

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
THE CLEVELAND CLINIC FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
6801 BRECKSVILLE RD RK1-85

City or town, state or province, country, and ZIP or foreign postal code
INDEPENDENCE, OH 44131

D Employer identification number
34-0714585

E Telephone number
(216) 444-2200

G Gross receipts \$ 8,720,065,432

F Name and address of principal officer
TOMISLAV MIHALJEVIC
6801 BRECKSVILLE RD RK1-85
INDEPENDENCE, OH 44131

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.CLEVELANDCLINIC.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1921

M State of legal domicile
OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PATIENT CARE, RESEARCH & EDUCATION

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | |
|--|------------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 29 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 24 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 39,017 |
| 6 Total number of volunteers (estimate if necessary) | 1,179 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 54,828,485 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|---|---------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 241,311,504 | 261,657,223 |
| 9 Program service revenue (Part VIII, line 2g) | 5,436,585,308 | 5,723,660,688 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 188,856,450 | 148,849,599 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 106,483,355 | 119,937,216 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,973,236,617 | 6,254,104,726 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 125,681,696 | 106,912,553 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 3,059,296,529 | 3,217,788,553 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 2,043,350 | 1,625,085 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,305,948 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 2,395,257,002 | 2,557,209,646 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 5,582,278,577 | 5,883,535,837 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 390,958,040 | 370,568,889 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|----------------|
| 20 Total assets (Part X, line 16) | 10,870,079,986 | 10,990,906,558 |
| 21 Total liabilities (Part X, line 26) | 5,467,933,789 | 5,561,105,105 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 5,402,146,197 | 5,429,801,453 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: _____ Date: 2019-11-12

STEVEN C GLASS, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

| | | | | |
|--|----------------------|------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00089502 |
| Firm's name ▶ ERNST & YOUNG LLP | | | Firm's EIN ▶ 34-6565596 | |
| Firm's address ▶ 950 MAIN AVENUE 1800 CLEVELAND, OH 44113 | | | Phone no (216) 861-5000 | |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE BETTER CARE OF THE SICK, INVESTIGATION OF THEIR PROBLEMS, AND FURTHER EDUCATION OF THOSE WHO SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 5,258,722,543 including grants of \$ 106,912,553) (Revenue \$ 5,723,660,688)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,258,722,543

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|---------|-----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/> | 23 Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> <input checked="" type="checkbox"/> | 24a Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/> | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/> | 26 Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/> | 28b | Yes |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/> | 29 Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/> | 30 Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/> | 33 Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> <input checked="" type="checkbox"/> | 34 Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> | 35b | Yes |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> | 36 | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|----------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 5,783 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 1 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c Yes | |

| | | | | | |
|---|-------------------|---------------|-----------|--|--|
| <p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p> | <p>2a</p> | <p>39,017</p> | | | |
| <p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | <p>2b</p> | <p>Yes</p> | | | |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | <p>3a</p> | <p>Yes</p> | | | |
| <p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p> | <p>3b</p> | <p>Yes</p> | | | |
| <p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> | <p>4a</p> | <p>Yes</p> | | | |
| <p>b If "Yes," enter the name of the foreign country ▶UK , CJ , PO , CA , DA , SW , LU , IS , KS , NO , SA</p> | | | | | |
| <p>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p> | | | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | <p>5a</p> | | <p>No</p> | | |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | <p>5b</p> | | <p>No</p> | | |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | <p>5c</p> | | | | |
| <p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p> | <p>6a</p> | | <p>No</p> | | |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | <p>6b</p> | | | | |
| <p>7 Organizations that may receive deductible contributions under section 170(c).</p> | | | | | |
| <p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p> | <p>7a</p> | <p>Yes</p> | | | |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | <p>7b</p> | <p>Yes</p> | | | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | <p>7c</p> | <p>Yes</p> | | | |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | <p>7d</p> | <p>2</p> | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | <p>7e</p> | | <p>No</p> | | |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | <p>7f</p> | | <p>No</p> | | |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | <p>7g</p> | | | | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | <p>7h</p> | | | | |
| <p>8 Sponsoring organizations maintaining donor advised funds.</p> | | | | | |
| <p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p> | <p>8</p> | | | | |
| <p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p> | <p>9a</p> | | | | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | <p>9b</p> | | | | |
| <p>10 Section 501(c)(7) organizations. Enter</p> | | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | <p>10a</p> | | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | <p>10b</p> | | | | |
| <p>11 Section 501(c)(12) organizations. Enter</p> | | | | | |
| <p>a Gross income from members or shareholders</p> | <p>11a</p> | | | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p> | <p>11b</p> | | | | |
| <p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p> | | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p> | <p>12b</p> | | | | |
| <p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p> | | | | | |
| <p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p> | <p>13a</p> | | | | |
| <p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p> | <p>13b</p> | | | | |
| <p>c Enter the amount of reserves on hand</p> | <p>13c</p> | | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | <p>14a</p> | | <p>No</p> | | |
| <p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p> | <p>14b</p> | | | | |
| <p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p> | <p>15</p> | <p>Yes</p> | | | |
| <p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p> | <p>16</p> | | <p>No</p> | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (29); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, FL, GA, IL, KS, KY, LA, MA, MD, MN, MS, NH, NJ, NY, OH, OR, PA, SC, TN, UT, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Upon request); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (ROBERT F WAITKUS 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 (216) 445-2526).

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | 6,051,761 | | |
| | d Related organizations | 1d | 2,735 | | |
| | e Government grants (contributions) | 1e | 118,484,057 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 137,118,670 | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | 14,194,661 | | |
| h Total. Add lines 1a-1f | | 261,657,223 | | | |

| Program Service Revenue | | | Business Code | | | |
|---|--|--|---------------|---------------|---------------|------------|
| | 2a NET PATIENT SERVICES | | 612990 | 3,247,346,605 | 3,247,346,605 | |
| | b MEDICARE/MEDICAID PAYM | | 921990 | 1,936,999,813 | 1,936,999,813 | |
| | c OTHER PROGRAM SERVICES | | 900099 | 415,868,347 | 411,385,334 | 4,483,013 |
| | d OTHER ANCILLARY SERVIC | | 900099 | 54,184,773 | | 54,184,773 |
| | e MANAGEMENT FEES | | 561000 | 23,297,208 | 16,154,355 | 7,142,853 |
| | f All other program service revenue | | | 45,963,942 | 3,261,323 | 42,702,619 |
| g Total. Add lines 2a-2f | | | 5,723,660,688 | | | |

| | | | | | | | |
|---|--|--|---------------|-------------|-------------|-------------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 43,622,908 | | 43,622,908 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | 21,685,588 | | 21,685,588 | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | 9,489,233 | | | | | |
| | | b Less rental expenses | 0 | | | | |
| | | c Rental income or (loss) | 9,489,233 | | | | |
| | d Net rental income or (loss) | | | 9,489,233 | | 9,489,233 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 2,568,792,965 | 239,362 | | | | |
| | | b Less cost or other basis and sales expenses | 2,462,237,121 | 1,568,515 | | | |
| | | c Gain or (loss) | 106,555,844 | -1,329,153 | | | |
| | d Net gain or (loss) | | | 105,226,691 | | 105,226,691 | |
| | 8a Gross income from fundraising events (not including \$ 6,051,761 of contributions reported on line 1c) See Part IV, line 18 | a | 1,391,415 | | | | |
| | | b Less direct expenses | b | 2,155,070 | | | |
| c Net income or (loss) from fundraising events | | | | -763,655 | | -763,655 | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| | b Less direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a INCOME (LOSS) ON INVES | 523000 | 92,689,670 | | 500,000 | 92,189,670 | | |
| b DERIVATIVE INCOME | 525990 | 1,458,519 | | | 1,458,519 | | |
| c LIFE INSURANCE TRUST | 525990 | 135,325 | | | 135,325 | | |
| d All other revenue | | -4,757,464 | | | -4,757,464 | | |
| e Total. Add lines 11a-11d | | 89,526,050 | | | | | |
| 12 Total revenue. See Instructions | | 6,254,104,726 | 5,615,147,430 | 54,828,485 | 322,471,588 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 25,597,509 | 25,597,509 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 80,420,416 | 80,420,416 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 894,628 | 894,628 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 21,806,861 | 6,537,952 | 15,268,909 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 1,670,324 | 133,297 | 1,537,027 | |
| 7 Other salaries and wages | 2,572,082,476 | 2,220,561,768 | 343,391,004 | 8,129,704 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 167,266,366 | 144,431,123 | 22,331,230 | 504,013 |
| 9 Other employee benefits | 282,767,279 | 244,113,970 | 37,751,410 | 901,899 |
| 10 Payroll taxes | 172,195,247 | 148,643,438 | 22,989,270 | 562,539 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 4,685,001 | 4,059,521 | 625,480 | |
| b Legal | 9,103,278 | 7,887,927 | 1,215,351 | |
| c Accounting | 2,446,292 | | 2,446,292 | |
| d Lobbying | 756,539 | 756,539 | | |
| e Professional fundraising services. See Part IV, line 17. | 1,625,085 | | | 1,625,085 |
| f Investment management fees | 21,450,898 | | 21,450,898 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 217,534,037 | 187,063,925 | 29,042,316 | 1,427,796 |
| 12 Advertising and promotion | 29,446,641 | 25,482,673 | 3,931,333 | 32,635 |
| 13 Office expenses | 61,151,966 | 52,619,500 | 8,164,215 | 368,251 |
| 14 Information technology | 94,679,595 | 82,037,607 | 12,640,388 | 1,600 |
| 15 Royalties | 2,865,559 | 2,482,987 | 382,572 | |
| 16 Occupancy | 99,526,549 | 86,239,058 | 13,287,491 | |
| 17 Travel | 21,222,462 | 18,002,063 | 2,833,347 | 387,052 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 8,270,178 | 6,937,695 | 1,104,127 | 228,356 |
| 20 Interest | 96,224,727 | 83,378,053 | 12,846,674 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 264,211,514 | 228,907,234 | 35,274,085 | 30,195 |
| 23 Insurance | 49,045,743 | 42,497,793 | 6,547,950 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 1,222,996,723 | 1,222,986,797 | | 9,926 |
| b BAD DEBT EXPENSE | 160,041,131 | 160,041,131 | | |
| c EQUIPMENT RENTAL & MAIN | 84,826,690 | 73,468,511 | 11,324,957 | 33,222 |
| d STATE FRANCHISE FEE | 48,475,976 | 48,475,976 | | |
| e All other expenses | 58,248,147 | 54,063,452 | 4,121,020 | 63,675 |
| 25 Total functional expenses. Add lines 1 through 24e | 5,883,535,837 | 5,258,722,543 | 610,507,346 | 14,305,948 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|----------------|--------------------------|
| Assets | 1 Cash—non-interest-bearing | 245,390,860 | 1 | 481,200,626 |
| | 2 Savings and temporary cash investments | 17,465,114 | 2 | 8,741,538 |
| | 3 Pledges and grants receivable, net | 199,769,348 | 3 | 208,748,883 |
| | 4 Accounts receivable, net | 683,619,350 | 4 | 763,655,344 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 7,103,879 | 5 | 7,444,253 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 110,033,731 | 7 | 21,957,604 |
| | 8 Inventories for sale or use | 88,014,066 | 8 | 97,643,634 |
| | 9 Prepaid expenses and deferred charges | 42,804,101 | 9 | 56,370,802 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 6,343,641,543 | | |
| | b Less accumulated depreciation | 10b 3,516,711,937 | 2,643,049,067 | 10c 2,826,929,606 |
| | 11 Investments—publicly traded securities | 2,984,766,405 | 11 | 2,515,396,435 |
| | 12 Investments—other securities See Part IV, line 11 | 2,666,755,619 | 12 | 2,699,313,234 |
| | 13 Investments—program-related See Part IV, line 11 | 217,756,770 | 13 | 258,142,930 |
| | 14 Intangible assets | 60,487,897 | 14 | 62,134,669 |
| | 15 Other assets See Part IV, line 11 | 903,063,779 | 15 | 983,227,000 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 10,870,079,986 | 16 | 10,990,906,558 | |
| Liabilities | 17 Accounts payable and accrued expenses | 812,690,004 | 17 | 852,651,056 |
| | 18 Grants payable | 447,223 | 18 | 453,264 |
| | 19 Deferred revenue | 89,299,340 | 19 | 77,384,613 |
| | 20 Tax-exempt bond liabilities | 2,871,891,550 | 20 | 2,794,852,235 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,334,370 | 23 | 105,000,000 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 174,058,227 | 24 | 123,457,997 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D | 1,518,213,075 | 25 | 1,607,305,940 |
| | 26 Total liabilities. Add lines 17 through 25 | 5,467,933,789 | 26 | 5,561,105,105 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 4,582,411,796 | 27 | 4,579,477,000 |
| | 28 Temporarily restricted net assets | 520,252,717 | 28 | 535,481,972 |
| | 29 Permanently restricted net assets | 299,481,684 | 29 | 314,842,481 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 5,402,146,197 | 33 | 5,429,801,453 | |
| 34 Total liabilities and net assets/fund balances | 10,870,079,986 | 34 | 10,990,906,558 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,254,104,726 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,883,535,837 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 370,568,889 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,402,146,197 |
| 5 | Net unrealized gains (losses) on investments | 5 | -335,718,566 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 24,441 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -7,219,508 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,429,801,453 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 34-0714585

