

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

The Cleveland Clinic Foundation
d.b.a. Cleveland Clinic Health System
Years Ended December 31, 2025 and 2024
With Reports of Independent Auditors



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Cleveland Clinic Health System

Consolidated Financial Statements and Supplementary Information

Years Ended December 31, 2025 and 2024

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Report of Independent Auditors

The Board of Directors
The Cleveland Clinic Foundation

Opinion

We have audited the consolidated financial statements of The Cleveland Clinic Foundation and controlled affiliates, d.b.a. Cleveland Clinic Health System (the System), which comprise the consolidated balance sheets as of December 31, 2025 and 2024, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System at December 31, 2025 and 2024, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System’s ability to continue as a going concern for one year after the date that the financial statements are issued.



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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Ernst & Young LLP

March 9, 2026

Cleveland Clinic Health System

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2025	2024
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,363,160	\$ 1,022,346
Patient receivables	2,053,599	1,850,016
Investments for current use	100,843	89,627
Other current assets	1,243,172	863,182
Total current assets	<u>4,760,774</u>	<u>3,825,171</u>
Investments:		
Long-term investments	13,399,917	11,944,509
Funds held by trustees	37,495	6,169
Assets held for self-insurance	180,574	165,757
Donor-restricted assets	1,696,243	1,571,601
	<u>15,314,229</u>	<u>13,688,036</u>
Property, plant, and equipment, net	7,702,937	6,882,228
Other assets:		
Pledges receivable, net	142,050	137,852
Trusts and interests in foundations	100,698	97,562
Operating lease right-of-use assets	369,243	374,656
Other noncurrent assets	1,257,349	1,110,529
	<u>1,869,340</u>	<u>1,720,599</u>
Total assets	<u>\$ 29,647,280</u>	<u>\$ 26,116,034</u>

	December 31	
	2025	2024
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 849,587	\$ 819,544
Compensation and amounts withheld from payroll	816,628	708,934
Current portion of long-term debt	101,470	108,261
Variable rate debt classified as current	514,427	701,499
Other current liabilities	972,721	786,970
Total current liabilities	<u>3,254,833</u>	3,125,208
Long-term debt	5,244,652	4,580,902
Other liabilities:		
Professional and general liability insurance reserves	344,223	260,469
Accrued retirement benefits	193,387	198,805
Operating lease liabilities	314,117	328,034
Other noncurrent liabilities	958,435	798,901
	<u>1,810,162</u>	1,586,209
Total liabilities	<u>10,309,647</u>	9,292,319
Net assets:		
Without donor restrictions	17,310,686	14,908,343
With donor restrictions	2,026,947	1,915,372
Total net assets	<u>19,337,633</u>	16,823,715
Total liabilities and net assets	<u>\$ 29,647,280</u>	<u>\$ 26,116,034</u>

See accompanying notes.

Cleveland Clinic Health System

Consolidated Statements of Operations
and Changes in Net Assets
(In Thousands)

Operations

	Year Ended December 31	
	2025	2024
Unrestricted revenues		
Net patient service revenue	\$ 15,020,771	\$ 13,702,696
Premium revenue	616,697	–
Other	2,636,418	2,233,502
Total unrestricted revenues	<u>18,273,886</u>	<u>15,936,198</u>
Expenses		
Salaries, wages, and benefits	9,499,466	9,020,800
Supplies	1,671,329	1,483,918
Pharmaceuticals	2,764,885	2,298,763
Medical claims	267,422	–
Purchased services and other fees	1,308,320	1,125,367
Administrative services	255,469	245,589
Facilities	510,757	479,238
Insurance	242,524	197,325
	<u>16,520,172</u>	<u>14,851,000</u>
Operating income before interest, depreciation, and amortization	1,753,714	1,085,198
Interest	174,271	176,881
Depreciation and amortization	666,282	632,605
Operating income	<u>913,161</u>	<u>275,712</u>
Nonoperating gains and losses		
Investment return	1,400,855	698,773
Derivative (losses) gains	(2,784)	11,606
Other, net	(12,605)	(5,739)
Net nonoperating gains	<u>1,385,466</u>	<u>704,640</u>
Excess of revenues over expenses	<u>2,298,627</u>	<u>980,352</u>

(continued on next page)

Changes in Net Assets

	Year Ended December 31	
	2025	2024
Changes in net assets without donor restrictions		
Excess of revenues over expenses	\$ 2,298,627	\$ 980,352
Donated capital	375	461
Net assets released from restrictions for capital purposes	82,504	74,702
Retirement benefits adjustment	22,186	(1,000)
Foreign currency translation	5,270	(1,933)
Other	(6,619)	(4,635)
Increase in net assets without donor restrictions	<u>2,402,343</u>	<u>1,047,947</u>
Changes in net assets with donor restrictions		
Gifts and bequests	216,500	243,519
Net investment income	129,154	77,940
Net assets released from restrictions used for operations included in other unrestricted revenues	(158,873)	(153,886)
Net assets released from restrictions for capital purposes	(82,504)	(74,702)
Change in interests in foundations	(2,515)	239
Change in value of perpetual trusts	4,939	4,439
Other	4,874	5,959
Increase in net assets with donor restrictions	<u>111,575</u>	<u>103,508</u>
Increase in net assets	2,513,918	1,151,455
Net assets at beginning of year	16,823,715	15,672,260
Net assets at end of year	<u>\$ 19,337,633</u>	<u>\$ 16,823,715</u>

See accompanying notes.

Cleveland Clinic Health System

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended December 31	
	2025	2024
Operating activities and net nonoperating gains and losses		
Increase in net assets	\$ 2,513,918	\$ 1,151,455
Adjustments to reconcile increase in net assets to net cash provided by operating activities and net nonoperating gains and losses:		
(Gain) loss on extinguishment of debt	(457)	414
Retirement benefits adjustment	(22,186)	1,000
Net realized and unrealized gains on investments	(1,629,257)	(849,921)
Depreciation and amortization	666,252	629,125
Foreign currency translation (gain) loss	(5,270)	1,933
Donated capital	(375)	(461)
Restricted gifts, bequests, and other	(218,924)	(248,197)
Amortization of bond premiums and debt issuance costs	(13,971)	(10,776)
Net loss (gain) in value of derivatives	1,281	(10,981)
Pension funding	(19,091)	(26,128)
Changes in operating assets and liabilities:		
Patient receivables	(198,735)	8,586
Other current assets	(400,841)	51,678
Other noncurrent assets	(122,836)	(106,738)
Accounts payable and other current liabilities	323,698	238,836
Other liabilities	225,385	112,212
Net cash provided by operating activities and net nonoperating gains and losses	1,098,591	942,037
Financing activities		
Proceeds from short-term borrowings	40,000	–
Payments on short-term borrowings	(40,000)	–
Proceeds from long-term borrowings	285,094	503,218
Payments for refunding of long-term debt	(20,490)	(300,000)
Principal payments on long-term debt	(113,026)	(107,959)
Debt issuance costs	(2,792)	(3,318)
Change in pledges receivable, trusts, and interests in foundations	15,407	35,555
Restricted gifts, bequests, and other	218,924	248,197
Net cash provided by financing activities	383,117	375,693
Investing activities		
Expenditures for property, plant, and equipment	(1,149,821)	(1,113,346)
Proceeds from sale of property, plant, and equipment	10,900	11,960
Net change in cash equivalents reported in long-term investments	82,716	(28,611)
Purchases of investments	(8,309,599)	(5,761,108)
Sales of investments	8,222,392	5,898,669
Net cash used in investing activities	(1,143,412)	(992,436)
Effect of exchange rate changes on cash and cash equivalents	6,179	(2,042)
Increase in cash, cash equivalents, and restricted cash	344,475	323,252
Cash, cash equivalents, and restricted cash at beginning of year	1,026,968	703,716
Cash, cash equivalents, and restricted cash at end of year	\$ 1,371,443	\$ 1,026,968
Supplemental disclosure of noncash activity		
Assets acquired through finance leases and other financing agreements	\$ 274,348	\$ 68,132
Accounts payable accruals for property, plant, and equipment	\$ 62,032	\$ 65,910

See accompanying notes.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

1. Organization and Consolidation

The Cleveland Clinic Foundation (Clinic) is a nonprofit, tax-exempt, Ohio corporation organized and operated to provide medical and hospital care, medical research, and education. The accompanying consolidated financial statements include the accounts of the Clinic and its controlled affiliates, d.b.a. Cleveland Clinic Health System (System). All significant intercompany balances and transactions have been eliminated in consolidation.

The System is the leading provider of healthcare services in northeast Ohio. As of December 31, 2025, the System operates 21 hospitals with approximately 5,500 staffed beds. Fifteen of the hospitals are operated in the northeast Ohio area, anchored by the Clinic. The System operates 22 outpatient family health centers and nine ambulatory surgery centers, as well as numerous physician offices, which are located throughout northeast Ohio, and specialized cancer centers in Sandusky and Mansfield, Ohio. In southeast Florida, the System operates five hospitals, a clinical facility, three outpatient family health centers, an outpatient family health and ambulatory surgery center, and numerous physician offices located throughout southeast Florida. In the United Kingdom, the System operates a hospital and two outpatient facilities in the central London area. In addition, the System operates a health and wellness center and a sports medicine clinic in Toronto, Canada, and a specialized neurological clinical center in Las Vegas, Nevada. Pursuant to agreements, the System also provides management services for Ashtabula County Medical Center, located in Ashtabula, Ohio, with approximately 120 staffed beds, and Cleveland Clinic Abu Dhabi, a multispecialty hospital offering a range of complex quaternary and general acute care services that is part of M42 Health's network of healthcare facilities located in Abu Dhabi, United Arab Emirates, with 364 staffed beds.

2. Accounting Policies

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

Net Patient Service Revenue and Patient Receivables

Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled for providing patient care. These amounts are due from patients, third-party payors, and others and include variable consideration for retroactive revenue adjustments due to settlement of reviews and audits. Generally, the System bills the patients and third-party payors several days after the services are performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The System believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the System does not believe it is required to provide additional services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the System has elected to apply the optional exemption provided in Financial Accounting Standards Board Accounting Standards Codification (ASC) 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to net patient service revenue. The System accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. The portfolios consist of major payor classes for inpatient revenue and outpatient revenue. Based

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

on historical collection trends and other analyses, the System has concluded that revenue for a given portfolio would not be materially different from accounting for revenue on a contract-by-contract basis.

The System has agreements with third-party payors that generally provide for payments to the System at amounts different from its established rates. For uninsured patients who do not qualify for charity care, the System recognizes revenue based on established rates (charges), subject to certain discounts and implicit price concessions as determined by the System. The System determines the transaction price based on standard charges for services provided, reduced by explicit price concessions provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy, and implicit price concessions provided to uninsured patients. Explicit price concessions are based on contractual agreements, discount policies and historical experience. Implicit price concessions represent differences between amounts billed and the estimated consideration the System expects to receive from patients, which are determined based on historical collection experience, current market conditions and other factors.

Generally, patients who are covered by third-party payors are responsible for patient responsibility balances, including deductibles and coinsurance, which vary in amount. The System estimates the transaction price for patients with deductibles and coinsurance based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any explicit price concessions, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price increased net patient service revenue by \$70.2 million in 2025. Adjustments arising from a change in the transaction price were not significant for 2024.

The System is paid a prospectively determined rate for the majority of inpatient acute care and outpatient, skilled nursing, and rehabilitation services provided (principally Medicare, Medicaid, and certain insurers). These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Payments for capital are received on a prospective basis for Medicare and Medicaid. Payments are received on a prospective basis for the System's medical education costs, subject to certain limits. The System is paid for cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation as well as significant regulatory action, and, in the normal course of business, the System is subject to contractual reviews and audits, including audits initiated by the Medicare Recovery Audit Contractor program. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term. The System believes it is in compliance with applicable laws and regulations governing the Medicare and Medicaid programs and that adequate provisions have been made for any adjustments that may result from final settlements.

Settlements with third-party payors for retroactive adjustments due to reviews and audits are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care in the period the related services are provided. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the System's historical settlement activity, including an assessment to ensure it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known or as years are settled or are no longer subject to such reviews and audits. Adjustments arising from a change in estimated settlements were not significant in 2025 or 2024.

Charity Care

The System provides care to patients who do not have the ability to pay and who qualify for charity care pursuant to established policies of the System. Charity care is defined as services for which patients have the obligation to pay but do not have the ability to do so. The System does not report charity care as net patient service revenue. The cost of charity care provided in 2025 and 2024 approximated \$351 million and \$335 million, respectively. The System estimated these costs by calculating a ratio of cost to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients.

