percer personal property exceeds 50% or at is based on profit or income)	ntage if	3(a) Deductions directly columns 2(a) a	nd 2(b) (	attach schedule)	
(1)								
(2)	Î							
(3)								
(4)								
Total	0.	Total		0.			-	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.	
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)		<u>•                                      </u>			
			2 Gross income from	:	3. Deductions directly cor to debt-finance	nnected ced prop	with or allocable perty	
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)		<del></del>						
(2)				T				
(3)				1				
(4)				<u> </u>				
Amount of average acquisition debt on or allocable to debt-linanced property (attach schedule)	of or all debt-finan	idjusted basis locable to ced property 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)			%	1				
(2)·			%					
(3)			%					
(4)		<del></del> -	%	T				
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (8)	
Totals			•	·L		). <u> </u>	0.	
Total dividends-received deductions in	cluded in column	8				•	0.	
<del></del>							Form 990-T (2019)	

Page 4

				Exempt	Controlled O	rganızatı	ons				
1. Name of controlled organiza	tion	2. Employer identification number		3. Net unrelated income (loss) (see instructions)		<ol> <li>Total of specified payments made</li> </ol>		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											1.122
2)											
3)	·										
(4)											
lonexempt Controlled Organi	zations		-								
7. Taxable income		nrelated income ee instructions		9. Total	of specified pays made	nents	10 Part of column the controllingross		nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)						" i	•				
otals							Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (8)
Schedule G - Investme	ent Incor	ne of a	Section	n 501(c)(	7), (9), or	(17) Or	ganization	1	٠.۱		
(see insti											· -
1. Desc	ription of incor	me			2. Amount of	ıncome	<ol> <li>Deduction directly connected (attach sched)</li> </ol>	cted	4 Set-a		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											1
(3)						İ			_		1
(4)											1
, ,					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
otals				•		0.					0
Schedule I - Exploited		Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	;			
(see instru 1. Description of exploited activity	2. Gi unrelated income trade or b	business from	directly with proof un	penses connected oduction related as income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a s cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribute colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		ĺ									
(2)											
(3)											
(4)											
	Enter here page 1, line 10, c	Part I, col (A)	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 25
otals ► Schedule J - Advertisi	na Incor	0. <b>ne</b> (see ir	estruction								
Part I Income From I					solidated	Basis					
Name of periodical		2. Gross advertising		3 Direct entising costs	4 Advert or (loss) (co col 3) If a ga	l 2 minus	5 Circulat	ion	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more
41		income			cols 5 th	rough 7	<u> </u>				than column 4)
(1)			+		-				<u> </u>		
(2)					$\dashv$					——	
(3)			+		$\dashv$					$\dashv$	
(4)			-		+		<del> </del>				
otals (carry to Part II, line (5))	•		0.	(	٥.					<u>_</u>	0
											Form <b>990-T</b> (2019

# 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)				<u> </u>			
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 26
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		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
INSURANCE		98	31.
MISCELLANEOUS		20,53	30.
SUPPLIES		3,655,21	19.
OTHER PURCHASED SERVICES		3,663,69	95.
RENTAL/LEASE		332,34	47.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	7,672,77	72.

FORM 990-1	ОТН	ER CREDITS AND PA	YMENTS	STATEMENT 5
DESCRIPTIO	DN			AMOUNT
FORM 8827,	LINE 5C			32,503.
TOTAL INCI	UDED ON FORM 990-T	, PAGE 2, PART V,	LINE 51G	32,503.
FORM 990-T	NET NET	OPERATING LOSS D	DEDUCTION	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.	4,223,397.	0.	0. 0.
12/31/05 12/31/06	1,883,844.	1,883,844. 543,173.	0. 0.	0.
12/31/00	543,173. 1,956,124.	1,956,124.	0.	0.
12/31/09	7,020,708.	2,844,430.	4,176,278.	4,176,278.
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.
12/31/16	4,427,002.	0.	4,427,002.	4,427,002.
12/31/17	669,008.	0.	669,008.	669,008.
NOL CARRYO	VER AVAILABLE THIS	YEAR	41,036,411.	41,036,411.
FORM 990-T		CONTRIBUTIONS		STATEMENT 7
DESCRIPTIO	N/KIND OF PROPERTY	METHOD USED T	O DETERMINE FMV	AMOUNT
CHARITABLE	CONTRIBUTION 2019	N/A		6,566,066.
TOTAL TO F	ORM 990-T, PAGE 2,	LINE 34		6,566,066.

# Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning , and ending

2019

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service ► 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 34-0714585 THE CLEVELAND CLINIC FOUNDATION Unrelated Business Activity Code (see instructions) INSURANCE Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,679,880. 1a Gross receipts or sales 1,679,880 b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 2 1,679,880. 1,679,880. 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 c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach 5 statement) 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled 8 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) 10 Advertising income (Schedule J) 11 11 12 12 Other income (See instructions, attach schedule) 1,679,880. 1,679,880. Total. Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (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	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)	SEE STATEMENT 9	27	973,708.
28	Total deductions. Add lines 14 through 27		28	973,708.
29	Unrelated business taxable income before net operating loss deduction S	Subtract line 28 from line 13	29	706,172.
30	Deduction for net operating loss arising in tax years beginning on or after	January 1, 2018 (see		
	instructions)		30	0.
31	Unrelated business taxable income Subtract line 30 from line 29		31	706,172.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION		AMOUNT
LOSSES AND LOSS RESERVES UTILITIES		865,754. 426.
SETTLEMENTS		100,000.
OTHER PURCHASED SERVICES CLAIMS ADMINISTRATION		270. 7,258.
TOTAL TO SCHEDULE M, PART II	, LINE 27	973,708.

NTIT	Y
------	---

Form 990-T (2019)							Page 3	
THE CLEVELAND					34-0714585			
Schedule A - Cost of Good	<b>Is Sold.</b> Enter	method of inver	ntory 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. Subtract line 6					
3 Cost of labor	3		from line 5 Enter here	and in Part	:1,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	1 263A (with	respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or a	acquired foi	r resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				х	
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leased	With Real Prop	perty)		
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)		_	·			•		
(4)								
	2. Rent receiv	red or accrued			0(-)			
(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 nt is based on profit or income)	tage	3(a) Deductions directly columns 2(a) and	d 2(b) (attach schedul	le)	
(1)								
(2)					•			
(3)	-	ĺ						
(4)								
Total	0.	Total	-	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter -		Èn	) Total deductions. ter here and on page 1, rt I, line 6, column (B)	<b>&gt;</b>	0.	
Schedule E - Unrelated De	bt-Finance	I Income (see	instructions)		-			
			2. Gross income from	3.	Deductions directly conr to debt-finance		ile	
1. Description of debt-fi	nanced property		or allocable to debt- financed property		aight line depreciation attach schedule)	(b) Other de (attach sch	ductions redule)	
(1)								
(2)				ļ				
(3)								
(4)				ļ		<u> </u>		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	rej	. Gross income portable (column 2 x column 6)	8. Allocable (column 6 x tota 3(a) and	al of columns	
(1)			%		·			
(2)			%			<u></u>		
(3)			_%					
(4)			%					
					here and on page 1, I, line 7, column (A)	Enter here and Part I line 7, c		

Total dividends-received deductions included in column 8

# Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning ...and ending

**2019** 

Employer identification number

ENTITY

2013

Department of the Treasury Internal Revenue Service 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

OMB No 1545-0047

THE CLEVELAND CLINIC FOUNDATION 34-0714585 Unrelated Business Activity Code (see instructions) RETAIL - STORE Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,782,951. 1a Gross receipts or sales 1,782,951 b Less returns and allowances c Balance 1c 1,058,033 2 Cost of goods sold (Schedule A, line 7) 2 724,918, 724,918. 3 Gross profit Subtract line 2 from line 1c 3 4a 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 5 Income (loss) from a partnership or an S corporation (attach 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 8 organization (Schedule F) 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 11 12 Other income (See instructions, attach schedule) 724,918. 724,918. Total. Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	345,755.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562) 20 9, 209.		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	9,209.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	99,952.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 10	27	546,710.
28	Total deductions. Add lines 14 through 27	28	1,001,626.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	<276,708.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 11	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	<276,708.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	STATEMENT 10	
DESCRIPTION		AMOUNT
RENTAL/LEASE		59,015.
MISCELLANEOUS		21,321.
OTHER PURCHASED SERVICES		498.
ADMINISTRATIVE EXPENSES		78,337.
PROFESSIONAL SERVICES		40,625.
UTILITIES		102.
SUPPLIES		346,285.
COURIER/FREIGHT		14.
TRAVEL		74.
DUES/REGISTRATION		439.
TOTAL TO SCHEDULE M, PART	II, LINE 27	546,710.

