efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493118000491 OMB No. 1545-0047

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form **990** 

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

▶ Do not enter social security numbers on this form as it may be made public.

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

Open to Public Inspection

A Fo	or th	e 2019 c	alendar year, or tax year begin	ning 07-01-2019 , and ending 06	-30-2020	)					
3 Che	ck if a	pplicable:	C Name of organization CASE WESTERN RESERVE UNIVERSI	IV			D Employe	r identifi	ication number		
		change	CASE WESTERN RESERVE ONIVERSI	•			34-1018	992			
☐ Nar		-	Doing business as								
		n/terminated				ŀ	F.T.				
		d return	10000 ELICLID AVENUE	ail is not delivered to street address) Room	/suite		E Telephone				
⊔ App	olicati	on pending	City or town, state or province, coun	hui, and 710 or foreign pochal and			(216) 36	8-2126			
			CLEVELAND, OH 441067006	try, and 21r or loreign postal code			G Gross reco	aints ¢ 2	098,488,512		
			<b>F</b> Name and address of principa	officer:	H(a)	To this	a group retu		090,400,312		
			Scott Cowen		"(")	subord		JIII 101	□Yes <b>☑</b> No		
			10900 EUCLID AVENUE CLEVELAND, OH 441067006		H(b)	Are all	subordinate	s	Yes No		
[ Tax	-exer	npt status:	·	insert no.)		include		t (see	instructions)		
J W	ebsit	:e:▶ HT	TP://WWW.CASE.EDU	13 17 (a)(17 of 20 327	<b>⊢</b> н(с)		exemption r	•	•		
<b>K</b> Form	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Associ	ciation ☐ Other ►	<b>L</b> Year	of format		<b>M</b> State ( OH	of legal domicile:		
Б-		S									
Pa	rt I		mary scribe the organization's mission or	most significant activities:							
	(	Case West	tern Reserve University is an indep	endent, research-oriented university							
				ing; in the arts and sciences; and in la earch and scholarship. The University							
မ				earth and scholarship. The onliversity hat preserves the strengths of the trac							
ù L	9	students f	or positions of leadership in profes	sions that are important to society, ar							
e l	<u> </u>	<u>understan</u>	ding of its chosen disciplines and t	heir applications.							
Governance	-										
5	-										
activities &				continued its operations or disposed o			of its net as		ı		
ne			-	g body (Part VI, line 1a)				3	43		
M			· -	the governing body (Part VI, line 1b)				4	42		
AC			* *	endar year 2019 (Part V, line 2a) .				5	10,614		
			•	essary)			•	6	574		
				VIII, column (C), line 12				7a	-1,772,953		
	b	Net unrel	lated business taxable income fron	n Form 990-T, line 39	· · ·			7b	0		
						Prio	r Year		Current Year		
₫.			cions and grants (Part VIII, line 1h)				544,959,2		554,390,255		
Ravenue			service revenue (Part VIII, line 2g)			614,032,3		628,804,251			
R.			ent income (Part VIII, column (A), li				59,635,63	_	70,355,463		
			venue (Part VIII, column (A), lines 5				-914,38		-896,121		
				st equal Part VIII, column (A), line 12)			,217,712,84	-	1,252,653,848		
			nd similar amounts paid (Part IX, c	, ,,			195,511,8	54	210,497,403		
			•	lumn (A), line 4)	, <u> </u>		100 340 4	70	406 453 004		
ses				nefits (Part IX, column (A), lines 5–10	' ⊢		488,249,4	_	496,452,881		
Expenses			• , ,	nn (A), line 11e)			141,4	12	316,744		
Ħ E			raising expenses (Part IX, column (D), I	· ————————————————————————————————————			F21 179 0	72	F21 F0F 160		
			penses (Part IX, column (A), lines :			1	521,178,0	_	521,585,168		
			penses. Add lines 13-17 (must equ	* * * * * * * * * * * * * * * * * * * *			,205,080,70	_	1,228,852,196		
S	19	Revenue	less expenses. Subtract file 16 fro	om line 12	Ber	ainnina o	12,632,03 f Current Ye		23,801,652 End of Year		
Net Assets or Fund Balances						,ny U	. carrent re		ing of real		
sse 3ala	20	Total ass	ets (Part X, line 16)			3	,217,391,99	93	3,274,832,322		
nd E	21	Total liab	vilities (Part X, line 26)				818,815,4	51	925,431,956		
ž 🖺	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20		2	,398,576,5	42	2,349,400,366		
Pa	rt II	Sign	ature Block					•			
				ned this return, including accompanyi Declaration of preparer (other than o							
any ki	euge 10Wle	edge.	r, it is true, correct, and complete.	Declaration of preparer (other than o	niicei) is t	Jaseu on	all lillolilla	LIOII OI V	vilicii preparei nas		
		Tk									
		Signati	* ure of officer			2021 Date	-04-28				
Sign						5415					
Here			Sideras Senior VP of Finance and CFO r print name and title								
		<b>         </b>	rint/Type preparer's name	Preparer's signature	Date	1		ΓIN			
Paic			my type preparer a name	cparcr o signature	Pare		k ∐ if   po	00460263	3		
Prep		Firm's name PricewaterhouseCoopers LLP Firm's						008324			
Use		?!  -	·								
JOE	JII	יי <b>ע</b>   <sup>F</sup>	irm's address > 2001 Market Street Sui			Phon	e no. (267) 3:	30-3000			
			Philadelphia, PA 19103								
May tl	ne IR	S discuss	this return with the preparer show	n above? (see instructions)				<b>✓</b> ∨	es 🗌 No		

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2	019)					Page <b>2</b>
Pa	rt III	Statement of	of Program Service	e Accomplis	hments		
		Check if Sched	ule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly		ganization's mission:				
and o teach that profe	dentistry ning, res preserve ssions,	y; in engineering search and schol es the strengths (2) Prepare stud	g; in the arts and scie arship. The University of traditional disciplir	nces; and in law / brings togethe nary majors whil leadership in pro	, management and soc r highly qualified facult e integrating contents ofessions that are impo	ial work. The University's cor /, students and staff to: (1) (	Ith, including medicine, nursing mmitment is to excellence in Offer undergraduate education y, the arts and sciences, and the ance, through research and
2	Did th	e organization u	ndertake any significa	ant program ser	vices during the year w	hich were not listed on	
	the pr	ior Form 990 or	990-EZ?				. 🗌 Yes 🗹 No
	If "Yes	s," describe thes	e new services on Scl	nedule O.			
3	Did th	e organization c	ease conducting, or n	nake significant	changes in how it cond	ucts, any program	
	service	es?					. 🗌 Yes 🗹 No
	If "Yes	s," describe thes	e changes on Schedu	le O.			
4	Sectio	n 501(c)(3) and		ons are required	to report the amount of	largest program services, as of grants and allocations to o	
4a	(Code:	lditional Data	) (Expenses \$	555,969,658	including grants of \$	186,256,149 ) (Revenue \$	509,539,426 )
4b	(Code: See Ad	lditional Data	) (Expenses \$	355,486,571	including grants of \$	24,241,254 ) (Revenue \$	)
4c	(Code:		) (Expenses \$	86,098,330	including grants of \$	) (Revenue \$	67,912,487 )
40	•	lditional Data	) (Expenses \$	00,090,330	including grants or \$	) (Neverlue p	07,512,407 )
	(Code:		) (Expenses \$	82,304,369	including grants of \$	) (Revenue \$	50,124,222 )
	HEALTH SCIENC VOLUM ACADE OF THE THE SC DEVELO SERVIO	H SCIENCES LIBRA CES. THE LIBRARIE IES. CASE WESTER MIC ACHIEVEMENT E UNDERGRADUATE CHOOL OF GRADUA OPMENT OF SERVICES ARE AVAILABLI	RY, THE SCHOOL OF LAW SO OF THE UNIVERSITY N RESERVE UNIVERSITY AND PROMISE. ACADEM E COLLEGES AND BY VAR SITE STUDIES AND SEVER CES AND PROGRAMS TO E TO UNDERGRADUATE,	V LIBRARY AND TH UPPORT THE UNDE OFFERS ASSISTAN IIC EXCELLENCE IS JIOUS ASSISTANTS AL OF THE PROFES SUPPORT THE PHY GRADUATE AND PI	E LILLIAN & MILFORD HAR FRGRADUATE, GRADUATE A JUCE TO ITS STUDENTS TO B RECOGNIZED BY THE ACA SHIPS, FELLOWSHIPS, SCH SSIONAL SCHOOLS. CASE SICAL, EMOTIONAL AND I	OLARSHIPS AND OTHER AWARDS VESTERN RESERVE UNIVERSITY A ITELLECTUAL WELL-BEING OF ITS ILIKE AND ARE DESIGNED TO PRO	HOOL OF APPLIED SOCIAL NND CONTAIN OVER 3 MILLION TO RECOGNIZE OUTSTANDING OTHER SCHOLARSHIP PROGRAMS OF INDIVIDUAL DEPARTMENTS IN
4d	Other	program service	es (Describe in Sched	ule O.)			
	(Expe	nses \$	82,304,369 inc	luding grants of	\$	) (Revenue \$	50,124,222 )
40	Total	program servi	ce evnenses 🟲	1 079 858 9	28		

Form	990 (2019)			Page <b>3</b>
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Yes	
Ь	Schedule D, Parts XI and XII	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

21

Checklist of Required Schedules (continued)  id the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, blumn (A), line 2? If "Yes," complete Schedule I, Parts I and III  id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete schedule J	22 23 24a 24b 24c 24d	Yes Yes Yes	No No
olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a 24b 24c 24d	Yes	No
olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a 24b 24c 24d	Yes	
In digital former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete chedule J	24a 24b 24c 24d		
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24b 24c 24d	Yes	
id the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?	24c 24d		
defease any tax-exempt bonds?	24d		No
ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			<b></b>
ansaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
	I I		No
chedule L, Part I	25b		No
id the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former ficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ember of any of these persons? If "Yes," complete Schedule L, Part II	26		No
id the organization provide a grant or other assistance to any current or former officer, director, trustee, key nployee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete chedule L,Part III	27		No
as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions):			
current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," omplete Schedule L, Part IV	28a		No
family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> omplete Schedule L, Part IV	28c		No
id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation on tributions? If "Yes," complete Schedule M	30	Yes	
id the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete chedule N, Part II</i>	32		No
id the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	33	Yes	
as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and art V, line 1	34		No
id the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity ithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		No
id the organization conduct more than 5% of its activities through an entity that is not a related organization and that	37		No
id the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b>	38	Yes	
Ciffin in Section in Ciffic in Fig.	d the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former ficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ember of any of these persons? If "Yes," complete Schedule L, Part II d the organization provide a grant or other assistance to any current or former officer, director, trustee, key mployee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete thedule L, Part III as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions): current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," implete Schedule L, Part IV  family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," implete Schedule L, Part IV  d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation intributions? If "Yes," complete Schedule M  d the organization is exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete schedule N, Part I  d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete schedule N, Part II  d the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and art V, line 1  d the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III	thedule L, Part I .  d the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former ficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ember of any of these persons? If "Yes," complete Schedule L, Part II .  d the organization provide a grant or other assistance to any current or former officer, director, trustee, key poloyee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete hedule L, Part III .  as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions): current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," implete Schedule L, Part IV .  28a family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .  28b 25% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," implete Schedule L, Part IV .  28c 29d d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  30 d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation intributions? If "Yes," complete Schedule M .  30 d the organization individual described in line 28a or 28b? If "Yes," complete Schedule N, Part II .  31 d the organization exclusions of art, historical treasures, or other similar assets, or qualified conservation intributions? If "Yes," complete Schedule N, Part II .  31 d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .  32 d the organization exclusions and that to present the organizati	thedule L, Part I d the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former ficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ember of any of these persons? If "Yes," complete Schedule L, Part II d the organization provide a grant or other assistance to any current or former officer, director, trustee, key mployee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete schedule L, Part III as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filling thresholds, conditions, and exceptions): current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," mplete Schedule L, Part IV

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

No

Yes

Yes

15,031

0

**1**c

**1**a

1b

	990 (2019)			Page <b>5</b>					
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No					
<b>E</b> ~	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No					
		5b 5c							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders								
a h	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?								
	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in	13a							
	which the organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b							
	parachute payment(s) during the year?	15	Yes						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.								

	330 (2				rage
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines <b>V</b>
Se	ction	A. Governing Body and Management			
				Yes	No
1a		the number of voting members of the governing body at the end of the tax year  43			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 42			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	<b>7</b> b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing:			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
				Yes	No
		ne organization have local chapters, branches, or affiliates?	10a		No
	and b	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has th form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in fulle O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	in joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?	16b		
		C. Disclosure			
17	List th	ne states with which a copy of this Form 990 is required to be filed CO , DC , ME , AK , MD , MA , MI , NH , NY SC , WA	, он ,	ок , о	R, PA,
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
		Own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	Descr	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records:  N F SIDERAS 10900 EUCLID AVENUE CLEVELAND, OH 441067006 (216) 368-2126			

Form 990 (2019) Page <b>7</b>
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
• List all of the organization's current key employees, if any. See instructions for definition of "key employee."
• List the organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
• List all of the organization's <b>former</b> officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
See instructions for the order in which to list the persons above.
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<ul> <li>List the organization's five current high who received reportable compensation (Box organization and any related organizations.</li> </ul>										
<ul> <li>List all of the organization's former office of reportable compensation from the organiz</li> </ul>						pensat	ed e	mployees who recei	ived more than \$10	0,000
<ul> <li>List all of the organization's former direction</li> <li>prganization, more than \$10,000 of reportab</li> </ul>										e
See instructions for the order in which to list	the persons ab	ove.								
lacksquare Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Additional Data Table										