Name: THE CLEVELAND CLINIC FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE PROGRAM SERVICE STATEMENT IN SCHEDULE O

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DONLEY MD BRIAN DIRECTOR, CHIEF OF STAFF (PART-YR) | 50 00 | X | | X | | | | 2,267,528 | 0 | 327,956 |
| MIHALJEVIC MD TOMISLAV DIRECTOR, PRESIDENT & CEO | 50 00 | X | | X | | | | 2,978,003 | 0 | 45,693 |
| MOONEY BETH E DIRECTOR, VICE CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| RICH ROBERT E JR DIRECTOR, BOARD CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| SCAMINACE JOSEPH M DIRECTOR, BOARD VICE CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| WIEDEMANN MD HERBERT DIRECTOR, CHIEF OF STAFF | 50 00 | X | | X | | | | 985,114 | 0 | -164,321 |
| AULETTA PATRICK V DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| BARSOUM MD WAEL DIRECTOR, FLA PRES | 50 00 | X | | | | | | 0 | 1,137,589 | 41,001 |
| BENZ MICHAEL DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| CHACK DENNIS DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CRAWFORD DEBORAH DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| FEDELI UMBERTO P DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| FRANCO MD KATHLEEN DIRECTOR, PHYSICIAN | 50 00 | X | | | | | | 280,748 | 0 | -79,067 |
| HOOVER CAROLE DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| KOHL STEWART DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| KRAMER RICHARD DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| LERNER MARK DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| LERNER NORMA DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| MACDONALD WILLIAM III DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| MILLER PAMELA DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MILLER SAMUEL H DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| MORINO MARIO DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| NANCE FREDERICK DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| PETRAS JR MICHAEL DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| POLLOCK LARRY DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| ROSS MD RONALD J DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT HAROLD LEE DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| SPIRO MD TIMOTHY DIRECTOR, PHYSICIAN | 50 00 | X | | | | | | 663,955 | 0 | 44,804 |
| STEVENS MARK DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| WEBER ROBERT DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| WEINBERG RONALD DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| WEISS MORRY DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| ERZURUM MD SERPIL CHAIR, LERNER RESEARCH INSTITUTE | 50 00 | | | X | | | | 660,650 | 0 | 60,017 |
| GLASS STEVEN C CFO & TREASURER | 50 00 | | | X | | | | 1,654,712 | 0 | 42,994 |
| HARRINGTON MICHAEL CAO & CONTROLLER | 50 00 | | | X | | | | 828,209 | 0 | 46,693 |
| MEEHAN MICHAEL J RECORDING SECRETARY | 50 00 | | | X | | | | 366,415 | 0 | -50,187 |
| OBLANDER JASON ASST SECRETARY | 50 00 | | | X | | | | 213,269 | 0 | 21,244 |
| PEACOCK WILLIAM CHIEF OF OPERATIONS | 50 00 | | | X | | | | 1,770,449 | 0 | 45,706 |
| ROWAN DAVID SECRETARY, CHIEF LEGAL OFFICER | 50 00 | | | X | | | | 1,631,352 | 0 | 46,847 |
| SABANEKH MD EDMUND PRESIDENT, CC MAIN CAMPUS | 50 00 | | | X | | | | 1,000,050 | 0 | 45,277 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| YOUNG MD JAMES P CHIEF ACADEMIC OFFICER | 50 00 | | | X | | | | 900,547 | 0 | 45,733 |
| SURI MD RAKESH CEO CCAD | 50 00 | | | | X | | | 2,083,302 | 0 | 180,202 |
| SVENSSON MD LARS CHAIR OF HEART & VASCULAR INST | 50 00 | | | | X | | | 1,638,790 | 0 | 45,586 |
| BROOKS MD PETER PHYSICIAN | 50 00 | | | | | X | | 1,378,954 | 0 | 224,619 |
| COSGROVE MD DELOS FORMER CEO | 50 00 | | | | | X | | 8,718,184 | 0 | -29,873 |
| HUSTON ANN CHIEF STRATEGY OFFICER | 50 00 | | | | | X | | 1,348,338 | 0 | 40,269 |
| MARTIN MD DANIEL COLE EYE INSTITUTE CHAIRMAN | 50 00 | | | | | X | | 1,415,256 | 0 | 45,553 |
| NAJM MD HANI PHYSICIAN | 50 00 | | | | | X | | 1,664,215 | 0 | 45,911 |
| HAMILTON THOMAS FORMER OFFICER | 50 00 | | | | | | X | 445,859 | 0 | 27,693 |
| MCHUGH LINDA FORMER OFFICER | 50 00 | | | | | | X | 885,652 | 0 | 44,526 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|----------------------|---------|--------------|------------------------------|--------|---------|---|--|---|
| | | Individual trustee or director | Insttutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| HAHN MD JOSEPH FORMER OFFICER (RETIRED) | 0 00 | | | | | | X | 148,394 | 0 | 0 | |
| LYTLE MD BRUCE FORMER KEY EMPLOYEE (RETIRED) | 0 00 | | | | | | X | 118,200 | 0 | 0 | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number
34-0714585

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|---------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 247,936,164 | 226,230,648 | 245,922,291 | 241,311,504 | 261,657,223 | 1,223,057,830 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 247,936,164 | 226,230,648 | 245,922,291 | 241,311,504 | 261,657,223 | 1,223,057,830 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 12,395,783 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 1,210,662,047 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
|---|-------------|-------------|-------------|-------------|-------------|---------------|
| 7 Amounts from line 4 | 247,936,164 | 226,230,648 | 245,922,291 | 241,311,504 | 261,657,223 | 1,223,057,830 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 78,908,086 | 82,576,423 | 85,887,195 | 115,486,620 | 74,797,729 | 437,656,053 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | 67,175 | | | | 67,175 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 66,618,979 | 88,700,962 | 64,845,310 | 72,403,603 | 94,283,514 | 386,852,368 |
| 11 Total support. Add lines 7 through 10 | | | | | | 2,047,633,426 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 5,615,147,430 |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 59.120 % |
| 15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 55.980 % |

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|--|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | INCOMELOSS ON INVESTMENTS - 2014 AMOUNT \$ 66,455,024 2015 AMOUNT \$ 44,378,305 2016 AMOUNT \$ 64,640,923 2017 AMOUNT \$ 71,980,037 2018 AMOUNT \$ 92,689,670 FOREIGN CURRENCY - 2015 AMOUNT \$ 610,292 2016 AMOUNT \$ 73,310 2017 AMOUNT \$ 273,145 MISCELLANEOUS INCOME - 2014 AMOUNT \$ 17,623 GROSS INCOME FROM GAMING - 2014 AMOUNT \$ 146,332 DERIVATIVE INCOME - 2018 AMOUNT \$ 1,458,519 INVESTMENT IN AFFILIATES - 2015 AMOUNT \$ 43,529,075 LIFE INSURANCE TRUST - 2015 AMOUNT \$ 183,290 2016 AMOUNT \$ 131,077 2017 AMOUNT \$ 150,421 2018 AMOUNT \$ 135,325 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|---|--|
| Name of the organization THE CLEVELAND CLINIC FOUNDATION | Employer identification number 34-0714585 |
|---|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | Yes | | 2,507 |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | Yes | | 724,541 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 20,005 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | Yes | | 9,486 |
| i Other activities? | | No | |
| j Total Add lines 1c through 1i | | | 756,539 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|-------------------------------------|--|
| SCHEDULE C - PART II-B, LINES 1B-1I | PART II-B 1B PAID STAFF OR MANAGEMENT - REPRESENTS ACTIVITIES DESCRIBED IN PART II-B LINES 1C-1I CONDUCTED BY MEMBERS OF THE CCF GOVERNMENT RELATIONS OFFICE PART II-B 1D MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC - REPRESENTS LETTERS SENT TO LEGISLATORS AND ORGANIZATIONS ON VARIOUS HEALTHCARE RELATED TOPICS AND ISSUES PART II-B 1F GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES - REPRESENTS PAYMENT TO CERTAIN ORGANIZATIONS FOR LOBBYING SERVICES AS WELL AS PAYMENT OF DUES TO CERTAIN TRADE ORGANIZATIONS WHERE A PORTION OF THE DUES ARE USED TO CONDUCT LOBBYING ACTIVITIES PART II-B 1G DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY - REPRESENTS MEETINGS WITH AND TOURS CONDUCTED FOR LEGISLATORS AND/OR THEIR STAFF MEMBERS PART II-B 1H RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY SIMILAR MEANS - REPRESENTS ORGANIZATION OF AND PARTICIPATION IN TRADE ASSOCIATION MEETINGS AND CONFERENCES |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number
34-0714585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year | |
|---|-----------------------------|-------|
| a Total number of conservation easements | 2a | 2 |
| b Total acreage restricted by conservation easements | 2b | 50 05 |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | 0 |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | 0 |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0

4 Number of states where property subject to conservation easement is located ► 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 71 00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 11,000

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 349,678,997 | 296,834,800 | 274,060,795 | 258,255,184 | 243,662,812 |
| b Contributions | 15,111,719 | 20,870,889 | 14,886,901 | 23,968,927 | 8,934,335 |
| c Net investment earnings, gains, and losses | -5,038,774 | 36,978,305 | 14,552,559 | -918,904 | 14,503,200 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 5,191,115 | 5,004,997 | 6,665,455 | 7,244,412 | 7,670,162 |
| f Administrative expenses | | | | | |
| g End of year balance | 354,560,827 | 349,678,997 | 296,834,800 | 274,060,795 | 258,255,184 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | No | No |
| (ii) related organizations | | |
| 3a(ii) | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 170,690,443 | | 170,690,443 |
| b Buildings | | 3,363,486,625 | 1,868,943,498 | 1,494,543,127 |
| c Leasehold improvements | | 90,725,937 | 67,635,213 | 23,090,724 |
| d Equipment | | 2,151,826,766 | 1,523,339,565 | 628,487,201 |
| e Other | | 566,911,771 | 56,793,660 | 510,118,111 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 2,826,929,606 |

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) HEDGE FUNDS | 1,321,633,424 | F |
| (B) PRIVATE EQUITY | 1,007,692,131 | F |
| (C) REAL ESTATE | 369,987,679 | F |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | 2,699,313,234 | |

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) | | |

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) OTHER ASSETS | 209,586,611 |
| (2) PERPETUAL & BENEFICIAL TRUSTS | 42,425,011 |
| (3) INVESTMENT IN AFFILIATES | 228,762,964 |
| (4) DUE FROM AFFILIATES | 502,452,414 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | 983,227,000 |

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| ACCRUED PENSION | 629,553,740 |
| OTHER LIABILITIES | 75,315,241 |
| ACCRUED BENEFITS | 177,329,832 |
| FUTURE GIFT ANNUITY PAYMENTS | 9,079,429 |
| DEFERRED ANNUITY TRUST | 1,033,697 |
| INTEREST RATE SWAPS | 110,862,741 |
| DUE TO AFFILIATES | 604,131,260 |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 1,607,305,940 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 34-0714585