ENTITY

Form 990-T (2019)							_		1	Page 3
THE CLEVELAND						34-071458	5			
Schedule A - Cost of Goods	1 1	r method of invent	1							
1 Inventory at beginning of year	1		1	Inventory at end of yea			6			
2 Purchases	2		7	Cost of goods sold Su						
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,				
4 a Additional section 263A costs				line 2			7	1		,033.
(attach schedule)	4a		8	Do the rules of section	•	•			Yes	No
<b>b</b> Other costs (attach schedule)	4b	1,058,033.		property produced or a	cquired	d for resale) apply to				
5 Total. Add lines 1 through 4b	5	1,058,033.	<u> </u>	the organization?						Х
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Pe	rsonal Property	Leas	ed With Real Pro	pert	y)		
Description of property										
(1)								<del>.</del>		
(2)			•			•				
(3)				## 144 · · · · · · ·		<del>-</del>				
(4)				•		W-1				
	2. Rent receiv	ved or accrued								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)						3(a) Deductions directly columns 2(a) ar				n
(1)										
(2)				•						
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns 2 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)	<b>&gt;</b>			0.
Schedule E - Unrelated Deb	t-Finance	Income (see i	nstru	ictions)						
			,	Gross income from		Deductions directly con to debt-finance			ble	
1				or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions			
Description of debt-fin:	anced property			financed property	(-/	(attach schedule)		(attach sc		-
(1)										
(2)										
(3)										
(4)	•									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	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)				%			1			
(2)				%			1	•		
(3)				%			1			
(4)				%			1			
1						nter here and on page 1, Part I, line 7, column (A)		inter here and Part I, line 7, o		
Totals				<b>▶</b>		0				٥.
Total dividends-received deductions inc	luded in colum	n 8		- 1		•	_			0.

Form 990-T (2019)

SEE STATEMENT 23

4562 Form

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

► Attach to your tax return. Attachment Department of the Treasury Sequence No 179 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return 34-0714585 The Cleveland Clinic Foundation Retail **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 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 2020 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 2019 17 9,209 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 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use 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 h Residential rental 27.5 yrs. MM S/L 27 5 yrs. MM S/L property 39 yrs. ΜM S/L i Nonresidential real MM S/L property Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs S/L b 12-year 30 yrs MM S/L c 30-year 40 yrs. ΜM 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

portion of the basis attributable to section 263A costs

here and on the appropriate lines of your return Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

23

9,209.00

	4562 (2019)														Page 2
Pa	rt V Listed Property (I- entertainment, recreat	nclude auto			ertain	other	vehic	les, d	certaii	n airc	eraft,	and	prope	erty us	ed for
	Note: For any vehicle for 24b, columns (a) through	or which you	are us	ng the							ase e	xpense	e, com	plete <b>or</b>	1 <b>ly</b> 24a,
	Section A—Depreciation a	_ · ·									r pass	enger	autom	obiles)	
248	a Do you have evidence to support th	e business/inve	estment	use clain		] Yes	_ No	24b	If "Ye	s," is th	ne evid	lence w	ritten?	☐ Yes	☐ No
	(a) (b) Date placed In service percent	nt use Cost or o	<b>d)</b> ther basi		(e) for depreness/inveuse only	stment	(f) Recove penod		(g) Method Conventi		Depn	(h) eciation luction	E	(ı) ected sec cost	
25	Special depreciation allowand the tax year and used more the	e for qualific			erty pla	ced ir			-	25				_	
26	Property used more than 50%						ilistruc	LIOIIS		25					
	Troperty used more than 6676	%	2 000111		<u> </u>					Ī					
		%													
		<u>%</u>								Щ.					
	Property used 50% or less in	a qualified bu	isiness	use		Т		S/	I —						
		%		<del></del>				S/					$\dashv$		
		%						S/	L–						
	Add amounts in column (h), lir	-					21, pa	ge 1		28					
_29	Add amounts in column (i), line						( ) / .	4					29		
Com	plete this section for vehicles use			—Infor						or rela	ted pe	erson I	f vou p	rovided	vehicles
to yo	our employees, first answer the qu	estions in Sec	ction C	o see if	you me	et an e	xceptio	n to co	mplet	ing this	section	on for t	hose ve	ehicles	
20	30 Total business/investment miles driven during		(a) (b)  Vehicle 1 Vehicle 2			Ve				(d) Vehicle 4 V		(e) Vehicle 5 V		f) icle 6	
30	the year (don't include commutin	<u> </u>													
	Total commuting miles driven dur						<u> </u>								
32	Total other personal (none miles 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	) Y	es l	No	Yes	No	Yes	No
35	use during off-duty hours? Was the vehicle used primarily than 5% owner or related pers	•					<del> </del>								
36						<del> </del>	_	1							
	Section C—Q		Emplo	yers W	ho Pro	vide V	ehicle:	for L	Jse by	Their	Emp	loyees	5		<b>.</b>
	wer these questions to determine than 5% owners or related pe	, ,			to con	npletin	g Section	on B fo	or veh	ıcles u	sed b	y emp	loyees	who ar	en't
37	Do you maintain a written pol	ıcy statemen	t that p	rohibit	s all pe	ersonal	use of	vehic	les, ın	cludin	g con	nmutin	ıg, by	Yes	No
38													your		
39	employees? See the instruction  Do you treat all use of vehicles			-		onice	ıs, ulre	JUIS,	UI 1%	Of ITIC	ne ow	HICIS			
	Do you provide more than fiv					tain in	formati	on fro	m voi	ır emp	lovee	s abou	ut the		
	use of the vehicles, and retain	the informati	on rece	eived?											
41	Do you meet the requirements	_	-												L
Dor	Note: If your answer to 37, 38  VI Amortization	3, 39, 40, or 4	1 is "Y	es," do	n't com	plete	Section	B for	the co	vered	vehic	les		I	
Par	Amortization	(6)								Τ	(e)				
	(a) Description of costs	(b) Date amortiza begins	ation	Amor	(c) tizable ai	mount	(	(d) Code se		p	nortizati penod o ercentag	or	Amortiza	(f) zation for this year	
42	Amortization of costs that beg	ins during yo	ur 2019	tax ye	ar (see	ınstru	ctions)								
														_	
42	Amortization of costs that has	an hoforo va	ur 2010	l tay vo	ar						Т	43			
	Amortization of costs that beg <b>Total</b> . Add amounts in column	-		_		e to rer	oort				 	44		_	
	Total Add amounts in column	. (1) 000 1110				<u></u>		•					F	om 456	<b>52</b> (2019)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_\_, and ending \_\_\_\_\_\_

OMB No 1545-0047

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service

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)  7211 Describe the unrelated trade or business HOTEL	.10			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 17,571,594.		15 551 504		
b Less returns and allowances c Balanc	· -	17,571,594.		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3	17,571,594.		17,571,594.
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		-	
13 Total. Combine lines 3 through 12	13	17,571,594.		17,571,594.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	7,349,893.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	1,034,083.
20	Depreciation (attach Form 4562) 2,609,006.		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	2,609,006.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	23,438.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 12	27	7,433,727.
28	Total deductions. Add lines 14 through 27	28	18,450,147.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	<878,553.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		-
	instructions) STMT 13	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	<878,553.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 12
DESCRIPTION		AMOUNT
UTILITIES		763,132,
PRINTING		66,
RENTAL/LEASE		2,203,700
INSURANCE		38,173,
DUES/REGISTRATION		952,525
PROFESSIONAL SERVICES		1,284,540
SUPPLIES		2,191,591
TOTAL TO SCHEDULE M, PART II, L	INE 27	7,433,727