Form 990 (2019)				_									Page <b>8</b>
Part VII Section A. Officers, Direct		s, Key	Empl			, and	High				(conti		
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one bo	οχ, ι an of	ot che unles fficer	neck mo ess pers er and a tee)	son	comper from organiz	rtable nsation n the ization	(E) Reportable compensation from related organization:	5	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W-2/: MIS		(W-2/1099- MISC)	` '		
See Additional Data Table													
	<u> </u>	<u> </u>	_	<u> </u>	_						$\perp$		
			-	$\vdash$	$\vdash$	_					+		
					$\vdash$	<u> </u>					$\top$		
	-				$oxed{\Box}$								
		-	-	-	$\vdash$		-	<del>                                     </del>			+		
	-			$\vdash$	+	_	+				+		
1b Sub-Total						<b>&gt;</b>	<u> </u>				T		
d Total (add lines 1b and 1c)	•					<b>•</b>	_	10,18	85,500		0		872,406
2 Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	ı rece	eived more	e than \$1	00,000		T	
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3						oyee,	or hi	ghest com	pensated	employee on	3	Yes Yes	No
4 For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable ( \$150,00 • •	comp 0? If	ensa "Yes	atior s," c	n and c comple:	other te Sc	compensa	ation fron for such	n the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization										ividual for	5	• •	No
Section B. Independent Contract				_	_		_						
Complete this table for your five high- from the organization. Report comper	ensation for the c									n's tax year.	mpens		
	(A) and business addre	ess		_	_		_		(B) Description of services			(C) Compensation	
BON APPETIT 10900 EUCLID AVENUE								C.	ATERING 8	3 MEAL PLAN SERV	CES	14	,089,014
CLEVELAND, OH 44106 Kelly Services Inc							—	S	Staffing Services			5,415,790	
PO BOX 820405 PHILADELPHIA, PA 191820405									-41				
Schirmer Construction Company 31350 Industrial Pkwy									Construction	n Services	Э	3,119,077	
North Olmstead, OH 44070 Artech LLC								Г	T Consultin	ing 2,571,8			,571,879
360 Mt Kemble Road Suite 2000 Morristown, NJ 44143													
Lawler Construction 750 Beta Drive Unit H									Construction	n Services		2	,557,107
Cleveland, OH 44143  2 Total number of independent contractor	ers (including but	t not lim	nited	to th		listed	aboʻ	ve) who re	ceived m	ore than \$100,00	70 of		
compensation from the organization 🕨							_			• •		Form 99	2 (2212)

orm 9 Part			of F	Revenue						Page <b>9</b>
- teliti	VIII	<del></del>			respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	12	a Federated campa	aigns	· . [	1a			revenue		512 - 514
ants	l	<b>b</b> Membership dues	s.		<b>1</b> b					
S. Gr		c Fundraising even		L	1c					
Siffs Iar /		d Related organiza			1d					
ıs, ( imi		<ul><li>Government grants</li><li>All other contribution</li></ul>		· L	1e	309,850,750				
ıtior er S		and similar amounts above	s not	included	<b>1</b> f	244,539,505				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	1,190,676				
Cor		<b>h Total.</b> Add lines :	1a-1	f		>	554,390,255			
						Business Code	, ,			
	2a	Tuition and Fees				611430	509,539,426	509,539,426		
Program Service Revenue	b	Sales and Service Au	×			713940	51,352,338	50,124,222	1,228,116	
9 8	c	Sales and Service Edi	u			541800	67,912,487	67,912,487		
Servic	d	. <u> </u>								
gram										
ď	е					-	0	0	0	0
		All other program								
		Total. Add lines 2 Investment income				nterest and other	1	1	I	I
	S	similar amounts) .	•			•	-12,021,104	1	-2,623,009	-9,398,095
		Income from invest Royalties			·	ond proceeds <b>&gt;</b>	386,620	5		386,626
		itoyanies i i i	Ċ	(i) Rea		(ii) Personal	<u>'</u>			,
	62	Gross rents	6a		03,819	856,07	6			
		Less: rental					1			
	c	expenses Rental income	6b	3	34,224	1,908,41	8			
		or (loss)	<b>6</b> c		30,405	-1,052,34				
	d Net rental income or (loss) (i) Securities			(ii) Other	-1,282,74	/	-378,060	-904,687		
	7a	7a Gross amount from sales of assets other 7a 925,135,981				8				
	b	than inventory  Less: cost or other basis and	7b	842,2	24,588	867,43	4			
	c	Sales expenses  Gain or (loss)	7c	82.9	11,393	-534,82	6			
		Net gain or (loss)		'		· ·	82,376,56	7		82,376,567
Other Revenue	8a	Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	of	8a					
r Re	b	Less: direct expen	ses		8b					
the	C	: Net income or (los	s) fr	om fundraisi	ng ev	ents 🕨	7			
	9a	Gross income from See <b>Part</b> IV, line 19			9a					
		Less: direct expen			9b	1				
	C	: Net income or (los	55) T	om garning	activit	les <b>▶</b>				
	10a	aGross sales of inve returns and allowa	ento	ry, less	10a					
	b	Less: cost of good	s so	ld	10b					
	C	Net income or (los Miscellaneo			invent		1			
	11		us K	evenue		Business Code				
	b									
	i.i	•								
	c									
	d	All other revenue						0	C	0
	e	<b>Total.</b> Add lines 1	1a-:	11d		•	(	0		
	12	<b>Total revenue.</b> S	ee ir	nstructions	•	· · · •	1,252,653,848	627,576,135	-1,772,953	72,460,411

Part IX Statement of Functional Expenses		All alls a second		(A)
Section 501(c)(3) and 501(c)(4) organizations must be		=	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to an  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			g	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	206,737,043	206,737,043		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	3,760,360	3,760,360		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,084,353	958,156	4,506,176	620,021
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	386,283,318	333,172,843	46,391,215	6,719,260
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,062,192	31,561,284	4,807,656	693,252
9 Other employee benefits	42,849,843	34,632,064	5,558,422	2,659,357
<b>10</b> Payroll taxes	24,173,175	20,585,302	3,135,711	452,162
11 Fees for services (non-employees):				
a Management	1,262,136		1,262,136	
<b>b</b> Legal	7,320,764	695,302	6,587,405	38,057
c Accounting	507,263		507,263	
<b>d</b> Lobbying	894,394		894,394	
e Professional fundraising services. See Part IV, line 17	316,744			316,744
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	57,824,991	51,092,661	6,065,316	667,014
12 Advertising and promotion	2,343,070	1,828,831	503,734	10,505
13 Office expenses	66,866,195	64,585,631	1,610,080	670,484
<b>14</b> Information technology	14,788,145	4,772,539	9,673,829	341,777
15 Royalties				
<b>16</b> Occupancy	62,012,864	60,485,460	1,496,439	30,965
<b>17</b> Travel	11,943,082	10,963,638	796,994	182,450
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	4,091,502	3,532,869	493,910	64,723
<b>20</b> Interest	18,961,230	17,144,479	1,816,751	
21 Payments to affiliates	12,845,254	12,845,254		
22 Depreciation, depletion, and amortization	70,434,464	62,738,292	7,696,172	
23 Insurance	17,836,146	3,404,797	14,431,349	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CCLCM	100,939,269	100,939,269		
<b>b</b> Research	47,351,875	47,351,875		
c Other Expenses	23,362,524	6,070,979	17,177,920	113,625
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	1,228,852,196	1,079,858,928	135,412,872	13,580,396
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

190.980.664

8,856,748

45.045.584

10,368,222

719,320,328

409,203,012

1.358.709.243

423,907,811

60,691,547

508.907.313

34,000,000

321,833,096

925.431.956

224,696,806

2,124,703,560

2,349,400,366

3,274,832,322

Form 990 (2019)

3,274,832,322

164.384

205.706.236

13.802.678

48.696.770

10,484,178

733,009,880

201,991,161

358,078,652

63,802,374

475.650.020

37,000,000

242,363,057

818.815.451

258,479,651

2,140,096,891

2,398,576,542

3,217,391,993

3,217,391,993

1.564.956.833

79.827

0 5

0 6

3

7

10c

11

12 0 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

Page **11** 

Check if Schedule O contains a response or note to any line in this Part IX	

Pledges and grants receivable, net . . .

Notes and loans receivable, net . . . .

Inventories for sale or use . . . . Prepaid expenses and deferred charges .

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> </a> <a> and</a>

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11 .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Accounts receivable, net .

		(A) Beginning of year		End of year
1	Cash-non-interest-bearing	38,583,149	1	53,343,781
2	Savings and temporary cash investments	42,002,629	2	54,932,545

1,912,778,484

1,193,458,156

Assets 10a Land, buildings, and equipment: cost or other

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

Yes

Yes

Yes (2019)

2c

3a

3b

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

#### **Additional Data**

**Software ID:** 19010655

Software Version: 2019v5.0 **EIN:** 34-1018992

Name: CASE WESTERN RESERVE UNIVERSITY

Form 990 (2019)

SCHOOL OF NURSING.

Form 990, Part III, Line 4a:

THE ACADEMIC PROGRAMS OF CASE WESTERN RESERVE UNIVERSITY ARE ADMINISTERED THROUGH ITS SCHOOLS AND COLLEGES. CURRENTLY 11.487 STUDENTS ARE ENROLLED IN PROGRAMS LEADING TO UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREES ADMINISTERED THROUGH THE UNIVERSITY'S NINE SCHOOLS: THE CASE SCHOOL OF ENGINEERING, THE COLLEGE OF ARTS AND SCIENCES, THE MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES, THE SCHOOL OF DENTAL MEDICINE, THE SCHOOL OF GRADUATE STUDIES. THE SCHOOL OF LAW, THE WEATHERHEAD SCHOOL OF MANAGEMENT, THE SCHOOL OF MEDICINE AND THE FRANCES PAYNE BOLTON

# CASE WESTERN RESERVE UNIVERSITY IS CLASSIFIED AS A RESEARCH UNIVERSITY (VERY HIGH RESEARCH ACTIVITY) - EXTENSIVE BY THE CARNEGIE COMMISSION ON HIGHER EDUCATION. THIS CLASSIFICATION IS GIVEN TO THOSE INSTITUTIONS THAT TRAIN THE GREATEST NUMBER OF FUTURE RESEARCHERS (USUALLY MEASURED BY THE NUMBER OF PHD STUDENTS) AND TO THOSE INSTITUTIONS THAT RECEIVE THE MOST FEDERAL FUNDS. IN ADDITION TO FEDERAL SOURCES, RESEARCH IN THE

SCIENCES. THE HUMANITIES AND THE HEALTH SCIENCES AREA IS FUNDED BY GIFTS AND GRANTS FROM PRIVATE FOUNDATIONS, CORPORATIONS AND INDIVIDUALS.

Form 990, Part III, Line 4b:

#### Form 990, Part III, Line 4c: AUXILIARIES PROVIDES SEVERAL SERVICES WHICH, ALTHOUGH NOT DIRECTLY RELATED TO ITS ACADEMIC MISSION, ARE NEVERTHELESS AN INTEGRAL PART OF THE OVERALL EDUCATIONAL EXPERIENCE OF ITS STUDENTS. THE PROVISION OF CAMPUS HOUSING AND BOARD PLANS, AND PHONE SERVICES ARE EXAMPLES OF CURRENT

AUXILIARY SERVICES.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation from the

organization and related organizations

0

0

0

0

251,451

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	(	direct	or/tı	ruste	ee)		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)
Barbara Snyder	60.0	×		х				1,906,789	
President; Ex Officio Trustee		^		_^				1,900,789	
Aarti Chandna	2.0	x						0	
Trustee		^						0	
Alan L Schwartz MD PhD	2.0	x						0	
		I ^	I	i i	I	1		l "	

2.0

2.0

2.0

2.0

2.0

2.0

2.0

Χ

Χ

Χ

Χ

Χ

Χ

Χ

......

......

......

......

......

......

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Archie G Co

Anand Swaminathan

Celia Weatherhead

Charles D Fowler

Charles Hallberg

Charles J Koch

Daniel P Harrington

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) organizations any hours organization (Wfrom the

Officer

Institutional

Truste

Key employee

Individual trustee or director

Χ

Х

Χ

Χ

Х

Х

Χ

2.0

2.0

2.0

2.0

2.0

2.0

2.0

2.0

......

. . . . . . . . . . . . . . . . . . .

......

. . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . .

................

Highest compensated employee

Former

2/1099-MISC)

(W- 2/1099-

MISC)

0

0

organization and

related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
Dominic Ozanne	2.0
Trustee	
Donald J Richards	2.0
Vice Chair of The Board of Trustees	

and Independent Contractors

Ellen Stirn Mavec

Frank N Linsalata

Chairman of the Board of Trustees

Trustee

Trustee

Trustee

Fred Disanto

Fred Gans

Geoffrey Duyk MD PhD

George L Majoros Jr

Gregory Eastwood MD

Trustee

Trustee

Trustee

Trustee

Eric Schnur

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Officer

Institutional

Truste

Key employee

Individual trustee or director

Χ

Х

Χ

Χ

Χ

Х

2.0

2.0

2.0

2.0

2.0

2.0

2.0

2.0

2.0

2.0

......

......

. . . . . . . . . . . . . . . . . .

......

.....

.....

Highest compensated employee

Former

for related

organizations

below dotted

line)

2/1099-MISC)

(W- 2/1099-

MISC)

organization and

related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

James C Wyant PhD
Trustee
James Ratner

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

James Richman

Joseph A Sabatini

Joseph Mandato

Lawrence M Sears

Mark Weinberger

Mary Ann Jorgenson

Julie Gerberding MD MPH

Linda Burnes Bolton PhD

Vice Chair of the Board of Trustees

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation nizations from the

organization and

related organizations

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	(	direct	or/t	rust	ee)		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Michael Zink	2.0	×						0	
Trustee		^							
Milton Marquis	2.0								
Trustee		X						0	
Robert Pavey	2.0								

2.0

2.0

2.0

2.0

2.0

2.0

2.0

Χ

Х

Χ

Х

.....

.....

. . . . . . . . . . . . . . . . . . .

......

......

.....

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Susie Gharib

Thomas F McKee

Thomas Mandel

Roe Green

Sara Moll PhD

Scott Cowen

Susan Mucciarone

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation compensation from the

organization and related organizations

0

0

0

0

617,505

737,836

599,015

204,568

357,997

523,247

0

39,303

40,590

44,274

30,152

48,858

37,113

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	week (list any hours	is both an officer and a director/trustee)						from the organization (W-	from related organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Timothy J Callahan Vice Chair of The Board of Trustees	2.0	х						0	C
Vincent Gaudiani MD Trustee	2.0	Х						0	C

2.0

60.0

60.0

60.0

60.0

60.0 . . . . . . . . . . . . . . . . . . .

60.0

......

Χ

Х

Χ

Χ

Χ

Х

Χ

...............

		Stee	rustee		ensated	
Timothy J Callahan	2.0	X				Ī
Vice Chair of The Board of Trustees		^				
Vincent Gaudiani MD	2.0	X				Ī
Trustee		^				
Virginia Barbato	2.0	×				Ī

and Independent Contractors

Trustee

Trustee

William Lewis

Ben Vinson III

Elizabeth Keefer

John Sideras

Michael Lee

Treasurer Stephen Campbell

Management Bruce Loessin

(END 06/30/19)

Provost & Executive Vice President

Senior VP of Administration & Secretary

Sr. Vice President for Finance & CFO

SR VP for Campus Planning and Facilities

Sr. VP for University Relations and Development

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from related from the compensation the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Dale Baur

Professor

Professor

Jonathan Haines

Manoj Malhotra

Mark Chance

Stanton Gerson

Professor

Professor

Professor

Professor

Cyrus Taylor

William Baeslack

Dean & Professor

	any hours		direct		ust	,		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Carol Moss  Sr. VP for University Relations and Development (BEG. 07/01/19)	60.0				х			538,307	0	41,064
Pamela Davis Vice President, Dean & Professor	60.0				х			900,077	0	38,880

Χ

Х

Х

Х

Х

Х

60.0

60.0

60.0

60.0

60.0

60.0

60.0

. . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . .

43,472

44,694

30,894

48,858

42,879

48,858

41,066

0

0

0

0

0

602,926

516,189

522,499

513,892

883,779

378,479

382,395

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	NOT PROCESS As Filed Data -							
SCI	HED	ULE A	Public	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019			
		the Treasury	► Go to <u>www.irs</u>	s <u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	<del>nie Service</del> <b>he organiza</b> RN RESERVE U					Employer identific	ation number			
CAJL	WESTE	KN KESEKVE O	MIVERSITI				34-1018992				
	rt I		for Public Charity Stat a private foundation because				See instructions.				
1 1	rganiz		onvention of churches, or as	`	•		(A)(i)				
2		•	escribed in section 170(b)(								
3	$\overline{\mathbf{V}}$				,	, ,					
		·	or a cooperative hospital ser	-			-	arka arkina da a arakta ili a			
4	Ш	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:									
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>			
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).				
7		_	ation that normally receives ' <b>'0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	nit or from the gener	al public described in			
8			ty trust described in <b>section</b>	•	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. S					ege or university or a			
10		from activit investment	ation that normally receives: dies related to its exempt fur income and unrelated busin See <b>section 509(a)(2).</b> (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross			
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a				
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ervised or controlled i ation vested in the sar							
c		Type III f	unctionally integrated. A sorganization(s) (see instruct	supporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated. The organization in You must complete Page 1997	<b>d.</b> A supporting organ n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization recei or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter	the number	of supported organizations				<u> </u>				
g			ing information about the su	<u>,                                    </u>	т'			1			
	(i) Name of supported ( organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No					
Tota			tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9	000 ==\ 000			

Page 2

	If the organization faile	d to qualify unde	r the tests listed	below, please	complete Part II	II.)			
<u>S</u>	ection A. Public Support			Т					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	541,474,342	522,983,689	508,766,327	544,959,237	544	4,390,255	2,662,573,850	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0	
4	<b>Total.</b> Add lines 1 through 3	541,474,342	522,983,689	508,766,327	544,959,237	544	1,390,255	2,662,573,850	
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	, ,		, ,	, ,			0	
	line 1 that exceeds 2% of the amount shown on line 11, column (f).								
	<b>Public support.</b> Subtract line 5 from line 4.							2,662,573,850	
S	ection B. Total Support	Г							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total	
7	Amounts from line 4.	541,474,342	522,983,689	508,766,327	544,959,237	54	4,390,255	2,662,573,850	
8	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and income from similar sources	13,919,184	8,454,010	24,499,156	17,452,862		0	64,325,212	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0		C	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	0	0	0	0		0	0	
11	<b>Total support.</b> Add lines 7 through 10					_		2,726,899,062	
	Gross receipts from related activities					12		2,955,987,652	
13	First five years. If the Form 990 is	for the organization	's first, second, th	ird, fourth, or fifth	ı tax year as a sec	tion 501	(c)(3) orga	nization,	
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$						▶□		
S	ection C. Computation of Publ								
14	Public support percentage for 2019 (					14		97.64 %	
15	Public support percentage for 2018 S	chedule A, Part II,	line 14			15		94.54 %	
<b>16</b> a	<b>33 1/3% support test—2019.</b> If th								
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2018.</b> If t	llifies as a publicly s he organization did	supported organiza not check a box o	ation on line 13 or 16a, a		 /3% or m	 nore, checl	. ▶ ☑ < this	
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances te</b> is 10% or more, and if the organization Part VI how the organization meet	st— <b>2019.</b> If the orgon meets the "facts	ganization did not s-and-circumstanc	check a box on lines" test, check this	ie 13, 16a, or 16b s box and <b>stop he</b>	, and line e <b>re.</b> Expla	e 14 ain	▶□	
b	organization	est—2018. If the o ization meets the "	rganization did no facts-and-circums	t check a box on li cances" test, check	ne 13, 16a, 16b, o c this box and <b>sto</b>	or 17a, a <b>p here.</b>	nd line	▶□	
18	supported organization			6a, 16b, 17a, or 1	.   .  .  .  .  . 7b, check this box	 and see		▶□	

Р	art III Support Schedule for								
	(Complete only if you cl						er Part II. If		
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)				
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)		
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants.").								
2	Gross receipts from admissions,								
	merchandise sold or services								
	performed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are								
	not an unrelated trade or business								
4	under section 513  Tax revenues levied for the								
•	organization's benefit and either paid								
_	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
Se	ection B. Total Support		1	<del></del>			Г		
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,								
13	11, and 12.).								
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>		
	check this box and <b>stop here</b>						▶ ⊔		
	ection C. Computation of Public S			! (6))		1 1			
15	Public support percentage for 2019 (lin		•			15			
16	Public support percentage from 2018 S	-	<u> </u>			16			
	Investment income percentage for 201			line 13 column (f	:))	17			
17 10									
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not		
	more than 33 1/3%, check this box and s								
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the								
ט	not more than 33 1/3%, check this box	-			•		_		
20	Private foundation. If the organization	-	-						
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖		

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

	***				
7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions					
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.					
<b>3</b> Excess distributions carryover, if any, to 2019:					
a From 2014					
<b>b</b> From 2015					
c From 2016					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019. . . . .

### **Additional Data**

Software ID:	19010655
Software Version:	2019v5.0

**EIN:** 34-1018992

Name: CASE WESTERN RESERVE UNIVERSITY

Schedule A	(Form 990 or 990-EZ) 2019	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, li Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informatructions).	, Section C, line 1; ne 1e; Part V

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493118000491

Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** CASE WESTERN RESERVE UNIVERSITY 34-1018992 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) ...... 2 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ..... 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
•				
2				
3				
ı				
5				
3				
or Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	Cat.	No. 500845 Schedule C (1	Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

	C (Form 990 or 990-EZ) 2019		lad .			F	age 3
Part II		rganization is exempt under section 501(c)(3) and has NOT fi ion under section 501(h)).	iea				
For each '	"Yes" response on lines 1a thr	rough 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
activity.			Yes	No	4	lmou	nt
		ganization attempt to influence foreign, national, state or local legislation, se public opinion on a legislative matter or referendum, through the use of:					
a Vol	unteers?		Yes				
		de compensation in expenses reported on lines 1c through 1i)?	Yes				
c Med	dia advertisements?			No	İ		
		, or the public?	Yes			4	65,103
		adcast statements?		No			
	<del>-</del>	lobbying purposes?	V	No			
		neir staffs, government officials, or a legislative body?s, conventions, speeches, lectures, or any similar means?	Yes	No		4	29,291
	·	s, conventions, speeches, lectures, or any similar means:		No			
						8	94,394
-	the activities in line 1 cause	the organization to be not described in section 501(c)(3)?		No			
<b>b</b> If "	Yes," enter the amount of any	y tax incurred under section 4912			1		
c If "	Yes," enter the amount of any	y tax incurred by organization managers under section 4912					
<b>d</b> If tl		a section 4912 tax, did it file Form 4720 for this year?					
Part II		rganization is exempt under section 501(c)(4), section 501(c	)(5), o	r secti	on		
	501(c)(6).					Yes	No
<b>1</b> We	re substantially all (90% or m	nore) dues received nondeductible by members?		Γ	1		
2 Did	the organization make only i	n-house lobbying expenditures of \$2,000 or less?			2		
3 Did		ry over lobbying and political expenditures from the prior year?			3		
Part II		rganization is exempt under section 501(c)(4), section 501(c				01(0	:)(6)
	and if either (a) is answered "Yes."	BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	: 111-A	, line 3	, IS		
<b>1</b> Due	es, assessments and similar a	mounts from members	1				
		obying and political expenditures (do not include amounts of political					
-	penses for which the section		2a				
			2b				
<b>c</b> Tot	al		2c				
		ection $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
the	organization agree to carryov	ount on line 2c exceeds the amount on line 3, what portion of the excess does wer to the reasonable estimate of nondeductible lobbying and political	4				
	•	political expenditures (see instructions)	5				
Part I	V Supplemental Inf	ormation					
Provide	the descriptions required for I	Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list);	Part II-	A, lines	1 an	d 2 (s	ee
instructi	ons), and Part II-B, line 1. Als	o, complete this part for any additional information.					
	Return Reference	Explanation					
	TION OF THE LOBBYING	STATE RELATIONS JULY 2019 - SEPTEMBER 2019 *No activities to report OC * Jennifer Ruggles-Attended State Capital Budget Townhall with State Repredentifer Ruggles, Heather Paramore, Ian Charnas, Malcolm Cooke-Met with Sweeney re: State Capital Budget and Sears think[box]. * Jennifer Ruggles, Paramore, Ian Charnas, Malcolm Cooke, Tiffany McNamara-Met with State Respective Respective Respective Respective Ruggles, Julian Rogers, Heat Malcolm Cooke, Tiffany McNamara-Met with State Senators Sandra Williams, Nickie Antonio, and Kenny Yuko re: State Capital Budget and Sears think[box]. * Jennifer Ruggles Antonio, and Kenny Yuko re: State Capital Budget and Sears think[box]. * Jennifer Ruggles-Met with Lt. Governor Jon Husted, Ohio House of Rechristine Morrison, Office of the Governor Director of Policy Michael Hall, Ohio Director for Budget and Finance Ray DiRossi re: State Capital Budget and Sears theather Paramore, Ian Charnawith State Representative Phil Robinson re: State Capital Budget and Sears theather Paramore, Ian Charnas, Malcolm Cooke, Tiffany McNamara-Met with State Capital Budget and Sears think[box]. * Jennifer Ruggles, Heather Paramore for Nor Delegation and Administration Officials; Presented re: CWRU Sears think[box] Ruggles, Lisa Camp, Heather Paramore, Michael Goldberg, Malcolm Cooke-Mere: State Capital Budget and Sears think[box]. APRIL 2020 - JUNE 2020 * Jenamore-Attended Association of Independent Colleges and Universities of of Higher Education Chancellor Randy Gardner re: COVID-19 * Jennifer Ruggles Discussion with State Senator Matt Huffman re: COVID-19. FEDERAL RELATI	sentativicitate Re Julian Represent and Too ther Para Matt Do x]. * Preepresen o Senati ars thinh hink[bo State S more-At theast C () Capita et with I nnifer R Dhio Cal	e Dave ( presenta ogers, H catives E m Patton lander, Kri lasident E tatives E e Majorit ([box] enny McN k]. * Jer enator . tended bhio Staf all Bill Re t. Gove uggles, s with C nded Ro nded Ro	Greer ative deathive deathive ride n re: an CI san CI san CI san CA deathi deat	span. Bride er Rose State narnas Roegi ra R. et Dire ucus ARY 2 ra M Rugge Eklund er se Jon Hu ner Depart	* Rose  3, ner, ector  020 - et les, d re: nnifer usted

2020 - MARCH 2020 \* Jennifer Ruggles, Mark Chance-Met with Office of Congresswoman Marcy Kaptur,
Office of Congressman Anthony Gonzalez, Office of Congressman Mike Turner re: biomedical research and
FY21 Appropriations Requests. \* Jennifer Ruggles-Met with Offices of Congressman Tim Ryan, Congressman Dave Joyce, Congressman Mike Turner, Congresswoman Marcy Kaptur, Congressman Anthony Gonzalez re: FY 21 Appropriations Requests \* Jennifer Ruggles-Attended White House COVID-19 Update Call re: COVID-19. \* President Barbara R. Snyder, Jennifer Ruggles-Attended Call with Senator Sherrod Brown re: COVID-19 \* Jennifer Ruggles-Attended call with senior officials from U.S. Department of Education re: COVID-19 and Coronavirus Aid, Relief, and Economic Security (CARES) Act phase 1 implementation. APRIL 2020- JUNE 2020 \* President Barbara R. Snyder, Jennifer Ruggles-Calls and emails with Senator Rob Portman and staff

re: higher education research security and foreign influence. \* Jennifer Ruggles, Heather Paramore-Sent letters and emails to Offices of Senator Sherrod Brown, Senator Rob Portman, Congressman Anthony Gonzalez, Congressman Dave Joyce, Congresswoman Marcia Fudge, Congresswoman Marcy Kaptur, Congressman Mike Turner, Congressman Tim Ryan re: COVID-19 stimulus/relief for students, higher education institutions and US research enterprise. \* Jennifer Ruggles-Attended call with Senator Rob

Portman re: COVID-19 and COVID-19 stimulus/recovery.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493118000491

OMB No. 1545-0047

2019

### **Supplemental Financial Statements**

Department of the Treasury

(Form 990)

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

CAS	SE WESTERN RESERVE UNIVERSITY				,			
				34-1	1018992			
Pa	Organizations Maintaining Donor Adv			or Acc	counts.			
	Complete if the organization answered "Ye		, Part IV, line 6. or advised funds	1	(b) Funds and other accounts	_		
	Total number at end of year	(a) Don	or auviseu runus		רש) runus and other accounts	_		
L ,	Total number at end of year			-				
۷ .	Aggregate value of contributions to (during year)			-				
<b>š</b>	Aggregate value of grants from (during year)			+		_		
1	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex				funds are the $\qed$ Yes $\qed$ No	o		
5	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor,	or for any other purpos		ring impermissible			
20					∐ Yes ∐ No	<u> </u>		
•	rt II Conservation Easements.  Complete if the organization answered "Ye	es" on Form 990	, Part IV, line 7.					
	Purpose(s) of conservation easements held by the orga					_		
-	Preservation of land for public use (e.g., recreation	•		an histor	ically important land area			
		ni or education)						
	☐ Protection of natural habitat		☐ Preservation of	a certifie	d historic structure			
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a	qualified conserva	ation contribution in the	form of a		_		
_	easement on the last day of the tax year.				Held at the End of the Year	_		
а	Total number of conservation easements			2a		4		
b	Total acreage restricted by conservation easements			2b		_		
c	Number of conservation easements on a certified histor		` '	2c				
d	Number of conservation easements included in (c) acqu structure listed in the National Register			2d		_		
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extin	guished, or terminated b	y the or	ganization during the			
1	Number of states where property subject to conservation	on easement is loc	ated ▶					
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	the periodic monito	ring, inspection, handlin	g of viola	— ations, □ Yes □ No			
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of v	violations, and enforcing	conserv				
7	Amount of expenses incurred in monitoring, inspecting,	, handling of violat	ions, and enforcing cons	ervation	easements during the year			
3	Does each conservation easement reported on line 2(d							
9	and section 170(h)(4)(B)(ii)?				Yes No			
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the or nts.	rganization's financial st	atements	s that describes			
ar	<b>t III</b> Organizations Maintaining Collections Complete if the organization answered "Ye			ther Si	milar Assets.			
La	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition,	education, or research in	n further				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:							
(	(i) Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$			
	ii)Assets included in Form 990, Part X							
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or o	ther similar assets for fi					
а	Revenue included on Form 990, Part VIII, line 1	, ,	-		. <b>&gt;</b> \$			
b	Assets included in Form 990, Part X				. ▶\$			