Management Service Agreements

The System has management service agreements with regional, national and international organizations to provide advisory services for various healthcare ventures. The scope of these services includes managing current healthcare operations that are designed to improve clinical quality, innovation, patient care, medical education and research at other healthcare organizations and educational institutions, and managing the construction, training, organizational infrastructure,

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

and operational management of healthcare entities. The System recognizes revenues related to management service agreements on a pro rata basis over the term of the agreements as services are provided. Payments received in advance are recorded as deferred revenue until the services have been provided. Revenue related to management service agreements for 2025 and 2024 was \$209.2 million and \$180.1 million, respectively, and is included in other unrestricted revenues.

Premium Revenue and Medical Claim Expenses

Effective January 1, 2025, the System entered into two value-based care delegated risk agreements to manage total cost of care for certain populations of patients. The agreements allow the System to provide care coordination and other population health management activities for attributed members participating in Medicare Advantage plans currently written by two national payors (the Contracted Plans). The agreements have a term of two years, expiring on December 31, 2026, and are renewable annually at the mutual discretion of the System and the Contracted Plans. During the term of both agreements, the Contracted Plans will allocate a percentage of premium (Delegated Premium) the Contracted Plans receive from the Centers for Medicare and Medicaid Services to the System. Delegated Premium is recognized as revenue in the month during which members are eligible to receive health care services. The System is responsible for both rendering or managing the provision of medical services to attributed members. Medical claim expenses are recognized in the month during which the services are provided, including amounts for reported claims and an estimate of incurred but not reported claims using past experience adjusted for current trends. Estimates for medical claim expenses may be more or less than amounts ultimately paid when claims are settled. Such changes in estimates are recorded in the current period in the consolidated statements of operations and changes in net assets. Medical claim expenses on the consolidated statement of operations and changes in net assets exclude amounts related to services provided by System provider entities and include costs directly related to the administration of the agreements.

The agreements provide that, if medical claim expenses are lower than the Delegated Premium, then such amount constitutes a savings, which is shared between the System and the Contracted Plans. In the same manner, the agreements provide that, if medical claim expenses are higher than the Delegated Premium, then such amount constitutes a deficit, which is allocated between the System and the Contracted Plans.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

Cash and Cash Equivalents

The System considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents. Cash equivalents are recorded at fair value in the consolidated balance sheets and exclude amounts held for long-term investment purposes and amounts included in long-term investment portfolios as those amounts are commingled with long-term investments.

The reconciliation of cash, cash equivalents, and restricted cash within the consolidated balance sheets that comprise the amount reported in the consolidated statements of cash flows at December 31, 2025 and 2024 is as follows (in thousands):

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 1,363,160	\$ 1,022,346
Restricted cash in investments	8,283	4,622
Total cash, cash equivalents, and restricted cash	<u>\$ 1,371,443</u>	<u>\$ 1,026,968</u>

Restricted cash in investments includes amounts held by the System's captive insurance subsidiaries and restricted cash for various programs.

Inventories

Inventories (primarily supplies and pharmaceuticals) are stated at an average cost or the lower of cost (first-in, first-out method) or market and are recorded in other current assets.

Property, Plant, and Equipment

Property, plant, and equipment purchased by the System are recorded at cost. Expenditures that substantially increase the useful lives of existing assets are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation, including amortization of finance leased assets, is computed by the straight-line method using the estimated useful lives of individual assets. Buildings and building components are assigned useful lives ranging from five years to eighty years. Equipment is assigned a useful life ranging from three to twenty years. Interest cost incurred on borrowed funds during the period of construction of capital assets and interest income on

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

unexpended project funds are capitalized as a component of the cost of acquiring those assets. The System records costs and legal obligations associated with long-lived asset retirements. Assets acquired through finance lease arrangements are excluded from the consolidated statements of cash flows.

Cloud Computing Arrangements

The System has entered into hosting arrangements that are service contracts for various cloud computing arrangements. The System capitalizes implementation costs associated with these arrangements and amortizes the asset on a straight-line basis over the term of the hosting arrangement, including expected renewal periods. The System had \$75.1 million and \$88.9 million at December 31, 2025 and 2024, respectively, of unamortized capitalized implementation costs recorded in other noncurrent assets in the consolidated balance sheets. For the years ended December 31, 2025 and 2024, the System recorded \$14.5 million and \$13.8 million, respectively, of amortization expense in purchased services and other fees in the consolidated statements of operations and changes in net assets.

Impairment of Long-Lived Assets

The System evaluates the recoverability of long-lived assets and the related estimated remaining lives when indicators of impairment are present. For purposes of impairment analysis, assets are grouped with other assets and liabilities at the lowest level for which identifiable cash flows are largely independent of the cash flows of other assets and liabilities. The System records an impairment charge or changes the useful life if events or changes in circumstances indicate that the carrying amount may not be recoverable or the useful life has changed.

Leases

The System determines whether an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded in the consolidated balance sheets. The System has lease agreements that require payments for lease and non-lease components and has elected to account for these as a single lease component.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

Right-of-use assets represent the System's right to use an underlying asset during the lease term, and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed-lease payments over the lease term. The System's lease terms include options to extend or terminate the lease when it is reasonably certain that the options will be exercised.

The System determines the present value of future lease payments using the rate implicit in the lease or, if that rate cannot be readily determined, its incremental borrowing rate at the lease commencement date. As most of the System's operating leases do not provide an implicit rate, the System generally uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The System considers recent debt issuances, as well as publicly available data for instruments with similar characteristics, when calculating its incremental borrowing rate.

Operating fixed-lease expense and finance lease depreciation expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the consolidated balance sheets. Investments, excluding alternative investments, are primarily classified as trading. Investment transactions are recorded on a settlement date basis. Realized gains and losses are determined using the average cost method.

Commingled investment funds are valued using, as a practical expedient, the net asset value as provided by the respective investment companies and partnerships. There are no significant redemption restrictions on the commingled investment funds.

Investments in alternative investments, which include hedge funds and private equity funds, are primarily limited partnerships that invest in marketable securities, privately held securities, private credit, real assets, venture capital and derivative products and are reported based on the net asset value of the investment. Investments held by the partnerships consist of marketable securities, as well as securities that do not have readily determinable values. The values of the securities held by the limited partnerships that do not have readily determinable values are determined by the

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

general partner and are based on historical cost, appraisals, or other valuation estimates that require varying degrees of judgment. There is inherent uncertainty in such valuations, and the estimated fair values may differ from the values that would have been used had a ready market for the securities existed. Generally, the investment balance of the System's holdings in alternative investments reflects net contributions to the partnerships and the System's share of realized and unrealized investment income and expenses. The investments may individually expose the System to non-security lending, short sales, and trading in futures and forward contract options and other derivative products. The System's risk is limited to its carrying value. The financial statements of the limited partnerships are audited annually.

Alternative investments can be divested only at specified times in accordance with the terms of the partnership agreements. Hedge fund redemptions typically contain restrictions that allow for a portion of the withdrawal proceeds to be held back from distribution, while the underlying investments are liquidated. These redemptions are subject to lock-up provisions that are generally imposed upon initial investment in the fund. Private equity funds are generally closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

Investment return, including income on alternative investments, is reported as nonoperating gains and losses, except for interest and dividends earned on assets held for self-insurance and amounts designated for current operations from board-designated endowment funds, which are included in other unrestricted revenues. Donor-restricted investment return on restricted investments is included in net assets with donor restrictions.

Certain of the System's assets and liabilities are exposed to various risks, such as interest rate, market, and credit risks.

Fair Value Measurements

Fair value measurements are defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Authoritative guidance provides an option to elect fair value as an alternative measurement for selected financial assets and liabilities not previously recorded at fair value. The System did not elect fair value accounting for any assets or liabilities that are not currently required to be measured at fair value.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

The framework for measuring fair value is comprised of a three-level hierarchy based upon the transparency of inputs to the valuation of an asset or a liability as of the measurement date. The three levels are defined as follows:

- Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Goodwill and Other Intangibles

Goodwill has resulted from business combinations, primarily physician practice acquisitions, and is based on the purchase price in excess of the fair values of assets acquired and liabilities assumed at the acquisition date. Annually, or when indicators of impairment exist, the System evaluates goodwill for impairment to determine whether there are events or circumstances that indicate it is more likely than not that the fair value of a reporting unit is less than its carrying amount.

Intangible assets other than goodwill are recorded at fair value in the period of acquisition. Intangible assets with finite lives, which consist primarily of patient medical records and non-compete agreements, are amortized over their estimated useful lives, ranging from three to ten years, with a weighted average amortization period of approximately four years.

Derivative Instruments

The System's derivative financial instruments consist of interest rate swaps that are recognized as assets or liabilities in the consolidated balance sheets at fair value.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

The System accounts for changes in the fair value of derivative instruments depending on whether they are designated and qualified as part of a hedging relationship and, further, on the type of hedging relationship. The System has not designated any derivative instruments as hedges. Accordingly, the changes in fair value of derivative instruments and the related cash payments are recorded in derivative (losses) gains in the consolidated statements of operations and changes in net assets.

Foreign Currency Translation

The statements of operations of foreign subsidiaries whose functional currencies are other than the U.S. dollar are translated into U.S. dollars using average exchange rates for the period. The assets and liabilities of foreign subsidiaries whose functional currencies are other than the U.S. dollar are translated into U.S. dollars using exchange rates as of the consolidated balance sheet date. The U.S. dollar effects that arise from translating the net assets of these subsidiaries at changing rates are recorded as foreign currency translation gains and losses in the consolidated statements of operations and changes in net assets. Cumulative foreign currency translation losses included in net assets without donor restrictions were \$75.7 million and \$81.0 million at December 31, 2025 and 2024, respectively.

Debt Issuance Costs

Debt issuance costs are amortized over the period the obligation is outstanding using the straight-line method, which approximates the interest method.

Contributions

Unconditional donor pledges to give cash, marketable securities, and other assets are reported at fair value at the date the pledge is made to the extent estimated to be collectible by the System. Conditional donor promises to give and indications of intentions to give are not recognized until the condition is satisfied. Pledges received with donor restrictions that limit the use of the donated assets are reported as donor-restricted support. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are transferred to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as other unrestricted revenues if the purpose relates to operations or reported as a change in net assets without donor restrictions if the purpose relates to capital.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

Donated capital is recorded at fair value at the date of donation based on appraised value from a third-party or quoted prices for similar or identical assets. Contributions of donated capital generally include artwork and donated equipment that is placed into service and utilized to support various programs of the System.

No amounts have been reflected in the consolidated financial statements for donated services. The System pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the System with various programs.

Grants

Grant revenue is recognized in the period it is earned based on when the applicable project expenses are incurred and project milestones are achieved. The System records research grants as exchange transactions or conditional contributions based on an evaluation of whether the resource provider is receiving commensurate value in return for the resources transferred to the System. Conditional contributions contain barriers that must be overcome by the System before research grant revenue is recorded. Grant payments received in advance of related project expenses and the achievement of project milestones are recorded as deferred revenue and included in other current liabilities. The System recorded research grant revenue, included in other unrestricted revenues, of \$318.4 million and \$309.5 million in 2025 and 2024, respectively.

Net Assets Without Donor Restrictions

Net assets without donor restrictions represent resources that are available for the general support of the System and are not subject to donor restrictions. The Board of Directors may designate a portion of net assets without donor restrictions for specific purposes.

Net Assets With Donor Restrictions

Net assets with donor restrictions are used to differentiate resources, the use of which is restricted by donors or grantors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the System. Donor-restricted gifts and bequests are recorded as an addition to net assets with donor restrictions in the period received. Donor-restricted gifts include amounts held in perpetuity or for terms designated by donors, including the fair value of several charitable and perpetual trusts for which the System is an income or remainder beneficiary. Earnings on donor-restricted gifts are recorded as investment income in

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

net assets with donor restrictions and subsequently used in accordance with the donor's designation. Net assets with donor restrictions are primarily restricted for research, education, and strategic capital projects.

Related-Party Transactions

The System has a policy regarding the identification and disclosure of any transactions with related parties. During the years ended December 31, 2025 and 2024, the System had no material related-party transactions.

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in net assets without donor restrictions, which are excluded from excess of revenues over expenses, consistent with industry practice, include retirement benefits adjustments, foreign currency translation gains and losses and contributions of long-lived assets (including assets acquired using grants or contributions that by donor restriction were to be used for the purpose of acquiring such assets).