ENTITY

4

Form 990-T (2019)

Form 990-T (2019)								Page 3		
THE CLEVELAND					34-071458	5				
Schedule A - Cost of Good	<b>ls Sold.</b> Enter	r method of invei	ntory valuation N/A			·				
1 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		-	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 a	cquirec	for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?					х		
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)	ļ			
(see instructions)										
1 Description of property										
(1)					<del></del>		<del></del>			
(2)				•	<u> </u>					
(3)										
(4)										
<u> </u>	2. Rent receiv	ed or accrued								
(a) From personal property (if the personal property is more 10% but not more than 50%)	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	<b>3(a)</b> Deductions directly columns 2(a) ar	connecte d 2(b) (att	d with the income ach schedule)	in			
(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)	<b>•</b>		0.		
Schedule E - Unrelated De	bt-Financed	l Income (see	: instructions)							
-					3. Deductions directly con to debt-finance	nected wil	h or allocable			
1			Gross income from or allocable to debt-	(a)	Straight line depreciation		ns			
1. Description of debt-fi	nanced property		financed property	, ,	(attach schedule)	`	(attach schedule)			
(1)						+-	-			
(2)										
(3)										
(4)										
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		reportable (column (			Allocable deduct fumn 6 x total of co 3(a) and 3(b))	
(1)			%				-			
(2)			%							
(3)			%							
(4)			%							
					nter here and on page 1, art I, line 7, column (A)		er here and on pag rt I, line 7, column			
Totals			<b>▶</b> !		0			٥.		
Total dividends received deductions in	aludad in aalumi	. 0	- 1			1				

Form 990-T (2019)

Form **4562** 

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2019

	ment of the Treasury	► Go to	www.irs.gov/Form456	2 for instructi		itest information.		Attachment Sequence No 179
	Revenue Service (99)				hich this form re		•	tifying number
	Cleveland Cli	nic Founda	i i	•	& Food S			0714585
_			rtain Property Unc					
			ed property, comple			omplete Part I.		
1	Maximum amount (	see instruction	s)				1	
2	Total cost of section	n 179 property	placed in service (see	e instructions	<b>s</b> )		2	
3	Threshold cost of s	ection 179 proj	perty before reduction	n in limitation	(see instruct	ions)	3	
4			ne 3 from line 2 If zer				4	
5		•	btract line 4 from lin	e 1 If zero	or less, ente	er -0- If married filing		
	separately, see inst	ructions				•	5	
6	(a) De	escription of proper	ty	(b) Cost (busi	ness use only)	(c) Elected cost		,
		<del></del>						4
	<del> </del>							_
_	Listed property Ent				7		_	
8		-	property Add amount		c), lines 6 and	u /	9	
9			aller of line 5 or line 8		562	•	10	
10 11	-		from line 13 of your :			r line 5. See instructions	11	<del>                                     </del>
	<ul> <li>Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.</li> <li>Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.</li> </ul>							
			to 2020 Add lines 9			13	12	-
			for listed property In					
						de listed property See	ınstr	uctions.)
14	Special depreciation	n allowance f	or qualified property	other than	listed prope	erty) placed in service		
	during the tax year		14	13,121				
	Property subject to	, ,,	•				15	
	Other depreciation					<del></del>	16	<u></u>
Par	MACRS De	preciation (D	on't include listed p		e instructio	ns)		
47	MACDO deductions	. f		Section A	before 201		17	2 505 363
			ced in service in tax y	_	_	o one or more general	<b>-</b>	2,595,362
	asset accounts, che	•	loodio pidoca iii ooivi	oo damig im	o tax your int	. <b>▶</b> □		
			ed in Service During	2019 Tax Y	ear Using th	e General Depreciation	Syst	:em
(a) (	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Conventio	n (f) Method	(g) C	Depreciation deduction
19a	3-year property						<b></b>	
b							<del> </del>	
	<del></del>		_				<del> </del>	_
	10-year property						<del> </del>	<del></del>
	15-year property		- · ·			-	$\vdash$	
	20-year property 25-year property			25 yrs.		S/L	+	
	Residential rental			27 5 yrs.	MM	S/L	<del>                                     </del>	
• • • • • • • • • • • • • • • • • • • •	property			27 5 yrs.	MM	S/L	<del>                                     </del>	
i	Nonresidential real	VARIOUS	22,699	39 yrs	MM	S/L		523
	property				MM	S/L		
		-Assets Place	d in Service During	2019 Tax Ye	ar Using the	Alternative Depreciation	n Sy	stem
20a	Class life					S/L		
b	12-year		-	12 yrs.		S/L		
С	30-year			30 yrs.	MM	S/L	<u> </u>	
	40-year	_		40 yrs	MM	S/L		
	t IV Summary (		•			<del>-</del>	T = -	1
	Listed property Ent			l 40 ·	20	- /s) and line 04 F-4	21	
	here and on the app	propriate lines o	of your return Partner	rships and S	corporations-	(g), and line 21 Enter—see instructions	22	2,609,006.00
23	For assets shown a portion of the basis		ed in service during the section 263A costs	he current ye	ear, enter the	23	•	

	4562 (2019)														Page 2
Pai	t V Listed Property (				ertaın	other	vehic	les,	certa	ain a	urcraft	and	prope	erty us	ed fo
	entertainment, recrea  Note: For any vehicle f	•		,	standa	rd mile	ane ra	te o	r dedu	ctina	lease (	exnens	e com	olete or	ılv 24a
	24b, columns (a) through										10000	SAP OI IC	, , , , , , , , , , , , , , , , , , , ,	p.0.0 0.	<b>,</b>
	Section A—Depreciation														
248	Do you have evidence to support t	he business/inv	estment (	use clair		Yes	□ No	24	b If "Y	'es," ι	s the evi	dence	written?	☐ Yes	□ No
T	(a) (b) Busin		d)	Basis	(e) for depre	ciation	(f)		(g) Meth		D	(h)	_   _	(ı) ected seci	170
	renicies first) in service percer	ntage	ther basis		ness/inve use only	)	Penod	1	Conve			duction		cost	
25	Special depreciation allowanthe tax year and used more to									25					
26	Property used more than 50%	6 in a qualifie	d busine	ess use	•						•				
		%													
		%						_							
		%													
_27	Property used 50% or less in		usiness	use				10	S/L-		1				
		%				-			5/L- S/L-						
		%							5/L-						
28	Add amounts in column (h), li		h 27 E	nter he	re and	on line	21, pa			28					
	Add amounts in column (i), lir	_						•	,	_			29		
			ction B-												
	plete this section for vehicles us														vehicle
to yo	ur employees, first answer the q	uestions in Sec	Ι .		i		xceptio		compie					1 .	
30		business/investment miles driven during ear (don't include commuting miles)  (a) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 3				(e) nicle 5	(f) Vehicle 6								
31	Total commuting miles driven du	iring the year					<del> </del>								
	Total other personal (nor miles driven														
33	Total miles driven during th lines 30 through 32	e year Add													
34	Was the vehicle available for	personal	Yes	No	Yes	No	Yes	ı	No '	Yes	No	Yes	No	Yes	No
35	use during off-duty hours? Was the vehicle used primari	ly by a more					<del> </del>	+				ļ			
33	than 5% owner or related per	, ,													
36	Is another vehicle available for po				<u> </u>		1	+						1	
	Section C—C		Emplo	yers W	ho Pro	vide V	ehicles	s for	r Use t	y Th	eir Em	ployee	es		
	ver these questions to determine				to com	pleting	Section	on B	for ve	hicle	s used	by em	ployees	who ar	en't
	than 5% owners or related po	_				1							b	Yes	No
37	Do you maintain a written po your employees?	nicy statemer	it that p	ronibit	s all pe	rsonai	use or	ver	iicies,	inciu	aing co	mmuti	ng, by	163	110
38	Do you maintain a written po employees? See the instructi												y your		
39	Do you treat all use of vehicle														
40	Do you provide more than five				ees, ob	tain ınf	ormati	on f	rom yo	our e	mploye	es abo	ut the		
	use of the vehicles, and retain														
41	Do you meet the requirement														
Par	Note: If your answer to 37, 3  V Amortization	8, 39, 40, or 4	IT IS "YE	2S, 00	n't com	piete s	ection	BIC	or the c	cover	ea veni	cies		l	
rai	Amortization	(4)								Τ.	(e)				
	(a) Description of costs	(b) Date amortiza begins	ation	Amoi	(c) rtizable ar	mount	•		(d) section		Amortiza period percent	or	(f) Amortization for this year		
42	Amortization of costs that beg	gins during yo	ur 2019	tax ye	ar (see	ınstruc	tions)								
										$\perp$					
40	American of sect that have		2010	tov	n=							42			
	Amortization of costs that beg Total. Add amounts in colum					to ren	ort	•				44			
~~	TOTAL MOUNTS IN COMM	" (i) See the	moduct		. *******	, to 10p	, J. L					77			