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2019							Page <b>2</b>	
Par	tilli Organizations Maintaining Col	ections of Art, Hi	storica	l Treas	ures, or Oth	er Similar As	sets (coi	ntinued)	
3	Using the organization's acquisition, accession items (check all that apply):	, and other records, o	,	of the fo	ollowing that ar	re a significant ເ	ise of its c	ollection	
а	☑ Public exhibition		d [	☐ Loar	n or exchange p	programs			
b	Scholarly research		e [	☐ Othe	er				
c	Preservation for future generations								
4	Provide a description of the organization's coll Part XIII.	ections and explain ho	ow they f	urther th	e organization'	s exempt purpo	se in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						☐ Yes	☑ No	
Pa	<b>Escrow and Custodial Arrange</b> Complete if the organization answ X, line 21.		n 990, P	art IV,	ine 9, or repo	orted an amou	int on Fo	rm 990, Part	
<b>1</b> a	Is the organization an agent, trustee, custodia included on Form 990, Part X?						☐ Yes	□ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the following	owing tal	ole:		A	mount		
С	Beginning balance	·	-		1c				
d	Additions during the year				-				
е	Distributions during the year								
f	Ending balance				· ·				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for esc	row or c	ustodial accoun	t liability?	☐ Yes		
b	If "Yes," explain the arrangement in Part XIII.						_		
	rt V Endowment Funds.	CHECK HEIC II the exp	Janacion	nas been	r provided in re	, , , , , , , , , , , , , , , , , , ,			
	Complete if the organization answ	ered "Yes" on Form	n 990, P	art IV, I	ine 10.				
	<u> </u>	(a) Current year	(b) Prior		(c) Two years ba	ack (d) Three ye	ars back (e	e) Four years back	
<b>1</b> a	Beginning of year balance	1,568,311,076	1,539	,302,060	1,461,236,	506 1,350,	103,878	1,439,174,377	
b	Contributions	55,218,732	22	,438,030	27,459,	643 28,	984,223	30,818,788	
c	Net investment earnings, gains, and losses	20,199,205	78	,322,013	121,201,	579 147,	921,236	-50,526,381	
d	Grants or scholarships	35,658,143	35	,070,832	32,187,	287 22,	466,142	33,980,534	
е	Other expenditures for facilities and programs	34,341,400	33	,880,569	35,169,	074 39,	756,762	31,791,777	
f	Administrative expenses	3,170,625	2	,799,626	3,239,	307 3,	549,927	3,590,595	
g	End of year balance	1,570,558,845	1,568	,311,076	1,539,302,	060 1,461,	236,506	1,350,103,878	
2	Provide the estimated percentage of the curre	nt year end balance (	line 1g, d	olumn (a	a)) held as:				
а	Board designated or quasi-endowment <b>&gt;</b>	5.04 %							
b	Permanent endowment ► 45.32 %								
С	Temporarily restricted endowment ► 49.	54 %							
-	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	· · ·	•	on that ar	e held ar	nd administered	d for the		Yes No	
	(i) unrelated organizations						3a(i	i) Yes	
	(ii) related organizations								
b	If "Yes" on 3a(ii), are the related organization	s listed as required or	Schedu	eR?.			3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment fun	ds.					
Pa	rt VI Land, Buildings, and Equipmer Complete if the organization answ		n 990, P	art IV, I	ine 11a. See	Form 990, Pa	rt X, line	10.	
	Description of property (a) Cost or oth (investme	er basis (b) Cost o				ed depreciation	<del>'</del>	Book value	
1a	Land		3	9,005,239				39,005,239	
b	Buildings		1,49	1,223,130	<u>,                                    </u>	889,452,950		601,770,180	

25,360

59,523,947

18,995,602

719,320,328

1,025,470

273,961,287

29,018,449

1,050,830

333,485,234

48,014,051

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ 

d Equipment . . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other . .

(a) Description of security or caregory (b) Book value (c) Method of variables (d) Grading farms of factority) (c) didning farms of factority) (c) Control and offset value (c) Control and of		Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b.See Form 990,	Part X, line 12.	
13   Francis and a few halves   1.30,673,904   F		(a) Description of security or category		(c) Metho	d of valuation:	<u> </u>
3 Other		derivatives			F	
A   Squtyre rail estate   80,930   F	,	• •	1,239,954,409		F	
Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25.   Complete of the organization answered Yes' on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 15d or 11d or 11f. See Form 990, Part X, line 15d or 11d or 11f. See Fo	A) Equity rea	al estate	80,930		F	
Description of investment   Description						
1	C)					
Process	D)					
	E)					
	F)					
Total, (Column (b) must equal Form 990, Part X, col. (8) line 12.]   1,358,709,243	G)					
Investments						
Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization of investment   Cost or end-of-year many value			1,358,709,243			
Cost or end-of-year many value		Complete if the organization answered 'Yes' on	Form 990, Part IV, line			
11) 22) 23) 33) 44) 45 55) 66) 67) 88) 99) 10tat. (Column (b) must equal Form 990, Part X, col(β) line 13.)  Part X Other Assets.  (a) Description  (a) Description  (b) Book value  220,247  134,611  31Right-of-use assets - operating leases  (b) Book value  40)  90,049  41)  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.)  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β) line 15.]  10tat. (Column (b) must equal Form 990, Part X, col(β)		(a) Description of investment		(b) Book value		
	(4)				value	!
3) 4) 4) 5) 6) 77 8) 9) 9) 10-tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  13 Planta Held By Others 220, 247 134-611 3) Right -of-use assets - operating leases 3,049 4) 15) 16) 16) 17) 18) 19) 10-tal. (Column (b) must equal Form 990, Fart X, col.(B) line 15.)						
1,0	(2)					
10   10   10   10   10   10   10   10	(3)					
Solution   Column (b) must equal Form 990, Part X, col.(B) line 13.)   Total (Column (b) must equal Form 990, Part X, col.(B) line 15.	4)					
8) 9) Stal. (Column (b) must equal Form 990, Part X, col.(8) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  1)Funds Held By Others 2802,47 1)Fall by Hall by Education Campus 134,611 3)Right -of-use assets - operating leases 9,049 4) 5) 6) 7) 8) 9) 100 100 100 100 100 100 100 100 100 10	5)					
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  1)Funds Held By Others 2802,47  1)Part Sylvation Campus 134,611  3)Right -of-use assets - operating leases 9,049  4)  5)  6)  7)  8)  9)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  L (a) Description of liability (b) Book value  1) Federal income taxes 2) Refundable advances 5,863,092 3) Pension liability 130,402,245 4) Refundable federal student loans 23,181,235 5) Annuities payable 6) Deferred income and other liabilities 116,612,911 7) Operating Lease Obligations 9,049,195  8)  9)  100  101  102  103  104  105  106  107  108  109  109  109  100  100  100  100	6)					
Solution						
State. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value 1) Funds Held By Others 280,247 2) Health Education Campus 134,611 3) Right -of-use assets - operating leases 9,049 4)  5)  6)  7)  8)  9)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value 1) Federal income taxes 2) Refundable advances 5,863,092 3) Pension liability 130,402,246 4) Refundable rederal student loans 5,5 Annutites payable 36,724,416 6) Deferred income and other liabilities 116,612,911 7) Operating Lease Obligations 9,049,196  8)  10)  Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 321,833,096 2) 21,833,096 21,833,096 22,1833,096 23,1833,096 24,180,180,180,180,180,180,180,180,180,180						
The part X Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  1) Funds Held By Others 280,247 2) Health Education Campus 3/Right -of-use assets - operating leases 9,049 4)  (b) Book value 280,247 2) Health Education Campus 3/Right -of-use assets - operating leases 9,049 4)  (c)  (d) Description (e) Description (form 1) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  (a) Description of liability (b) Book value 1) Federal income taxes 2) Refundable advances 3) Pension liability 1) Federal income taxes 2) Refundable federal student loans 5) Annuities payable 6) Deferred income and other liabilities 1) Operating Lease Obligations 9) 9,049,196 (c)  (a) Description of liability 1) Operating Lease Obligations 9,049,196 (d) Refundable federal student loans 1,23,183,296 2) 1,190 (e)  (form (b) must equal Form 990, Part X, col.(8) line 25.) 3,21,833,096 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization is financial statements that repor						
Other Assets.	(9)					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value 280,247 2)Health Education Campus 138,61th of-use assets - operating leases 9,049 4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				<b>•</b>		
Secretarion			Form 990, Part IV, line :	11d. See Form 990, Pa	rt X, line 15.	
134,611   134,		(a) Description			(b) Book	
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)						134,611,140
10   10   10   10   10   10   10   10		use assets - operating leases				9,049,196
10   10   10   10   10   10   10   10						
(7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(5)					
9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  **Other Liabilities.**  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  (a) Description of liability  (b) Book value  1) Federal income taxes  2) Refundable advances  3) Pension liability  4) Refundable federal student loans  5,863,092  3) Pension liability  130,402,246  4) Refundable federal student loans  5) Annuities payable  6) Deferred income and other liabilities  7) Operating Lease Obligations  8)  9)  10)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  **Set Set Set Set Set Set Set Set Set Set	6)					
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	7)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	8)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	9)					
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  1) Federal income taxes  2) Refundable advances  3) Pension liability 130,402,246 4) Refundable federal student loans 23,181,235 5) Annuities payable 6) Deferred income and other liabilities 116,612,911 7) Operating Lease Obligations 9,049,196  (a) Description of liability 130,402,246 140, Refundable federal student loans 15,863,092 160, Part X, Inne 25.  (b) Book value 130,402,246 140, Refundable advances 15,863,092 150, Annuities payable 160, Deferred income and other liabilities 116,612,911 170, Operating Lease Obligations 170,004,196 170,004,		nn (b) must equal Form 990, Part X. col.(B) line 15.)				123,907,811
the federal income taxes  2) Refundable advances  3) Pension liability  4) Refundable federal student loans  5) Annuities payable  6) Deferred income and other liabilities  7) Operating Lease Obligations  8)  10)  100  101  102  103  104  105  105  105  105  106  107  107  108  109  109  109  109  109  109  109	Part X	Other Liabilities.			•	
(a) Description of matrices  (b) Federal income taxes  2) Refundable advances  5,863,092  3) Pension liability  130,402,246  4) Refundable federal student loans  5) Annuities payable  6) Deferred income and other liabilities  7) Operating Lease Obligations  8)  (a) Pescription of matrices  5,863,092  23,181,235  5) Annuities payable  6) Deferred income and other liabilities  116,612,911  7) Operating Lease Obligations  9,049,196  8)  (a) Pescription of matrices  130,402,246  140,612,911  7) Operating Lease Obligations  9,049,196  (a) Pescription of matrices  23,181,235  24,416  25,104  26,104  27,104  28,105  29,105  20,105  20,105  21,833,096  21,833,096				11e or 11f.See Form		25.
2) Refundable advances  (3) Pension liability  (4) Refundable federal student loans  (5) Annuities payable  (6) Deferred income and other liabilities  (7) Operating Lease Obligations  (8)  (9)  (10)  Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that		<u>``</u>	······································			
4) Refundable federal student loans  23,181,235 5) Annuities payable 36,724,416 6) Deferred income and other liabilities 116,612,911 7) Operating Lease Obligations 9,049,196  (8)  (9)  (10)  (otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.					5,863,092	
36,724,416 6) Deferred income and other liabilities 116,612,911 7) Operating Lease Obligations 9,049,196  (8)  (9)  (10	(3) Pension li	ability				
6) Deferred income and other liabilities  7) Operating Lease Obligations  9,049,196  8)  9)  10)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.	4) Refundab	le federal student loans			23,181,235	
7) Operating Lease Obligations  9,049,196  9)  10)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.					i	
8)  9)  10)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements.					<del>                                     </del>	
9)  10)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements.		Lease Obligations			9,049,196	
[10]  [Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  ■ 321,833,096  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements.						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  ▶ 321,833,096  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements.						
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization						
<u> </u>			-6-1161			. All -
incertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII $\;\;\;lacktrel{f U}\;\;$						tne organiza

2

а

b

d

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2019

Page 4

-41,749,388

954,930

1,251,698,918

1,252,653,848

1,259,125,706

31,228,440

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total expenses and losses per audited financial statements . . . . . .

e

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . .

Other (Describe in Part XIII.)

b

Add lines **4a** and **4b** . . . . . . . C

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1 . . . . . . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

-2,215,695

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

31,228,440

3,170,625

-2,215,695

-41.749.388

2e

4c

5

2e 3 1,227,897,266

4c 954.930 5 1.228.852.196 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: 19010655
Software Version: 2019v5.0

**EIN:** 34-1018992

Name: CASE WESTERN RESERVE UNIVERSITY

## Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 1a Collections of art - financial statement footnote	The University's collections of historically significant artifacts, scientific specimens, and art objects are held for education, research, scientific inquiry, and public exhibitio  n. They are neither disposed of for financial gain nor encumbered in any manner. According  ly, their value is not reflected in the University's consolidated financial statements.

Supplemental Information	
Return Reference	Explanation
	The University's collection of historically significant artifacts, scientific specimens, a nd art objects are held for education, research, scientific inquiry and public exhibition.

S

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The University's endowments and other donor restricted investments are spent in accordance with the wishes of the donor. Such wishes are typically divided between the needs of the University (unrestricted in its use, plant funds, professorships or instructional, etc.) a nd the needs of the students (scholarships, awards and prizes, etc.).

Return Reference	Explanation
48 (ASC 740) footnote	The University is exempt from federal income tax to the extent provided under section 501(c)(3) of the Internal Revenue Code ('IRC'). The University is classified as an organizatio n that is not a private foundation under section 509(a) of the IRC and, as such, gifts to the University qualify for deduction as charitable contributions. The University is exempt from federal income tax; however it is required to pay federal income tax on unrelated bu siness income. The University did not have any material income tax liabilities for the years ended June 30, 2020 and 2019. ASC 740, "Income Taxes," prescribes a recognition thresho

sions. The University has no financial reporting requirements associated with ASC 740 for

ld and measurement requirements for financial statement recognition and measurement of a t ax position taken or expected to be taken in a tax return. In addition, ASC 740 provides a

uidance on recognition, classification and disclosure requirements for uncertain tax provi

the years ended June 30, 2020 and 2019.

**Supplemental Information** 

upplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not n audited financial statements	Amounts included in rental expense on the statement of revenue - part VIII line 6B that ar e recorded in the expenses on the audited financial statements2215695

Su

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Pension Plan Changes - 29100767 Life Income Actuarial Changes - 2127673

\_

Supplemental Information	
Return Reference	Explanation
	Amounts Included in Rental Expense on the Statement of Revenue - Part VIII 6B that are rec orded in the expenses on the financial statements2215695

Sı

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493118000491 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** CASE WESTERN RESERVE UNIVERSITY 34-1018992 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)	Page <b>2</b>
Part II Supplemental Information. Provide the expla any other additional information. See instructions.	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide
Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	The university meets the requirements of revenue procedure 75-50, 1975-1 C.B. 587, Part III, Section 4.03(2)(B).
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	The university provides financial aid, which is funded by gifts, endowment income and externally sponsored aid (including federal and state governmental sources), to students based on demonstrated financial need or academic merit. Government advances to qualified students are funded principally with federal loans to the university under the Perkins, nursing and health professions student loan

programs. Schedule F (Form 990 or 990-F7) (2019)

SCHEDULE F	State	ement of	Activities (	Outside the Un	ited States	OMB No. 1545-0047
Form 990)	► Comp	lete if the organi		Yes" to Form 990, Part IV,	ine 14b, 15, or 16.	2019
	_	O		to Form 990.		
epartment of the Treasury tternal Revenue Service	•	Go to www.irs.	gov/ Form990 for I	nstructions and the latest i	ntormation.	Open to Public Inspection
ame of the organization					Employer ider	ntification number
ASE WESTERN RESERVE I	JNIVERSITY				34-1018992	
Part I General In Form 990, F			Outside the U	<b>Jnited States.</b> Comple	ete if the organization a	inswered "Yes" on
For grantmakers.	Does the o	ganization mai	intain records to	substantiate the amoun	t of its grants and	
other assistance, th	ne grantees'	eligibility for th	ne grants or assi	stance, and the selectior	criteria used	
to award the grants	s or assistan	ce?				🗹 Yes 🗌 No
For grantmakers. outside the United		Part V the org	anization's proce	dures for monitoring the	use of its grants and ot	her assistance
Activites per Region.	(The following	ng Part I, line 3	table can be dupli	icated if additional space is	s needed.)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data						
<b>3a</b> Sub-total		4	140			4,750,12
<b>b</b> Total from continuation						
Part I	1.01.	(	1			319,300,444
c Totals (add lines 3a a	and (n) l	4	1 140	1		324,050,57

section

(a) Name of

organization

valuation

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (q) Amount (h) Description (i) Method of

cash

of noncash

of noncash

cash grant

grant

	and EIN (if applicable)	-	_	disbursement	assistance	assistance	(book, FMV, appraisal, other)
See Add'l Data							

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . 22 Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	TIV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
	Corporations. (See Instructions for Form 3471)	Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>☑</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6665)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	<b>☑</b> No

Schedule F (Form 990) 2019	Page <b>5</b>
amounts of investm method); and Part	ormation Ition required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nents vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide mation. See instructions.
990 Schedule F, Supplement	al Information
Return Reference	Explanation

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	The university requires itemized receipts and/or invoices for all expenditures. Transactions are reviewed and approved on multiple levels. This enables monitoring of the types and amounts of funds which are Expended outside of the United States.