3. Net Patient Service Revenue and Patient Receivables

Net patient service revenue by major payor source for the years ended December 31, 2025 and 2024 is as follows (in thousands):

	<u>2025</u>		<u>2024</u>	
Medicare	\$ 5,468,460	37%	\$ 5,186,670	38%
Medicaid	1,502,161	10	1,178,392	8
Managed care and commercial	7,865,054	52	7,093,798	52
Self-pay	185,096	1	243,836	2
Net patient service revenue	<u>\$ 15,020,771</u>	<u>100%</u>	<u>\$ 13,702,696</u>	<u>100%</u>

The System's concentration of credit risk relating to patient receivables is limited due to the diversity of patients and payors. Patient receivables consist of amounts due from government programs, commercial insurance companies, other group insurance programs, and private pay

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Net Patient Service Revenue and Patient Receivables (continued)

patients. Patient receivables due from Medicare and one commercial payor account for approximately 24% and 15% at December 31, 2025 and 26% and 12% at December 31, 2024, respectively, of the System's total patient receivables. The System's net patient service revenue for 2025 from Medicare, one commercial payor and Medicaid account for approximately 37%, 18% and 10%, respectively. The System's net patient service revenue for 2024 from Medicare and one commercial payor account for approximately 38% and 18%, respectively. Excluding these payors, no one payor represents more than 10% of the System's patient receivables or net patient service revenue.

4. Cash, Cash Equivalents, and Investments

The composition of cash, cash equivalents, and investments at December 31, 2025 and 2024 is as follows (in thousands):

	2025	2024
Cash, cash equivalents and restricted cash	\$ 1,371,443	\$ 1,026,968
Money market funds	413,344	496,060
Fixed-income securities:		
U.S. treasuries	1,207,520	900,871
U.S. government agencies	445,599	450,237
U.S. corporate	857,544	739,667
Foreign	195,349	148,683
Fixed-income mutual funds	150,482	535,822
Commingled fixed-income funds	508,531	53,918
Common and preferred stocks:		
U.S.	251,867	171,841
Foreign	756,053	642,550
Equity mutual funds	149,138	68,390
Commingled equity funds	1,737,232	1,602,552
Commingled commodity funds	109,347	645,885
Alternative investments:		
Hedge funds	4,494,681	3,677,767
Private equity funds	4,130,102	3,638,798
Total cash, cash equivalents, and investments	\$ 16,778,232	\$ 14,800,009

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

4. Cash, Cash Equivalents, and Investments (continued)

Investments are primarily maintained in a master trust fund administered using a bank as the custodian. The management of the majority of the System's investments is conducted by numerous external investment management organizations that are selected and monitored by the System. The alternative investments have separate administrators and custodian arrangements.

Total investment return is comprised of the following for the years ended December 31, 2025 and 2024 (in thousands):

	2025	2024
Other unrestricted revenues:		
Interest income and dividends	\$ 4,366	\$ 7,693
Investment return designated for current operations (<i>Note 18</i>)	250,000	212,500
	254,366	220,193
Nonoperating gains and losses, net:		
Interest income and dividends	167,747	160,846
Net realized gains on sales of investments	457,632	42,605
Net change in unrealized gains on investments	215,680	185,109
Investment gain on alternative investments	843,518	555,600
Investment management fees	(33,722)	(32,887)
Investment return designated for current operations (<i>Note 18</i>)	(250,000)	(212,500)
	1,400,855	698,773
Other changes in net assets:		
Investment income on restricted investments	129,154	77,940
Total investment return	\$ 1,784,375	\$ 996,906

5. Liquidity and Availability

Financial assets available for general expenditure within one year of the consolidated balance sheet date include the following at December 31, 2025 and 2024 (in thousands):

	2025	2024
Cash and cash equivalents	\$ 1,363,160	\$ 1,022,346
Patient receivables	2,053,599	1,850,016
Long-term investments	6,576,152	6,277,582
	\$ 9,992,911	\$ 9,149,944

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

5. Liquidity and Availability (continued)

The System has assets limited to use held by trustees, set aside for the System's captive insurance subsidiaries and held for donor-restricted purposes. These investments are not reflected in the amounts above.

The System invests in alternative investments to increase the investment portfolio's diversification. The asset allocation of the portfolio is broadly diversified across global equity and global fixed-income asset classes and alternative investment strategies and is designed to maximize the probability of achieving the System's long-term investment objectives at an appropriate level of risk, while maintaining a level of liquidity to meet the needs of ongoing portfolio management. Hedge funds generally have lock-up periods imposed upon initial investment in the fund and have varying degrees of liquidity that may restrict portions of fund redemptions to be received within one year. Private equity funds generally prohibit redemptions during the life of the fund. The nature of alternative investments generally restricts the liquidity and availability of these investments to be available for the general expenditures of the System within one year of the date of the consolidated balance sheets. As such, these investments have been excluded from the amounts above.

As part of the System's liquidity management plan, cash in excess of daily requirements for general expenditures is invested in long-term investments. The System's investment portfolios contain money market funds and other liquid investments that can be drawn upon, if necessary, to meet the liquidity needs of the System.

The System maintains a \$500 million revolving credit facility as discussed in Note 11. As of December 31, 2025, \$500 million was available under the credit facility.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

6. Other Current Assets and Liabilities and Other Noncurrent Assets and Liabilities

Other current and noncurrent assets at December 31, 2025 and 2024 consist of the following (in thousands):

	2025	2024
Current:		
Estimated amounts due from third-party payors	\$ 462,310	\$ 105,488
Inventories	430,630	367,648
Prepaid expenses	127,376	119,548
Pledges receivable, current (<i>Note 10</i>)	68,855	91,596
Research and grants receivables	52,828	39,959
Other	101,173	138,943
Total other current assets	\$ 1,243,172	\$ 863,182
	2025	2024
Noncurrent:		
Deferred compensation plan assets	\$ 645,161	\$ 543,690
Investments in affiliates	269,734	225,140
Goodwill and other intangible assets (<i>Note 7</i>)	135,005	131,337
Cloud computing capitalized implementation costs	75,060	88,856
Prepaid pension cost (<i>Note 15</i>)	72,394	47,829
Estimated amounts due from third-party payors	5,951	18,504
Other	54,044	55,173
Total other noncurrent assets	\$ 1,257,349	\$ 1,110,529

Estimated amounts due from third-party payors reported in other current assets include receivables related to an Ohio Medicaid State Directed Payment program that provides supplemental payments to eligible hospitals for inpatient and outpatient Medicaid managed care services.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

**6. Other Current Assets and Liabilities and Other Noncurrent Assets and Liabilities
(continued)**

Other current and noncurrent liabilities at December 31, 2025 and 2024 consist of the following (in thousands):

	<u>2025</u>	<u>2024</u>
Current:		
Ohio hospital franchise fee liabilities	\$ 122,343	\$ —
Management contracts and other deferred revenue	104,426	78,756
Current portion of professional and general liability insurance reserves (<i>Note 14</i>)	100,843	89,627
Interest payable	77,862	79,640
Operating lease liabilities (<i>Note 13</i>)	64,999	60,715
Estimated amounts due to third-party payors	52,546	41,490
Research deferred revenue	45,831	36,194
Employee benefit related liabilities	45,751	45,328
Other	358,120	355,220
Total other current liabilities	<u>\$ 972,721</u>	<u>\$ 786,970</u>
	<u>2025</u>	<u>2024</u>
Noncurrent:		
Employee benefit related liabilities	\$ 683,235	\$ 581,701
Estimated amounts due to third-party payors	97,758	57,414
Gift annuity liabilities	18,910	18,818
Pledge liabilities	11,687	27,091
Derivative liabilities (<i>Note 12</i>)	7,359	6,078
Other	139,486	107,799
Total other noncurrent liabilities	<u>\$ 958,435</u>	<u>\$ 798,901</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

7. Goodwill and Other Intangible Assets

Goodwill is recorded in other noncurrent assets in the consolidated balance sheets. The changes in the carrying amount of goodwill for the years ended December 31, 2025 and 2024 are as follows (in thousands):

	2025	2024
Balance, beginning of year	\$ 81,012	\$ 80,604
Goodwill acquired	1,620	1,083
Foreign currency translation	402	(675)
Balance, end of year	\$ 83,034	\$ 81,012

The System also acquired other intangible assets of \$2.2 million and \$0.3 million in 2025 and 2024, respectively, related to the acquisitions of various physician practices. Other intangible assets are recorded in other noncurrent assets in the consolidated balance sheets.

Other intangible assets at December 31, 2025 and 2024 consist of the following (in thousands):

	2025		2024	
	Historical Cost	Accumulated Amortization	Historical Cost	Accumulated Amortization
Trade name	\$ 49,800	\$ –	\$ 49,800	\$ –
Finite-lived intangible assets	11,840	9,669	9,658	9,133
Total	\$ 61,640	\$ 9,669	\$ 59,458	\$ 9,133

Amortization related to finite-lived intangible assets was \$0.5 million and \$0.3 million in 2025 and 2024, respectively, and is included in depreciation and amortization in the consolidated statements of operations and changes in net assets. Future amortization is as follows (in thousands): 2026 – \$415, 2027 – \$302, 2028 – \$241, 2029 – \$202, 2030 – \$202, and thereafter – \$809.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements

The following tables present the financial instruments measured at fair value on a recurring basis as of December 31, 2025 and 2024, based on the valuation hierarchy (in thousands):

December 31, 2025

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 1,371,443	\$ –	\$ –	\$ 1,371,443
Money market funds	413,344	–	–	413,344
Fixed-income securities:				
U.S. treasuries	1,207,520	–	–	1,207,520
U.S. government agencies	–	445,599	–	445,599
U.S. corporate	–	857,544	–	857,544
Foreign	–	195,349	–	195,349
Fixed-income mutual funds	150,482	–	–	150,482
Common and preferred stocks:				
U.S.	251,867	–	–	251,867
Foreign	726,901	29,152	–	756,053
Equity mutual funds	149,138	–	–	149,138
Total cash and investments	4,270,695	1,527,644	–	5,798,339
Perpetual and charitable trusts	–	75,107	–	75,107
Investments in affiliates	–	–	80,161	80,161
Total assets at fair value	<u>\$ 4,270,695</u>	<u>\$ 1,602,751</u>	<u>\$ 80,161</u>	<u>\$ 5,953,607</u>
Liabilities				
Interest rate swaps	\$ –	\$ 7,359	\$ –	\$ 7,359
Total liabilities at fair value	<u>\$ –</u>	<u>\$ 7,359</u>	<u>\$ –</u>	<u>\$ 7,359</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)

December 31, 2024

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 1,026,968	\$ –	\$ –	\$ 1,026,968
Money market funds	496,060	–	–	496,060
Fixed-income securities:				
U.S. treasuries	900,871	–	–	900,871
U.S. government agencies	–	450,237	–	450,237
U.S. corporate	–	739,667	–	739,667
Foreign	–	148,683	–	148,683
Fixed-income mutual funds	535,822	–	–	535,822
Common and preferred stocks:				
U.S.	171,563	278	–	171,841
Foreign	578,934	63,616	–	642,550
Equity mutual funds	68,390	–	–	68,390
Total cash and investments	3,778,608	1,402,481	–	5,181,089
Perpetual and charitable trusts	–	69,457	–	69,457
Investments in affiliates	–	–	66,433	66,433
Total assets at fair value	<u>\$ 3,778,608</u>	<u>\$ 1,471,938</u>	<u>\$ 66,433</u>	<u>\$ 5,316,979</u>
Liabilities				
Interest rate swaps	\$ –	\$ 6,078	\$ –	\$ 6,078
Total liabilities at fair value	<u>\$ –</u>	<u>\$ 6,078</u>	<u>\$ –</u>	<u>\$ 6,078</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)

Financial instruments at December 31, 2025 and 2024 are reflected in the consolidated balance sheets as follows (in thousands):

	2025	2024
Cash, cash equivalents, and investments measured at fair value	\$ 5,798,339	\$ 5,181,089
Commingled funds measured at net asset value	2,355,110	2,302,355
Alternative investments measured at net asset value	8,624,783	7,316,565
Total cash, cash equivalents, and investments	\$ 16,778,232	\$ 14,800,009
Perpetual and charitable trusts measured at fair value	\$ 75,107	\$ 69,457
Interests in foundations	25,591	28,105
Trusts and interests in foundations	\$ 100,698	\$ 97,562

Investments in affiliates measured at fair value are reported in other noncurrent assets in the consolidated balance sheets.

Interest rate swaps are reported in other noncurrent liabilities in the consolidated balance sheets.

The following is a description of the System's valuation methodologies for assets and liabilities measured at fair value.

Level 1 is based upon quoted market prices.

Level 2 is determined as follows:

Investments classified as Level 2 are primarily determined using techniques that are consistent with the market approach. Valuations are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs, which include broker/dealer quotes, reported/comparable trades, and benchmark yields, are obtained from various sources, including market participants, dealers, and brokers.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)

The fair value of perpetual and charitable trusts in which the System receives periodic payments from the trust is determined based on the present value of expected cash flows to be received from the trust using discount rates ranging from 4.2% to 5.0%, which are based on Treasury yield curve interest rates or the assumed yield of the trust assets. The fair value of charitable trusts in which the System is a remainder beneficiary is based on the System's beneficial interest in the investments held in the trust, which are measured at fair value.