Form **4562** (2019)

Department of the Treasury

**Unrelated Business Taxable Income from an** OMB No 1545-0047 **Unrelated Trade or Business** 

For calendar year 2019 or other tax year beginning

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

11

1.47

ENTITY

Internal Revenue Service	Do not enter SSN numbers on this form as r	t may b	e made public if your organiz	ation is a 501(c)(3)	501(c)(3) Organizations Only
Name of the organization	on THE CLEVELAND CLINIC FOUNDATION			Employer identificat	ion number
Unrelated Busin	ess Activity Code (see instructions) > 525990			•	
Describe the un	related trade or business INVESTMENTS				
Part I Unrela	ted Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts					
<b>b</b> Less returns an		1c			
•	sold (Schedule A, line 7)	2	<del></del>	<del></del> -	] [
•	Subtract line 2 from line 1c	3			<u> </u>
, ,	et income (attach Schedule D)	4a			
•	(Form 4797, Part II, line 17) (attach Form 4797)	4b	ļ		·
•	eduction for trusts	4c		<u> </u>	
` '	from a partnership or an S corporation (attach	_			
statement)	0.1.1.0	5	+		-
6 Rent income (	•	6			
	ot-financed income (Schedule E)	7			<del></del>
	ities, royalties, and rents from a controlled	8			
organization (\$		<b>⊢°</b>			<del></del>
	come of a section 501(c)(7), (9), or (17)	9			
organization (\$	-	10			<del></del>
•	mpt activity income (Schedule I) come (Schedule J)	11			
•	(See instructions, attach schedule) STMT 14	12	792,276.		792,276
	ne lines 3 through 12	13	792,276.		792,276
Part II Deduct	tions Not Taken Elsewhere (See instruct connected with the unrelated business in			ictions.) (Deducti	ons must be
14 Compensation	n of officers, directors, and trustees (Schedule K)			14_	
15 Salaries and w	vages			15	
16 Repairs and m	naintenance			16	
17 Bad debts				17	
18 Interest (attack	h schedule) (see instructions)			18	
19 Taxes and lice	enses		1 1	19	
20 Depreciation (a	attach Form 4562)		20		
21 Less deprecia	tion claimed on Schedule A and elsewhere on return	1	21a	21b	~
22 Depletion				22	
23 Contributions	to deferred compensation plans			23	
24 Employee ben	efit programs			24	
,	t expenses (Schedule I)			25	
	ship costs (Schedule J)			26	
27 Other deduction	ons (attach schedule)			27	i

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

0.

0.

792,276.

792,276.

28

29

30

instructions)

28

29

30

FORM 990-T (M) OTHER INCOME	STATEMENT 14
DESCRIPTION	AMOUNT
BLACKSTONE REAL ESTATE PARTNERS VI.TE.2 NQ, LP 26-112	.9052 <4,187.>
BLACKSTONE REAL ESTATE PARTNERS VI.TE.2, LP 20-808171	.6 108,798.
BULLPEN CAPITAL IV, LP 82-4936021	<18,576.>
BULLPEN PLAYOFF FUND, LP 82-4951379	<8,621.>
CENTERBRIDGE SPECIAL CREDIT PARTNERS AIV I, LP 27-218	
COLONY INVESTORS VIII, LP 20-5748317	<150.>
CROW HOLDINGS REALTY PARTNERS VII-A, LP 47-2300123	126,779.
ENCAP ENERGY CAPITAL FUND XI, LP 81-4648210	<437,746.>
ENCAP FLATROCK MIDSTREAM FUND IV, LP 82-2890021	<509,390.>
HG VORA SPECIAL OPPORTUNITIES FUND, LP 26-4369943	171,365.
HIGHSTAR CAPITAL IV, LP 27-1782444	88,070.
MW EUREKA (US) FUND, LP 98-0659293	926,893.
JACE MEDICAL, LLC 46-1956552	41,298.
KOHLBERG TE INVESTORS VII, LP 45-3274956 LONG WHARF REAL ESTATE PARTNERS IV, LP 35-2424296	3,169. <57,789.>
LONG WHARF REAL ESTATE PARTNERS IV, LP 47-4390905	182,848.
VERSA CAPITAL FUND II, LP 26-1758586	<693,250.>
WESTBROOK REAL ESTATE FUND VII, LP 20-5372857	<36,026.>
WESTBROOK REAL ESTATE FUND X, LP 37-1768594	1,467,541.
ONEX PARTNERS III HORNET, LP 98-1081731	3,748.
THACKERAY PARTNERS REALTY FUND V, LP 61-1870885	<3,>
THACKERAY PARTNERS REALTY FUND IV, LP 38-3941473	<156,284.>
TSG7 A AIV IV CAYMAN, LP 98-1395335	<11,939.>
KAYNE ANDERSON ENERGY FUND VI 38-3865939	<318,192.>
GREENSPRING MICRO II, LP 82-3535756	<1,846.>
SHAMROCK CAPITAL GROWTH FUND III, LP 45-1589350	122,808.
RIVERWOOD CAPITAL PARTNERS II LP 46-3800867	<3,718.>
SUN-APOLLO INDIA REAL ESTATE FUND 98-0509859	<56,814.>
TSG7 A AIV V LP 82-4504964	130,954.
TSG7 A AIV VI LP 83-1508514	<122,266.>
TSG7 B AIV II LP 82-2578414	<34,362.>
TSG7 B AIV IV LP 83-0983039	<31,223.>
TOWER ARCH PARTNERS I (Q) LP 30-0840292	321,679.
EIF UNITED STATES POWER FUND IV LP 27-2858420	<778,262.>
STATE STREET MSCI EAFE INDEX 04-6832069	134. <4,628.>
STEELE OFFSHORE (ALTERNATIVE) LP 98-1483512	•
STATE STREET RUSSELL 300 INDEX NON-LENDING 04-3393595 RIVERSIDE MICRO-CAP FUND V-A LP 82-5029996	223.
CROW HOLDINGS REALTY PARTNERS VI-A, LP 45-5567302	90,452.
TSG7 A AIV III, L.P. 82-1120465	<148,849.>
TOWER ARCH PARTNERS II (Q), LP 83-3479442	<123,339.>
HELLMAN & FRIEDMAN CAP PRINERS IX PARALLEL LP 98-1450	
GAIP 2017 (BERMUDA) AIV, L.P. 98-1409102	<1,063.>
GENERAL ATLANTIC INVESTMENT PARTNERS 2017, L.P 82-353	·
BDT CAPITAL PARTNERS FUND I-A, L.P.80-0443506	<21,434.>
BDT CAPITAL PARTNERS FUND 3 (TE), LP 98-1458946	1,360.
ABRY SENIOR EQUITY V, L.P. 81-4142595	23,238.
TOTAL TO SCHEDULE M, PART I, LINE 12	792,276.