Return Reference Explanation

990 Schedule F, Supplemental Information

	·
MONITORING USE OF GRANT FUNDS	The university requires itemized receipts and/or invoices for all expenditures. Transactions are reviewed and approved on multiple levels. This enables monitoring of the types and amounts of funds which are Expended outside of the United States.

## **Additional Data**

Central America and the

East Asia and the Pacific

Caribbean

**Software ID:** 19010655 **Software Version:** 2019v5.0 **EIN:** 34-1018992

20 Program Services

0 Grantmaking

region)

Name: CASE WESTERN RESERVE UNIVERSITY

Study Abroad

17,097

274,642

TOTAL STO Belledate 1 Tal	CE ACCITICIOS	Outside The C	micea otates		
(a) Region	(b) Number of offices in the region	\ <i>'</i>	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the	is a program service, describe specific type of service(s) in region	(f) Total expenditures for region

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 23 | Program Services Study Abroad 131.952 East Asia and the Pacific 0 Program Services Joint Higher Education 22,012

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 Conference Travel 1.927 Greenland) Europe (Including Iceland and 0 |Grantmaking 213,487 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 | Program Services 39,978 Research Greenland) Europe (Including Iceland and 61 Program Services Study Abroad 576,501 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Middle East and North Africa Study Abroad 41.042 3 Program Services North America (Canada & 0 | Conference Travel 600 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 112,880 North America (Canada & 0 |Grantmaking Mexico only) 333,411 South America 0 |Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 22 | Program Services Study Abroad 127,968 South Asia 0 Grantmaking 72,774

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 0 Program Services 30,690 lResearch Sub-Saharan Africa 8 Grantmaking 2,753,166

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 3 Program Services Study Abroad 62,246 East Asia and the Pacific 0 linvestments 96,818,881

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 Investments 191,734,087 Greenland) North America (Canada & 0 Investments 13,179,307 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 2,096,006 0 lInvestments Sub-Saharan Africa 0 linvestments 15,409,917

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 74,132 Wire Transfer Oln/A N/A lResearch the Pacific IN/A

East Asia and 57,903 Wire Transfer oln/a lResearch

Ithe Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Research 136,025 Wire Transfer ON/A IN/A the Pacific Research 41,610 Wire Transfer OIN/A IN/A lEurope l(Includina

Iceland and Greenland)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Research 117,877 Wire Transfer ON/A IN/A Europe (Includina Iceland and Greenland) 50.000 Wire Transfer ON/A Europe Research IN/A

(Includina Iceland and (Greenland

(i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America 103,715 Wire Transfer ON/A ln/a lResearch (Canada & Mexico only)

9.165 Wire Transfer

OlN/A

N/A

North America

(Canada & Mexico only)

Form 990 Schedule F Part II - Grants or Entities Outside The United States

lResearch

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation ' (d) Purpose of | (e) Amount of i (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Research 22.399 Wire Transfer Oln/A IN/A

86,712 Wire Transfer

ON/A

N/A

South America Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of l (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Research 105,799 Wire Transfer oln/A ln/a

118.502 Wire Transfer

ON/A

N/A

South America Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 226,388 Wire Transfer OIN/A Research IN/A Africa Sub-Saharan 673,043 Wire Transfer OlN/A lResearch IN/A lAfrica

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 42,245 Wire Transfer Oln/A lResearch IN/A Africa Sub-Saharan 34.683 Wire Transfer Oln/A lResearch IN/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 60,000 Wire Transfer Oln/A lResearch IN/A Africa Sub-Saharan 93.730 Wire Transfer Oln/A lResearch IN/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation '(d) Purpose of l (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 420,755 Wire Transfer oln/A IN/A lResearch Africa Sub-Saharan 1,199,235 Wire Transfer oln/A IN/A lResearch Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of i (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other)

50,000 Wire Transfer

ON/A

N/A

	South Asia	Research	6,000	Wire Transfer	0	N/A	N/A

South Asia

Research

Department of the Treasury

Internal Revenue Service

DLN: 93493118000491

2019

OMB No. 1545-0047

### **SCHEDULE G Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

	ne of the organization SE WESTERN RESERVE UNIVERS	·ITV					Employer ide	ntification number
CAS	SE WESTERN RESERVE UNIVERS	2111					34-1018992	
P	Fundraising Activities Form 990-EZ filers	•	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	.7.
1	Indicate whether the organiza	ation raised funds thr	ough any	of the fo	ollowing activities. Check	all that ap	oply.	
а	✓ Mail solicitations			e	Solicitation of non-	governme	ent grants	
b	✓ Internet and email solicita	ations		f	✓ Solicitation of gove	ernment g	ırants	
С	✓ Phone solicitations			g				
d	✓ In-person solicitations					•		
<b>2</b> a								es 🗆 No
b	If "Yes," list the 10 highest pa to be compensated at least \$	aid individuals or enti 5,000 by the organiza	ties (fund ation.	draisers)	pursuant to agreements	under whi		
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
	GRENZEBACH GLIER & ASSOCIATES 401 NORTH MICHIGAN AVENUE	CONSULTING SERVICES		No	0		39,758	-39,75
	CHICAGO, IL 60611							
	ROGER CERNE 7690 MOUNTAIN ASH DRIVE	Pro Solicitation		No	0		123,320	-123,32
	CONCORD, OH 44060	Consulting Services						
	Copper Reef DBA Plus Delta Partners 6965 El Camino Real Suite 105-488 Carlsbad, CA 92009	Consulting Services		No	0		153,666	-153,66

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, CO, DC, AL, HI, ME, AK, MD, MA, MI, NV, NH, NY, OH, OK, OR, PA, SC, WA

-316,744

316,744

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
y T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zieg Zieg	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
<b></b>	4 Rent/facility costs	No  through 5 in column (d)  thine 7 from line 1, column  tion conducts gaming activities	No	<ul><li>No</li><li> ▶</li><li> ▶</li></ul>	Ves □No
a b	4 Rent/facility costs	through 5 in column (d)   No  nn (d)	No	☐ Yes ☐ No	
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  tion conducts gaming activations activities in each column.	No  nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	
a b	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2  8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· 🗆 Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ►						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	<b>d</b> ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

### **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493118000491

Open to Public Inspection

reasury nternal Revenue Service		P GO to WW	7W.113.gov/	the latest information	JII.		
ame of the organization	-DCITY					Employer identifica	ation number
ASE WESTERN RESERVE UNIVE	RSITY					34-1018992	
Part I General Inform	nation on Grants	and Assistance					
Does the organization mai the selection criteria used Describe in Part IV the org	to award the grants ganization's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States.			☑ Yes ☐ No
Part II Grants and Other that received more			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of sect 3 Enter total number of other		-					
or Paperwork Reduction Act Noti				Cat. No. 50055			edule I (Form 990) 2019

Page **2** 

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Estimated Number of Recipients Schedule I. Part III. Column (b)

Estimated Number of Recipients Schedule I, Part III, Column (b)

Estimated Number of Recipients Schedule I, Part I, Line 2

Procedures for monitoring use of

grant funds.

ol N/A (2) FELLOWS - TUITION AND FEES 4451 62,001,041 N/A (3) STIPENDS AND ALLOWANCES ol N/A N/A 1172 2,344,329

(3) (4)

(5) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(6) (7) Part IV

Explanation Return Reference

Stipends and Allowances: Estimate is based on the percentage of students who received stipends in the prior year.

Schedule I, Part III, Column (b) Tuition and Fees: Estimate is based on the percentage of students who received assistance for tuition and fees in the prior year.

Fellows - Tuition and Fees: Estimate is based on the percentage of students who received Fellowships for tuition and fees in the prior year.

The Office of Sponsored Projects administration directs and facilitates pre- and post-award processes by ensuring compliance with federal, state and University

guidelines. It also oversees regulatory compliance activities to ensure safe, ethical and responsible conduct of research. In addition, the office is responsible for

lenhancing the research infrastructure of the institution as well as developing and monitoring policies related to the stewardship of research activities.

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 9349311800							8000	491
Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-(	0047
(Forr	n 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20		)
D			▶ Attach	to Form 990. instructions and the latest inforn		Open		
•	tment of the Treasury al Revenue Service	Go to <u>www.ms.gov</u>	7 <u>71 01111990</u> 101	mistructions and the latest mion	nation.		ectio	
	ne of the organiza E WESTERN RESERN				Employer identifica	tion nu	ımber	
					34-1018992			
Pa	rt I Questi	ons Regarding Compensat	ion					
<b>1</b> a				the following to or for a person liste			Yes	No_
	990, Part VII, S	ection A, line 1a. Complete Part I	II to provide an	y relevant information regarding thes	se items.			
		s or charter travel	<b>⊻</b>	Housing allowance or residence for	•			
		companions		Payments for business use of person				
		nification and gross-up payments nary spending account	<b>✓</b>	Health or social club dues or initiation Personal services (e.g., maid, chauf				
	Discretion	iary spending account	<u> </u>	reisonal services (e.g., maid, chadi	reur, crier)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 152	2	Yes	
	directors, truste	es, officers, including the CLO/L/	recutive Director	r, regarding the items checked on the	ie ia:			
3				ed to establish the compensation of the not check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III.			
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
	✓ Form 990	of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-conti	rol payment? .			4a		No
b		r receive payment from, a supple				4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Part	: III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			=	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
_	•	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?		$\boldsymbol{\cdot} = \boldsymbol{\cdot} = \boldsymbol{\cdot} = \boldsymbol{\cdot} = \boldsymbol{\cdot} = \boldsymbol{\cdot} = \boldsymbol{\cdot}$		6a		No
b						<b>6</b> b		No
-	•	6a or 6b, describe in Part III.	المالية المالية	the constitution was identified to the control of	<b>.</b>			
7	payments not d	escribed in lines 5 and 6? If "Yes,	." describe in Pa	the organization provide any nonfixed rt III	u 	7	Yes	
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de	escribe			
						8		No
9				presumption procedure described in		9		
For F		iction Act Notice, see the Inst			50053T Schedule 3		1 990)	2019

Schedule J (Form 990) 2019							Page 2
Paritit Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	est Compen	sated Employee	<b>:s.</b> Use duplicate	copies if additic	onal space is ne	eded.	
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	ompensation fro ), Part VII.	om the organization	on row (i) and froi	n related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	amount of For	m 990, Part VII, Se	ction A, line 1a, ap	plicable column (D	) and (E) amoun	ts for that indiv	idual.
(A) Name and Title	( <b>B)</b> Break	(B) Breakdown of W-2 and/or 1099-MISC compensation	r 1099-MISC	(C) Retirement (D) Nontaxable (E) Total of and other benefits	(D) Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in
	(i) Base compensation	(i) Base (ii) compensation compensation	(iii) Other reportable compensation	deferred compensation		(B)(I)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2019

<ol> <li>Also complete this part for any additional information.</li> </ol>	
escriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also comple	Explanation
de the information, explanation, or d	Return Reference

There may be instances where first class travel is necessary. In these instances prior approval must be secured. Reimbursement for upgraded travel that does not comply with the University guidelines is made at the policy supported economy class level. Schedule J, Part I, Line 1a First-class Schedule J, Part I, Line 1a Travel for or charter travel

The policy establishes the guidelines and approvals required. On occasion the president is asked to participate in off site professional meetings where leadership and The University Travel Policy stipulates no reimbursement for travel-related expenses of a companion unless it provides a clear and direct benefit to the University.

companions

their spouses from various Universities gather for professional development and other business purposes. The contract between the president and the University

requires the spouse be available for such meetings.

The University has followed its long established past practice of administering gross-up payments. Additionally, written policies were put into place in 2009. Schedule J, Part I, Line 1a Tax

indemnification and gross-up payments

The University provides housing for the President. The housing is on the edge of campus and is provided for the benefit of the University because of the substantial For health or social club dues or initiation fees, a written policy was in place and adhered to. At each year end a determination is made what portion is allocable as Cleaning services are provided at the University owned house occupied by the President. Periodically the University makes an assessment of the services and whether any portion is taxable to the President. At such time (if applicable) the taxable amount would be includable in W-2 wages for the President. personal. The portion that is deemed personal is then added to the W-2 earnings and is taxable to the employee. allowance or residence for personal use|demands that it places on the President. A written policy has been approved by the Board of Directors. Schedule J, Part I, Line 1a Housing Schedule J, Part I, Line 1a Health or Schedule J, Part I, Line 1a Personal social club dues or initiation fees

Barbara Snyder was issued \$250,000 of deferred compensation in calendar year 2019, none of which has been paid. In 2019 25% vested upon issuance, with an Schedule J, Part I, Line 4b

Supplemental nonqualified retirement | additional 25% vesting in each of the three subsequent years.