The fair value of interest rate swaps is determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved. The valuations include a credit spread adjustment to market interest rate curves to appropriately reflect nonperformance risk. The credit spread adjustment is derived from other comparably rated healthcare entities' bonds. The System manages credit risk based on the net portfolio exposure with each counterparty.

Level 3 investments consist of start-up private medical technology companies. The fair value for each investment is determined using inputs from the most recent post-closing valuation or series funding. Other factors such as financial performance, projections and industry developments are also inputs used to support the fair value of each investment. The range of significant unobservable inputs is dependent on the nature and characteristics of each investment and may vary at each balance sheet date.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

9. Property, Plant, and Equipment

Property, plant, and equipment at December 31, 2025 and 2024 consist of the following (in thousands):

	2025	2024
Land and improvements	\$ 610,801	\$ 597,713
Buildings	8,769,412	8,387,528
Leasehold improvements	50,346	48,316
Equipment	2,854,743	2,714,506
Computer hardware and software	1,376,159	1,322,696
Construction-in-progress	1,214,422	770,048
Leased facilities and equipment	459,192	244,604
	15,335,075	14,085,411
Accumulated depreciation and amortization	(7,632,138)	(7,203,183)
	\$ 7,702,937	\$ 6,882,228

Included in the preceding table is unamortized computer software of \$161.8 million and \$200.6 million at December 31, 2025 and 2024, respectively. Amortization of computer software totaled \$74.1 million and \$67.4 million in 2025 and 2024, respectively. Amortization of computer software for the five years subsequent to December 31, 2025, is as follows (in millions): 2026 – \$54.3, 2027 – \$37.1, 2028 – \$22.3, 2029 – \$15.1, and 2030 – \$13.9.

Accumulated amortization of leased facilities and equipment was \$88.3 million and \$111.7 million at December 31, 2025 and 2024, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

10. Pledges Receivable

Outstanding pledges receivable from various corporations, foundations, and individuals at December 31, 2025 and 2024 are as follows (in thousands):

	<u>2025</u>	<u>2024</u>
Pledges due:		
In less than one year	\$ 93,676	\$ 113,237
In one to five years	111,647	104,665
In more than five years	<u>67,822</u>	<u>67,090</u>
	<u>273,145</u>	284,992
 Allowance for uncollectible pledges and discounting	 (62,240)	 (55,544)
 Current portion (net of allowance for uncollectible pledges of \$24.8 million and \$21.6 million in 2025 and 2024, respectively)	 (68,855)	 (91,596)
	<u>\$ 142,050</u>	<u>\$ 137,852</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

11. Long-Term Debt

Long-term debt at December 31, 2025 and 2024 consists of the following (in thousands):

	Interest Rate(s)	Final Maturity	Amount Outstanding at December 31	
			2025	2024
Series 2024A Bonds	3.12% to 3.16%	2035	\$ 435,470	\$ 440,420
Series 2021A Bonds	2.31%	2049	83,810	83,810
Series 2021B Bonds	0.53% to 1.41%	2039	167,160	179,595
Series 2021 Term Loan	0.67%	2025	–	16,460
Series 2020 Term Loan	0.84%	2025	–	1,160
Series 2019A Bonds	3.39%	2046	247,045	247,045
Series 2019B Bonds	3.22% to 3.55%	2046	244,790	250,320
Series 2019C Bonds	2.75%	2052	89,000	89,000
Series 2019D Bonds	Variable rate	2052	119,340	119,340
Series 2019E Bonds	Variable rate	2052	130,405	130,405
Series 2019F Bonds	Variable rate	2052	130,405	130,405
Series 2019G Bonds	2.70% to 3.28%	2042	240,185	241,835
Series 2018 Sterling Notes	2.90% to 3.08%	2068	897,229	835,648
Series 2017A Bonds	1.97% to 3.48%	2043	662,765	696,160
Series 2017B Bonds	2.82% to 3.70%	2043	157,735	160,030
Series 2017C Bonds	2.72%	2032	5,455	6,080
Series 2016 Private Placement	3.35%	2046	325,000	325,000
Series 2014 Bonds	4.86%	2114	400,000	400,000
Series 2013A Bonds	4.04%	2042	34,955	34,955
Series 2013B Bonds	Variable rate	2039	201,160	201,160
Series 2013 Keep Memory Alive	Variable rate	2037	42,260	44,960
Series 2011B Bonds	1.43%	2031	14,300	16,295
Series 2011C Bonds	4.72%	2032	44,155	61,345
Series 2008B Bonds	Variable rate	2042	327,575	327,575
Series 2003C Bonds	Variable rate	2035	41,905	41,905
Notes payable	Varies	Varies	592	896
Financing arrangement	Varies	Varies	283,391	–
Finance leases (<i>Note 13</i>)	Varies	Varies	378,349	133,825
			5,704,436	5,215,629
Net unamortized premium			188,504	206,038
Unamortized debt issuance costs			(32,391)	(31,005)
Current portion			(101,470)	(108,261)
Long-term variable rate debt classified as current			(514,427)	(701,499)
			\$ 5,244,652	\$ 4,580,902

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

11. Long-Term Debt (continued)

The majority of the System's outstanding bonds are limited obligations of various issuing authorities payable solely by the System pursuant to agreements between the borrowing entities and the issuing authorities. The Series 2021 Term Loan, Series 2020 Term Loan, Series 2018 Sterling Notes, Series 2016 Private Placement, Series 2014 Bonds, and Series 2013 Keep Memory Alive Bonds are issued directly by the Clinic or its subsidiaries. Under various financing agreements, the System must meet certain operating and financial performance covenants.

In September 2025, the System entered into a sale-leaseback transaction to sell 24 off campus properties and immediately lease those properties back from the buyer. The leases for each property are for an initial term of twelve and a half years and include two five-year renewal options as well as an option to purchase the properties at the end of the initial term. The System accounted for the transaction as a financing arrangement because it did not transfer control of the underlying assets. Accordingly, the proceeds from the financing arrangement totaling \$285 million were recorded as long-term debt in the consolidated balance sheets.

In connection with the sale-leaseback transaction, the System redeemed or defeased \$19.2 million of certain outstanding bonds. As a result, the System recorded a \$0.5 million gain on extinguishment of debt, which is recorded in other nonoperating gains and losses in the consolidated statements of operations and changes and net assets.

In June 2024, pursuant to certain agreements between the System and the State of Ohio (State) acting by and through the Ohio Higher Educational Facility Commission, the State issued \$440.4 million of fixed rate Hospital Revenue Bonds (Series 2024A Bonds) for the benefit of the System. Proceeds from the Series 2024A Bonds were used to finance certain capital expenditures of the System, refund the Series 2023 Bonds and pay the cost of issuance.

The System maintains the Cleveland Clinic Health System Obligated Group Commercial Paper Program (CP Program), which provides for the issuance of the Series 2014A CP Notes. The CP Program was established in November 2014 and will terminate no later than January 2044. The Series 2014A CP Notes may be issued from time to time in a maximum outstanding face amount of \$100 million and are supported by the System's self-liquidity program. The System did not have any outstanding Series 2014A CP Notes at December 31, 2025 or 2024.

Certain of the System's current outstanding bonds bear interest at a variable rate. During 2025 and 2024, the rates for the System's variable rate long-term debt series ranged from 0.35% to 5.00% (average rate 2.76%) and 0.45% to 5.50% (average rate 3.45%), respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

11. Long-Term Debt (continued)

Certain variable rate bonds totaling \$592.2 million at December 31, 2025, are secured by irrevocable direct pay letters of credit and standby bond purchase agreements. Long-term variable rate debt is classified as current in the consolidated balance sheets if it is supported by letters of credit or standby bond purchase agreements that expire within one year, require repayment of a remarketing draw within one year, or contain a subjective clause that, if declared by the lender, could cause immediate repayment of the bonds.

The System provides self-liquidity on the Series 2003C Bonds, certain subseries of the Series 2008B Bonds, the Series 2014A CP Notes and the Series 2019D Bonds. These bonds are classified as current liabilities in the consolidated balance sheets.

As of December 31, 2025, the System has a \$500 million revolving credit facility with no amounts drawn and \$500 million in available capacity. The agreement, which offers the System the ability to expand the credit facility to \$600 million, expires in 2028.

During the terms of agreements with the issuing authorities, the System is required to make specified deposits with trustees to fund principal and interest payments when due. Also, unexpended bond proceeds are held by the trustee and released to the System for approved requisition requests for capital projects. Unexpended bond proceeds, included in funds held by trustees, totaled \$1.4 million and \$1.8 million at December 31, 2025 and 2024, respectively. There was no current portion of funds held by trustees at December 31, 2025 or 2024.

The System is subject to certain restrictive covenants, including provisions relating to certain debt ratios, days cash on hand, and other matters. The System was in compliance with these covenants at December 31, 2025 and 2024.

Combined current aggregate scheduled maturities of long-term debt, including sale lease-back transactions accounted for as financing arrangements, excluding finance leases and assuming the remarketing of the variable rate demand bonds, for the five years subsequent to December 31, 2025, are as follows (in thousands): 2026 – \$74,239, 2027 – \$92,453, 2028 – \$97,420, 2029 – \$102,798, and 2030 – \$111,670.

Total interest paid approximated \$186.4 million and \$178.6 million in 2025 and 2024, respectively. Capitalized interest cost approximated \$10.4 million and \$9.8 million in 2025 and 2024, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

12. Derivative Instruments

The System has entered into various derivative financial instruments to manage interest rate risk.

The System's objective with respect to interest rate risk is to manage the risk of rising interest rates on the System's variable rate debt. Consistent with its interest rate risk management objective, the System has entered into various interest rate swap agreements with a total notional amount of \$267.5 million and \$289.4 million at December 31, 2025 and 2024, respectively. In 2024, the System terminated three interest rate swap agreements with a notional amount totaling \$169.6 million. The System did not have a significant gain or loss on the termination of the swaps.

The swap agreements mature in varying years between 2027 and 2039. During the term of these transactions, the System pays interest at a fixed rate, ranging from 3.04% to 5.12%, and receives interest at a variable rate based on the Secured Overnight Financing Rate plus a spread. The swap agreements are not designated as hedging instruments. Net interest paid or received under the swap agreements is included in derivative (losses) gains in the consolidated statements of operations and changes in net assets.

In February 2026, the System terminated all of the remaining outstanding interest rate swap agreements. The System did not have a significant gain or loss on the termination of the swaps.

The following table summarizes the location and fair value for the System's derivative instruments (in thousands):

Derivative Assets and Liabilities			
December 31, 2025		December 31, 2024	
Balance Sheet Location	Fair Value	Balance Sheet Location	Fair Value
Derivatives not designated as hedging instruments			
Interest rate swap agreements	Other noncurrent liabilities \$ 7,359	Other noncurrent liabilities	\$ 6,078

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

12. Derivative Instruments (continued)

The following table summarizes the location and amounts of derivative (losses) gains on the System’s derivative instruments (in thousands):

	Location of (Loss) Gain Recognized	Year Ended December 31	
		2025	2024
Derivatives not designated as hedging instruments			
Interest rate swap agreements	Derivative (losses) gains	\$ (2,784)	\$ 11,606

The System has used various derivative contracts in connection with certain prior obligations and investments. Although minimum credit ratings are required for counterparties, this does not eliminate the risk that a counterparty may fail to honor its obligations. Derivative contracts are subject to periodic “mark-to-market” valuations. A derivative contract may, at any time, have a positive or negative value to the System. In the event that the negative value reaches certain thresholds established in the derivative contracts, the System is required to post collateral, which could adversely affect its liquidity. At December 31, 2025 and 2024, the System had no posted collateral. In addition, if the System were to choose to terminate a derivative contract or if a derivative contract were terminated pursuant to an event of default or a termination event as described in the derivative contract, the System could be required to pay a termination payment to the counterparty.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

13. Leases

The System has operating and finance leases for real estate, personal property and equipment.