# Unrelated Business Taxable Income from an Unrelated Trade or Business

Unrelated I rade or Business

For calendar year 2019 or other tax year beginning , and ending

2019

ENTITY

Department of the Treasury Internal Revenue Service 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 1545-0047

12

Name	of the organization THE CLEVELAND CLINIC FOUNDATION			Employer identific 34-0714585	ation number
	Inrelated Business Activity Code (see instructions) 518210 Describe the unrelated trade or business INTERNET DOMAI	N HOST			
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowancesc Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	<u> </u>		
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	<183,596.	_	<183,596.
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	<183,596.>		<183,596

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	Depreciation (attach Form 4562)	0		
21	Less depreciation claimed on Schedule A and elsewhere on return	1a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)	1	27	·
28	Total deductions. Add lines 14 through 27		28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 20	8 from line 13	29	<183,596.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 201	18 (see		<del></del>
	instructions)	STMT 15	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29		31	<183,596.

Schedule M (Form 990-T) 2019

SCHEDULE M		NET	OPERATING	LOSS	DEDUCTION	STATEMENT	15
TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18		191,331.			191,331.	191,3	31.
NOL CARRYOV	ER AV	AILABLE THIS	YEAR		191,331.	191,3	31.

# **Unrelated Business Taxable Income from an**

**Unrelated Trade or Business** 

OMB No 1545-0047

13

ENTITY

Department of the Treasury Internal Revenue Service

▶ 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)

For calendar year 2019 or other tax year beginning

LHA For Paperwork Reduction Act Notice, see instructions.

50 1(c)(3) Organizations Only

Employer identification number Name of the organization 34-0714585 THE CLEVELAND CLINIC FOUNDATION Unrelated Business Activity Code (see instructions) ▶ GROUP PURCHASING Describe the unrelated trade or business 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 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a 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 5 Income (loss) from a partnership or an S corporation (attach 5 68,929 68,929. statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 12 Other income (See instructions, attach schedule) 68,929, 68,929. Total. Combine lines 3 through 12 13 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	Depreciation (attach Form 4562)	20			
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
22	Depletion			22	-
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)			27	
28	Total deductions. Add lines 14 through 27			28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract liii	ne 28 f	rom line 13	29	68,929.
30	Deduction for net operating loss arising in tax years beginning on or after January 1	, 2018	(see		
	instructions)		STMT 16	30	0.
31	Unrelated business taxable income_Subtract line 30 from line 29			31	68,929.
LHA	For Paperwork Reduction Act Notice, see instructions.		<u>-</u>	Schedu	le M (Form 990-T) 2019

34-0714585

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT	16
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	335,027.		335,027.	335,02	27.
NOL CARRYO	VER AVAILABLE THIS	YEAR	335,027.	335,02	27.

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning , and ending

THE CLEVELAND CLINIC FOUNDATION

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

OMB No. 1545-0047

14

ENTITY

34-0714585

Department of the Treasury Internal Revenue Service 501(c)(3) Organizations Only 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 Name of the organization

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 98,973 b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 98,973. 98,973. 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 5 statement) Rent income (Schedule C) 6 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) 10 10 Explorted exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 98,973. 98,973. 13 Total. Combine lines 3 through 12 13

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15		15	131,094.
	Salaries and wages	16	
16	Repairs and maintenance	<del></del>	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	·-
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	41,447.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 17	27	2,936.
28	Total deductions. Add lines 14 through 27	28	175,477.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	<76,504.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 18	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	<76,504.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)		OTHER DEDUC	CTIONS	STATEMENT	17
DESCRIPTION				TRUOMA	
SUPPLIES UTILITIES OTHER PURCHASED SERENTAL/LEASE TOTAL TO SCHEDULE		, LINE 27			181. ,440. 272. 43.
SCHEDULE M	NET	OPERATING LOSS	S DEDUCTION	STATEMENT	18
TAX YEAR LOSS S	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	107,059.		107,059.	107,0	59.
NOL CARRYOVER AVAI	LABLE THIS	YEAR	107,059.	107,0	59.

Form 990-T (2019)

TY	14	
	Page	3

THE CLEVELAND						34-0/1458	<del>-</del>		
Schedule A - Cost of Good	IS Sold. Enter	method of invei	ntory v	aluation N/A			,	<del>-</del>	
<ol> <li>Inventory at beginning of year</li> </ol>	1		_	Inventory at end of yea			6		
2 Purchases	2		<b>-</b> 7	Cost of goods sold. Su					
3 Cost of labor	3		4	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		<del></del>
(attach schedule)	4a		8	Do the rules of section	•	•		Yes	No No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to			_
5 Total. Add lines 1 through 4b	5			the organization?					х
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Lease	ed With Real Pro	pert	y) 	
1 Description of property									
(1)				···					
(2)		.,.							
(3)	-								
(4)	•					<del></del>		-	
	2. Rent receiv	ed or accrued							
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ai	d 2(p) (	attach schedule)	e in 
(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 Del		Income (see	ınetnı	ctions)		Part I, line 0, column (b)			
Genedale E - On clated Bei	Bt Tillanoco	income (see	11300	Ctions,		3. Deductions directly con	nected	with or allocable	
			2	Gross income from		to debt-finance	ed prop	perty	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedul	
(1)			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 flocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(	8, Allocable dedu column 6 x total of 3(a) and 3(b)	columns
(1)				%					
(2)				%					
(3)	1			%				-	
(4)			1	%					
			-			nter here and on page 1, art I, line 7, column (A)		Enter here and on part I, line 7 colum	
Totals				▶		C	.		0.
Total dividends-received deductions in	icluded in column	8			•	<u> </u>	-		0.
		<del>-</del>				<del></del>		Form <b>990</b> -	T (2019)

### Unrelated Business Taxable Income from an Unrelated Trade or Business

Unrelated Trade or Business
For calendar year 2019 or other tax year beginning , and ending

2019

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

15

34-0714585 THE CLEVELAND CLINIC FOUNDATION Unrelated Business Activity Code (see instructions) ▶ ▶ PROFESSIONAL SERVICES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 10,604,612 1a Gross receipts or sales 10,604,612 b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 2 10 604 612. 10,604,612. Gross profit Subtract line 2 from line 1c 3 4a 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 Income (loss) from a partnership or an S corporation (attach 5 statement) 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 78,956 1,758,647. Advertising income (Schedule J) 11 1,837,603 11 Other income (See instructions, attach schedule) 12 12 78 956. 12,363,259. 12,442,215. Total. Combine lines 3 through 12 13 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	5,946,668.
16	Repairs and maintenance	16	8,291.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	-
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562) 20 32,604		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	32,604.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	137,797.
24	Employee benefit programs	24	1,343,566.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 19	27	3,018,380.
28	Total deductions. Add lines 14 through 27	28	10,487,306.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	1,875,953.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 20	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	1,875,953.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T	(M)	OTHER DI	EDUCTIONS	STATEMENT	19
DESCRIPTION	ī			AMOUNT	
SUPPLIES	-			23	,761.
UTILITIES				20	017.
MARKETING				13	534.
PRINTING				5	416.
COURIER/FRE	CIGHT				,218.
TRAVEL					964.
RENTAL/LEAS					456.
DUES/REGIST					304.
MISCELLANEC PROFESSIONA					,372. 820.
	AL SERVICES ASED SERVICES				,020. ,732.
	NDIRECT COSTS			1,108	
TOTAL TO SO	HEDULE M, PART II	, LINE 27		3,018	,380.
SCHEDULE M	NET	OPERATING I	COSS DEDUCTION	STATEMENT	20
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSI APPLIEI		AVAILABLE THIS YEAR	
12/31/18 12/31/18	49,786. 116,708.		49,786. 116,708.		
NOL CARRYOV	ER AVAILABLE THIS	YEAR	166,494.	166,4	94.