For non-fixed payments, accomplishment of set performance indicators both financial and non-financial are required to receive such payments. Schedule J, Part I, Line 7 Non-fixed

Schodule 1 (Form 990) 2019

# **Additional Data**

**Software ID:** 19010655

Software Version: 2019v5.0

**EIN:** 34-1018992

Name: CASE WESTERN RESERVE UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part II		- Officers, Directors, Trustees, Key Employees,	and	Hignest Compensated	d Employees		
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	column (B) reported as deferred on prior Form 990
1Barbara Snyder (i)	16′178		ε	218	33,264		520,834
President; Ex Officio (ii) Trustee	1 1 1 1 1 1 1 1	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0	0	0	0	0
1Elizabeth Keefer (i)	613,89	100,000	23,944	20,687	806'6	778,426	0
Senior VP of Administration (ii) & Secretary	0 (	0	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0	0
2Ben Vinson III (i)	) 592,505	25,00		9,0		9,8	
Provost & Executive Vice (ii)		0	0	0	0	0	0
3John Sideras (i)	492,	000'59	41,864	20,687	13,587	643,289	0
Sr. Vice President for (ii)	0 (	0	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0	0	0
4Stephen Campbell (i)	303,	20,000	4,064	30,687	18,171	406,855	0
SR VP for Campus Planning (ii) and Facilities Management	0 (	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0	0
5Michael Lee (i)	203,326		.′T	7,	7,86	4,72	0
Treasurer (ii)		0	0	0	0	0	0
6Pamela Davis (i)		1,	25,	39′0	8,193	36′8	0
Vice President, Dean & (ii) Professor		0	0	0	0	0	0
7Carol Moss (i)	494	20,00		ò	ω,	6	0
Sr. VP for University Relations and Development (BEG. 07/01/19)		0	0	0	0	0	0
8Bruce Loessin (i)	34678	150,	23,403		11,742	260,360	0
Sr. VP for University Relations and Development (ii) (END 06/30/19)	0 (	0	0	0	0	0	0
9Stanton Gerson (i)	854,58		4,191	30,687	12,192	926,658	0
Professor (ii)		0	0	0	0	0	0
10Dale Baur (i)	584,261		16,71	30,	2	9	0
Professor (ii)		0	0	0	0	0	0
11Mark Chance (i)	510,028	0	3,864	30,687	18,171	562,750	0
Professor (ii)		0		0	0	0 0	0
12Jonathan Haines (i)	512,325		)'ε	289'08	0	0,	0
Professor (ii)		0	0	0	0	0	0
13Manoj Malhotra (i)	(1)	50,	18,500	_	207	3,39	0
Dean & Professor (ii)		0	0	0	0 0	0	0
14Cyrus Taylor (i)	374,915		3,564	_	18,171	7,33	0
Professor (ii)		0	0	0	0	0	0
15William Baeslack (i)	368,954	0	13,441	27,578	13,488	423,461	0
Professor (ii)			0	0	·		0

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

and any additional information in Part VI.	► Attach to Form 990.	/Form990 for instructions and the latest information.	Employer identification number	34-1018992	(d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool
	<ul><li>Attach to Form</li></ul>	orm990 for instri			(d) Date issued
explanations,	-	►Go to www.irs.gov/F			(c) CUSIP #
		05			NI

Name of the organization CASE WESTERN RESERVE UNIVERSITY

Department of the Treasury Internal Revenue Service

(Form 990)

						 	1		
Bond Issues									
a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(c) CUSIP # (d) Date issued (e) Issue price	(e) Issue price	(f) Description of purpose	(g) Defeased	eased	( <b>h)</b> On behalf of issuer	n of
						Yes	ş	Yes No Yes No	ş
HIGHER EDUCATIONAL	34-6849674	67756BTA8	12-21-2006	91,083,060	91,083,060 REFUND 1997A&C, 2002B AND		×		×

(g) Defeased	Yes No	×	\  -
] (b)	Yes		
(f) Description of purpose		91,083,060 REFUND 1997A&C, 2002B AND 2004A	100 Mar 1000
(e) Issue price		090'880'16	733 04V CC
(d) Date issued		12-21-2006	11 20 2012
(c) CUSIP #		67756BTA8	702033223
(b) Issuer EIN		34-6849674	120102 VC
(a) Issuer name		OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	

۷

8

O

					2004A				
	×		×		91,083,060 REFUND 1997A&C, 2002B AND	090'£80'16	12-21-2006	67756BTA8	34-6849674
_	No	Yes	Yes No Yes No	Yes					
	issuer	isi							
	(h) On behalf of	를 	(g) Defeased   (h) On     behalf of	ĕ (6)	(f) Description of purpose	(e) Issue price	(d) Date issued	(c) COSIP #	(b) Issuer EIN

	Yes		
issuer	No	X	×
issi	Yes		
	Yes No Yes No Yes	×	×
	Yes		
		91,083,060   REFUND 1997A&C, 2002B AND   2004A	33,470,557 Refund 2004A and Equipment Lease
		91,083,060	33,470,557
		12-21-2006	11-28-2012
		67756BTA8	67756BZR4
		34-6849674	34-6849674
		OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

financing	٥N	×	X
finar	Yes		
behalf of issuer	No	×	X
beha issi	Yes No Yes No Yes No		
	٥N	×	Χ
	Yes		
		91,083,060 REFUND 1997A&C, 2002B AND 2004A	33,470,557 Refund 2004A and Equipment
		91,083,060	33,470,557
		12-21-2006	11-28-2012
		67756BTA8	67756BZR4
		34-6849674	34-6849674
		OUCATIONAL SSION	OUCATIONAL

								issuer		issuer	n
						Yes	Yes No Yes No Yes No	,es	°N°	Yes	N <sub>o</sub>
ER EDUCATIONAL MMISSION	34-6849674	67756BTA8	12-21-2006	91,083,060	91,083,060 REFUND 1997A&C, 2002B AND 2004A		×		×		×
ER EDUCATIONAL	34-6849674	67756BZR4	11-28-2012	33,470,557	33,470,557 Refund 2004A and Equipment Lease		×		×		×

_	×	×	X
Yes			
No	×	×	×
Yes No Yes No Yes			
No	×	×	
Yes			×
	91,083,060 REFUND 1997A&C, 2002B AND 2004A	33,470,557 Refund 2004A and Equipment Lease	47,484,887 Refund 2004A
	91,083,060	33,470,557	47,484,887
	12-21-2006	11-28-2012	12-03-2013
	67756BTA8	67756BZR4	90095229
	34-6849674	34-6849674	34-6849674
	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

30 045 000	24 185 000		15 515 000	48 300 000		
Q			В	Ą		
×	×		56,887,436 Construction of Building & Refund Triangle HUD Loan	56,887,436   Col   Tri	02-01-2015	67756DCZ7
× ×		×	und 2004A	47,484,887 Refund 2004A	12-03-2013	67756DCD6
×	×		33,470,557 Refund 2004A and Equipment Lease	33,470,557 Rei Lea	11-28-2012	67756BZR4
<	<		2004A	200,000	9999	

			2004A					
67756BZR4	11-28-2012	33,470,557 R	33,470,557 Refund 2004A and Equipment Lease		×	×		×
57756DCD6	12-03-2013	47,484,887 Refund 2004A	efund 2004A	×		×		×
67756DCZ7	02-01-2015	56,887,436 C	56,887,436 Construction of Building & Refund Triangle HUD Loan	pur	×	×		×
		A	8	C			۵	
		48,300,000	000 15,515,000		24,185,000		30,045,000	2,000
			0					0
		91,083,060	33,470,557		47,498,442		56,908,049	3,049
			0 0			0		0
			0 0		0	0		0
.   .   .			0			0		0
		1,258,133	33 397,318		470,441		707	707,251
			0 0		O	0		0
			0 0		0	0		0
			0			0	47,097,641	7,641
		89,824,927	33,073,239		47,028,001		9,10	9,103,157

34-6849674

Ohio Higher Education Facility

۵

Commission

30,045,00	24,185,000			<b>A</b> 48,300,000	
٥	v		В	٧	
×	×	pun	56,887,436 Construction of Building & Refund Triangle HUD Loan	56,887,436 Cor Tria	02-01-2015
× ×		×	und 2004A	47,484,887 Refund 2004A	12-03-2013
×	×		33,470,557 Refund 2004A and Equipment Lease	33,470,557 Refund Lease	11-28-2012

_	А	В	C	D
-	48,300,000	15,515,000	24,185,000	30,045,
	0	0		
	91,083,060	33,470,557	244'468'445	26,908,
	0	0	0	

	0	0	0	
9,103,15	47,028,001	682,870,88	89,824,927	
47,097,64	0	0	0	
	0	0	0	
	0	0	0	
707,25	470,441	318'268	1,258,133	
	0	0	0	
	0	0	0	
	0	0	0	•
56,908,04	47,498,442	33,470,557	91,083,060	

-	×	×		×		×
	X	×	×		×	
on of	×	×	×		×	

ŝ

Yes

ŝ

Yes  $\times$ 

ŝ

Yes  $\times$ 

ŝ  $\times$ 

Yes

2009

2015

*		D	Yes No
			No
×	;	C	Yes
		В	No
×	:	3 ·	Yes
		A	٥N
×	:	1	Yes
ation of			

	D	No
×	1	Yes
		٥N
×	)	Yes
	В	٥N
×	3	Yes
	А	oN
	7	S

٥	No	×
]	Yes	
	No	×
C	Yes	
	No	×
В	Yes	

×

×

 $\times$ 

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Does the organization maintain adequate books and records to support the final allocai

Private Business Use

Part Ⅲ

proceeds? .

Were the bonds issued as part of a current refunding issue of tax-exempt

14

12 16 17

Working capital expenditures from proceeds. Credit enhancement from proceeds.

Capitalized interest from proceeds.

Proceeds in refunding escrows.

Issuance costs from proceeds.

Gross proceeds in reserve funds.

Total proceeds of issue.

Amount of bonds legally defeased.

Amount of bonds retired.

Proceeds

Part II

Capital expenditures from proceeds.

10 11 12 13

Year of substantial completion .

Other unspent proceeds.

Other spent proceeds

Were the bonds issued as part of an advance refunding issue of taxable

bonds (or, if issued prior to 2018, an advance refunding issue)?

Has the final allocation of proceeds been made? .

Are there any lease arrangements that may result in private business use of bond-financed

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Sche	Schedule K (Form 990) 2019								Page 2
Ра	Private Business Use (Continued)								
		A		В		)			
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×		×	
q	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		×		×		×	
U	Are there any research agreements that may result in private business use of bond-financed property?	×		×		×		×	
ס	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		×		×		×		×

dule K (Form 990) 2019								Page 2
rt III Private Business Use (Continued)								
	V			В		o		٥
	Yes	No	Yes	No	Yes	No	Yes	٧
Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×		×	
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		×		×		×	
Are there any research agreements that may result in private business use of bond-financed property?	×		X		×		X	
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		×		×		×		×
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		% 0		% 0		% 0		1.47
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶		% 0		% 0		% 0		0.24
Total of lines 4 and 5		% 0		% 0		% 0		1.71

in less to fine 3c, does une diganization routhlety enlyage boint counsel of outside counsel to review any research agreements relating to the financed property?	×	×	
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	% 0	% 0	
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶	% 0	% 0	
Total of lines 4 and 5	% 0	% 0	
Does the bond issue meet the private security or payment test?	×	×	
Has there been a sale or disposition of any of the bond-financed property to a			

lotal of lines 4 and 5.	% 0	% 0	
Does the bond issue meet the private security or payment test?	X	×	
Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds were	×	×	

								Arbitrade
	×		×		×		×	the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?
								If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?
								If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of
×		×		×		×		Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?
×		×		×		×		Does the bond issue meet the private security or payment test? . $\cdot$
1.71		% 0		% 0		% 0		Total of lines 4 and 5
0.24		% 0		% 0		% 0		Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶
1.47		% 0		% 0		% 0		Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government •
×		×		×		×		If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?
	×		×		×		×	Are there any research agreements that may result in private business use of bond-financed property?
	×		×		×		×	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?

	Yes	No	Yes	No	Yes	No	Yes	No
	×		×		×		×	
	×		×		×		×	
D.	×		×		×		×	
		×		×		×		×
than		% 0	.0	% 0		% 0	,0	1.47
(3)		% 0	,o	% 0		% 0	,0	0.24
		% 0	,0	% 0		% 0	,o	1.71
		×		×		×		×
_		×		×		×		×
7								
٦	×		×		×		×	
		В			v		Q	
Z	No	Yes	No	Yes	No	•	Yes	No
	×		×		×			×

			×	1.47 %	0.24 %	1.71 %	×	×				No	×	×	×		×	×	
×	×	X								×	٥	Yes				×			
			×	% 0	% 0	% 0	X	×											
×	×	×							-	×	v	No	×	×	×		×	×	
			×	% 0	% 0	% 0	×	×				Yes				×			
×	×	×		-					_	×		No	×	×	×		X	×	
			×	% 0	% 0	% 0	×	×			B	Yes				×			
×	×	×								×		No	×	×	<b>\</b>		X	×	
				a L	3							z		$^{\sim}$	×		$ \hat{\ } $	^	

⋖

Yes

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

If "No" to line 1, did the following apply? .

Exception to rebate? . Rebate not due yet? .

٩

æ

No rebate due? .

Penalty in Lieu of Arbitrage Rebate? .

9 O

8a

ဖ

Arbitrage

Part IV

×

Has the organization or the governmental issuer entered into a qualified

hedge with respect to the bond issue?

**4**a

Name of provider. Term of hedge Was the hedge superintegrated? • Was the hedge terminated?

Ð σ O

Is the bond issue a variable rate issue? .

computation was performed.

If "Yes" to line 2c, provide in Part VI the date the rebate

Schedule K (Form 990) 2019

edule K (Form 990) 2019								Page <b>3</b>
art.IV Arbitrage (Continued)								
	•	4				U		
	Yes	٥N	Yes	oN	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		X		X		×

			×	
				>
Name of provider	Term of GIC	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Were any gross proceeds invested beyond an available temporary period?	Has the organization established written procedures to monitor the

Name of provider.

**5**a

		X	
			K

	×	

	Yes			

			B		
	×			Yes	×

B	ž	
1	Yes	X

ŝ

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

requirements are timely identified and corrected through the voluntary closing agreement program | Has the organization established written procedures to ensure that violations of federal tax

if self-remediation is not available under applicable regulations?

Procedures To Undertake Corrective Action

requirements of section 148?

Part V

Explanation

and Total Proceeds of Issue Difference | The difference in the amount indicated in Part II, Line 3 and the issue price in Part I, Column e is accrued interest.

Schedule K, Part II, Line 3 Issue Price Return Reference

Bond C

Part VI

o	Yes	×

ŝ

**Yes** 

		×		Í
				•
				ŝ

Return Reference	Explanation
chedule K, Part II, Line 3	
sue Price and Total Proceeds	The difference in the amount indicated in Part II, Line 3 and the issue price in Part I, Column e is accrued interest.
f Issue Difference Bond D	

Sch

Return Reference	Explanation
Schedule K, Part II Issue Price and amount of Expenditures difference D2	There are proceeds in escrow due to the fact they are being used for construction. These proceeds are being drawn once the expenditures have occurred.

느

Return Reference	Explanation
Schedule K, Part II Issue Price and amount of Expenditures difference A3	There are proceeds in escrow due to the fact they are being used for construction. These proceeds are being drawn once the expenditures have occurred.

Return Reference	Explanation
, ,	Issuer name: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION The calculation for computing no rebate due was performed on 12/21/2016

Return Reference	Explanation
, ,	Issuer name: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION The calculation for computing no rebate due was performed on 11/28/2017

Return Reference	Explanation
	Issuer name: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION The calculation for computing no rebate due was performed on 12/03/2018

Return Reference	Explanation
, .	Issuer name: Ohio Higher Education Facility Commission The calculation for computing no rebate due was performed on 02/25/2020

OMB No. 1545-0047

2019 pen to Public Inspection	cation number

	(100 01 01 01 01 01 01
Supplemental Information on Tax-Exempt Bonds	
▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,	<b>6</b>   2
explanations, and any additional information in Part VI.	
▶ Attach to Form 990.	Open to Public
▶Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
	Employer identification number

				1
Issuer name (b) Issuer EIN	IN (c) CUSIP #	(d) Date issued	(e) Issue price	

Name of the organization CASE WESTERN RESERVE UNIVERSITY

Department of the Treasury Internal Revenue Service

(Form 990)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose
Ohio Higher Education Facility Commission	34-6849674	67756DJY3	11-30-2016	184,252,980	184,252,980 Refund Prior Bonds & CP II

F	<u> </u>	4	<u> </u>
184,252,980	103,353,700	68,160,000	38,305,538

03-27-2019

67756DTJ5

34-6849674

OHIO HIGHER EDUCATION FACILITY COMMISSION

Ohio Higher Education Facility

4

Commission

12-17-2019

67756DVN3

34-6849674

OHIO HIGHER EDUCATION FACILITY COMMISSION

۵

Amount of bonds legally defeased.