Name: THE CLEVELAND CLINIC FOUNDATION

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART II, LINE 9 | THE CONSERVATION COVENANTS REPORTED IN PART II ARE RELATED TO TWO WETLANDS LOCATED ON THE CLEVELAND CLINIC FOUNDATION'S PROPERTY IN TWINSBURG, OHIO AND AVON, OHIO THESE EASEMENTS ARE NOT REQUIRED TO BE REPORTED ON THE BALANCE SHEET SEPARATE FROM THE VALUE OF THE LAND EXPENSES TO MONITOR, INSPECT, AND PROTECT THIS LAND ARE REFLECTED IN THE STATEMENT OF EXPENSES |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4 | THE ENDOWMENT FUNDS OF THE CLEVELAND CLINIC FOUNDATION ARE USED IN FURTHERANCE OF ITS EXEMPT PURPOSE SPECIFICALLY, THESE FUNDS ARE USED FOR EDUCATION, RESEARCH, AND PATIENT CARE |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | THE CLEVELAND CLINIC HEALTH SYSTEM'S ("THE SYSTEM") AUDITED FINANCIAL STATEMENTS ARE REPORTED ON A CONSOLIDATED BASIS, INCLUDING EXEMPT, TAXABLE, AND FOREIGN ENTITIES TO WHICH THE ASC 740-10 LIABILITY RELATES. THE ASC 740-10 FOOTNOTE ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE CLEVELAND CLINIC HEALTH SYSTEM READS AS FOLLOWS: AT DECEMBER 31, 2018 AND 2017, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$0.9 MILLION AND \$0.6 MILLION, RESPECTIVELY. THE SYSTEM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS. THE SYSTEM RECOGNIZES INTEREST AND PENALTIES ACCRUED RELATED TO THE LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number
34-0714585

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 2 | 69 | | | 271,378,000 |
| b Total from continuation sheets to Part I | | | | | 2,161,857,000 |
| c Totals (add lines 3a and 3b) | 2 | 69 | | | 2,433,235,000 |

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-------------------|--|
| PART I, LINE 2 | A MAJORITY OF THE RESEARCH GRANTS PROVIDED TO FOREIGN ORGANIZATIONS ARE PART OF A NATIONAL INSTITUTES OF HEALTH OR FEDERALLY FUNDED PROGRAM AS SUCH, THE FOREIGN ORGANIZATION IS REQUIRED TO MEET AND ADHERE TO FEDERAL GRANT REPORTING REQUIREMENTS WITH RESPECT TO THE USE OF THE FUNDS ON AN ON-GOING BASIS IN ORDER TO BE ELIGIBLE TO PARTICIPATE OR CONTINUE TO PARTICIPATE IN THE RESEARCH STUDY FOR THOSE GRANTS THAT ARE NOT FEDERALLY FUNDED, A CONTRACT EXISTS WITH THE FOREIGN GRANTEE ORGANIZATION THAT ESTABLISHES HOW THE FUNDS ARE TO BE USED AND REQUIRES CERTAIN REPRESENTATIONS AND ACCOUNTING REGARDING THEIR USE CLEVELAND CLINIC MAINTAINS OVERSIGHT OF THESE GRANTS AND REGULARLY MONITORS THEIR COMPLIANCE WITH EITHER THE FEDERAL REGULATIONS OR THE CONTRACT PROVISIONS |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| PART I, LINE 3 | THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES |

Additional Data

Software ID:

Software Version:

EIN: 34-0714585

Name: THE CLEVELAND CLINIC FOUNDATION

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA & THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY | 2,120,000 |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY | 42,734,000 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|----------------------------|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE | 1 | 13 | PROGRAM SERVICES | INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY | 223,016,000 |
| MIDDLE EAST & NORTH AFRICA | 1 | 56 | PROGRAM SERVICES | INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY | 3,387,000 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA & THE CARIBBEAN | 0 | 0 | FUNDRAISING | | |
| EAST ASIA & THE PACIFIC | 0 | 0 | FUNDRAISING | | 21,000 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|----------------------------|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE | 0 | 0 | FUNDRAISING | | 73,000 |
| MIDDLE EAST & NORTH AFRICA | 0 | 0 | FUNDRAISING | | 27,000 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| NORTH AMERICA | 0 | 0 | FUNDRAISING | | |
| SOUTH AMERICA | 0 | 0 | FUNDRAISING | | 7,000 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH ASIA | 0 | 0 | FUNDRAISING | | |
| SUB-SAHARAN AFRICA | 0 | 0 | FUNDRAISING | | |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE | 0 | 0 | INVESTING | | 254,613,000 |
| NORTH AMERICA | 0 | 0 | INVESTING | | 60,182,000 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA | 0 | 0 | INVESTING | | 16,241,000 |
| CENTRAL AMERICA & THE CARIBBEAN | 0 | 0 | INVESTING | | 1,830,814,000 |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | NORTH AMERICA | RESEARCH | 35,720 | CHECK | 0 | | |
| | | EUROPE | RESEARCH | 20,000 | CHECK | 0 | | |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | EUROPE | RESEARCH | 62,001 | CHECK | 0 | | |
| | | CENTRAL AMERICA & THE CARIBBEAN | RESEARCH | 19,200 | CHECK | 0 | | |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | NORTH AMERICA | RESEARCH | 12,500 | CHECK | 0 | | |
| | | SOUTH AMERICA | RESEARCH | 11,850 | CHECK | 0 | | |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|-------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | EUROPE | RESEARCH | 60,858 | CHECK | 0 | | |
| | | EAST ASIA & THE PACIFIC | RESEARCH | 54,312 | CHECK | 0 | | |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | NORTH AMERICA | RESEARCH | 17,005 | CHECK | 0 | | |
| | | SOUTH AMERICA | RESEARCH | 59,501 | CHECK | 0 | | |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | SUB-SAHARAN AFRICA | RESEARCH | 8,700 | CHECK | 0 | | |
| | | EUROPE | RESEARCH | 8,000 | CHECK | 0 | | |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | SOUTH AMERICA | RESEARCH | 12,394 | CHECK | 0 | | |
| | | NORTH AMERICA | RESEARCH | 354,605 | CHECK | 0 | | |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | NORTH AMERICA | RESEARCH | 57,982 | CHECK | 0 | | |
| | | EUROPE | RESEARCH | 100,000 | CHECK | 0 | | |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| RESEARCH | EAST ASIA & THE PACIFIC | 1 | 6,045 | CHECK | 0 | | |
| RESEARCH | EAST ASIA & THE PACIFIC | 1 | 34,890 | CHECK | 0 | | |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|---------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| RESEARCH | EUROPE | 1 | 5,920 | CHECK | 0 | | |
| RESEARCH | NORTH AMERICA | 1 | 11,420 | CHECK | 0 | | |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-----------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| RESEARCH | RUSSIA & NEIGHBORING STATES | 1 | 5,332 | CHECK | 0 | | |
| RESEARCH | EAST ASIA & THE PACIFIC | 1 | 7,000 | CHECK | 0 | | |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| RESEARCH | EUROPE | 1 | 12,600 | CHECK | 0 | | |
| RESEARCH | EUROPE | 1 | 9,200 | CHECK | 0 | | |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| RESEARCH | EAST ASIA & THE PACIFIC | 1 | 5,725 | CHECK | 0 | | |
| RESEARCH | EAST ASIA & THE PACIFIC | 1 | 9,200 | CHECK | 0 | | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number
34-0714585

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|--------------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| BLACKBAUD 11501 DOMAIN DR STE 200 AUSTIN, TX 78758 | ONLINE GIVING | | No | 3,131,028 | 306,625 | 2,824,403 |
| RR DONNELLEY 35 WEST WACKER DRIVE CHICAGO, IL 60601 | DIRECT MAIL | | No | 1,350,375 | 547,804 | 802,571 |
| CLASSY 350 TENTH AVE STE 1300 SAN DIEGO, CA 92101 | ONLINE FUNDRAISING | | No | 636,552 | 21,628 | 614,924 |
| TSM DONOR ENGAGEMENT TEAM INC 155 COMMERCE DRIVE FREEDOM, PA 15042 | PHONE SOLICITATION | | No | 199,823 | 749,028 | -549,205 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 5,317,778 | 1,625,085 | 3,692,693 |

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

AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a)Event #1 | (b) Event #2 | (c)Other events | (d) |
|------------------------|---|---------------------------------|--|----------------------------|--|
| | | VELOSANO (event type) | CHILDREN'S GALA (event type) | 3 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 5,685,293 | 1,291,438 | 466,445 | 7,443,176 |
| | 2 Less Contributions | 4,513,293 | 1,165,913 | 372,555 | 6,051,761 |
| | 3 Gross income (line 1 minus line 2) | 1,172,000 | 125,525 | 93,890 | 1,391,415 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | 3,452 | 3,452 |
| | 6 Rent/facility costs | 204,950 | | 12,334 | 217,284 |
| | 7 Food and beverages | 122,296 | 171,805 | 83,490 | 377,591 |
| | 8 Entertainment | 59,908 | 16,000 | 2,175 | 78,083 |
| | 9 Other direct expenses | 1,036,131 | 302,186 | 140,343 | 1,478,660 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 2,155,070 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -763,655 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 THE CLEVELAND CLINIC FOUNDATION

Employer identification number
 34-0714585

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|---|---------------|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a Yes | |
| b If "Yes," was it a written policy? | 1b Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> % | 3a Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b Yes | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | No |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a Yes | |
| b If "Yes," did the organization make it available to the public? | 6b Yes | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 62,979,844 | 0 | 62,979,844 | 1 090 % |
| b Medicaid (from Worksheet 3, column a) | | | 683,970,459 | 403,553,428 | 280,417,031 | 4 850 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 0 | 0 | | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | | | 746,950,303 | 403,553,428 | 343,396,875 | 5 940 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 21,720,199 | 193,546 | 21,526,653 | 0 370 % |
| f Health professions education (from Worksheet 5) | | | 243,317,967 | 25,461,535 | 217,856,432 | 3 770 % |
| g Subsidized health services (from Worksheet 6) | | | 32,007,547 | 23,058,689 | 8,948,858 | 0 150 % |
| h Research (from Worksheet 7) | | | 233,620,671 | 158,091,487 | 75,529,184 | 1 310 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 9,402,435 | 444,380 | 8,958,055 | 0 150 % |
| j Total. Other Benefits | | | 540,068,819 | 207,249,637 | 332,819,182 | 5 750 % |
| k Total. Add lines 7d and 7j | | | 1,287,019,122 | 610,803,065 | 676,216,057 | 11 690 % |

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | 0 | | | 0 % |
| 2 Economic development | | | 15,031 | | 15,031 | 0 % |
| 3 Community support | | | 167,715 | | 167,715 | 0 % |
| 4 Environmental improvements | | | 0 | | | 0 % |
| 5 Leadership development and training for community members | | | 0 | | | 0 % |
| 6 Coalition building | | | 347 | | 347 | 0 % |
| 7 Community health improvement advocacy | | | 7,900 | | 7,900 | 0 % |
| 8 Workforce development | | | 2,269 | | 2,269 | 0 % |
| 9 Other | | | 0 | | | 0 % |
| 10 Total | | | 193,262 | | 193,262 | 0 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-------|-------------|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 Yes | |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 160,041,131 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | 0 |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | | | |
|---|---|---|-------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME). | 5 | 695,485,401 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 734,900,720 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | -39,415,319 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|----|--|----|-----|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | Yes |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | 9b | Yes |

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

8

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 THE CLEVELAND CLINIC FOUNDATION

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

| | | Yes | No |
|--|---|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW CLEVELANDCLINIC ORG</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| 12b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