15

Page 3

Form 990-T (2019)

SΝ	Τ.	ľΤ	Υ	

THE CLEVELAND CLINIC FOUNDATION 34-0714585 Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A Inventory at beginning of year 6 Inventory at end of year 6 2 Purchases 2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, 3 Cost of labor 3 7 4a Additional section 263A costs line 2 Yes No (attach schedule) 4a 8 Do the rules of section 263A (with respect to 4b property produced or acquired for resale) apply to b Other costs (attach schedule) Total Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total ٥. Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property Gross income from or allocable to debt-(a) Straight line depreciation (attach schedule) (b) Other deductions 1. Description of debt-financed property financed property (1) (2) (3) (4) 8. Altocable deductions (column 6 x total of columns 5. Average adjusted basis of or allocable to 7 Gross income reportable (column 4. Amount of average acquisition debt on or allocable to debt-financed Column 4 divided by column 5 property (attach schedule) debt-financed property (attach schedule) 2 x column 6) 3(a) and 3(b)) % (1) % (2) % (3) % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) 0. Totals 0. Total dividends-received deductions included in column 8

Form **4562** 

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172 2019

Department of the Treasury							- 1	Attachment
Internal Revenue Service (99) Go to www.irs.gov/Form4562 for instructions and the latest information.							Sequence No 179	
Name(s)	shown on return		Busine	ess or activity to v	vhich this form re	lates	Ident	tifying number
The C	Cleveland Cla	inic Founda	ation Prof	essional,	Scienti	fic & Tech Svcs	34-	0714585
Part	Part I Election To Expense Certain Property Under Section 179							
			ed property, compl			omplete Part I.		
1 M	1axımum amount (					<del></del>	1	
		-	placed in service (se	e instructions	<b>:</b> )		2	·
			perty before reduction		•	ione)	3	-
			ne 3 from line 2 If ze			10113)	4	<del>                                     </del>
						er -0- If married filing	-	<del> </del>
			otract line 4 from li	116 1 11 2610	or less, enti-	er -0- ii mamed iiiig	5	
	eparately, see inst		<del></del>	1 112 0 - 10 -		(a) Floring and	<u> </u>	<del>                                      </del>
6	(a) De	escription of proper	ty	(b) Cost (bus	iness use only)	(c) Elected cost		4
								4
				<u> </u>		·		4
	isted property En				7	<del> '</del>	<del></del>	<del> </del>
			property Add amoun		(c), lines 6 and	d 7	8	ļ
			aller of line 5 or line				9	<del> </del>
<b>10</b> C	arryover of disallo	wed deduction	from line 13 of your	2018 Form 4	562		10	
11 B	usiness income lim	itation Enter the	e smaller of business i	ncome (not les	ss than zero) o	r line 5 See instructions	11	
12 S	ection 179 expens	se deduction A	dd lines 9 and 10, bi	ut don't enter	more than lin	ne_11	12	
13 C	arryover of disallo	wed deduction	to 2020 Add lines 9	and 10, less	line 12	13		
			for listed property li					
Part	Special Dep	reciation Allo	wance and Other I	Depreciation	n (Don't inclu	ide listed property. See	e instr	uctions.)
						erty) placed in service	T	
	uring the tax year			•			14	·
	roperty subject to						15	-
	ther depreciation		•				16	
				property Se	e instructio	ns )	<u> </u>	
a. C.	Part III MACRS Depreciation (Don't include listed property. See instructions.)  Section A							
17 M	IACBS deductions	for accete place	ced in service in tax y		na hefore 20°	10	17	32,604
						o one or more general	Ë	32700
	sset accounts, che		ssets placed in serv	ice during the	c tax year iin	b □		
			ad in Sarvice Durin	a 2019 Tay V	ear Using th	e General Depreciation	n Syst	em
	Jection E	(b) Month and year	(c) Basis for depreciation	Ī	Cui Osing th	Tocherar Depresiation	T	
(a) Cla	ssification of property	placed in	(business/investment use	(d) Recovery penod	(e) Convention	in (f) Method	(g) D	Depreciation deduction
		service	only—see instructions)	Period	<b></b>		+	
	3-year property			*			+	
	5-year property			ļ			<del></del>	
	7-year property				ļ <u> </u>		<b>├</b>	
	0-year property							
	5-year property						↓	
	0-year property						↓	
g 2	5-year property			25 yrs.		S/L	$\bot$	
hΒ	Residential rental			27.5 yrs.	MM	S/L		
р	roperty		-	27 5 yrs.	MM	S/L		
	Ionresidential real		<del></del>	39 yrs.	MM	S/L		
q	roperty				MM	S/L	T	
		-Assets Place	d in Service During	2019 Tax Ye	ar Using the	Alternative Depreciation	on Sys	stem
20a C	lass life		<u> </u>		<u> </u>	S/L	T	
	2-year			12 yrs.		S/L		
	0-year			30 yrs.	MM -	S/L	1	
	0-year	<del>                                     </del>	<u> </u>	40 yrs.	MM	S/L	+-	
		See instructio	ne \	70 yrs.	I tallal			
	V Summary (						21	
	sted property Ent			lines 10 and	20 in column	(g), and line 21 Enter		
			of your return Partne				22	22 604 00
		-	•			300 matruotions	22	32,604.00
			ed in service during t	me current ye	ar, enter the	22		•

_	4500 (0040)																Page 2
		d Proper tainment,						ertain	other	vehicle	s, ce	rtaın a	aircraft	, and	prope	rty us	
	Note	For any ve	ehicle fo	r which	h you a	re usi	ng the						lease	expens	e, com	olete o	nly 24a
		columns (a)												_			
-		A—Deprec															
	a Do you have		upport the	e busine	ess/inves	tment t	use ciai	mea / L	_  Yes ∟		24D IT		s the ev	-	viitenz		<u> </u>
	(a) e of property (lis vehicles first)	(b) Date placed in service	Busines	tuse Co	(d) ost or oth			s for depre iness/inve use only	stment	(f) Recovery penod		(g) ethod/ ivention		(h) preciation eduction	Ele	(i) ected sec cos	
25	Special de											25					
26	Property us	ed more th	an 50%	ın a qu	ualified	busine	ess us	е									
		_		%			4										_
				%			_										
-27	Draw anti	ad 50% as	<u> </u>	% ************************************	ind bug								<u> </u>				
	Property us	ed 50% or	less in a	% quaiii	ied bus	mess	use		1		S/L-		T				
				%			+				S/L-				_		
			<u> </u>	%							S/L-	-					
	Add amour									21, page	e 1	28					
_29	Add amour	ts in colum	n (ı), lıne	26 Er											29		
	plete this sec our employees				sole pro	prietor	, partn	er, or otl	her "mo		% own						vehicle
	<u>.</u>	<del></del>					a)		(b)	(c			(d)		(e)		(f)
30	30 Total business/investment miles driven during the year (don't include commuting miles)  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5				Veh	icle 6											
	Total commu Total other	r personal			· —		-										<del></del>
33	Total miles		ing the	year.	Add				. :								
34	Was the vel	_	ole for po	ersonal	ı 🗎	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	was the ve	nicle used p	rimarily	•	nore								-				
26	than 5% ov				F				<del>                                     </del>								
	is another ve					mplo	vers V	Vho Pro	vide V	ehicles 1	for Us	e by Th	eir Em	plovee	 S	J	<u> </u>
Ansv	wer these que than 5% ov	estions to d	etermin	e if you	u meet a	an exc	eption									who ar	en't
37	Do you may		ten poli	cy stat	tement	that p	rohibi	ts all pe	ersonal	use of v	ehicles	s, ınclu	ding co	mmutir	ng, by	Yes	No
38	Do you mai														y your		
39	Do you trea	t all use of v	vehicles	by em	ployees	s as p	ersona	al use?									
40	Do you pro use of the v							ees, ob	tain inf	ormation	n from	your e	mploye	es abo	ut the		
41	Do you mee																
_	Note: If you		37, 38,	, 39, 40	0, or 41	ıs "Ye	≋,"do	n't com	plete S	Section E	for th	e cover	ed veh	icles			
Par	Amo	tization	Ť			ı						ı	(e)				
		a) on of costs			(b) amortizatii begins	on	Amo	(c) ortizable ar	mount	Co	(d) ide secti	on	Amortiza		Amortiza	(f) ition for ti	his year

гаі	Fait VI Amortization								
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization penod of percentage	r	(f) Amortization for this year		
42	42 Amortization of costs that begins during your 2019 tax year (see instructions)								
							_		
43	Amortization of costs that beg	an before your 201	19 tax year			43			
	Total. Add amounts in column	=		t		44			

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

, 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)

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

Employer identification number Name of the organization 34-0714585 THE CLEVELAND CLINIC FOUNDATION Unrelated Business Activity Code (see instructions) 

454110 Describe the unrelated trade or business RETAIL - ONLINE Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 61,130 **b** Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 61,130. 3 61,130 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 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 61,130. 61,130. Total. Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 21	27	201,600.
28	Total deductions. Add lines 14 through 27	28	201,600.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	<140,470.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 22	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	<140,470.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

13

FORM 990-T (	(M)	OTHER DEDU	CTIONS	STATEMENT	21
DESCRIPTION				AMOUNT	
SUPPLIES RENTAL/LEASE PROFESSIONAL OTHER PURCHA	SERVICES ASED SERVICES			170 4	11. ,471. ,611. ,692.
TOTAL TO SCH	HEDULE M, PART II	, LINE 27		201	,600.
SCHEDULE M	NET	OPERATING LOS	S DEDUCTION	STATEMENT	22
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	34,227.		34,227.	34,2	27.
NOL CARRYOVE	ER AVAILABLE THIS	YEAR	34,227.	34,2	27.