Total proceeds of issue.

Amount of bonds retired.

Proceeds

Part II

Capitalized interest from proceeds Gross proceeds in reserve funds.

Proceeds in refunding escrows.

Issuance costs from proceeds.

Refund P	REFUND	REFUND	REFUND CONSTRI
184,252,980	103,353,700	68,160,000 REFUND	38,305,538

(f) Description of purpose	,980 Refund Prior Bonds & CP II	,700 REFUND 2015B & CP	OOO DEELIND 2014A
e e	086′	,700	000

Open to Publi Inspection Employer identification number	34-1018992	(g) Defeased (h) On
---	------------	---------------------

Public tion	i.	d (i)
Open to Publ Inspection	ation number	( <b>h</b> ) On

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Open to Public Inspection	ication number	
		<u>ica</u>	

(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	sased	(h) On behalf of issuer		(i) Pool financing	ool ing
					Yes	ş	Yes No Yes No Yes No	8 N	Yes	٩
34-6849674	67756DJY3	11-30-2016	184,252,980	184,252,980 Refund Prior Bonds & CP II		×		×		×
34-6849674	67756DRJ7	05-31-2018	103,353,700	103,353,700 REFUND 2015B & CP		×		×		×

4,252,980 Refund Prior Bonds & CP II	3,353,700 REFUND 2015B & CP	3,160,000 REFUND 2014A	3,305,538 REFUND 2015A AND BUILDING
4,252,980	3,353,700	3,160,000	3,305,538

×

×

×

×

UCTION

38,312,043

68,160,000

103,353,700

184,252,980

723,700

1,369,700

۵

O

230,000

2,810,000

8

1,560,186

14,432,396

ŝ

Yes

ŝ

Yes

ŝ

Yes ×

ŝ

Yes  $\times$ 

Were the bonds issued as part of a current refunding issue of tax-exempt

14

15 16 17

Working capital expenditures from proceeds. Credit enhancement from proceeds.

Capital expenditures from proceeds.

10 11 12 13

Year of substantial completion .

Other unspent proceeds Other spent proceeds.

bonds (or, if issued prior to 2018, a current refunding issue)?

Were the bonds issued as part of an advance refunding issue of taxable

bonds (or, if issued prior to 2018, an advance refunding issue)?

Has the final allocation of proceeds been made? .

Private Business Use

proceeds?

Part Ⅲ

 $\times$ 

 $\times$ 

 $\times$ 

×

 $\times$ 

 $\times$ ×  $\times$ 

×  $\times$ 

 $\times$  $\times$ 

22,319,46:

68,160,000

102,630,000

182,883,280

Schedule K (Form 990) 2019

ŝ ×

Yes

ŝ

Yes

ŝ

Yes

ŝ

Yes

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Does the organization maintain adequate books and records to support the final allocation of

×

 $\times$ 

×

×

×

 $\times$ 

Cat. No. 50193

identification numb	12	(h) On behalf of issuer
.≝	992	Se

ir ir	(i) Po
<u>inspection</u> n number	on S

Public tion	Į.	00d (!)
Open to Publ Inspection	ation number	( <b>h</b> ) On

Public tion	Ŀ	
oen to Publ Inspection	on number	

to Public pection	er.	(i) Pool
ro r pect	umber	_

ion	J.	lood (i)
Inspection	ntification number	( <b>h)</b> On

lon ir	(i) Pool
Inspection on number	00 (I

<u>.</u>	(i) Pool financing
number	On f of

-	(i) Pool financing
mber	<u>.</u>

<u>.</u>	(i) Pool financing
nber	l

lber	(i) Pool
Δ	

	(i) Pool
_	ِ ا

Public ction	ber	

Public ction	per	

on	_		
ection	nber		

o Public ection	nber	

Public tion	Jer.	

ublic	e.	

Sublic tion	ī	

	(i) Pool financing

lic -		
ᅙ	l	

		13, 00.0
Public sction	ıber	

Sche	Schedule K (Form 990) 2019								Page 2
Pa	Part III Private Business Use (Continued)								
		¥		В		0		<b>a</b>	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×		×	
٩	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		×		×		×	
v	Are there any research agreements that may result in private business use of bond-financed property?	×		×		×		×	
σ_	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		×		×		×		×

%	%
0.22 %	0.78 %
Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government •	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶

<b>.</b>	s as a result of ther section 501(c)(3)	

% 96.0

%

90.0

0.27 %

0.15 %

0.45 %

2.3 %

1.11

%

0.51 × ×

2.57 %

1.00 %

×  $\times$ 

× ×

× ×

ŝ

Yes

ŝ ×

Yes

ŝ

Yes

ŝ  $\times$ 

Yes

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

If "No" to line 1, did the following apply? .

Exception to rebate? .

٩ O

Ø

Rebate not due yet?

No rebate due? . .

Penalty in Lieu of Arbitrage Rebate?

-

⋖

8

 $\times$ 

U

×

×

× ×

 $\times$  $\times$ 

 $\times$ 

×

 $\times$ 

×

×

 $\times$  $\times$ 

 $\times$  $\times$ 

Has the organization or the governmental issuer entered into a qualified

hedge with respect to the bond issue?

Name of provider. Term of hedge

9 O

**4**a

Was the hedge superintegrated? Was the hedge terminated?

Ð σ

Is the bond issue a variable rate issue? .

computation was performed.

If "Yes" to line 2c, provide in Part VI the date the rebate

۵

 $\times$ 

×

 $\times$ 

×

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 Has the organization established written procedures to ensure that all nonqualified bonds of

and 1.145-2?

issued?.

9 O

8a

the issue are remediated in accordance with the requirements under

Regulations sections 1.141-12 and 1.145-2?.

Arbitrage

Part IV

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. .

nongovernmental person other than a 501(c)(3) organization since the bonds were

Has there been a sale or disposition of any of the bond-financed property to a

Does the bond issue meet the private security or payment test?

Total of lines 4 and 5 .

ဖ

Schedule K (Form 990) 2019

Sche	Schedule K (Form 990) 2019								Page <b>3</b>
Pa	Part IV Arbitrage (Continued)								
		A			В		C		D
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		×		×
q	<b>b</b> Name of provider								
U	Term of GIC								
b	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
9	Were any gross proceeds invested beyond an available temporary period?		×		×		×		×
7	Has the organization established written procedures to monitor the requirements of section 148?	×		×		×		×	
Pa	Procedures To Undertake Corrective Action								
				A		В	ပ		D
				<del>;</del>	;	:	;	;	

ŝ

Yes ×

ŝ

Yes

ŝ

Yes

ŝ

Yes

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

if self-remediation is not available under applicable regulations?

efil	efile GRAPHIC print - DO NOT PROCESS	NO NOT		As Filed Data -							DL	.N: 9349	DLN: 93493118000491	491
Note	Note: To capture the full content of this document, please select	II conter	nt of this docum	ent, please sel	ect landscape mode (11" $\times$ 8.5") when printing.	e (11" x 8.5"	) when p	rinting.			_	OMB No. 1545-0047	545-0047	
F)	(Form 990)		Sur Complete if the	Supplemental Infit the organization answe	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part IV.	In Tax-Ex 1 990, Part VI, information in	empt E line 24a. F	Sonds Provide descr	riptions,			2019	19	
Depart Interna	Department of the Treasury Internal Revenue Service		9▲	to www.irs.gov,	► Attach to Form 990.  ► Go to www.irs.gov/Form990 for instructions and the latest information.	10. Jons and the Is	atest infor	mation.				Open to Public Inspection	Public ction	
Name CASE	Name of the organization CASE WESTERN RESERVE UNIVERSITY	IVERSITY								<b>Emplo</b> : 34-10:	Employer identification number 34-1018992	cation num	ıber	
Part	Till Bond Issues													
	(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	of purpose	eQ (6)	(g) Defeased	(h) On behalf of issuer	(i) Pool financing	lool ing
4	OHIO HIGHER EDUCATION FACILITY COMMISSION	NO	34-6849674	67756DVP8	12-17-2019	35,815,000		BUILDING CONSTRUCTION	UCTION	Yes	2 ×	Yes ×	Yes	No ×
Par	Part II Proceeds											-		
						A		8		0			٥	
ᆔ	Amount of bonds retired .	. p					0							
7	Amount of bonds legally defeased	y defeaseα		·   ·			0							
ო	Total proceeds of issue	:	- - - -			ε .	35,828,858							
4	Gross proceeds in reserve funds	rve funds .					0							
22	Capitalized interest from proceeds	m proceed					0							
9	Proceeds in refunding escrows .	scrows.					0							
7	Issuance costs from proceeds .	oceeds.					336,372							
<b>∞</b>	Credit enhancement from proceeds	om procee	sh	.   .   .	-		0							
6	Working capital expenditures from proceeds	litures fror	n proceeds				0							
10	Capital expenditures from proceeds	om procee	sp				5,567,085							
11	Other spent proceeds .						0							
12	Other unspent proceeds .	s				2	29,925,401							
13	Year of substantial completion	pletion .												
						Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	as part of or to 2018,	a current refunding issue of , a current refunding issue)?	issue of tax-exem	pt 		×							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	as part of or to 2018,	an advance refunding issue of , an advance refunding issue)?	ng issue of taxable ng issue)?			×							
16	Has the final allocation of proceeds been made?	of proceed	Is been made?				×							
17	Does the organization maintain adequate books and records to support the proceeds?	maintain a	dequate books and i	ecords to support	the final allocation of	×								
Part Ⅲ	THE Private Business Use	ness Use												
						A		В		C			٥	
,	:		:	:		Yes	No	Yes	No	Yes	No	Yes	No	0
<b>-</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	partner in t bonds? .	a partnership, or a	member of an LLC	, which owned property		×							
7	Are there any lease arrangements that may result in private business use of property?	angement	s that may result in	private business u:	se of bond-financed		×							
For P	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice	, see the Instruct	ons for Form 991	0.	Cat. I	Cat. No. 50193E				Sche	edule K (F	Schedule K (Form 990) 2019	2019

Sche	Schedule K (Form 990) 2019								Page 2
Pa	Part III Private Business Use (Continued)								
		A		В		0		0	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	×							
q	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×							
o	Are there any research agreements that may result in private business use of bond-financed property?	×							
ਰ	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		×						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		% 0						

dule K (Form 990) 2019								Page
Tt III Private Business Use (Continued)								
	1	٨		8		v		۵
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?	×							
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×							
Are there any research agreements that may result in private business use of bond-financed property?	×							
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		×						
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		% 0						
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶		% 0						
Total of lines 4 and 5		% 0						
Does the bond issue meet the private security or payment test?		×						
Has there been a sale or disposition of any of the bond-financed property to a								

Total of lines 4 and 5. . . . . . . . . . .		% 0	
Does the bond issue meet the private security or payment test?	×		
Has there been a sale or disposition of any of the bond-financed property to a			
nongovernmental person other than a $501(c)(3)$ organization since the bonds were	×		
issued?			

X	×	

×	×		

ŝ

ŝ

Yes

ŝ  $\times$ 

Yes

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

If "No" to line 1, did the following apply? .

Exception to rebate? .

٩

æ

Rebate not due yet?

No rebate due? . .

Penalty in Lieu of Arbitrage Rebate? .

⋖

×  $\times$ 

 $\times$ 

 $\times$  $\times$ 

Has the organization or the governmental issuer entered into a qualified

hedge with respect to the bond issue?

Name of provider Term of hedge

9 O

4a

Was the hedge superintegrated? • Was the hedge terminated?

σ Ð

Is the bond issue a variable rate issue? .

computation was performed.

If "Yes" to line 2c, provide in Part VI the date the rebate

8

×

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 Has the organization established written procedures to ensure that all nonqualified bonds of

and 1.145-2?

O

9 O

8a

the issue are remediated in accordance with the requirements under

Regulations sections 1.141-12 and 1.145-2?.

Arbitrage

Part IV

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. .

Schedule K (Form 990) 2019

				l		
ה כמ						

ဖ

1	1			l				٥		
Yes								]	Yes	
N <sub>S</sub>										
Z									٥	
Yes								C	No	
٥									Yes	

Sche	Schedule K (Form 990) 2019									Page 3
Pa	Part IV Arbitrage (Continued)									
		A		В			C		Ω	
		Yes	No	Yes	No	Yes	No	A	Yes	No
<b>5</b> a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×							
q	Name of provider									
U	Term of GIC									
Р	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
9	Were any gross proceeds invested beyond an available temporary period?		×							
7	Has the organization established written procedures to monitor the requirements of section 148?	×								
Ра	Part V Procedures To Undertake Corrective Action									
				А		В	C		D	
			Yes	No	Yes	No	Yes	No	Yes	No

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

if self-remediation is not available under applicable regulations?

DLN: 93493118000491 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** CASE WESTERN RESERVE UNIVERSITY 34-1018992 **Types of Property** (a) (b) (c) (d) Check if Noncash contribution Method of determining Number of contributions or applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Χ 7,500 Opinions of experts Art—Historical treasures Art—Fractional interests Χ 5 Cost Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Oualified conservation contribution-Historic structures . . . Qualified conservation contribution-Other . 240,000 Market value Real estate—Residential Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . **20** Drugs and medical supplies 21 Taxidermy . . . . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . Other ▶ ( Equipment ) Χ 290,817 Cost Χ 86 42,033 Cost Fundraiser Other ▶ ( <u>Donations</u> Χ 598,972 Cost Company Other ▶ ( Products 27 28 Other ▶ ( Event Costs ) 11,349 Cost Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page <b>2</b>
	ution. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
reporting method for number of	Books and publications - The number of contributions received Other - Equipment The number of contributions received Other - Fundraiser Donations The number of contributions received Other - Company Products The number of contributions received Other - Event Costs The number of contributions received Art - Works of art - The number of contributions received Real estate - Residential - number of contributions received
	Schedule M (Form 990) (2019)

efile GRAPH	IC print - DO NOT	PROCESS	As Filed Data -		DLN:	93493118000491
SCHEDUL (Form 990 or EZ)	990- Co	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.				OMB No. 1545-0047  2019 Open to Public Inspection
	শূর্মইation SERVE UNIVERSITY e O, Supplemental	Information	1		Employer identi 34-1018992	fication number
Return Reference				Explanation		
Form 990, Part III, Line 4d Description of other program services	LIBRARY SYSTEM I SCIENCES LIBRARY SCHOOL OF APPLIE GRADUATE AND PE UNIVERSITY OFFEE OUTSTANDING ACA ACADEMIC AWARD BY VARIOUS ASSIS IN THE SCHOOL OF RESERVE UNIVERS PHYSICAL, EMOTIO AVAILABLE TO UND	S COMPOSED  /, THE SCHOO  ED SOCIAL SCI  ROFESSIONAL  RS ASSISTANC  ADEMIC ACHIE  S PROGRAM A  TANTSHIPS, F  GRADUATE S  HITY ACTIVELY  HAL AND INTE  ERGRADUATE  DEVELOPME	OF FOUR PRIMARY L OF LAW LIBRARY ENCES. THE LIBRA PROGRAMS AND C E TO ITS STUDENT VEMENT AND PROL ND OTHER SCHOL TUDIES AND SEVER PROMOTES THE D ELLECTUAL WELL-B E, GRADUATE AND F	50,124,222) OTHER SPONSOI UNITS: THE UNIVERSITY LIBI AND THE LILLIAN & MILFORD RIES OF THE UNIVERSITY SU ONTAIN OVER 3 MILLION VOL S TO HELP MEET FINANCIAL I MISE. ACADEMIC EXCELLENC ARSHIP PROGRAMS OF THE L DLARSHIPS AND OTHER AWA RAL OF THE PROFESSIONAL S EVELOPMENT OF SERVICES . EING OF ITS STUDENTS .' THE PROFESSIONAL STUDENTS A IES BOTH TO SUPPLEMENT T	RARY, THE CLEVI HARRIS LIBRARY PPORT THE UND JUMES. CASE WE NEED OR TO REC E IS RECOGNIZE JNDERGRADUAT IRDS OF INDIVIDL SCHOOLS. CASE AND PROGRAMS E PROGRAMS ANI LIKE AND ARE DE	ELAND HEALTH Y IN THE MANDEL ERGRADUATE, STERN RESERVE COGNIZE D BY THE E COLLEGES AND JAL DEPARTMENTS WESTERN TO SUPPORT THE D SERVICES ARE ESIGNED TO

find necessary.