THE CLEVELAND CLINIC FOUNDATION

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|--|-----|----|
| | Did the hospital facility have in place during the tax year a written financial assistance policy that | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | Yes | |
| | a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> % | | |
| | b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| | c <input type="checkbox"/> Asset level | | |
| | d <input checked="" type="checkbox"/> Medical indigency | | |
| | e <input checked="" type="checkbox"/> Insurance status | | |
| | f <input checked="" type="checkbox"/> Underinsurance discount | | |
| | g <input checked="" type="checkbox"/> Residency | | |
| | h <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | Yes | |
| | a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| | b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| | c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| | d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| | e <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | Yes | |
| | a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| | b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| | c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| | d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| | e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| | f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| | g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| | h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| | i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| | j <input checked="" type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)**Billing and Collections**

THE CLEVELAND CLINIC FOUNDATION

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No | |
|-----------|--|-----|-----|----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged | 19 | | No |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | | |
| a | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | | |
| d | <input checked="" type="checkbox"/> Made presumptive eligibility determinations | | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| f | <input type="checkbox"/> None of these efforts were made | | | |

Policy Relating to Emergency Medical Care

| | | | | |
|-----------|--|----|-----|--|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why | 21 | Yes | |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

THE CLEVELAND CLINIC FOUNDATION

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

| Community Health Needs Assessment | | Yes | No |
|-----------------------------------|---|-----|----|
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW CLEVELANDCLINIC ORG</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)**Billing and Collections**

REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|--|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged | 19 | No |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | |
| a | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | |
| d | <input type="checkbox"/> Made presumptive eligibility determinations | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| f | <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | | |
|-----------|--|----|----|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why | 21 | No |
| a | <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

| | | Yes | No |
|--|---|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | Yes | |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | Yes | |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | | No |
| a | <input type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input type="checkbox"/> Demographics of the community | | |
| c | <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input type="checkbox"/> How data was obtained | | |
| e | <input type="checkbox"/> The significant health needs of the community | | |
| f | <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 ____ | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | |
| 6b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | |
| a | <input type="checkbox"/> Hospital facility's website (list url) _____ | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____ | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____ | | |
| 10b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| 12b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)**Billing and Collections**

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|--|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged | 19 | No |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | |
| a | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | |
| d | <input type="checkbox"/> Made presumptive eligibility determinations | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| f | <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | | |
|-----------|--|----|----|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why | 21 | No |
| a | <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 118

| Name and address | Type of Facility (describe) |
|-----------------------------|-----------------------------|
| 1 See Additional Data Table | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 3C | CCF PROVIDES MEDICALLY NECESSARY SERVICES TO ALL PATIENTS, REGARDLESS OF RACE, COLOR, CREED, GENDER OR COUNTRY OF NATIONAL ORIGIN AND WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY CCF HAS A FINANCIAL ASSISTANCE POLICY THAT IS AMONG THE MOST GENEROUS IN NORTHEAST OHIO THIS POLICY APPLIES TO ALL CCF FACILITIES, AND THE AMOUNT OF CARE PROVIDED UNDER THE POLICY IS DETERMINED BY NEED AND IS NOT LIMITED OR RATIONED BY BUDGETED AMOUNTS UNDER THE POLICY, CCF PROVIDES FREE CARE TO INDIVIDUALS WITHOUT INSURANCE WITH INCOMES UP TO 250% OF THE FEDERAL POVERTY LEVEL AND DISCOUNTED CARE UP TO 400% OF THE FEDERAL POVERTY LEVEL IN ADDITION, THE POLICY CONTAINS ADDITIONAL WAYS TO QUALIFY BASED ON FINANCIAL OR MEDICAL NEED UNLIKE THE FINANCIAL ASSISTANCE POLICIES OF MOST HOSPITALS, THE CCF POLICY APPLIES TO BOTH HOSPITAL CHARGES AND CERTAIN PROFESSIONAL FEES FOR SERVICES PROVIDED BY CCF EMPLOYED PHYSICIANS |
| PART I, LINE 7 | THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM A COST ACCOUNTING SYSTEM IN OTHER CATEGORIES, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THAT CATEGORY |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 7G | CCF EMPLOYS ITS PHYSICIANS, THEREFORE THE ASSOCIATED COSTS AND CHARGES RELATING TO THESE PHYSICIAN SERVICES ARE INCLUDED IN ALL RELEVANT CATEGORIES OF PART I |
| PART I, LN 7 COL(F) | THE PROPORTIONATE SHARE OF TOTAL JV EXPENSES AND BAD DEBT EXPENSES ARE FACTORED IN FOR PURPOSES OF CALCULATING THE PERCENTAGES |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 6A | SCH H PART I LINE 6A - AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE, WHICH INCLUDES THE PARENT ORGANIZATION AND RELATED AFFILIATES |
| PART I, LINE 7 | THE NET COMMUNITY BENEFIT EXPENSE FIGURE REPORTED FOR UNREIMBURSED MEDICAID IS INCLUSIVE OF CCF'S HCAP ASSESSMENT OF \$15,184,369 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 7 | NOTE THAT THE TOTAL AMOUNT OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS OF \$676,216,057 AS REPORTED ON PART I, LINE 7 DIFFERS FROM THE TOTAL COMMUNITY BENEFIT FOR CLEVELAND CLINIC AS REPORTED AS A COMPONENT OF THE OVERALL SYSTEM'S COMMUNITY BENEFIT REPORT THE AMOUNT DIFFERS IN TWO RESPECTS 1) IRS DOES NOT CONSIDER COMMUNITY BUILDING ACTIVITIES AS REPORTED IN PART II TO BE COMMUNITY BENEFIT WHERE THESE ACTIVITIES ARE INCLUDED IN COMMUNITY BENEFIT PER CHA GUIDELINES, AND2) THE PROPORTIONATE SHARE OF JOINT VENTURE COMMUNITY BENEFIT IS INCLUDED IN LINE 7 |
| PART I, LINE 2 | SELECT FACILITIES HAVE THEIR OWN FINANCIAL ASSISTANCE POLICIES, WHICH COMPLY WITH ALL 501 (R) REGULATIONS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| PART II, COMMUNITY BUILDING ACTIVITIES | CLEVELAND CLINIC ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING HEALTH IMPROVEMENT, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTH CARE CLEVELAND CLINIC DEVOTES EMPLOYEE TIME AND TALENT TO PARTICIPATE IN COMMUNITY COLLABORATION BOARDS, HEALTH ADVOCACY PROGRAMS, AND PHYSICAL IMPROVEMENT PROJECTS TO PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES |
| PART III, LINE 2 | ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS, NOT INCLUDED IN BAD DEBT EXPENSE |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4 | SEE EXPLANATION OF IMPLICIT PRICE CONCESSIONS IN FOOTNOTE #3 ON PG 13 OF THE AUDITED FINANCIAL STATEMENTS |
| PART III, LINE 8 | MEDICARE ALLOWABLE COSTS ARE CALCULATED USING A COST-TO-CHARGE RATIO CCF HAS USED THE CHA METHODOLOGY FOR REPORTING COMMUNITY BENEFIT SINCE 2004 AS IT WAS THE EMERGING COMMUNITY BENEFIT REPORTING STANDARD AND NOW HAS BEEN ADOPTED IN LARGE PART BY THE IRS FOR 990 REPORTING PURPOSES THE CHA MODEL DOES NOT INCLUDE MEDICARE SHORTFALL AS COMMUNITY BENEFIT |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--------------------------|--|
| PART III, LINE 9B | YES, CLEVELAND CLINIC HAS A WRITTEN DEBT COLLECTION POLICY IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE PROGRAMS OR BEFORE REASONABLE EFFORTS HAVE BEEN MADE TO MAKE SUCH DETERMINATION IN CERTAIN CASES IT MAY NOT BE EASILY DETERMINED WHETHER OR NOT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, HOWEVER, IF AFTER COLLECTION PRACTICES HAVE BEGUN IT LATER BECOMES KNOWN THAT A PATIENT QUALIFIES, THE COLLECTION EFFORTS CEASE ADDITIONALLY, OUR EXTERNAL THIRD-PARTY (COLLECTION) AGENCIES ARE TRAINED ON OUR FINANCIAL ASSISTANCE POLICY AND ASSIST A PATIENT IN NEED BY SUPPLYING OUR APPLICATION FOR FINANCIAL ASSISTANCE |
| PART III, LINE 5, 6, & 7 | IN ADDITION TO THE MEDICARE PROGRAMS REFLECTED IN THE COST REPORTS, CCF INCURS COSTS AND RECEIVES REIMBURSEMENT FOR OTHER MEDICARE ELIGIBLE SERVICES THE TOTAL REVENUE RECEIVED AND COSTS ASSOCIATED WITH THE ADDITIONAL MEDICARE SERVICES ARE \$853,943,932 AND \$1,211,630,005 RESPECTIVELY THIS RESULTS IN ADDITIONAL MEDICARE SHORTFALL OF \$357,686,073 WHICH, ADDED TO THE SHORTFALL OF \$39,415,319 AS REPORTED ON THE COST REPORTS BRINGS THE TOTAL MEDICARE SHORTFALL TO \$397,101,392 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 2 | IN ADDITION TO THE CHNA PROCESS, CCF'S INSTITUTES AND DEPARTMENTS MAY GATHER, ANALYZE, AND REVIEW RELEVANT HEALTH STATISTICS AND DEMOGRAPHIC DATA FOR THE COMMUNITY FOR THAT PARTICULAR FACILITY'S COMMUNITY THE DATA IS USED TO EVALUATE POTENTIAL NEW OR REVISED HEALTH SERVICES THAT CCF MAY PROVIDE TO PARTICULAR GROUPS OF PATIENTS WITHIN THE COMMUNITIES IT SERVES |
| PART VI, LINE 3 | INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND THE CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATIONS WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE ALL PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY AND AN INSERT DESCRIBING THE FINANCIAL ASSISTANCE PROGRAM IS INCLUDED WITH BILLING STATEMENTS A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCF, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 4 | THE CLEVELAND CLINIC'S COMMUNITY IS DEFINED BY BOTH MISSION AND GEOGRAPHY THE GEOGRAPHIC COMMUNITY IS DEFINED BY THE HOSPITAL FACILITY'S IMMEDIATELY CONTIGUOUS AREAS AS WELL AS THE BROADER SURROUNDING COUNTIES/REGIONS FROM WHICH THE MAJORITY OF DISCHARGED INPATIENTS RESIDE ADDITIONALLY, THE COMMUNITY INCLUDES PATIENTS WHO REQUIRE THE EXPERTISE AND SPECIALIZED SERVICES OF THE CLEVELAND CLINIC THE COMMUNITY FOR MEDICAL RESEARCH AND EDUCATION IS THE PUBLIC AT LARGE |
| PART VI, LINE 5 | ONE OF THE HALLMARKS OF A CHARITABLE ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS CCF AND ITS NORTHEAST OHIO REGIONAL HOSPITAL GOVERNING BOARDS ARE MADE UP OF MEMBERS OF THE COMMUNITY WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT THE MISSION OF CCF AND ITS SUBORDINATES TRUSTEES/DIRECTORS ARE SELECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE IN A VARIETY OF AREAS BENEFICIAL TO THE CLEVELAND CLINIC AND THE HEALTH SYSTEM AND ARE NOT COMPENSATED FOR THEIR SERVICES ANOTHER HALLMARK OF A CHARITABLE ORGANIZATION IS THAT SURPLUS FUNDS ARE USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES SURPLUS FUNDS FOR CCF AND ITS SUBORDINATES ARE REINVESTED AND USED TO CARRY OUT THE ORGANIZATION'S EXEMPT MISSION -- PATIENT CARE, RESEARCH, AND EDUCATION |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 6 | CLEVELAND CLINIC IS THE PARENT ORGANIZATION OF THE HEALTH SYSTEM, AN INTEGRATED HEALTH SYSTEM CONSISTING OF AN ACADEMIC MEDICAL CENTER, MEDICAL SCHOOL, COMMUNITY HOSPITALS, FAMILY HEALTH CENTERS, VARIOUS ANCILLARY SERVICES, AND A LARGE GROUP OF EMPLOYED PHYSICIANS AND PHYSICIAN RESEARCHERS |
| PART VI, LINE 7 | AFTER FILING THE FORM 990, A COPY OF THE CLEVELAND CLINIC FOUNDATION'S SCHEDULE H IS SUBMITTED TO THE STATE OF OHIO |