Operating and finance lease right-of-use assets and lease liabilities as of December 31, 2025 and 2024 were as follows (in thousands):

	2025	2024
Operating leases		
Right-of-use assets:		
Operating lease assets	\$ 369,243	\$ 374,656
Lease liabilities:		
Other current liabilities	\$ 64,999	\$ 60,715
Noncurrent operating lease liabilities	314,117	328,034
Total operating lease liabilities	\$ 379,116	\$ 388,749
Finance leases		
Right-of-use assets:		
Property, plant, and equipment, net	\$ 370,866	\$ 132,933
Lease liabilities:		
Current portion of long-term debt	\$ 27,231	\$ 26,752
Long-term debt	351,118	107,073
Total finance lease liabilities	\$ 378,349	\$ 133,825

In 2025, the System entered into a long-term finance lease totaling \$243 million for a building in London, England, located next to the current hospital operated by the System that will expand clinical services and develop cancer care operations. The lease asset and liability are recorded as property, plant and equipment and long-term debt in the preceding finance leases table.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

13. Leases (continued)

Operating expenses for the leasing activity of the System as lessee for the years ended December 31, 2025 and 2024 are as follows (in thousands):

<u>Lease Type</u>	<u>Classification</u>	<u>2025</u>	<u>2024</u>
Operating lease costs*	Facilities expense	\$ 75,839	\$ 67,727
Short-term lease costs	Facilities expense	31,865	27,402
Financing lease interest	Interest expense	4,651	4,292
Financing lease amortization	Depreciation and amortization	34,260	32,288
Total lease cost		<u>\$ 146,615</u>	<u>\$ 131,709</u>

* Includes fixed and variable lease costs.

Cash paid for amounts included in the measurement of lease liabilities for the years ended December 31, 2025 and 2024 was as follows (in thousands):

	<u>2025</u>	<u>2024</u>
Operating cash flows from operating leases	\$ 76,137	\$ 67,996
Operating cash flows from finance leases	4,651	4,292
Financing cash flows from finance leases	29,243	29,723
Total	<u>\$ 110,031</u>	<u>\$ 102,011</u>

Right-of-use assets obtained in exchange for new lease obligations for the years ended December 31, 2025 and 2024 are as follows (in thousands):

	<u>2025</u>	<u>2024</u>
Operating leases	\$ 39,381	\$ 46,228
Finance leases	274,348	68,132
Total	<u>\$ 313,729</u>	<u>\$ 114,360</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

13. Leases (continued)

The aggregate future lease payments for operating and finance leases as of December 31, 2025 were as follows (in thousands):

	Operating	Finance
2026	\$ 54,174	\$ 31,956
2027	43,865	26,368
2028	30,611	23,533
2029	24,192	19,805
2030	17,783	28,886
Thereafter	1,333,481	588,381
Total lease payments	1,504,106	718,929
Less interest	(1,124,990)	(340,580)
Present value of lease liabilities	\$ 379,116	\$ 378,349

Average lease terms and discount rates at December 31, 2025 and 2024 were as follows:

	2025	2024
Weighted average remaining lease term (years):		
Operating leases	51.3	47.2
Finance leases	25.5	9.1
Weighted average discount rate:		
Operating leases	3.0%	2.8%
Finance leases	4.2	3.7

Included in the tables above is a long-term leasehold interest in a building in London, England, that expires in June 2139. The System operates a hospital in the building. Rental expense is fixed at increasing annual rates until December 2027, after which rental expense will be adjusted annually by a variable index that is subject to minimum and maximum thresholds through the end of the lease term. Excluding this lease, the weighted average remaining lease term for the System's operating leases is 6.3 years and 7.1 years at December 31, 2025 and 2024, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

14. Professional and General Liability Insurance

The System manages its professional and general liability insurance program primarily through captive insurance arrangements. The captive insurance subsidiaries maintain reinsurance contracts with commercial carriers for coverages in excess of certain limits.

In the ordinary course of business, professional and general liability claims have been asserted against the System by various claimants. These claims are in various stages of processing or, in certain instances, are in litigation. In addition, there are known incidents, and there also may be unknown incidents, which may result in the assertion of additional claims. The System has accrued its best estimate of both asserted and unasserted claims based on actuarially determined amounts. These estimates are subject to the effects of trends in loss severity and frequency, and ultimate settlement of professional and general liability claims may vary significantly from the estimated amounts.

The System's professional and general liability insurance reserves of \$445.1 million and \$350.1 million at December 31, 2025 and 2024, respectively, are recorded as current and noncurrent liabilities and include discounted estimates of the ultimate costs for both asserted claims and unasserted claims. Asserted and unasserted claims for the System's reserves were discounted at 4.00% and 4.75% at December 31, 2025 and 2024, respectively. Through the captive insurance subsidiaries, the System has set aside investments of \$281.4 million (\$100.8 million included in investments for current use) and \$255.4 million (\$89.6 million included in investments for current use) at December 31, 2025 and 2024, respectively, of which \$34.4 million and \$36.6 million at December 31, 2025 and 2024, respectively, is restricted in accordance with reinsurance trust agreements related to coverage of the Florida operations and other reinsurance programs provided by the captive insurance subsidiaries.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

14. Professional and General Liability Insurance (continued)

Activity in the professional and general liability insurance reserves is summarized as follows (in thousands):

	2025	2024
Balance at beginning of year	\$ 350,096	\$ 326,644
Incurred related to:		
Current period	152,398	119,441
Prior period	48,927	41,986
Total incurred	201,325	161,427
Paid related to:		
Current period	14,042	13,979
Prior period	102,356	136,708
Total paid	116,398	150,687
Total incurred less total paid	84,927	10,740
Increase in unasserted claims	15,563	10,739
(Decrease) increase in reinsurance recoverable	(5,520)	1,973
Balance at end of year	\$ 445,066	\$ 350,096

The foregoing reconciliation shows \$48.9 million and \$42.0 million of unfavorable development in 2025 and 2024, respectively, primarily due to changes in actuarial estimates of outstanding claims influenced by the impact of both regular and social inflation that has created an upward national trend of jury verdicts and settlement amounts, as well as a few larger than normal claim settlement payments over the last few years. The System utilizes a combination of actual and industry statistics to estimate loss and loss adjustment expense reserves.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits

As of December 31, 2025, the System maintains three defined benefit pension plans, including one tax-qualified funded plan and two unfunded plans. The CCHS Retirement Plan is a tax-qualified defined benefit pension plan that provides benefits to substantially all employees of the System who were hired before 2009, except those employed by Mercy Hospital and Union Hospital. All benefit accruals under the CCHS Retirement Plan ceased as of December 31, 2012. During 2025, the System merged two tax-qualified defined benefit pension plans related to Akron General and Indian River into the CCHS Retirement Plan, with the CCHS Retirement Plan being a single continuing pension plan. Akron General had a tax-qualified defined benefit plan covering substantially all of its employees who were hired before 2004 and meet certain eligibility requirements. All benefit accruals under the Akron General defined benefit plan ceased as of December 31, 2017. Indian River Hospital had a tax-qualified defined benefit plan covering substantially all of its employees who were hired before December 31, 2002, and meet certain eligibility requirements. All benefit accruals under the Indian River Hospital defined benefit plan ceased as of December 31, 2002. The benefits for the System's tax-qualified defined benefit pension plan are provided based on age, years of service, and compensation. The System's policy for its tax-qualified defined benefit pension plan is to fund at least the minimum amounts required by the Employee Retirement Income Security Act of 1974. The System maintains two unfunded, nonqualified defined benefit supplemental retirement plans, which cover certain professional staff and administrative employees.

The System sponsors two noncontributory, defined contribution plans and three contributory, defined contribution plans covering active System employees. The Cleveland Clinic Investment Pension Plan (IPP) is a noncontributory, defined contribution plan that covers substantially all of the System's employees, except employees covered by the Cleveland Clinic Cash Balance Plan and certain employees of Indian River Hospital. The System's contribution to the IPP for participants is based upon a percentage of employee compensation and years of creditable service. The Cleveland Clinic Cash Balance Plan (CBP) is a noncontributory, defined contribution plan that covers certain professional and administrative employees not covered by the IPP. The System's contribution to the CBP is a percentage of employee compensation that is determined according to age. Prior to 2024, the System sponsored ten tax-qualified contributory, defined contribution plans covering active System employees. In 2024, the System established a new contributory, defined contribution plan and merged eight defined contribution plans related to various System entities into the new or existing plans. Accordingly, the System currently sponsors three tax-qualified contributory, defined contribution plans, including a plan that covers certain employees of Indian River Hospital and two plans that cover substantially all other employees of the System. The plans generally permit employees to make pretax, Roth and after-tax employee

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

deferrals and to become entitled to certain employer matching contributions that are based on pretax and Roth employee contributions.

The System provides healthcare benefits upon retirement for substantially all of its employees who meet certain minimum age and years of service provisions at retirement. The System's healthcare plans generally provide for cost sharing, in the form of retiree contributions, deductibles, and coinsurance. The System's policy is to fund the annual cost of healthcare benefits from the general assets of the System. The estimated cost of these postretirement benefits is actuarially determined and accrued over the employees' service periods.

The mortality tables used to calculate the defined benefit obligation for the System's defined benefit and postretirement health benefit plans are based on the Pri-2012 "Employees," "Healthy Retiree" and "Contingent Annuitant" tables, projected generationally, and reflecting recently observed mortality experience adjustments from the Society of Actuaries Research Institute to the MP-2021 projection scale from the 2012 base year for defined benefit obligations at December 31, 2025 and 2024. Mortality tables used to calculate the defined benefit obligation for the System's qualified defined benefit plans also include adjustments for annuitant tables based on application of a geospatial mortality model. The System believes that the updated mortality rates are the best estimate of future experience.

The System expects to make contributions of \$21.5 million to the defined benefit pension plans in 2026. Pension benefit payments over the next ten years are estimated as follows: 2026 – \$201.7 million, 2027 – \$122.6 million, 2028 – \$120.8 million, 2029 – \$118.5 million, 2030 – \$112.6 million, and in the aggregate for the five years thereafter – \$497.8 million.

The System expects to make contributions of \$2.3 million to other postretirement benefit plans in 2026. Other postretirement benefit payments over the next ten years are estimated as follows: 2026 – \$2.3 million, 2027 – \$2.1 million, 2028 – \$2.0 million, 2029 – \$1.9 million, 2030 – \$1.8 million, and in the aggregate for the five years thereafter – \$9.3 million.

The System is required to recognize the funded status, which is the difference between the fair value of plan assets and the projected benefit obligations, of its pension and other postretirement benefit plans in the consolidated balance sheets, with a corresponding adjustment to net assets without donor restrictions. Amounts recorded in net assets without donor restrictions consist of actuarial gains and losses and prior service credits and costs. Actuarial gains and losses recorded in net assets outside of the corridor, which is 10% of the greater of the projected benefit obligation

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

or the fair value of the plan assets, are recognized as a component of net periodic benefit cost immediately in the current period. Prior service credits and costs are amortized on a straight-line basis over the estimated life of the plan participants.

Included in net assets without donor restrictions at December 31, 2025 and 2024 are the following amounts that have not yet been recognized in net periodic benefit (credit) cost (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2025	2024	2025	2024
Unrecognized actuarial losses (gains)	\$ 85,012	\$ 104,439	\$ (4,120)	\$ 1,835
Unrecognized prior service credit	(1,968)	(3,783)	(6,887)	(8,268)
Total	\$ 83,044	\$ 100,656	\$ (11,007)	\$ (6,433)

Unrecognized actuarial losses included in net assets without donor restrictions represent amounts within the corridor that do not require recognition in net periodic benefit cost for each respective year.

Changes in plan assets and benefit obligations recognized in net assets without donor restrictions for the years ended December 31, 2025 and 2024 are as follows (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2025	2024	2025	2024
Current year actuarial gain (loss)	\$ 14,481	\$ (2,220)	\$ 5,955	\$ 6,494
Recognition of actuarial loss (gain)	4,946	(5,109)	-	-
Current year prior service credit	-	-	-	3,001
Amortization of prior service credit	(1,815)	(1,815)	(1,381)	(1,351)
Total	\$ 17,612	\$ (9,144)	\$ 4,574	\$ 8,144

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The following table sets forth the funded status of the System's pensions and other postretirement benefit plans and the amounts recognized in the System's December 31, 2025 and 2024, consolidated balance sheets (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2025	2024	2025	2024
Change in projected benefit obligation:				
Projected benefit obligation at beginning of year	\$ 1,343,102	\$ 1,419,709	\$ 67,433	\$ 83,292
Service (credit) cost	(1,692)	(2,243)	(86)	729
Interest cost	71,636	71,413	3,754	4,280
Actuarial loss (gain)	31,719	(35,862)	(5,955)	(6,494)
Participant contributions	-	-	34,597	29,509
Plan amendments	-	-	-	(3,001)
Settlement payments	(60,869)	-	-	-
Benefits paid	(63,252)	(109,915)	(38,308)	(40,882)
Projected benefit obligation at end of year	1,320,644	1,343,102	61,435	67,433
Change in plan assets:				
Fair value of plan assets at beginning of year	1,245,091	1,312,355	-	-
Actual return on plan assets	110,067	27,896	-	-
Participant contributions	-	-	34,597	29,509
System contributions	15,380	14,755	3,711	11,373
Settlement payments	(60,869)	-	-	-
Benefits paid	(63,252)	(109,915)	(38,308)	(40,882)
Fair value of plan assets at end of year	1,246,417	1,245,091	-	-
Accrued retirement benefits	\$ (74,227)	\$ (98,011)	\$ (61,435)	\$ (67,433)
Noncurrent assets	\$ 72,394	\$ 47,829	\$ -	\$ -
Current liabilities	(12,356)	(11,922)	(2,313)	(2,546)
Noncurrent liabilities	(134,265)	(133,918)	(59,122)	(64,887)
Net liability recognized in consolidated balance sheets	\$ (74,227)	\$ (98,011)	\$ (61,435)	\$ (67,433)

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The accumulated benefit obligation for all defined benefit pension plans was \$1.3 billion at both December 31, 2025 and 2024. At December 31, 2025, defined benefit pension plans that had projected benefit obligations in excess of the fair value of plan assets had total accumulated benefit obligations of \$140.3 million, projected benefit obligations of \$146.6 million and no plan assets. At December 31, 2025, defined benefit pension plans that had fair value of plan assets in excess of projected benefit obligations had total accumulated benefit obligations and projected benefit obligations of \$1.2 billion and fair value of plan assets of \$1.2 billion. At December 31, 2024, defined benefit pension plans that had projected benefit obligations in excess of the fair value of plan assets had total accumulated benefit obligations of \$139.1 million, projected benefit obligations of \$145.8 million and no plan assets. At December 31, 2024, defined benefit pension plans that had fair value of plan assets in excess of projected benefit obligations had total accumulated benefit obligations and projected benefit obligations of \$1.2 billion and fair value of plan assets of \$1.2 billion.