Return

Reference

Form 990, Part VI, Lii 1a Delega broad authority to committee	to act on behalf of the Board of Trustees. The Executive Committee of the Board of Trustees consists of the Chair of the Board (who shall also serve as the Chair of the Executive Committee); the immediate past Chair of the Board (for the first two years after the immediate past Chair's term as Chair has ended); the Vice Chair(s) of the Board; the chairs of the Academic Affairs and Student Life, Audit, Campus Planning, Compensation, Development and University Relations, Finance, Investment, Research and Technology Transfer, and Trustees and Governance Committees (collectively "Standing Committees"); the President; and at least two, but no more than five, other Trustees (each such other Trustee, an "At-large EC Member"). At no time shall the number of members of the Executive Committee exceed eighteen. In the intervals between meetings of the Trustees, the Executive Committee shall have full power to take all and every action which the Trustees are authorized to take except: (a) the appointment and renewal of Trustees; (b) the filling of At-large EC Member vacancies on the Executive Committee; (c) the appointment of the Chair of the Board and Standing Committee chairs; (d) the election or removal from office of the President and approval of the President's total compensation arrangement; (e) the amendment of the Articles of Incorporation or Bylaws; and (f) the approval of
	President's total compensation arrangement; (e) the amendment of the Articles of Incorporation or Bylaws; and (f) the approval any agreement that requires approval of the other party's or parties' full board(s). The Executive Committee shall meet at least three times during the year, and at such other times as the Chair of the Board or three members of the Executive Committee sh

**Explanation** 

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The information to prepare the form 990 for the University is gathered by the Controller's office and the form prepared. All information is provided to its public accounting firm who reviews the return. The return is then reviewed by Senior Management and the Audit Committee of the Board of Trustees. The Form 990 is also made available to the University's board of trustees prior to filing. Trustees may raise their questions and comments with finance staff.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The University's conflict of interest policy applies to the members of the board of truste es; all university officers; senior officials of the university; all university faculty with the exception of volunteer faculty in the school of medicine and faculty members who are not paid by the university (unless engaged in sponsored research); emeritus faculty who have an ongoing relationship with the university or who are engaged in sponsored research; post-doctoral fellows; all other employees; students; and trainees. Individuals covered by this policy must report any financial interest and the acceptance of any gifts, favors, or anything of value, by the individual or the individual's spouse, dependent children, do mestic partner, or any other dependent person who is a member of the same household as the individual, that directly or indirectly might influence or appear to a reasonable person to influence the individual's responsibilities as a member of the university. Individuals covered by the policy who engage in research must report any financial interest, no matter how small, that the individual or the individual's spouse, dependent children, domestic partner, or any other dependent person living in the same household as the individual, has in any entity that sponsors or supports the research or that holds a financial interest in the subject of the research, and also must report the acceptance of any gift, favor, or a nything of value from an entity that sponsors the research and also must report the acceptance of any gift, favor, or anything of value from an entity that sponsors the research and also must report the subject of the research. Individuals covered by the policy also must report whe never a previously reported conflict of interest is eliminated. The university's reporting process is administered by the university's conflict of interest office, except that reporting by members of the board of trustees, the president, the provost, all senior official s of the university, as well as the chair of the

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	I counsel, as appropriate, within 10 days after they become aware of a reportable interest or after a conflict of interest has been eliminated. Individuals who have no reportable i nterests must still submit an annual report to be in compliance with this policy. The office of general counsel conducts an initial review of all the reports it receives. The conflict of interest office conducts an initial review of all reports it receives. If necessary, they obtain additional information from the individual covered by the policy and from other individuals who possess relevant information. The office of the general counsel or the conflict of interest office, as appropriate, then identifies those activities that must be reviewed and approved by the conflict of interest committee, and those activities that may proceed without review by the conflict of interest committee. The office of the general counsel or the conflict of interest office, as appropriate, notifies the conflict of interest committee or the board of trustees of those activities that must be reviewed and approved. In reviewing a reported activity, the conflict of interest committee assumes that the activity cannot be undertaken without a suitable management plan. However, in some cases, the activity may be approvable without a management plan. In determining whether a management plan is required, the conflict of interest committee considers the significance of the conflict of interest (such as the size of the individual's financial interest); whether or not the individual is uniquely qualified by virtue of expertise and experience to cond uct the research project and the research could not be conducted as safely or effectively without that individual; and the degree of risk imposed on research subjects.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	This is in response to questions 15a and 15b. The university has adopted an executive comp ensation and intermediate sanctions policy to ensure that its compensation arrangements with related parties are evaluated and compensation that is paid to a related party is reaso nable and reflects fair market value. The policy applies for determining the financial arr angements with individuals that are determined to be disqualified persons with respect to the university. "disqualified person" means a person who is or has been in a position to e xercise substantial influence over the affairs of the university during the five years end ing on the date of the transaction, a member of his or her family, or an entity in which the disqualified person has in excess of thirty-five (35%) percent control. Persons holding the following powers and responsibilities are deemed to be in a position to exercise substantial control over the organization: voting members of the board, the president, the chief executive officer, the chief investment officer, chief administrative officer, the trea surer and the chief financial officer. Others may be in a position to exercise substantial control over the university if the facts and circumstances justify such a conclusion. The compensation committee of the board of directors of the university endeavors to establish the rebuttable presumption of reasonableness by reviewing transactions which raise the risk of conferring an excess benefit. The committee will accomplish this by complying with the following procedures whenever a potential risk is identified: A. The transaction shall be approved in advance by the compensation committee of the board, or other parties author ized by the board to act on its behalf composed entirely of individuals who do not have a conflict of interest with respect to the transaction. B. A person has a conflict of intere st if that person: (1) is a disqualified person or a family member thereof; (2) is in an employment relationship subject to the direction or control

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	compensation surveys performed by independent firms; and (4) written offers from competing entities for the services of the disqualified person. F. Relevant information with respec t to a property transaction includes: (1) current independent appraisals; and (2) offers r eceived in a competitive and open bidding process. G. The compensation committee or other parties authorized by the board shall adequately document the basis for its determination concurrently with making that decision. Adequate documentations must include: (1) The term s of the transaction approved; (2) The date the transaction is approved; (3) The members o f the decision making body present during debate and who participated in voting; (4) The c omparability data obtained and relied upon and how it was obtained; and (5) Any actions taken by anyone who had a conflict of interest with respect to the transaction (persons with a conflict of interest must not be present at the time of a vote and this must be documented in the minutes).

Return
Reference

Form 990,
Part VI, Line

Explanation

Explanation

15b Process
to establish
compensation
of other
employees

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	These documents are made available upon request. The 990 Return is posted on the external website Guidestar. Financial
Part VI, Line	Statements are available on the University's website.
19 Required	·
documents	
available to	
the public	

990 Schedule O, Supplemental Information

Return Reference	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	LIFE INCOME ACTUARIAL ADJUSTMENT2127673; PENSION PLAN CHANGES29100767;

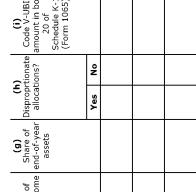
efile GRAPHIC print - DO NOT PROCESS	T PROCESS   As Filed Data -					DLN: 93493118000491	491
SCHEDULE R	Related Org	ganizations aı	Janizations and Unrelated Partnerships	Partnership	SC	OMB No. 1545-0047	7
(FORM 990) Department of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	on Form 990, Part I orm 990. ostructions and the l	V, line 33, 34, 35k atest information.	), 36, or 37.	VUI9	
Internal Revenue Service					: - -	Inspection	
Name of the organization CASE WESTERN RESERVE UNIVERSITY					Employer ident	Employer identification number 34.1018992	
Part I Identification of Di	Identification of Disregarded Entities. Complete if the		organization answered "Yes" on Form 990, Part IV, line	990, Part IV, line	33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	) dicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) FRIE TIMBER LLC 10900 EUCLID AVENUE CLEVELAND, OH 44106 20-0409132		TIMBER FARM	НО	1,168,259	35,005,482	35,005,482 CASE WESTERN RESERVE UNIVERSITY	
(2) ERIE FOREST INVESTMENTS LLC 10900 EUCLID AVENUE CLEVELAND, OH 44106 20-5742452		TIMBER FARM	НО	0	0	ERIE TIMBER	
(3) CASE DENTAL MEDICINE SUPPORT SERVICES LLC 1900 EUCLID AVENUE CLEVELAND, OH 44106 26-4812902	RVICES LLC	НЕАГТН САКЕ	НО	689'088	0	CASE WESTERN RESERVE UNIVERSITY	
(4) CWRU SCHOOL OF DENTISTRY ADMIN SUPPORT LLC 1900 EUCLID AVENUE CLEVELAND, OH 44106 34-043741	SUPPORT LLC	HEALTH CARE	НО	701,232	0	CASE WESTERN RESERVE UNIVERSITY	
(5) FPB Clinical Practice LLC 1900 Euclid Avenue Cleveland, OH 44106 82-3519571		Health Care	НО	7,218	0	Case Western Reserve University	
Part II Identification of Rel	Identification of Related Tax-Exempt Organizations. related tax-exempt organizations during the tax year.		nization answered "	Yes" on Form 990	), Part IV, line 34	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more	
<b>(a)</b> Name, address, and EIN of related organization	if related organization	( <b>b</b> ) Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling Section 512(b) (13) controlled entity  Yes No	512(b) trolled :y? No
For Paperwork Reduction Act Notice.	ice, see the Instructions for Form 990.		Cat. No. 50135Y			Schedule R (Form 990) 2019	<u>ء</u>

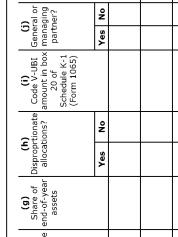
(b) (c) (d) (e) (f) (g) (g) (h) (i) (i) (i) (k) (k) Predominant Share of Sh	(h) Disproprtionate	Share of	(f) Share of	(e) Predominant	(d) Direct	(c) Legal	(b) Primary	( <b>a</b> ) Name, address, and EIN of
<b>Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ouring the tax year.	rm 990, Part I	'es" on Fo	swered "Y	ganization an	te if the or	. Complei IX year.	artnership. Iuring the ta	Part iii Identification of Related Organizations Taxable as a Partnership. Comple one or more related organizations treated as a partnership during the tax year.
Page 2								Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Pa one or more related organizations treated as a partnership d	artnership. Compleduring the tax year.	Complet x year.	te if the org	<b>Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had during the tax year.	wered "Yes	" on Form	1 990, Part I	V, line 34, b	ecause it	had
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predominant Share of Share of Disproprtionate Income(related, total income end-of-year allocations) Schedule K-1    Code V-UBI   General or Percentage annount in box managing ownership sectors and the state of the sectors of the state of the sectors of the state of the sectors of the state	(f) Share of total income	(g) Share of end-of-year assets	Share of Disproprtionate Code V-UBI General or Percentage end-of-year allocations? amount in box managing ownership assets Schedule K-1	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	<b>(k)</b> Percentage ownership

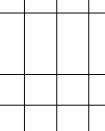
one or more related organizations treated as a partnership during the tax year.	ring the ta	x year.	'							
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under	Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
		country)		sections 512- 514)			Yes		Yes No	

Dispropri allocati	Yes	
(g) Share of end-of-year assets		
(f) Share of total income		
ant ted, 1, om 12-		



















Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34

because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity

(a)
Name, address, and EIN of related organization

Section 512(b) (13) controlled entity? Yes No

(h) Percentage ownership

(g) Share of end-of-year assets

(f) Share of total income

Direct controlling Type of entity (C corp, S corp, or trust)

(c)
Legal
domicile
(state or foreign
country)

Schedule R (Form 990) 2019































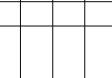
	L

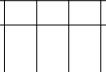




		r

















chedule R (Form 990) 2019	Ä	Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	°Z
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	_	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	_	
c Gift, grant, or capital contribution from related organization(s)	0	
d Loans or loan guarantees to or for related organization(s)	_	
e Loans or loan quarantees by related organization(s)	<b>a</b> )	

Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.         titly is listed in Parts II, III, or IV of this schedule.         nization engage in any of the following transactions with one or more related organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?       Yes       No         ion to related organization(s)			
Aving transactions with one or more related organizations listed in Parts II-IV?  1a	Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
wing transactions with one or more related organizations listed in Parts II-IV?  Tom a controlled entity	itity is listed in Parts II, III, or IV of this schedule.	Yes	٥
rom a controlled entity	nization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
ion to related organization(s)       1b         ion from related organization(s)       1c         ion from related organization(s)       1c         ion from related organization(s)       1c	uities, (iii) royalties, or (iv) rent from a controlled entity	1a	
ion from related organization(s)	ion to related organization(s)	1b	
for related organization(s)	ion from related organization(s)	1c	
	for related organization(s)	<b>1</b> d	

Schedule R (Form 990) 2019

(d)
Method of determining amount involved

Amount involved છ

Transaction type (a-s) 9

1m

Ţ, 10 1р 19 11

**1**s

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Other transfer of cash or property from related organization(s) .

~

(a)
Name of related organization

Other transfer of cash or property to related organization(s).

Reimbursement paid by related organization(s) for expenses . Reimbursement paid to related organization(s) for expenses .

۵ 0

Sharing of paid employees with related organization(s) .

1k

긁

Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Ε

Lease of facilities, equipment, or other assets from related organization(s) .

Lease of facilities, equipment, or other assets to related organization(s)

Purchase of assets from related organization(s). Exchange of assets with related organization(s).

Sale of assets to related organization(s). Dividends from related organization(s) .

Loans or loan guarantees by related organization(s)

19 7

Ξ

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

**(k)** Percentage ownership Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. ŝ (j) General or managing partner? Yes (i) Code V-UBI amount in box K-1 (Form 1065) of Schedule ŝ (h)
Disproprtionate
allocations? Yes (g)
Share of
end-of-year
assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? ŝ Yes Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of entity

Schedule R (Form 990) 2019

Schedule R (Fo	Schedule R (Form 990) 2019		Page <b>5</b>
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	