Additional Data

Software ID:
Software Version:
EIN: 34-0714585
Name: THE CLEVELAND CLINIC FOUNDATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 8 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195 WWW CLEVELANDCLINIC ORG OH STATE ID 1151AHR | X | X | X | X | X | X | | | | |
| 2 | SELECT SPECIALTY - FAIRHILL 11900 FAIRHILL ROAD CLEVELAND, OH 44120 WWW SELECTMEDICAL COM OH STATE ID 1468 | X | | | | | | | | | A |
| 3 | SELECT SPECIALTY - REGENCY WEST 6990 ENGLE ROAD MIDDLEBURG HEIGHTS, OH 44130 WWW SELECTMEDICAL COM OH STATE ID 1478 | X | | | | | | | | | A |
| 4 | CLEVELAND CLINIC REHABILITATION - ESR 4389 MEDINA ROAD COPLEY, OH 44321 WWW CLEVELANDCLINIC ORG OH STATE ID 1905 | X | | | | | | | | | B |
| 5 | CLEVELAND CLINIC REHAB - BEACHWOOD 3025 SCIENCE PARK DRIVE BEACHWOOD, OH 44012 WWW CLEVELANDCLINIC ORG OH STATE ID 1906 | X | | | | | | | | | B |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------------|--|
| THE CLEVELAND CLINIC FOUNDATION | PART V, SECTION B, LINE 5 INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX G OF THE HOSPITAL FACILITY'S CHNA |
| THE CLEVELAND CLINIC FOUNDATION | PART V, SECTION B, LINE 6A CLEVELAND CLINIC FOUNDATION MAIN CAMPUS COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, CLEVELAND CLINIC FLORIDA HEALTH SYSTEM CLEVELAND CLINIC FOUNDATION MAIN CAMPUS ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER, AND GLENBEIGH |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------------|---|
| THE CLEVELAND CLINIC FOUNDATION | PART V, SECTION B, LINE 11 IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT CLEVELAND CLINIC CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CLEVELAND CLINIC CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) CLEVELAND CLINIC CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH CLEVELAND CLINIC IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS |
| THE CLEVELAND CLINIC FOUNDATION | PART V, SECTION B, LINE 13B PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------------|---|
| THE CLEVELAND CLINIC FOUNDATION | PART V, SECTION B, LINE 15E IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION BY CCHS UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION |
| THE CLEVELAND CLINIC FOUNDATION | PART V, SECTION B, LINE 16J INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND THE CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATIONS WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON THE CLEVELAND CLINIC WEBSITE PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCF, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS WITH FINANCIAL COUNSELORS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------------|--|
| THE CLEVELAND CLINIC FOUNDATION | PART V, SECTION B, LINE 20E IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL |
| PART V, SECTION B | FACILITY REPORTING GROUP A |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| FACILITY REPORTING GROUP A CONSISTS OF | - FACILITY 3 SELECT SPECIALTY - REGENCY WEST, - FACILITY 6 SELECT SPECIALTY - REGENCY EAST, - FACILITY 2 SELECT SPECIALTY - FAIRHILL, - FACILITY 8 SELECT SPECIALTY - GATEWAY, - FACILITY 7 CLEVELAND CLINIC REHABILITATION-AVON |
| GROUP A-FACILITY 3 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 5 | INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 3 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 6A | SELECT SPECIALTY - REGENCY WEST COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND THE FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND CLEVELAND CLINIC REHABILITATION - AVON |
| GROUP A-FACILITY 3 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 11 | IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - REGENCY WEST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - REGENCY WEST CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - REGENCY WEST IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY WEST SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 3 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 20D | PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS |
| GROUP A-FACILITY 6 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 5 | INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 6 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 6A | SELECT SPECIALTY - REGENCY EAST COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND WEST, AND CLEVELAND CLINIC REHABILITATION - AVON |
| GROUP A-FACILITY 6 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 11 | IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - REGENCY EAST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - REGENCY EAST CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - REGENCY EAST IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY EAST SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 6 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 20D | PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS |
| GROUP A-FACILITY 2 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 5 | INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| GROUP A-FACILITY 2 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 6A | SELECT SPECIALTY - FAIRHILL COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND THE FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, AND CLEVELAND CLINIC REHABILITATION - AVON |
| GROUP A-FACILITY 2 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 11 | IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - FAIRHILL CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - FAIRHILL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - FAIRHILL IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - FAIRHILL SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 2 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 20D | PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS |
| GROUP A-FACILITY 8 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 5 | INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 8 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 6A | SELECT SPECIALTY - GATEWAY COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND THE FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, AND CLEVELAND CLINIC REHABILITATION - AVON |
| GROUP A-FACILITY 8 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 11 | IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - GATEWAY CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - GATEWAY CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - GATEWAY IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - GATEWAY SERVICES POPULATIONSCROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 8 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 20D | PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS |
| GROUP A-FACILITY 7 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 5 | INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| GROUP A-FACILITY 7 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 6A | CLEVELAND CLINIC REHABILITATION - AVON COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND THE FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST |
| GROUP A-FACILITY 7 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 11 | IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT CLEVELAND CLINIC REHABILITATION - AVON CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) CLEVELAND CLINIC REHABILITATION - AVON CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH CLEVELAND CLINIC REHABILITATION -AVON IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC REHABILITATION - AVON SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| GROUP A-FACILITY 7 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 16J | |
| GROUP A-FACILITY 7 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 20D | PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| PART V, SECTION B | FACILITY REPORTING GROUP B |
| FACILITY REPORTING GROUP B CONSISTS OF | - FACILITY 5 CLEVELAND CLINIC REHAB - BEACHWOOD, - FACILITY 4 CLEVELAND CLINIC REHABILITATION - ESR |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| GROUP B-FACILITY 4 -- CLEVELAND CLINIC REHAB - ESR PART V, SECTION B, LINE 2 | CLEVELAND CLINIC REHABILITATION - EDWIN SHAW OPENED IN NOVEMBER 2017 |
| GROUP B-FACILITY 4 -- CLEVELAND CLINIC REHAB - ESR PART V, SECTION B, LINE 20D | PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| GROUP B-FACILITY 5 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 2 | CLEVELAND CLINIC REHABILITATION - BEACHWOOD OPENED IN OCTOBER 2017 |
| GROUP B-FACILITY 5 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 20D | PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 1 1 - TWINSBURG FAMILY HEALTH & SURGERY CENTER 8701 DARROW RD TWINSBURG, OH 44087 | FAMILY HEALTH CENTER |
| 1 2 - BEACHWOOD FAMILY HEALTH & SURGERY CENTER 26900 CEDAR RD BEACHWOOD, OH 44122 | FAMILY HEALTH CENTER |
| 2 3 - STRONGSVILLE FAMILY HEALTH & SURGERY CEN 16761 SOUTH PARK CENTER STRONGSVILLE, OH 44136 | FAMILY HEALTH CENTER |
| 3 4 - RICHARD E JACOBS HEALTH CENTER 33100 CLEVELAND CLINIC BLVD AVON, OH 44011 | FAMILY HEALTH CENTER |
| 4 5 - INDEPENDENCE FAMILY HEALTH CENTER 5001 ROCKSIDE RD CROWN CENTRE II INDEPENDENCE, OH 44131 | FAMILY HEALTH CENTER |
| 5 6 - LORAIN FAMILY HEALTH & SURGERY CENTER 5700 COOPER FOSTER PARK RD LORAIN, OH 44053 | FAMILY HEALTH CENTER |
| 6 7 - WILLOUGHBY HILLS FAMILY HEALTH CENTER 2550 2570 SOM CENTER RD WILLOUGHBY HILLS, OH 44094 | FAMILY HEALTH CENTER |
| 7 8 - WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND RD WOOSTER, OH 44691 | FAMILY HEALTH CENTER |
| 8 9 - BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER RD BRUNSWICK, OH 44212 | FAMILY HEALTH CENTER |
| 9 10 - CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DR SANDUSKY, OH 44870 | OUTPATIENT PHYSICIAN CLINIC |
| 10 11 - SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE RD SOLON, OH 44139 | FAMILY HEALTH CENTER |
| 11 12 - CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA CT MANSFIELD, OH 44906 | OUTPATIENT PHYSICIAN CLINIC |
| 12 13 - ELYRIA FAMILY HEALTH & SURGERY CENTER 303 CHESTNUT COMMONS DR ELYRIA, OH 44035 | FAMILY HEALTH CENTER |
| 13 14 - SUPERIOR MEDICAL SHEFFIELD FAMILY HEALTH 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035 | OUTPATIENT PHYSICIAN CLINIC |
| 14 15 - LAKEWOOD FAMILY HEALTH CENTER 16215 MADISON AVE LAKEWOOD, OH 44107 | FAMILY HEALTH CENTER |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 16 16 - LANDERBROOK OFFICE AND ENDOSCOPY CENTER 5900 LANDERBROOK DR MAYFIELD HEIGHTS, OH 44124 | OUTPATIENT PHYSICIAN CLINIC |
| 1 17 - CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON ST CHAGRIN FALLS, OH 44022 | FAMILY HEALTH CENTER |
| 2 18 - AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011 | FAMILY HEALTH CENTER |
| 3 19 - NORTH OHIO GASTROENTEROLOGY 30701 CLEMENS RD WESTLAKE, OH 44145 | OUTPATIENT PHYSICIAN CLINIC |