Actuarial gains and losses related to changes in the benefit obligation of defined benefit pension plans were \$31.7 million of losses and \$35.9 million of gains in 2025 and 2024, respectively. Significant components of gains and losses impacting defined benefit pension plans include changes in the discount rate, demographic experience changes and updates to the mortality assumption. Actuarial losses related to changes in the benefit obligation of other postretirement benefit plans were \$6.0 million and \$6.5 million in 2025 and 2024, respectively. Significant components of actuarial losses impacting other postretirement benefit plans include changes in the discount rate, updates to healthcare claim costs and updates to the mortality assumption.

The CCHS Retirement Plan paid \$60.9 million in lump-sum payments in accordance with plan terms in 2025, which exceeded the sum of the service cost and interest cost components of net periodic benefit cost. As a result, the System recorded a settlement charge of \$4.9 million for the year ended December 31, 2025.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The components of net periodic benefit cost are as follows (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2025	2024	2025	2024
Components of net periodic benefit cost:				
Service (credit) cost	\$ (1,692)	\$ (2,243)	\$ (86)	\$ 729
Interest cost	71,636	71,413	3,754	4,280
Expected return on plan assets	(63,867)	(65,978)	–	–
Recognition of actuarial loss (gain)	40	(5,109)	–	–
Settlement charge	4,906	–	–	–
Amortization of prior service credit	(1,815)	(1,815)	(1,381)	(1,351)
Net periodic benefit cost (credit)	<u>9,208</u>	<u>(3,732)</u>	<u>2,287</u>	<u>3,658</u>
Defined contribution plans	457,355	430,812	–	–
Total	<u>\$ 466,563</u>	<u>\$ 427,080</u>	<u>\$ 2,287</u>	<u>\$ 3,658</u>

The service (credit) cost component of net periodic benefit cost and defined contribution plan expenses are included in salaries, wages, and benefits in the consolidated statements of operations and changes in net assets. The components of net periodic benefit cost other than service (credit) cost are included in other nonoperating gains and losses in the consolidated statements of operations and changes in net assets.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

Weighted average assumptions used to determine pension and postretirement benefit obligations and net periodic benefit cost are as follows:

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2025	2024	2025	2024
Weighted average assumptions:				
Discount rates:				
Used for benefit obligations	5.48%	5.77%	5.77%	5.68%
Used for net periodic benefit cost	5.77	5.40	5.68	5.18
Expected rate of return on plan assets	5.54	5.37	–	–
Rate of compensation increase:				
Used for benefit obligations	3.00	3.00	–	–
Used for net periodic benefit cost	3.00	3.00	–	–
Crediting interest rate on cash balance plans	5.91	5.92	–	–

The System uses a direct cost approach to estimate its postretirement benefit obligation for healthcare services provided by the System (internally provided services). Healthcare services provided by non-System entities (externally provided services) are based on the System's historical cost experience.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The annual assumed healthcare cost trend rates for the next year and the assumed trend thereafter are as follows:

	<u>2025</u>	<u>2024</u>
Internally provided services:		
Initial rate	6.50%	5.50%
Ultimate rate	4.25	4.25
Year ultimate rate reached	2035	2030
Externally provided services:		
Initial rate	7.50%	6.50%
Ultimate rate	5.25	5.25
Year ultimate rate reached	2035	2030

The System's weighted average asset allocation of pension plan assets at December 31, 2025 and 2024, by asset category, is as follows:

	<u>Percentage of Plan Assets</u>		
	<u>2025</u>	<u>2024</u>	<u>Target Allocation</u>
Asset category			
Interest-bearing cash	3.3%	5.0%	1%-5%
Fixed-income securities	76.2	73.0	60%-90%
Common and preferred stocks	6.1	7.7	3%-25%
Alternative investments	14.4	14.3	0%-19%
Total	100.0%	100.0%	

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The System's investment strategy for its pension assets balances the liquidity needs of the pension plans with the long-term return goals necessary to satisfy future pension obligations. Interest-bearing cash includes amount held by various investment management organizations that can fluctuate based on the timing of investment activity and expected cash flows. The target allocation ranges of the investment pool to various asset classes are designed to diversify the portfolio in a way that achieves an efficient trade-off between long-term return and risk, while providing adequate liquidity to meet near-term expenses and obligations.

The System's weighted average pension portfolio return assumption of 5.54% and 5.37% in 2025 and 2024, respectively, is based on the targeted assumed rate of return through its asset mix at the beginning of each year, which is designed to mitigate short-term return volatility and achieve an efficient trade-off between return and risk. Expected returns and risk for each asset class are formed using a global capital asset pricing model framework in which the expected return is the compensation earned from taking risk. Forward-looking adjustments are made to expected return, volatility, and correlation estimates as well. Additionally, constraints such as permissible asset classes, portfolio guidelines, and liquidity considerations are included in the model.

The System has implemented and utilized a liability-driven investment strategy for its defined benefit pension plans over the last several years that has reduced the asset allocation for common and preferred stocks with a corresponding increase in fixed-income securities. The investment strategy has been implemented in phases based on the increased funded status of the pension plans and the anticipation that such changes in investment strategy will result in lower volatility of future changes in funded status. Additional revisions in asset allocations and expected rate of return on plan assets may occur based on future changes in the funded status of the pension plans. It is anticipated that the duration of the fixed-income investment assets will be similar to the duration of the liabilities of the pension plan over time.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The following tables present the financial instruments in the System's defined benefit pension plans measured at fair value on a recurring basis as of December 31, 2025 and 2024, based on the valuation hierarchy (in thousands):

December 31, 2025

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 41,488	\$ 43	\$ –	\$ 41,531
Fixed-income securities:				
U.S. treasuries	277,930	–	–	277,930
U.S. government agencies	–	12,575	–	12,575
U.S. corporate	–	262,191	–	262,191
Foreign	–	54,873	–	54,873
Total assets at fair value	<u>\$ 319,418</u>	<u>\$ 329,682</u>	<u>\$ –</u>	<u>\$ 649,100</u>

December 31, 2024

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 61,902	\$ 34	\$ –	\$ 61,936
Fixed-income securities:				
U.S. treasuries	282,465	–	–	282,465
U.S. government agencies	–	12,419	–	12,419
U.S. corporate	–	382,995	–	382,995
Foreign	–	73,628	–	73,628
Total assets at fair value	<u>\$ 344,367</u>	<u>\$ 469,076</u>	<u>\$ –</u>	<u>\$ 813,443</u>

Total plan assets in the System's defined benefit pension plans at December 31, 2025 and 2024 are comprised of the following (in thousands):

	2025	2024
Plan assets measured at fair value	\$ 649,100	\$ 813,443
Commingled funds measured at net asset value	418,473	254,049
Alternative investments measured at net asset value	178,844	177,599
Total fair value of plan assets at end of year	<u>\$ 1,246,417</u>	<u>\$ 1,245,091</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

Fair value methodologies for Level 1 and Level 2 are consistent with the inputs described in Note 8.

Fixed-income securities include debt obligations of the U.S. government and various agencies, U.S. corporations, and other fixed-income instruments such as mortgage-backed and asset-backed securities. Additionally, investments may include mutual funds and commingled fixed-income funds that invest opportunistically in non-U.S. and high-yield debt instruments. Commingled fixed-income funds are valued using net asset value as a practical expedient.

Common and preferred stocks include commingled equity funds whose underlying assets may include publicly traded equity securities. Commingled equity funds are valued using net asset value as a practical expedient.

Alternative investments include hedge funds and private equity funds that are valued using net asset value as a practical expedient. Hedge funds are meant to provide returns between those expected from stocks and fixed-income investments with commensurate levels of risk and lower correlation relative to traditional investments. Included in this category are investments that are well diversified across various strategies and may consist of absolute return funds, long/short funds, and other opportunistic/multi-strategy funds. The underlying investments in such funds may include publicly traded and privately held equity and debt instruments issued by U.S. and international corporations, as well as various derivatives based on these securities. Hedge fund redemptions typically contain restrictions that allow for a portion of the withdrawal proceeds to be held back from distribution while the underlying investments are liquidated. Private equity funds generally consist of limited partnerships formed to invest in equity and private credit investments in operating companies that are not publicly traded. Investment strategies in this category may include buyouts, distressed debt, direct lending, special situations and other credit strategies. Private equity funds are closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

16. Income Taxes

The Clinic and most of its controlled affiliates are tax-exempt organizations, as described in Section 501(c)(3) of the Internal Revenue Code. These organizations are subject to income tax on any income from unrelated business activities. The System also owns or controls certain domestic and international taxable affiliates.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

16. Income Taxes (continued)

The System files income tax returns in the U.S. federal jurisdiction and in various state and foreign jurisdictions. Generally, the System is no longer subject to U.S. federal, state, local and non-U.S. tax examinations by tax authorities for years before 2022.

Uncertain income tax positions were not significant to the consolidated financial statements at December 31, 2025 or 2024. The System does not expect a significant increase or decrease in unrecognized tax benefits within the next 12 months. The System recognizes accrued interest and penalties related to the liability for unrecognized tax benefits in the consolidated statements of operations and changes in net assets.

The System has temporary differences of \$2.1 billion and \$2.0 billion at December 31, 2025 and 2024, respectively. The temporary differences primarily relate to net operating losses available for income tax purposes. The majority of these losses expire in varying amounts through 2038. A deferred tax asset of \$414.6 million and \$379.2 million has been recorded at December 31, 2025 and 2024, respectively. A valuation allowance of \$414.6 million and \$379.2 million has been recorded at December 31, 2025 and 2024, respectively, against the deferred tax assets due to the uncertainty regarding their use.

17. Commitments and Contingent Liabilities

At December 31, 2025, the System has commitments for construction and other related capital contracts of \$614.4 million and letters of credit of \$12.8 million. Guarantees of mortgage loans made by banks to certain staff members are \$21.6 million at December 31, 2025. In addition, the System has remaining commitments to invest approximately \$1.6 billion in alternative investments at December 31, 2025. The largest commitment at December 31, 2025 to any one alternative strategy manager is \$48.4 million. These investments are generally expected to occur within the next five years. No amounts have been recorded in the consolidated balance sheets for these commitments and guarantees.

Pledge liabilities to various foundations and other entities at December 31, 2025, are as follows (in thousands): 2026 – \$39,880, 2027 – \$9,380, 2028 – \$600, 2029 – \$500, 2030 – \$500, and thereafter – \$1,500. The unamortized discount on pledge liabilities at December 31, 2025 was \$0.9 million. Pledge liabilities are recorded in other current liabilities and other noncurrent liabilities in the consolidated balance sheets.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

18. Endowment

The System's endowment consists of 413 individual donor-restricted funds established for a variety of purposes and one board-designated endowment fund that supports a portion of the research and education activities of the System. See Note 19 for a summary of research and education expenses of the System for the years ended December 31, 2025 and 2024. Endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions as net assets without donor restrictions or net assets with donor restrictions.