ENTITY

Form 990-T (2019)							1	Page 3
THE CLEVELAND					34-071458	5		
Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6		
2 Purchases	2		7 Cost of goods sold. Su	ubtract lii	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (w	ith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					х
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Lease	d With Real Pro	perty	y)	
(see instructions)	•							
Description of property		-						
(1)								
(2)		· .						
(3)	<del></del>	<del></del>	· -		<del></del> -			
(4)							<del></del>	
	2. Rent receiv	ed or accrued					• • • • • • • • • • • • • • • • • • • •	
(a) From personal property (if the personal property is more 10% but not more than 50%	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	connected 2(b) (a	ted with the income intraction attach schedule)	п		
(1)					~			
(2)							·-	
(3)								
(4)			48.4°					
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>		٥.
Schedule E - Unrelated Del	bt-Financed	I Income (see	instructions)		•		-	
			2. Gross income from		3. Deductions directly con- to debt-finance		erty	
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a) :	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	is
(1)								
(2)		<del></del>				1		
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deducticolumn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)	Ì	·	%				_	
					ter here and on page 1, art I, line 7, column (A)		nter here and on pag Part I, line 7, column (	
Totals			<b>▶</b>		0			0.
Total dividends-received deductions in	icluded in columi	18	<u> </u>					0.
		-					Form <b>990-T</b>	(2019)

ENTITY

15

0.

THE CLEVELAND CLINIC FOUNDATION

34-0714585

Schedule J - Advertising Income (see instructions)

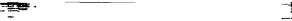
Part I	Income From	Periodicals Reported on a	Consolidated Basis
raiti	Income From	renoulcais neporteu on a	Collegia de Dasis

1,837,603

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	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)	1,837,603.	, 78,956.				, ,
(2)			]· [			1 .
(3)			] [			].
(4)			٠,			<u> </u>
	1,837,603.					
Part II Income From Per columns 2 through 7 or			rate Basis (For eac	ch periodical liste	d in Part II, fill in	
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)	<b>†</b>	<del></del>	-			
(2)						
(3)						
	T 1					T
(4)			<u> </u>			
(4) Fotals from Part I	1,837,603.	78,956.			- 1	Enter here and

78,956

Totals, Part II (lines 1-5)



(Rev May 2020) 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

2019

Name	Employer i	dentification number
THE CLEVELAND CLINIC FOUNDATION	34-07:	14585
1 Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827	1	32,503.
2 Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2	
3 Enter the refundable minimum tax credit (see instructions)	3	32,503.
4 Add lines 2 and 3	4	32,503.
5a Enter the smaller of line 1 or line 4 If the corporation had a post-1986 ownership change or has		
pre-acquisition excess credits, see instructions	5a	32,503.
b Current year minimum tax credit. Enter the smaller of line 1 or line 2 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		
3, go to line 5c Otherwise, skip line 5c	5b	
c Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this		
amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c	32,503.
6 Minimum tax credit carryforward. Subtract line 5a from line 1 Keep a record of this amount to carry		
forward and use in future years	6	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8827** (Rev 5 2020)

Department of the Treasury Internal Revenue Service (99)

#### **General Business Credit**

▶ 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. OMB No 1545-0895 201

Attachment Sequence No 22

Identifying number Name(s) shown on return 34-0714585 The Cleveland Clinic Foundation Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II) 1 8,457 General business credit from line 2 of all Parts III with box A checked 2 2 Passive activity credits from line 2 of all Parts III with box B checked Enter the applicable passive activity credits allowed for 2019 See instructions 3 3 Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box C 4 checked See instructions for statement to attach 214,061 Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with box D 5 checked See instructions 6 222,518.00 Add lines 1, 3, 4, and 5 **Allowable Credit** Regular tax before credits · Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 · Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the 7 applicable line of your return · 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 Alternative minimum tax · Individuals Enter the amount from Form 6251, line 11 8 · Corporations Enter -0- Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 9 0.00 Add lines 7 and 8 10a Foreign tax credit 10a 10b Certain allowable credits (see instructions) 10c 0.00 Add lines 10a and 10b 0.00 11 Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 11 12 12 Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See 13 13 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), 15 Enter the greater of line 13 or line 14 15 Subtract line 15 from line 11 If zero or less, enter -0-16 0.00 16 Enter the smaller of line 6 or line 16 17 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization

Part			
lote	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on line 2	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		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	·
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		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	<u></u> .
34	Carryforward of business credit to 2019 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 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	<i>-</i>
36	Add lines 30, 33, 34, and 35	36	0.00
37	Enter the <b>smaller</b> 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 or 1040-SR), line 6, or Form 1040-NR, 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 (2019) Page 3 Name(s) shown on return Identifying number The Cleveland Clinic Foundation 34-0714585 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions A 🗵 General Business Credit From a Non-Passive Activity E Reserved General Business Credit From a Passive Activity ☐ Reserved F C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards D General Business Credit Carrybacks H 🗌 Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III ightharpoons(c) Enter the (a) Description of credit If claiming the credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through entity, enter the EIN appropriate amount pass-through entity Investment (Form 3468, Part II only) (attach Form 3468) 1a 1a 1b Reserved b C Increasing research activities (Form 6765) 1c 6,479 Low-income housing (Form 8586, Part I only) 1d d Disabled access (Form 8826) (see instructions for limitation) 1e е 1f 1,978 Renewable electricity, refined coal, and Indian coal production (Form 8835) g Indian employment (Form 8845) 1g Orphan drug (Form 8820) 1h h 1i New markets (Form 8874) Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions k for limitation) 1 Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m m 1n n Distilled spints (Form 8906) Nonconventional source fuel (carryforward only) 0 10 1p Energy efficient home (Form 8908) p Energy efficient appliance (carryforward only) 1q Alternative motor vehicle (Form 8910) 1r 1s s Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (Form 8830) 1t t 1u Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) 1v w Employer differential wage payments (Form 8932) 1w 1x Carbon oxide sequestration (Form 8933) X 1y Qualified plug-in electric drive motor vehicle (Form 8936) У z Qualified plug-in electric vehicle (carryforward only) 1z aa Employee retention (Form 5884-A) 1aa 1bb hb General credits from an electing large partnership (carryforward only) Other Oil and gas production from marginal wells (Form 8904) and certain other ZZ credits (see instructions) 1zz 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 8,457 3 3 Enter the amount from Form 8844 here and on the applicable line of Part II 4a Investment (Form 3468, Part III) (attach Form 3468) 4a Work opportunity (Form 5884) 4b Biofuel producer (Form 6478) 4c C 4d Low-income housing (Form 8586, Part II) d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e ŧ Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f 4,716 Qualified railroad track maintenance (Form 8900) 4g

g

h

į

j

Z 5

6

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)