| 4 20 - AMHERST FAMILY HEALTH CENTER 5172 LEAVITT RD LORAIN, OH 44053 | FAMILY HEALTH CENTER |
| 5 21 - STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVE EAST CLEVELAND, OH 44112 | FAMILY HEALTH CENTER |
| 6 22 - AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN RD AVON LAKE, OH 44012 | FAMILY HEALTH CENTER |
| 7 23 - SUMMIT GASTROENTEROLOGY ASSOCIATES 3939 S CLEVELAND MASSILLON RD BARBERTON, OH 44203 | OUTPATIENT PHYSICIAN CLINIC |
| 8 24 - MENTOR MEDICAL OFFICE 7060 WAYSIDE DR MENTOR, OH 44060 | OUTPATIENT PHYSICIAN CLINIC |
| 9 25 - CLEVELAND CLINIC SUMMIT OPHTHALMOLOGY 1 PARK WEST BLVD STE 150 AKRON, OH 44320 | OUTPATIENT PHYSICIAN CLINIC |
| 10 26 - CLEVELAND CLINIC ADMINISTRATIVE CAMPUS 3275 SCIENCE PARK DR BLDG 5 BEACHWOOD, OH 44122 | OUTPATIENT PHYSICIAN CLINIC |
| 11 27 - OHIO RENAL CARE CLEVELAND EAST 2429 MARTIN LUTHER KING JR DR CLEVELAND, OH 44104 | DIALYSIS CENTER |
| 12 28 - COMMUNITY PEDIATRICS 8254 MAYFIELD RD CHESTERLAND, OH 44026 | OUTPATIENT PHYSICIAN CLINIC |
| 13 29 - OHIO RENAL CARE GROUP AMHERST 1168 CLEVELAND AVE AMHERST, OH 44001 | DIALYSIS CENTER |
| 14 30 - CLEVELAND CLINIC CANCER CENTERS 509 W MCPHERSON HIGHWAY CLYDE, OH 43410 | OUTPATIENT PHYSICIAN CLINIC |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 31 31 - MENTOR REHABILITATION AND SPORTS THERAPY 7533 CENTER ST MENTOR, OH 44060 | OUTPATIENT PHYSICIAN CLINIC |
| 1 32 - MADISON MEDICAL OFFICE 2999 MCMACKIN RD MADISON, OH 44057 | OUTPATIENT PHYSICIAN CLINIC |
| 2 33 - CCF GASTROENTEROLOGY 7530 FREDLE DR CONCORD, OH 44077 | OUTPATIENT PHYSICIAN CLINIC |
| 3 34 - ASHLAND OPHTHALMOLOGYSUGARBUSH EYE AND 21 SUGARBUSH CT ASHLAND, OH 44805 | OUTPATIENT PHYSICIAN CLINIC |
| 4 35 - OLMSTED TOWNSHIP PRIMARY CARE 27089 BAGLEY RD OLMSTED TOWNSHIP, OH 44138 | OUTPATIENT PHYSICIAN CLINIC |
| 5 36 - CLEVELAND CLINIC SUPERIOR MEDICAL CARE 1959 COOPER FOSTER PARK RD AMHERST, OH 44053 | DIAGNOSTIC CENTER |
| 6 37 - COMMUNITY PEDIATRICS 2001 CROCKER RD WESTLAKE, OH 44145 | OUTPATIENT PHYSICIAN CLINIC |
| 7 38 - OHIO RENAL CARE GROUP WESTLAKE 26024 DETROIT AVE WESTLAKE, OH 44145 | DIALYSIS CENTER |
| 8 39 - MAYFIELD VILLAGE PEDIATRICS 6559 WILSON MILLS RD STE101-D MAYFIELD VILLAGE, OH 44143 | OUTPATIENT PHYSICIAN CLINIC |
| 9 40 - WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER RD WILLOUGHBY HILLS, OH 44094 | OUTPATIENT PHYSICIAN CLINIC |
| 10 41 - SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE RD SOUTH RUSSELL, OH 44022 | OUTPATIENT PHYSICIAN CLINIC |
| 11 42 - MARYMOUNT REHABILITATION AND SPORTS THER 2525 EAST ROYALTON RD BROADVIEW HEIGHTS, OH 44147 | OUTPATIENT PHYSICIAN CLINIC |
| 12 43 - OHIO RENAL CARE GROUP WEST 14670 SNOW RD BROOKPARK, OH 44142 | DIALYSIS CENTER |
| 13 44 - SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD RD WARRENSVILLE HEIGHTS, OH 44122 | OUTPATIENT PHYSICIAN CLINIC |
| 14 45 - OHIO RENAL CARE GROUP HERITAGE 1160 E BROAD ST ELYRIA, OH 44035 | DIALYSIS CENTER |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 46 46 - WADSWORTH PRIMARY CARE ONE PARK CENTER DR WADSWORTH, OH 44281 | OUTPATIENT PHYSICIAN CLINIC |
| 1 47 - CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND RD LYNDHURST, OH 44124 | OUTPATIENT PHYSICIAN CLINIC |
| 2 48 - OHIO RENAL CARE GROUP EUCLID 26450 EUCLID AVE EUCLID, OH 44132 | DIALYSIS CENTER |
| 3 49 - NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE RD NORTH RIDGEVILLE, OH 44039 | OUTPATIENT PHYSICIAN CLINIC |
| 4 50 - OHIO RENAL CARE GROUP OHIO ACUTES 2500 METROHEALTH DR CLEVELAND, OH 44109 | DIALYSIS CENTER |
| 5 51 - CHARDON REHABILITATION AND SPORTS THERAP 325 CENTER ST CHARDON, OH 44024 | OUTPATIENT PHYSICIAN CLINIC |
| 6 52 - OHIO RENAL CARE GROUP SOLON 6020 ENTERPRISE PKWY SOLON, OH 44139 | DIALYSIS CENTER |
| 7 53 - BEDFORD DIALYSIS CENTER 5035 RICHMOND RD BEDFORD HEIGHTS, OH 44146 | DIALYSIS CENTER |
| 8 54 - CLEVELAND CLINIC DIABETES AND ENDOCRINOL 3733 PARK EAST DR STE 105 BEACHWOOD, OH 44122 | OUTPATIENT PHYSICIAN CLINIC |
| 9 55 - OHIO RENAL CARE GROUP FARNSWORTH 3764 PEARL RD CLEVELAND, OH 44109 | DIALYSIS CENTER |
| 10 56 - SUMMIT OPHTHALMOLOGY 1587 BOETTNER RD GREEN, OH 44685 | OUTPATIENT PHYSICIAN CLINIC |
| 11 57 - CANFIELD ORTHOPAEDICS AND REHABILITATION 3736 BOARDMAN CANFIELD RD CANFIELD, OH 44406 | OUTPATIENT PHYSICIAN CLINIC |
| 12 58 - OHIO RENAL CARE GROUP MENTOR 8840 TYLER BLVD MENTOR, OH 44060 | DIALYSIS CENTER |
| 13 59 - MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906 | OUTPATIENT PHYSICIAN CLINIC |
| 14 60 - SAGAMORE HILLS MEDICAL CENTER I 863 WEST AURORA RD SAGAMORE HILLS, OH 44067 | OUTPATIENT PHYSICIAN CLINIC |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 61 61 - OHIO RENAL CARE GROUP ELYRIA 5316 HOAG DR SHEFFIELD, OH 44035 | DIALYSIS CENTER |
| 1 62 - CLEVELAND CLINIC COLE EYE OF STREETSBORO 9424 STATE RT 14 STREETSBORO, OH 44241 | OUTPATIENT PHYSICIAN CLINIC |
| 2 63 - OHIO RENAL CARE GROUP LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44109 | DIALYSIS CENTER |
| 3 64 - OHIO RENAL CARE GROUP WHITE POND 690 WHITE POND DR AKRON, OH 44320 | DIALYSIS CENTER |
| 4 65 - MADISON REHABILITATION AND SPORTS THERAP 2622 HUBBARD RD MADISON, OH 44057 | OUTPATIENT PHYSICIAN CLINIC |
| 5 66 - WELLINGTON MEDICAL OFFICE 805 PATRIOT DR UNIT E WELLINGTON, OH 44090 | OUTPATIENT PHYSICIAN CLINIC |
| 6 67 - OHIO RENAL CARE GROUP WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281 | DIALYSIS CENTER |
| 7 68 - OBERLIN OPHTHALMOLOGY 309 WEST LORAIN ST OBERLIN, OH 44074 | OUTPATIENT PHYSICIAN CLINIC |
| 8 69 - MACEDONIA EXPRESS AND OUTPATIENT CARE 8210 MACEDONIA COMMONS BLVD MACEDONIA, OH 44056 | OUTPATIENT PHYSICIAN CLINIC |
| 9 70 - LIBERTY FAMILY MEDICINE 571 E TURKEYFOOT LAKE RD AKRON, OH 44319 | OUTPATIENT PHYSICIAN CLINIC |
| 10 71 - MOHICAN EYE CENTER 637 NORTH UNION ST LOUDONVILLE, OH 44842 | OUTPATIENT PHYSICIAN CLINIC |
| 11 72 - COLE EYE - TERMAN PRACTICE 32901 STATION ST SOLON, OH 44139 | OUTPATIENT PHYSICIAN CLINIC |
| 12 73 - OHIO RENAL CARE GROUP GARFIELD HEIGHTS 9729 GRANGER RD GARFIELD HTS, OH 44125 | DIALYSIS CENTER |
| 13 74 - BELDEN CENTER 4677 FULTON DRIVE NW CANTON, OH 44718 | OUTPATIENT PHYSICIAN CLINIC |
| 14 75 - OHIO RENAL CARE GROUP SOUTHPOINT DIALYS 4200 WARRNESVILLE CENTER RD STE 100 WARRENSVILLE HTS, OH 44122 | DIALYSIS CENTER |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 76 76 - OHIO RENAL CARE GROUP CUYAHOGA FALLS 320 BROADWAY ST E E CUYAHOGA FALLS, OH 44221 | DIALYSIS CENTER |
| 1 77 - THE LANGSTON HUGHES CENTER CLEVELAND CLI 2390 E 79TH ST CLEVELAND, OH 44104 | OUTPATIENT PHYSICIAN CLINIC |
| 2 78 - BRECKSVILLE EXPRESS CARE 8805 BRECKSVILLE RD BRECKSVILLE, OH 44141 | OUTPATIENT PHYSICIAN CLINIC |
| 3 79 - STOW-FALLS MEDICAL OUTPATIENT CENTER 857 GRAHAM RD STOW, OH 44221 | OUTPATIENT PHYSICIAN CLINIC |
| 4 80 - SAGAMORE HILLS MEDICAL OFFICE II 885 WEST AURORA RD SAGAMORE HILLS, OH 44067 | OUTPATIENT PHYSICIAN CLINIC |
| 5 81 - INDEPENDENCE CANCER CENTER 6100 WEST CREEK RD INDEPENDENCE, OH 44131 | OUTPATIENT PHYSICIAN CLINIC |
| 6 82 - NPCS - BEACHWOOD 26110 EMERY RD WARRENSVILLE HEIGHTS, OH 44128 | OUTPATIENT PHYSICIAN CLINIC |
| 7 83 - ACCESS TO CARE 29000 AURORA RD SOLON, OH 44139 | OUTPATIENT PHYSICIAN CLINIC |
| 8 84 - ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVE ASHTABULA, OH 44004 | OUTPATIENT PHYSICIAN CLINIC |
| 9 85 - BOARDMAN STAR IMAGING 7067 TIFFANY BLVD YOUNGSTOWN, OH 44512 | DIAGNOSTIC CENTER |
| 10 86 - CCF GASTROENTEROLOGY 3700 PARK EAST DR BEACHWOOD, OH 44122 | OUTPATIENT PHYSICIAN CLINIC |
| 11 87 - CENTER FOR ARTHRITIS 1716 NORTH RD SE WARREN, OH 44484 | OUTPATIENT PHYSICIAN CLINIC |
| 12 88 - CHARLESTON AREA MEDICAL CENTER 1201 WASHINGTON ST EAST STE 100 CHARLESTON, WV 25301 | OUTPATIENT PHYSICIAN CLINIC |
| 13 89 - CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVE ROCKY RIVER, OH 44116 | OUTPATIENT PHYSICIAN CLINIC |
| 14 90 - CLEVELAND CLINIC HEART & VASCULAR 1400 WEST MAIN ST BELLEVUE HOSPITAL BELLEVUE, OH 44811 | OUTPATIENT PHYSICIAN CLINIC |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 91 91 - CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD RD YOUNGSTOWN, OH 44512 | DIAGNOSTIC CENTER |
| 1 92 - CLUB VIEW VISION CENTER OPTOMETRIC 1650 E MANSFIELD ST BUCYRUS, OH 44820 | OUTPATIENT PHYSICIAN CLINIC |
| 2 93 - COLE EYE INSTITUTE 2000 AUBURN DR STE 100 BEACHWOOD, OH 44122 | OUTPATIENT PHYSICIAN CLINIC |
| 3 94 - COLUMBUS STAR IMAGING 1550 KENNY RD COLUMBUS, OH 43212 | DIAGNOSTIC CENTER |
| 4 95 - COLUMBUS STAR IMAGING 921 JASONWAY AVE COLUMBUS, OH 43214 | DIAGNOSTIC CENTER |
| 5 96 - COLUMBUS STAR IMAGING BEECHER 425 BEECHER RD COLUMBUS, OH 43230 | DIAGNOSTIC CENTER |
| 6 97 - DAYTON STAR IMAGING 5529 FAR HILLS AVE DAYTON, OH 45429 | DIAGNOSTIC CENTER |
| 7 98 - DOWNTOWN EXPRESS CARE 315 EUCLID AVE STE 2 CLEVELAND, OH 44114 | OUTPATIENT PHYSICIAN CLINIC |
| 8 99 - KINDRED HEALTH CARE CLEVELAND 11900 FAIRHILL RD CLEVELAND, OH 44120 | OUTPATIENT PHYSICIAN CLINIC |
| 9 100 - LAKEWEST MEDICAL BUILDING 36100 EUCLID AVE STE 280 WILLOUGHBY, OH 44094 | OUTPATIENT PHYSICIAN CLINIC |
| 10 101 - LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVE LAKEWOOD, OH 44107 | OUTPATIENT PHYSICIAN CLINIC |
| 11 102 - LAKEWOOD PROFESSIONAL BUILDING 14601 DETROIT AVE LAKEWOOD, OH 44107 | OUTPATIENT PHYSICIAN CLINIC |
| 12 103 - LORAIN ORTHOPAEDICS 5800 COOPER FOSTER PARK RD LORAIN, OH 44053 | OUTPATIENT PHYSICIAN CLINIC |
| 13 104 - NILES STAR IMAGING 652 YOUNGSTOWN WARREN RD NILES, OH 44446 | DIAGNOSTIC CENTER |
| 14 105 - ROCKSIDE MEDICAL CENTER 6701 ROCKSIDE RD INDEPENDENCE, OH 44131 | OUTPATIENT PHYSICIAN CLINIC |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 106 106 - SLEEP DISORDER CENTER AT FAIRHILL 11203 STOKES BLVD CLEVELAND, OH 44104 | DIAGNOSTIC CENTER |
| 1 107 - SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BLVD NORTH OLMSTED, OH 44070 | DIAGNOSTIC CENTER |
| 2 108 - SLEEP DISORDERS CENTER 3750 ORANGE PL BEACHWOOD, OH 44122 | DIAGNOSTIC CENTER |
| 3 109 - SLEEP DISORDERS CENTER 8971 WILCOX DR TWINSBURG, OH 44087 | DIAGNOSTIC CENTER |
| 4 110 - SLEEP DISORDERS CENTER 1825 LORAIN BLVD ELYRIA, OH 44035 | DIAGNOSTIC CENTER |
| 5 111 - SLEEP DISORDERS CENTER 5051 WEST CREEK RD INDEPENDENCE, OH 44131 | DIAGNOSTIC CENTER |
| 6 112 - SLEEP DISORDERS CENTER 3122 EASTPOINTE DR MEDINA, OH 44256 | DIAGNOSTIC CENTER |
| 7 113 - SLEEP DISORDERS CENTER 5785 HEISLEY RD MENTOR, OH 44060 | DIAGNOSTIC CENTER |
| 8 114 - VALLEY CITY FAMILY MEDICINE 6605 CENTER RD VALLEY CITY, OH 44280 | OUTPATIENT PHYSICIAN CLINIC |
| 9 115 - WEST VALLEY MEDICAL 20455 LORAIN RD 301 FAIRVIEW PARK, OH 44126 | OUTPATIENT PHYSICIAN CLINIC |
| 10 116 - WILLOUGHBY HILLS REHABILITATION AND SPOR 29017 CHARDON RD WILLOUGHBY HILLS, OH 44094 | OUTPATIENT PHYSICIAN CLINIC |
| 11 117 - WOOSTER MILLTOWN SPECIALTY & SURGERY CEN 721 EAST MILLTOWN RD WOOSTER, OH 44691 | OUTPATIENT PHYSICIAN CLINIC |
| 12 118 - WOOSTER WOMEN'S HEALTH CENTER 1739 CLEVELAND RD WOOSTER, OH 44691 | OUTPATIENT PHYSICIAN CLINIC |