Interpretation of Relevant Law

The System has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the System classifies as net assets with donor restrictions (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in the permanent endowment is available for appropriation for expenditure by the System in a manner consistent with the standard for expenditure prescribed by UPMIFA. In accordance with UPMIFA, the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The purposes of the System and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the System
7. The investment policies of the System

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

18. Endowment (continued)

Funds With Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the original and subsequent donor gift amounts. These deficiencies can result from unfavorable market fluctuations that occur shortly after the investment of new contributions for donor-restricted endowment funds and continued appropriations for certain programs that are deemed prudent by the System. The System maintains policies that permit spending from underwater endowment funds, depending on the degree to which the fund is underwater, unless otherwise precluded by donor intent or relevant laws and regulations. As of December 31, 2025 and 2024, the System had no significant deficiencies of this nature in donor-restricted endowment funds.

Return Objectives and Risk Parameters

The System has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment, while seeking to maintain the purchasing power of the endowment assets. Endowment assets include board-designated endowment funds and donor-restricted endowment funds, including those assets of donor-restricted funds that the System must hold in perpetuity. Under this policy, the endowment assets are invested in a highly diversified portfolio of U.S. and non-U.S. publicly traded equities, alternative investments, and fixed-income securities structured to achieve an optimal balance between return and risk. The System expects its endowment funds, over time, to meet or exceed the investment policy benchmark as represented by a policy asset allocation, although actual returns in any given year may vary.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the System relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The System targets a diversified asset allocation to achieve its long-term return objective within prudent risk constraints.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

18. Endowment (continued)

Spending Policy and How the Investment Objectives Relate to Spending Policy

The System has a policy of appropriating for distribution each year up to 5% of its endowment fund's average fair value over the prior three years through the calendar year-end preceding the fiscal year in which the appropriation is planned. In establishing this policy, the System considered the long-term expected return on its endowment. Accordingly, over the long term, the System expects the current spending policy to allow its endowment to grow. This is consistent with the System's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

Changes in Endowment Net Assets

The following table summarizes the changes in endowment net assets for the years ended December 31, 2025 and 2024 (in thousands):

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, January 1, 2024	\$ 3,558,271	\$ 647,741	\$ 4,206,012
Investment return	365,330	60,025	425,355
Contributions	1,341,802	29,225	1,371,027
Appropriation of endowment assets for expenditure	(212,500)	(28,179)	(240,679)
Endowment net assets, December 31, 2024	5,052,903	708,812	5,761,715
Investment return	627,556	89,308	716,864
Contributions	–	38,455	38,455
Appropriation of endowment assets for expenditure	(250,000)	(24,550)	(274,550)
Endowment net assets, December 31, 2025	\$ 5,430,459	\$ 812,025	\$ 6,242,484

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

19. Functional Expenses

The following tables present expenses by both their nature and their function for the years ended December 31, 2025 and 2024 (in thousands):

	2025				Total
	Healthcare Services	Research and Education	General and Administrative	Other	
Salaries, wages, and benefits	\$ 7,624,327	\$ 846,507	\$ 923,813	\$ 104,819	\$ 9,499,466
Supplies	1,595,677	44,952	10,194	20,506	1,671,329
Pharmaceuticals	2,759,260	117	2,970	2,538	2,764,885
Medical claims	-	-	-	267,422	267,422
Purchased services and other fees	884,625	37,234	373,261	13,200	1,308,320
Administrative services	72,764	96,894	36,541	49,270	255,469
Facilities	455,063	11,238	26,559	17,897	510,757
Insurance	235,601	8	3,331	3,584	242,524
Interest	168,748	1,907	1,509	2,107	174,271
Depreciation and amortization	468,056	16,241	174,607	7,378	666,282
	<u>\$14,264,121</u>	<u>\$ 1,055,098</u>	<u>\$ 1,552,785</u>	<u>\$ 488,721</u>	<u>\$17,360,725</u>

	2024				Total
	Healthcare Services	Research and Education	General and Administrative	Other	
Salaries, wages, and benefits	\$ 7,139,303	\$ 868,295	\$ 918,506	\$ 94,696	\$ 9,020,800
Supplies	1,413,720	38,991	11,541	19,666	1,483,918
Pharmaceuticals	2,292,486	199	3,636	2,442	2,298,763
Purchased services and other fees	698,941	31,365	381,527	13,534	1,125,367
Administrative services	60,503	102,616	31,102	51,368	245,589
Facilities	427,433	9,757	25,695	16,353	479,238
Insurance	191,922	23	4,901	479	197,325
Interest	170,639	2,001	1,407	2,834	176,881
Depreciation and amortization	446,726	15,470	163,480	6,929	632,605
	<u>\$12,841,673</u>	<u>\$ 1,068,717</u>	<u>\$ 1,541,795</u>	<u>\$ 208,301</u>	<u>\$15,660,486</u>

The consolidated financial statements report certain categories of expenses that are attributable to more than one function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and benefits, which include allocations on the basis of estimates of time and effort.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

20. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2025 through March 9, 2026, the date the consolidated financial statements were issued. During this period, there were no subsequent events requiring recognition in the consolidated financial statements, and there were no nonrecognized subsequent events requiring disclosure.

Supplementary Information



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**Shape the future
with confidence**

Report of Independent Auditors on Supplementary Information

The Board of Directors
The Cleveland Clinic Foundation

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating balance sheets, statements of operations and changes in net assets, and statements of cash flows are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

March 9, 2026

Cleveland Clinic Health System

Consolidating Balance Sheet

December 31, 2025

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Assets				
Current assets:				
Cash and cash equivalents	\$ 1,041,985	\$ 321,175	\$ –	\$ 1,363,160
Patient receivables	1,756,864	372,461	(75,726)	2,053,599
Due from affiliates	14,232	3,391	(17,623)	–
Investments for current use	–	100,843	–	100,843
Other current assets	974,031	275,666	(6,525)	1,243,172
Total current assets	3,787,112	1,073,536	(99,874)	4,760,774
Investments:				
Long-term investments	12,398,134	1,001,783	–	13,399,917
Funds held by trustees	37,495	–	–	37,495
Assets held for self-insurance	–	180,574	–	180,574
Donor-restricted assets	1,589,022	107,221	–	1,696,243
	14,024,651	1,289,578	–	15,314,229
Property, plant, and equipment, net	5,807,118	1,895,819	–	7,702,937
Other assets:				
Pledges receivable, net	131,760	10,290	–	142,050
Trusts and interests in foundations	66,865	33,833	–	100,698
Operating lease right-of-use assets	127,456	241,787	–	369,243
Other noncurrent assets	1,224,907	147,754	(115,312)	1,257,349
	1,550,988	433,664	(115,312)	1,869,340
Total assets	\$ 25,169,869	\$ 4,692,597	\$ (215,186)	\$ 29,647,280

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$ 701,118	\$ 148,790	\$ (321)	\$ 849,587
Compensation and amounts withheld from payroll	717,320	99,308	–	816,628
Current portion of long-term debt	92,601	8,869	–	101,470
Variable rate debt classified as current	475,118	39,309	–	514,427
Due to affiliates	1,247	16,376	(17,623)	–
Other current liabilities	777,731	270,822	(75,832)	972,721
Total current liabilities	<u>2,765,135</u>	<u>583,474</u>	<u>(93,776)</u>	<u>3,254,833</u>
Long-term debt	4,005,767	1,241,516	(2,631)	5,244,652
Other liabilities:				
Professional and general liability insurance reserves	189,979	154,244	–	344,223
Accrued retirement benefits	192,425	962	–	193,387
Operating lease liabilities	90,180	223,937	–	314,117
Other noncurrent liabilities	895,590	68,944	(6,099)	958,435
	<u>1,368,174</u>	<u>448,087</u>	<u>(6,099)</u>	<u>1,810,162</u>
Total liabilities	<u>8,139,076</u>	<u>2,273,077</u>	<u>(102,506)</u>	<u>10,309,647</u>
Net assets:				
Without donor restrictions	15,181,727	2,241,639	(112,680)	17,310,686
With donor restrictions	1,849,066	177,881	–	2,026,947
Total net assets	<u>17,030,793</u>	<u>2,419,520</u>	<u>(112,680)</u>	<u>19,337,633</u>
Total liabilities and net assets	<u>\$ 25,169,869</u>	<u>\$ 4,692,597</u>	<u>\$ (215,186)</u>	<u>\$ 29,647,280</u>

See accompanying note.

Cleveland Clinic Health System

Consolidating Balance Sheet

December 31, 2024

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Assets				
Current assets:				
Cash and cash equivalents	\$ 986,681	\$ 35,665	\$ —	\$ 1,022,346
Patient receivables	1,558,559	361,195	(69,738)	1,850,016
Due from affiliates	30,238	7,664	(37,902)	—
Investments for current use	—	89,627	—	89,627
Other current assets	682,838	188,409	(8,065)	863,182
Total current assets	3,258,316	682,560	(115,705)	3,825,171
Investments:				
Long-term investments	10,613,125	1,331,384	—	11,944,509
Funds held by trustees	6,169	—	—	6,169
Assets held for self-insurance	—	165,757	—	165,757
Donor-restricted assets	1,443,640	127,961	—	1,571,601
	12,062,934	1,625,102	—	13,688,036
Property, plant, and equipment, net	5,262,656	1,619,572	—	6,882,228
Other assets:				
Pledges receivable, net	123,392	14,460	—	137,852
Trusts and interests in foundations	67,364	30,198	—	97,562
Operating lease right-of-use assets	138,883	235,773	—	374,656
Other noncurrent assets	1,001,915	184,440	(75,826)	1,110,529
	1,331,554	464,871	(75,826)	1,720,599
Total assets	<u>\$ 21,915,460</u>	<u>\$ 4,392,105</u>	<u>\$ (191,531)</u>	<u>\$ 26,116,034</u>

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$ 678,591	\$ 141,077	\$ (124)	\$ 819,544
Compensation and amounts withheld from payroll	627,337	81,597	–	708,934
Current portion of long-term debt	100,795	7,466	–	108,261
Variable rate debt classified as current	659,393	42,106	–	701,499
Due to affiliates	5,150	32,752	(37,902)	–
Other current liabilities	639,770	217,362	(70,162)	786,970
Total current liabilities	2,711,036	522,360	(108,188)	3,125,208
 Long-term debt	 3,691,201	 892,847	 (3,146)	 4,580,902
Other liabilities:				
Professional and general liability insurance reserves	130,894	129,575	–	260,469
Accrued retirement benefits	197,807	998	–	198,805
Operating lease liabilities	98,130	229,904	–	328,034
Other noncurrent liabilities	738,046	68,372	(7,517)	798,901
	<u>1,164,877</u>	<u>428,849</u>	<u>(7,517)</u>	<u>1,586,209</u>
Total liabilities	7,567,114	1,844,056	(118,851)	9,292,319
Net assets:				
Without donor restrictions	12,632,974	2,348,049	(72,680)	14,908,343
With donor restrictions	1,715,372	200,000	–	1,915,372
Total net assets	14,348,346	2,548,049	(72,680)	16,823,715
Total liabilities and net assets	\$ 21,915,460	\$ 4,392,105	\$ (191,531)	\$ 26,116,034

See accompanying note.

Cleveland Clinic Health System

Consolidating Statements of Operations and Changes in Net Assets

Year Ended December 31, 2025

(In Thousands)

Operations	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Unrestricted revenues				
Net patient service revenue	\$ 13,021,937	\$ 2,964,539	\$ (965,705)	\$ 15,020,771
Premium revenue	616,697	–	–	616,697
Other	2,382,421	497,997	(244,000)	2,636,418
Total unrestricted revenues	<u>16,021,055</u>	<u>3,462,536</u>	<u>(1,209,705)</u>	<u>18,273,886</u>
Expenses				
Salaries, wages, and benefits	8,299,109	1,814,427	(614,070)	9,499,466
Supplies	1,315,018	357,144	(833)	1,671,329
Pharmaceuticals	2,496,667	268,218	–	2,764,885
Medical claims	626,234	–	(358,812)	267,422
Purchased services and other fees	1,130,750	298,041	(120,471)	1,308,320
Administrative services	1,294	296,272	(42,097)	255,469
Facilities	367,271	144,993	(1,507)	510,757
Insurance	152,048	162,291	(71,815)	242,524
	<u>14,388,391</u>	<u>3,341,386</u>	<u>(1,209,605)</u>	<u>16,520,172</u>
Operating income before interest, depreciation and amortization	1,632,664	121,150	(100)	1,753,714
Interest	142,015	32,256	–	174,271
Depreciation and amortization	503,754	162,628	(100)	666,282
Operating income (loss)	<u>986,895</u>	<u>(73,734)</u>	<u>–</u>	<u>913,161</u>
Nonoperating gains and losses				
Investment return	1,197,484	203,371	–	1,400,855
Derivative losses	(2,784)	–	–	(2,784)
Other, net	(12,681)	76	–	(12,605)
Net nonoperating gains	<u>1,182,019</u>	<u>203,447</u>	<u>–</u>	<u>1,385,466</u>
Excess of revenues over expenses	<u>2,168,914</u>	<u>129,713</u>	<u>–</u>	<u>2,298,627</u>

(continued on next page)

Changes in Net Assets	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Changes in net assets without donor restrictions				
Excess of revenues over expenses	\$ 2,168,914	\$ 129,713	\$ –	\$ 2,298,627
Donated capital	375	–	–	375
Net assets released from restrictions				
for capital purposes	63,797	18,707	–	82,504
Retirement benefits adjustment	21,493	693	–	22,186
Foreign currency translation	–	5,270	–	5,270
Transfers from (to) affiliates	294,173	(294,173)	–	–
Other	1	33,380	(40,000)	(6,619)
Increase (decrease) in net assets without donor restrictions	2,548,753	(106,410)	(40,000)	2,402,343
Changes in net assets with donor restrictions				
Gifts and bequests	188,350	28,150	–	216,500
Net investment income	122,212	6,942	–	129,154
Net assets released from restrictions used				
for operations included in other unrestricted revenues	(140,114)	(18,759)	–	(158,873)
Net assets released from restrictions for capital purposes	(63,797)	(18,707)	–	(82,504)
Change in interests in foundations	(2,515)	–	–	(2,515)
Change in value of perpetual trusts	1,715	3,224	–	4,939
Other	27,843	(22,969)	–	4,874
Increase (decrease) in net assets with donor restrictions	133,694	(22,119)	–	111,575
Increase (decrease) in net assets	2,682,447	(128,529)	(40,000)	2,513,918
Net assets at beginning of year	14,348,346	2,548,049	(72,680)	16,823,715
Net assets at end of year	\$ 17,030,793	\$ 2,419,520	\$ (112,680)	\$ 19,337,633

See accompanying note.