4i 4j 4z 5 4,716 6 13,173

4h

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

5

6

4,716

8,662

5

6

_		0 (2019)			Page 3		
Nar	ne(s)	shown on return		Identifying nu	mber		
	The Cleveland Clinic Foundation 34-0714585						
_	art I		tructi	ons)			
		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			1_		
		General Business Credit Carryforwards  G   Eligible Small Busin	ness C	redit Carrytorward	IS		
		General Business Credit Carrybacks H Reserved					
ı	-	to are filing more than one Part III with box A or B checked, complete and attach first an a larts III with box A or B checked. Check here if this is the consolidated Part III	aggitic	onai Part III combini	ng amounts from ▶ □		
_		(a) Description of credit		(b)	(c)		
No	ta · O	n any line where the credit is from more than one source, a separate Part III is needed for each		If claiming the credit	Enter the		
		ough entity		from a pass-through entity, enter the EIN	appropriate amount		
-	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
	b	Reserved	1b				
	С	Increasing research activities (Form 6765)	1c	38-3865939	3,656		
	d	Low-income housing (Form 8586, Part I only)	1d				
	e	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				
	h	Orphan drug (Form 8820)	1h				
	i	New markets (Form 8874)	1i				
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>				
	k	Employer-provided child care facilities and services (Form 8882) (see instructions	۱.,				
		for limitation)	1k				
	<u>.                                    </u>	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
	m	Low sulfur diesel fuel production (Form 8896)	1m 1n				
	n	Distilled spirits (Form 8906)	10				
	0	Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908)	1p		<del></del>		
	p	Energy efficient appliance (carryforward only)	1q		<del></del>		
	q r	Alternative motor vehicle (Form 8910)	1r				
	s	Alternative fuel vehicle refueling property (Form 8911)	1s		<del></del>		
	t	Enhanced oil recovery credit (Form 8830)	1t				
	u	Mine rescue team training (Form 8923)	1u				
	V	Agricultural chemicals security (carryforward only)	1v				
	w	Employer differential wage payments (Form 8932)	1w				
	x	Carbon oxide sequestration (Form 8933)	1x				
	y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
	Z	Qualified plug-in electric vehicle (carryforward only)	1z				
	aa	Employee retention (Form 5884-A)	1aa				
	bb	General credits from an electing large partnership (carryforward only)	1bb				
	ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other					
_		credits (see instructions)	1zz				
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		3 <u>,65</u> 6		
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3		· <del></del>		
	a	Investment (Form 3468, Part III) (attach Form 3468)	4a 4b				
	b	Work opportunity (Form 5884) Biofuel producer (Form 6478)	4c				
	c d	Low-income housing (Form 8586, Part II)	4d	<del>-</del>	<del></del>		
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
	g	Qualified railroad track maintenance (Form 8900)	4g				
	9 h	Small employer health insurance premiums (Form 8941)	4h				
	i	Increasing research activities (Form 6765)	4i	-			
	i	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		0		
_6		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,656		
					Form <b>3800</b> (2019)		

	* -
 •	4- <del>410-444</del>

Page 3

Form 380	shown on return		l4	entifying nun	Page
• •				4-071458	
	leveland Clinic Foundation  General Business Credits or Eligible Small Business Credits (see inst	ructi		4-0/1458	35
Part I	ete a separate Part III for each box checked below See instructions.	ucti	0113)		
•	General Business Credit From a Non-Passive Activity E Reserved				
	General Business Credit From a Passive Activity  F Reserved  Reserved				
	General Business Credit Carryforwards  General Business Credit Carryforwards  G Eligible Small Busin	ess C	Credit Ca	rrvforward	s
	General Business Credit Carrybacks  H Reserved	.000 0	3,00,,00	,	•
	ou are filing more than one Part III with box A or B checked, complete and attach first an	additic	onal Part	III combinir	no amounts from
	Parts III with box A or B checked. Check here if this is the consolidated Part III		311 <b>0</b> 1 1 <b>0</b> 11		▶ [
	(a) Description of credit			(b)	(c)
Note: O	n any line where the credit is from more than one source, a separate Part III is needed for each		If claimin	g the credit	Enter the appropriate
	rough entity			ter the EIN	amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
b	Reserved	1b			
С	Increasing research activities (Form 6765)	1c	83-34	79442	85
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	ļ	_	<del></del>
g	Indian employment (Form 8845)	1g			· <u>-</u>
h	Orphan drug (Form 8820)	1h			
i	New markets (Form 8874)	1i			
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>			
k	Employer-provided child care facilities and services (Form 8882) (see instructions			}	
	for limitation)	1k			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
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			<del> </del>
q	Energy efficient appliance (carryforward only)	1q			
r	Alternative motor vehicle (Form 8910)	1r			
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	ļ	,	
٧	Agricultural chemicals security (carryforward only)	1v	<del> </del>	`	
w	Employer differential wage payments (Form 8932)	1w	<u> </u>		
X	Carbon oxide sequestration (Form 8933)	1x	<u> </u>		. <del>.</del>
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>			
Z	Qualified plug-in electric vehicle (carryforward only)	1z	ļ		
aa	Employee retention (Form 5884-A)	1aa		-	
bb	General credits from an electing large partnership (carryforward only)	1bb	1		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other				
_	credits (see instructions)	1zz	-		0.5
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	<del> </del>	-	85
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	1		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	-		
b	Work opportunity (Form 5884)	4b			
C	Biofuel producer (Form 6478)	4c			<del></del>
d	Low-income housing (Form 8586, Part II)	4d			· · · · · · · · · · · · · · · · · · ·
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	-	- +	
9	Qualified railroad track maintenance (Form 8900)	4g			
h	Small employer health insurance premiums (Form 8941)	4h	<del>  -</del>		
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	-		0.5
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1		85 Form <b>3800</b> (2019

-	-	_			
					_
Form 380				<u> </u>	Page 3
	shown on return		Identifying number		
	leveland Clinic Foundation			34-071458	35
Part II		ructi	ons)		
•	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			0	_
	General Business Credit Carryforwards  G   Eligible Small Busin	iess C	reait	Carrytorward	S
	General Business Credit Carrybacks H Reserved				
	ou are filing more than one Part III with box A or B checked, complete and attach first an a farts III with box A or B checked. Check here if this is the consolidated Part III	additio	nal P	art III combinir	ng amounts from ►
	(a) Description of credit			(b)	(c)
N - 4 0	• • • •		In Claiming the Credit		Enter the
	n any line where the credit is from more than one source, a separate Part III is needed for each ough entity		from	a pass-through , enter the EIN	appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Cinny	, criter the Lift	<del></del>
b	Reserved	1b	-		
c	Increasing research activities (Form 6765)	1c			1,819
ď	Low-income housing (Form 8586, Part I only)	1d			
e	Disabled access (Form 8826) (see instructions for limitation)	1e	_		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			12,339
g g	Indian employment (Form 8845)	1g		·	, -
h	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			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	<u>1n</u>			
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			
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	<u> </u>		
V	Agricultural chemicals security (carryforward only)	1v			
w	Employer differential wage payments (Form 8932)	1w			
X	Carbon oxide sequestration (Form 8933)	1x 1y		-	
<b>y</b> -	Qualified plug-in electric drive motor vehicle (Form 8936)	1z			·
Z	Qualified plug-in electric vehicle (carryforward only) Employee retention (Form 5884-A)	1aa			
aa	General credits from an electing large partnership (carryforward only)	1bb			<del></del>
bb 	Other Oil and gas production from marginal wells (Form 8904) and certain other	100		+	
ZZ	credits (see instructions)	1zz			199,903
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			214,061.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			

4a

b

C

d

h

j

Investment (Form 3468, Part III) (attach Form 3468)

Qualified railroad track maintenance (Form 8900)

Small employer health insurance premiums (Form 8941)

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

Renewable electricity, refined coal, and Indian coal production (Form 8835)

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

Employer social security and Medicare taxes paid on certain employee tips (Form 8846)

Work opportunity (Form 5884)

Biofuel producer (Form 6478)

Low-income housing (Form 8586, Part II)

Increasing research activities (Form 6765)

4g 4h 4i 4j 4z 5 863.00

4a 4b

4c

4d

4e

4f

214,924.00 Form 3800 (2019)

863