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

THE CLEVELAND CLINIC FOUNDATION

Employer identification number

34-0714585

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 65

3 Enter total number of other organizations listed in the line 1 table ▶ 4

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SCHOLARSHIPS | 199 | 8,217,202 | | | |
| (2) FELLOWSHIPS | 1531 | 72,203,214 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|----------------------|--|
| PART I, LINE 2 | CCF CONTRIBUTES FINANCIAL AND IN-KIND SUPPORT TO OTHER TAX EXEMPT ORGANIZATIONS AND AGENCIES THAT FURTHER THE CCF MISSION OF PATIENT CARE, RESEARCH, AND EDUCATION THESE ORGANIZATIONS ARE TO USE THE SUPPORT TO STRENGTHEN THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE |
| SCHEDULE I, PART III | THE SCHOLARSHIPS AND FELLOWSHIPS LISTED ARE IN FURTHERANCE OF THE CLEVELAND CLINIC FOUNDATION'S MISSION TO INCREASE KNOWLEDGE, AWARENESS, AND QUALITY OF PATIENT CARE AND RESEARCH THROUGH EDUCATION |

Additional Data

Software ID:
Software Version:
EIN: 34-0714585
Name: THE CLEVELAND CLINIC FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALICE FLAHERTY EXCELLENCE IN NURSING SCHOLARSHIP FUND INC 24179 AMBOUR DR NORTH OLMSTED, OH 44070 | 47-0974372 | 501(C)(3) | 10,000 | | | | SUPPORT EDUCATIONAL ACTIVITIES |
| AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106 | 13-1788491 | 501(C)(3) | 554,775 | | | | HEALTHCARE RESEARCH & EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231 | 13-5613797 | 501(C)(3) | 124,463 | | | | HEALTHCARE RESEARCH & EDUCATION |
| AMERICAN LIVER FOUNDATION 39 BROADWAY 27TH FL NEW YORK, NY 10006 | 36-2883000 | 501(C)(3) | 10,000 | | | | HEALTHCARE RESEARCH & EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN LUNG ASSOCIATION 1740 BROADWAY NEW YORK, NY 10019 | 13-1632524 | 501(C)(3) | 15,000 | | | | HEALTHCARE RESEARCH & EDUCATION |
| AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006 | 53-0196605 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST NW ATLANTA, GA 30309 | 58-1341679 | 501(C)(3) | 10,500 | | | | HEALTHCARE RESEARCH & EDUCATION |
| BEACHWOOD CHAMBER OF COMMERCE 23355 MERCANTILE RD BEACHWOOD, OH 44122 | 34-1684237 | 501(C)(6) | 7,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOYS AND GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVE CLEVELAND, OH 44127 | 34-0770686 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |
| BURTEN BELL CARR DEVELOPMENT INC 7201 KINSMAN RD CLEVELAND, OH 44104 | 34-1657533 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BUSINESS VOLUNTEERS UNLIMITED 1300 E 9TH ST STE 1805 CLEVELAND, OH 44114 | 34-1724581 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |
| CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT RD CLEVELAND, OH 44106 | 34-1018992 | 501(C)(3) | 8,500 | | | | SUPPORT EDUCATIONAL ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY CLUB OF CLEVELAND 850 EUCLID AVE 2ND FL CLEVELAND, OH 44114 | 34-0144897 | 501(C)(3) | 26,898 | | | | COMMUNITY SUPPORT |
| CITY OF CLEVELAND 601 LAKESIDE AVE CLEVELAND, OH 44114 | 34-6000646 | 501(C)(1) | 28,019 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF LAKEWOOD 12650 DETROIT AVE LAKEWOOD, OH 44107 | 34-6001633 | 501(C)(1) | 500,000 | | | | COMMUNITY SUPPORT |
| CLEVELAND CENTER FOR ARTS AND TECHNOLOGY 3634 EUCLID AVE NO 100 CLEVELAND, OH 44115 | 27-1193704 | 501(C)(3) | 10,000 | | | | SUPPORT EDUCATIONAL ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLEVELAND INTERNATIONAL FILM FESTIVAL INC 2510 MARKET AVE CLEVELAND, OH 44113 | 34-1262368 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |
| CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL DR CLEVELAND, OH 44106 | 34-0714338 | 501(C)(3) | 8,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLEVELAND SCHOOL OF SCIENCE & MEDICINE 2075 STOKES BLVD CLEVELAND, OH 44106 | 34-3740643 | 501(C)(3) | 10,000 | | | | SUPPORT EDUCATIONAL ACTIVITIES |
| COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE STE 1800 CLEVELAND, OH 44113 | 34-6580096 | 501(C)(3) | 10,500 | | | | SUPPORT EDUCATIONAL ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY WEST FOUNDATION 800 SHARON DR STE C WESTLAKE, OH 44145 | 34-1456398 | 501(C)(3) | 27,000 | | | | COMMUNITY SUPPORT |
| CROHNS & COLITIS FOUNDATION OF AMERICA 23366 COMMERCE PARK RD BEACHWOOD, OH 44122 | 13-6193105 | 501(C)(3) | 21,500 | | | | HEALTHCARE RESEARCH & EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVE CLEVELAND, OH 44115 | 23-7320719 | 501(C)(3) | 11,000 | | | | SUPPORT EDUCATIONAL ACTIVITIES |
| DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD STE 6 PARMA, OH 44134 | 26-2300532 | 501(C)(3) | 23,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DEMOCRACY COLLABORATIVE FOUNDATION INC 1422 EUCLID AVE STE 1652 CLEVELAND, OH 44115 | 20-0387511 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |
| ESPERANZA INC 4115 BRIDGE AVE CLEVELAND, OH 44113 | 34-1403492 | 501(C)(3) | 20,000 | | | | SUPPORT EDUCATIONAL ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION 8111 QUINCY AVE STE 100 CLEVELAND, OH 44104 | 34-1706856 | 501(C)(3) | 237,715 | | | | COMMUNITY SUPPORT |
| FAMICOS FOUNDATION INC 1325 ANSEL RD CLEVELAND, OH 44106 | 34-1053534 | 501(C)(3) | 22,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FATIMA FAMILY CENTER 6600 LEXINGTON AVE CLEVELAND, OH 44103 | 26-1323950 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |
| GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122 | 34-1879035 | 501(C)(3) | 32,500 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GIRL SCOUTS OF LAKE ERIE COUNCIL 19201 VILLAVIEW RD CLEVELAND, OH 44119 | 34-0714415 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |
| GREATER CLEVELAND FOOD BANK INC 15500 S WATERLOO RD CLEVELAND, OH 44110 | 34-1292848 | 501(C)(3) | 15,254 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREATER CLEVELAND HABITAT FOR HUMANITY 2110 W 110TH ST CLEVELAND, OH 44102 | 31-1209423 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |
| JDRF INTERNATIONAL 26 BROADWAY 15TH FL NEW YORK, NY 10004 | 23-1907729 | 501(C)(3) | 5,750 | | | | HEALTHCARE RESEARCH & EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89106 | 88-0515534 | 501(C)(3) | 80,500 | | | | HEALTHCARE RESEARCH & EDUCATION |
| KIDNEY FOUNDATION OF OHIO INC 2831 PROSPECT AVE CLEVELAND, OH 44115 | 34-0827748 | 501(C)(3) | 5,700 | | | | HEALTHCARE RESEARCH & EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573 | 13-5644916 | 501(C)(3) | 83,500 | | | | HEALTHCARE RESEARCH & EDUCATION |
| MARCH OF DIMES FOUNDATION 614 SUPERIOR AVE NW CLEVELAND, OH 44113 | 13-1846366 | 501(C)(3) | 24,250 | | | | HEALTHCARE RESEARCH & EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112 | 34-1903712 | 501(C)(3) | 10,000 | 3,090,522 | ESTIMATED VALUE | MEDICAL SUPPLIES | PATIENT CARE |
| MEDWORKS 1950 RICHMOND RD LYNDHURST, OH 44124 | 26-3858369 | 501(C)(3) | 30,000 | | | | HEALTHCARE RESEARCH & EDUCATION |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NAMI GREATER CLEVELAND 2012 W 25TH ST STE 600 CLEVELAND, OH 44113 | 20-2254268 | 501(C)(3) | 10,000 | | | | HEALTHCARE RESEARCH & EDUCATION |
| NATIONAL ASSOCIATION OF HISPANIC NURSES INV 1500 SUNDAY DR STE 102 RALEIGH, NC 27607 | 91-1010677 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016 | 13-1673104 | 501(C)(3) | 20,000 | | | | HEALTHCARE RESEARCH & EDUCATION |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY 1422 EUCLID AVE CLEVELAND, OH 44115 | 13-5661935 | 501(C)(3) | 10,000 | | | | HEALTHCARE RESEARCH & EDUCATION |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE STE 302 CLEVELAND, OH 44120 | 34-1812026 | 501(C)(3) | 18,500 | | | | COMMUNITY SUPPORT |
| OPEN DOORS INC 3311 PERKINS AVE CLEVELAND, OH 44114 | 04-3697716 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OPERATION EXODUS USA PO BOX 568 LANCASTER, NY 14086 | 20-2076659 | 501(C)(3) | 99,800 | | | | COMMUNITY SUPPORT |
| OUTRUN OVARIAN CANCER PO BOX 40332 BAY VILLAGE, OH 44140 | 80-0093560 | 501(C)(3) | 17,500 | | | | HEALTHCARE RESEARCH & EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RAINEY INSTITUTE 1523 E 55TH ST CLEVELAND, OH 44144 | 34-6555952 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |
| REGIONAL TRANSIT AUTHORITY PO BOX 6566 CLEVELAND, OH 44101 | 34-1170830 | 501(C)(1) | 125,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RONALD MCDONALD HOUSE OF CLEVELAND INC 10415 EUCLID AVE CLEVELAND, OH 44106 | 34-1269123 | 501(C)(3) | 17,000 | | | | HEALTHCARE RESEARCH & EDUCATION |
| SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103 | 52-2401852 | 501(C)(3) | 44,973 | | | | SUPPORT EDUCATIONAL ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTH EUCLID UNITED CHURCH OF CHRIST 4217 BLUESTONE RD SOUTH EUCLID, OH 44121 | 34-0714615 | 501(C)(3) | 291,667 | | | | COMMUNITY SUPPORT |
| SPIRIT OF CLEVELAND INC 334 EUCLID AVE CLEVELAND, OH 44114 | 34-1823509 | 501(C)(3) | 7,620 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST EDWARD HIGH SCHOOL 13500 DETROIT AVE LAKEWOOD, OH 44107 | 34-0737808 | 501(C)(3) | 7,500 | | | | SUPPORT EDUCATIONAL ACTIVITIES |
| SUSAN G KOMEN BREAST CANCER FOUNDATION 26210 EMERY RD STE 307 CLEVELAND, OH 44128 | 34-1793460 | 501(C)(3) | 17,500 | | | | HEALTHCARE RESEARCH & EDUCATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195 | 34-0714553 | 501(C)(3) | 19,298,390 | | | | HEALTHCARE RESEARCH & EDUCATION |
| THE CLEVELAND FOUNDATION 1422 EUCLID AVE STE 1300 CLEVELAND, OH 44115 | 34-0714588 | 501(C)(3) | 250,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE CLEVELAND ORCHESTRA 11001 EUCLID AVE CLEVELAND, OH 44106 | 34-0714468 | 501(C)(3) | 12,500 | | | | COMMUNITY SUPPORT |
| THE DIVERSITY CENTER OF NORTHEAST OHIO 3659 GREEN RD STE 220 CLEVELAND, OH 44122 | 20-1968761 | 501(C)(3) | 5,700 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE GREATER CLEVELAND HEALTHCARE ASSOCIATION 1226 HURON RD CLEVELAND, OH 44115 | 34-0714649 | 501(C)(3) | 25,014 | | | | HEALTHCARE RESEARCH & EDUCATION |
| THE SALVATION ARMY 440 W NYACK RD WEST NYACK, NY 10994 | 13-5562351 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE VILLAGE AT MARYMOUNT 5200 MARYMOUNT VILLAGE DR GARFIELD HTS, OH 44125 | 20-5652595 | 501(C)(3) | 15,000 | | | | HEALTHCARE RESEARCH & EDUCATION |
| TOWARDS EMPLOYMENT INC 1255 EUCLID AVE STE 300 CLEVELAND, OH 44115 | 34-1578831 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRANSPLANT HOUSE OF CLEVELAND 2007 E 115TH ST APT 1 CLEVELAND, OH 44106 | 27-2834616 | 501(C)(3) | 12,000 | | | | HEALTHCARE RESEARCH & EDUCATION |
| UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115 | 34-6516654 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY CIRCLE INCORPORATED 10831 MAGNOLIA DR CLEVELAND, OH 44106 | 34-0823464 | 501(C)(3) | 7,500 | | | | COMMUNITY SUPPORT |
| URSULINE PIAZZA 7801 DETROIT AVE CLEVELAND, OH 44102 | 37-1655740 | 501(C)(3) | 10,000 | | | | HEALTHCARE RESEARCH & EDUCATION |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVE CLEVELAND, OH 44115 | 34-1381135 | 501(C)(3) | 10,500 | | | | COMMUNITY SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number
34-0714585