Cleveland Clinic Health System

Consolidating Statements of Operations and Changes in Net Assets

Year Ended December 31, 2024

(In Thousands)

Operations	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Unrestricted revenues				
Net patient service revenue	\$ 11,455,815	\$ 2,678,495	\$ (431,614)	\$ 13,702,696
Other	2,003,803	456,157	(226,458)	2,233,502
Total unrestricted revenues	13,459,618	3,134,652	(658,072)	15,936,198
Expenses				
Salaries, wages, and benefits	7,622,482	1,882,833	(484,515)	9,020,800
Supplies	1,161,387	323,307	(776)	1,483,918
Pharmaceuticals	2,064,704	234,059	–	2,298,763
Purchased services and other fees	958,774	248,525	(81,932)	1,125,367
Administrative services	26,718	249,927	(31,056)	245,589
Facilities	341,285	139,396	(1,443)	479,238
Insurance	127,126	128,449	(58,250)	197,325
	12,302,476	3,206,496	(657,972)	14,851,000
Operating income (loss) before interest, depreciation and amortization	1,157,142	(71,844)	(100)	1,085,198
Interest	142,331	34,550	–	176,881
Depreciation and amortization	477,745	154,960	(100)	632,605
Operating income (loss)	537,066	(261,354)	–	275,712
Nonoperating gains and losses				
Investment return	577,736	121,037	–	698,773
Derivative gains (losses)	11,767	(161)	–	11,606
Other, net	(6,327)	588	–	(5,739)
Net nonoperating gains	583,176	121,464	–	704,640
Excess (deficiency) of revenues over expenses	1,120,242	(139,890)	–	980,352

(continued on next page)

Changes in Net Assets	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Changes in net assets without donor restrictions				
Excess (deficiency) of revenues over expenses	\$ 1,120,242	\$ (139,890)	\$ –	\$ 980,352
Donated capital	461	–	–	461
Net assets released from restrictions				
for capital purposes	68,930	5,772	–	74,702
Retirement benefits adjustment	779	(1,779)	–	(1,000)
Foreign currency translation	–	(1,933)	–	(1,933)
Transfers (to) from affiliates	(403,145)	403,145	–	–
Other	(4)	15,369	(20,000)	(4,635)
Increase in net assets without donor restrictions	787,263	280,684	(20,000)	1,047,947
Changes in net assets with donor restrictions				
Gifts and bequests	215,950	27,569	–	243,519
Net investment income	72,687	5,253	–	77,940
Net assets released from restrictions used				
for operations included in other unrestricted revenues	(138,708)	(15,178)	–	(153,886)
Net assets released from restrictions for capital purposes	(68,930)	(5,772)	–	(74,702)
Change in interests in foundations	239	–	–	239
Change in value of perpetual trusts	2,595	1,844	–	4,439
Other	6,461	(502)	–	5,959
Increase in net assets with donor restrictions	90,294	13,214	–	103,508
Increase in net assets	877,557	293,898	(20,000)	1,151,455
Net assets at beginning of year	13,470,789	2,254,151	(52,680)	15,672,260
Net assets at end of year	<u>\$ 14,348,346</u>	<u>\$ 2,548,049</u>	<u>\$ (72,680)</u>	<u>\$ 16,823,715</u>

See accompanying note.

Cleveland Clinic Health System
Consolidating Statement of Cash Flows

Year Ended December 31, 2025
(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Operating activities and net nonoperating gains and losses				
Increase (decrease) in net assets	\$ 2,682,447	\$ (128,529)	\$ (40,000)	\$ 2,513,918
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities and net nonoperating gains and losses:				
Gain on extinguishment of debt	(457)	-	-	(457)
Retirement benefits adjustment	(21,493)	(693)	-	(22,186)
Net realized and unrealized gains on investments	(1,440,193)	(189,064)	-	(1,629,257)
Depreciation and amortization	503,754	162,598	(100)	666,252
Foreign currency translation gain	-	(5,270)	-	(5,270)
Donated capital	(375)	-	-	(375)
Restricted gifts, bequests, and other	(187,550)	(31,374)	-	(218,924)
Transfers (from) to affiliates	(294,173)	294,173	-	-
Amortization of bond premiums and debt issuance costs	(14,153)	182	-	(13,971)
Net loss in value of derivatives	1,281	-	-	1,281
Pension funding	(18,919)	(172)	-	(19,091)
Changes in operating assets and liabilities:				
Patient receivables	(198,305)	(6,418)	5,988	(198,735)
Other current assets	(295,386)	(83,636)	(21,819)	(400,841)
Other noncurrent assets	(208,033)	45,611	39,586	(122,836)
Accounts payable and other current liabilities	249,980	59,306	14,412	323,698
Other liabilities	218,609	5,358	1,418	225,385
Net cash provided by operating activities and net nonoperating gains and losses	977,034	122,072	(515)	1,098,591
Financing activities				
Proceeds from short-term borrowings	40,000	-	-	40,000
Payments on short-term borrowings	(40,000)	-	-	(40,000)
Proceeds from long-term borrowings	237,599	46,980	515	285,094
Payments for refunding of long-term debt	(20,490)	-	-	(20,490)
Principal payments on long-term debt	(104,826)	(8,200)	-	(113,026)
Debt issuance costs	(2,792)	-	-	(2,792)
Change in pledges receivables, trusts and interests in foundations	12,330	3,077	-	15,407
Restricted gifts, bequests, and other	187,550	31,374	-	218,924
Net cash provided by financing activities	309,371	73,231	515	383,117
Investing activities				
Expenditures for property, plant, and equipment	(1,014,650)	(135,171)	-	(1,149,821)
Proceeds from sale of property, plant, and equipment	10,900	-	-	10,900
Net change in cash equivalents reported in long-term investments	(447,671)	530,387	-	82,716
Purchases of investments	(7,449,815)	(859,784)	-	(8,309,599)
Sales of investments	7,376,198	846,194	-	8,222,392
Transfers from (to) affiliates	294,173	(294,173)	-	-
Net cash (used in) provided by investing activities	(1,230,865)	87,453	-	(1,143,412)
Effect of exchange rate changes on cash and cash equivalents	-	6,179	-	6,179
Increase in cash, cash equivalents and restricted cash	55,540	288,935	-	344,475
Cash, cash equivalents and restricted cash at beginning of year	990,202	36,766	-	1,026,968
Cash, cash equivalents and restricted cash at end of year	\$ 1,045,742	\$ 325,701	\$ -	\$ 1,371,443

See accompanying note.

Cleveland Clinic Health System
Consolidating Statement of Cash Flows

Year Ended December 31, 2024
(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Operating activities and net nonoperating gains and losses				
Increase in net assets	\$ 877,557	\$ 293,898	\$ (20,000)	\$ 1,151,455
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities and net nonoperating gains and losses:				
Loss on extinguishment of debt	414	-	-	414
Retirement benefits adjustment	(779)	1,779	-	1,000
Net realized and unrealized gains on investments	(736,902)	(113,019)	-	(849,921)
Depreciation and amortization	477,745	151,480	(100)	629,125
Foreign currency translation loss	-	1,933	-	1,933
Donated capital	(461)	-	-	(461)
Restricted gifts, bequests, and other	(218,784)	(29,413)	-	(248,197)
Transfers to (from) affiliates	403,145	(403,145)	-	-
Amortization of bond premiums and debt issuance costs	(10,954)	178	-	(10,776)
Net gain in value of derivatives	(10,981)	-	-	(10,981)
Pension funding	(25,790)	(338)	-	(26,128)
Changes in operating assets and liabilities:				
Patient receivables	(52,460)	30,947	30,099	8,586
Other current assets	22,012	11,329	18,337	51,678
Other noncurrent assets	151,896	5,498	(264,132)	(106,738)
Accounts payable and other current liabilities	270,596	18,373	(50,133)	238,836
Other liabilities	167,230	(56,715)	1,697	112,212
Net cash provided by (used in) operating activities and net nonoperating gains and losses	1,313,484	(87,215)	(284,232)	942,037
Financing activities				
Proceeds from long-term borrowings	503,218	1,029	(1,029)	503,218
Payments for refunding of long-term debt	(300,000)	-	-	(300,000)
Principal payments on long-term debt	(136,829)	(256,391)	285,261	(107,959)
Debt issuance costs	(3,318)	-	-	(3,318)
Change in pledges receivables, trusts and interests in foundations	33,436	2,119	-	35,555
Restricted gifts, bequests, and other	218,784	29,413	-	248,197
Net cash provided by (used in) financing activities	315,291	(223,830)	284,232	375,693
Investing activities				
Expenditures for property, plant, and equipment	(970,331)	(143,015)	-	(1,113,346)
Proceeds from sale of property, plant, and equipment	11,960	-	-	11,960
Net change in cash equivalents reported in long-term investments	(25,525)	(3,086)	-	(28,611)
Purchases of investments	(5,132,768)	(628,340)	-	(5,761,108)
Sales of investments	5,222,763	675,906	-	5,898,669
Transfers (to) from affiliates	(403,145)	403,145	-	-
Net cash (used in) provided by investing activities	(1,297,046)	304,610	-	(992,436)
Effect of exchange rate changes on cash and cash equivalents	-	(2,042)	-	(2,042)
Increase (decrease) in cash, cash equivalents and restricted cash	331,729	(8,477)	-	323,252
Cash, cash equivalents and restricted cash at beginning of year	658,473	45,243	-	703,716
Cash, cash equivalents and restricted cash at end of year	\$ 990,202	\$ 36,766	\$ -	\$ 1,026,968

See accompanying note.

Cleveland Clinic Health System

Note to Consolidating Financial Statements

December 31, 2025 and 2024

1. Presentation of Consolidating Financial Statements

The accompanying financial statement information presents consolidating financial statement information for the Obligated Group (as defined herein) and certain controlled affiliates of The Cleveland Clinic Foundation (collectively referred to as the Non-Obligated Group), which have no liability under the Master Trust Indenture, amended and restated as of August 1, 2017 (as supplemented, the Indenture), between The Cleveland Clinic Foundation, the other members of the Obligated Group and U.S. Bank Trust Company, National Association, as successor Master Trustee. The Cleveland Clinic Foundation, Cleveland Clinic Avon Hospital, Cleveland Clinic Health System – East Region, Fairview Hospital, Lutheran Hospital, Marymount Hospital, Inc., Medina Hospital, Cleveland Clinic Florida (a nonprofit corporation), Cleveland Clinic Weston Hospital Nonprofit Corporation and Martin Memorial Medical Center, Inc. are the sole members of the Obligated Group under the Indenture.

With respect to the Obligated Group, certain properties and interests are considered to be Excluded Property under the Indenture. In addition, the provisions of the Indenture provide that additional property may be categorized as Excluded Property upon satisfaction of various financial tests. As such, these properties and interests are not subject to the restrictions contained in the Indenture and, under the Indenture, are not subject to the restriction on liens and other encumbrances that may be placed on property of the Obligated Group. Furthermore, the revenues derived from the Excluded Property are not subject to the restrictions contained in the Indenture until they are received and commingled with other revenues of the Obligated Group. The accompanying financial statement information is presented by legal entity, and no adjustment has been made for the Excluded Property.

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