Part I Questions Regarding Compensation

| | | Yes | No | | |
|--|---|---|----|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | Yes | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | Yes | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | Yes | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | Yes | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> | | | | | |
| <p>a The organization?</p> | 5a | | No | | |
| <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p> | 5b | | No | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> | | | | | |
| <p>a The organization?</p> | 6a | | No | | |
| <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p> | 6b | | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | | No | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|-------------------------|--|
| PART I, LINE 1A | LISTED BENEFITS THE BENEFITS CHECKED IN PART I, QUESTION 1A, WERE PROVIDED TO CERTAIN PERSONS LISTED IN FORM 990, PART VII, SECTION A ON AN EXCEPTION BASIS ONLY FOR AN APPROPRIATE BUSINESS PURPOSE. ANY REIMBURSEMENT OF THE EXPENSES LISTED MET CLEVELAND CLINIC'S WRITTEN POLICY REGARDING SUBSTANTIATION AND REIMBURSEMENT. WHERE REQUIRED BY IRS RULES AND REGULATIONS, THE LISTED BENEFITS WERE INCLUDED IN TAXABLE INCOME. |

| Return Reference | Explanation |
|--------------------|--|
| PART I, LINES 4A-B | <p>SCHEDULE J, LINE 4A SEVERANCE ANN HUSTON RECEIVED A SEVERANCE PAYMENT OF \$1,156,000 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DELOS COSGROVE - PARTICIPATED IN AND RECEIVED PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS FOR MEDICARE TAX PURPOSES, \$3,926,119 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT THE AMOUNT VESTED IN THE PLANS THE FOLLOWING INDIVIDUALS PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN AND/OR A QUALIFIED DEFINED BENEFIT PLAN AND THE ANNUAL INCREASE OR DECREASE IN THE ACTUARIAL VALUE IS INCLUDED IN SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION DELOS M COSGROVE - \$60,319 DECREASE, SERPIL ERZURUM - \$31,017 INCREASE, KATHLEEN FRANCO - \$124,092 DECREASE, STEVEN GLASS - \$2,917 DECREASE, THOMAS HAMILTON - \$18,047 DECREASE, LINDA MCHUGH - \$432 DECREASE, MICHAEL J MEEHAN - \$95,209 DECREASE, JASON OBLANDER - \$638 DECREASE, WILLIAM PEACOCK \$45 INCREASE AND HERBERT WIEDEMANN \$210,471 DECREASE</p> |



Additional Data

Software ID:
Software Version:
EIN: 34-0714585
Name: THE CLEVELAND CLINIC FOUNDATION

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| DONLEY MD BRIAN DIRECTOR, CHIEF OF STAFF (PART-YR) | (i) | 1,364,489 | 0 | 903,039 | 27,500 | 300,456 | 2,595,484 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MIHALJEVIC MD TOMISLAV DIRECTOR, PRESIDENT & CEO | (i) | 2,678,622 | 0 | 299,381 | 27,500 | 18,193 | 3,023,696 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WIEDEMANN MD HERBERT DIRECTOR, CHIEF OF STAFF | (i) | 910,877 | 0 | 74,237 | -182,971 | 18,650 | 820,793 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BARSOUM MD WAELE DIRECTOR, FLA PRES | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,039,904 | 0 | 97,685 | 27,500 | 13,501 | 1,178,590 | 0 |
| FRANCO MD KATHLEEN DIRECTOR, PHYSICIAN | (i) | 271,140 | 0 | 9,608 | -96,742 | 17,675 | 201,681 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SPIRO MD TIMOTHY DIRECTOR, PHYSICIAN | (i) | 598,511 | 0 | 65,444 | 27,500 | 17,304 | 708,759 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ERZURUM MD SERPIL CHAIR, LERNER RESEARCH INSTITUTE | (i) | 621,000 | 0 | 39,650 | 58,517 | 1,500 | 720,667 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GLASS STEVEN C CFO & TREASURER | (i) | 1,508,404 | 0 | 146,308 | 24,583 | 18,411 | 1,697,706 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HARRINGTON MICHAEL CAO & CONTROLLER | (i) | 757,222 | 0 | 70,987 | 27,500 | 19,193 | 874,902 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEEHAN MICHAEL J RECORDING SECRETARY | (i) | 330,793 | 0 | 35,622 | -67,709 | 17,522 | 316,228 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OBLANDER JASON ASST SECRETARY | (i) | 209,595 | 0 | 3,674 | 5,837 | 15,407 | 234,513 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PEACOCK WILLIAM CHIEF OF OPERATIONS | (i) | 1,630,154 | 0 | 140,295 | 27,545 | 18,161 | 1,816,155 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROWAN DAVID SECRETARY, CHIEF LEGAL OFFICER | (i) | 1,480,468 | 0 | 150,884 | 27,500 | 19,347 | 1,678,199 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SABANEKH MD EDMUND PRESIDENT, CC MAIN CAMPUS | (i) | 910,582 | 0 | 89,468 | 27,500 | 17,777 | 1,045,327 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| YOUNG MD JAMES P CHIEF ACADEMIC OFFICER | (i) | 812,284 | 0 | 88,263 | 27,500 | 18,233 | 946,280 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SURI MD RAKESH CEO CCAD | (i) | 1,255,255 | 0 | 828,047 | 27,500 | 152,702 | 2,263,504 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SVENSSON MD LARS CHAIR OF HEART & VASCULAR INST | (i) | 1,489,979 | 0 | 148,811 | 27,500 | 18,086 | 1,684,376 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BROOKS MD PETER PHYSICIAN | (i) | 1,254,311 | 0 | 124,643 | 207,115 | 17,504 | 1,603,573 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| COSGROVE MD DELOS FORMER CEO | (i) | 4,601,492 | 0 | 4,116,692 | -32,819 | 2,946 | 8,688,311 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HUSTON ANN CHIEF STRATEGY OFFICER | (i) | 183,479 | 0 | 1,164,859 | 23,992 | 16,277 | 1,388,607 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|--|------|---|--|--|---|--------------------------------|--|--|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| MARTIN MD DANIEL COLE EYE INSTITUTE CHAIRMAN | (i) | 1,288,761 | 0 | 126,495 | 27,500 | 18,053 | 1,460,809 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NAJM MD HANI PHYSICIAN | (i) | 1,515,904 | 0 | 148,311 | 27,500 | 18,411 | 1,710,126 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HAMILTON THOMAS FORMER OFFICER | (i) | 421,075 | 0 | 24,784 | 9,453 | 18,240 | 473,552 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MCHUGH LINDA FORMER OFFICER | (i) | 807,357 | 0 | 78,295 | 27,068 | 17,458 | 930,178 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HAHN MD JOSEPH FORMER OFFICER (RETIRED) | (i) | 148,394 | 0 | 0 | 0 | 0 | 148,394 | 148,394 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LYTLE MD BRUCE FORMER KEY EMPLOYEE (RETIRED) | (i) | 118,200 | 0 | 0 | 0 | 0 | 118,200 | 118,200 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number

34-0714585

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|---|----------------|-------------|-----------------|-----------------|---|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756DAY2 | 05-29-2013 | 309,434,914 | BOND 2013 REFUND 2004B, 2003A AND FACILITY IMPROVEMENTS | | X | | X | | X |
| B | OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756A3Z3 | 05-09-2012 | 519,383,182 | BOND 2012 REFUND 2009, 2003A AND FACILITY IMPROVEMENTS | | X | | X | | X |
| C | OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 677561HU9 | 11-02-2011 | 208,951,439 | BOND 2011A REFUND 2003A SERIES | | X | | X | | X |
| D | OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | NONEAVAIL | 11-02-2011 | 41,120,000 | BOND 2011B REFUND 1992A & B AND 1989 SERIES | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|-------------|----|-------------|----|-------------|----|------------|----|
| 1 | Amount of bonds retired | 43,347,782 | | 44,599,156 | | 51,767,413 | | 14,740,000 | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 309,434,914 | | 519,383,182 | | 208,951,439 | | 41,120,000 | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | 2,302,465 | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 2,129,301 | | 3,825,815 | | 2,003,385 | | 735,249 | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 20,001,498 | | 411,300,530 | | | | | |
| 11 | Other spent proceeds | 287,304,115 | | 104,256,837 | | 206,948,054 | | 38,082,286 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2013 | | 2012 | | 2011 | | 2011 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | | X | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | X | | X | | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III Private Business Use

| | | A | | B | | C | | D | |
|----------|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | X | | X | | X | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---------|----|---------|----|---------|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | X | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 880 % | | 0 680 % | | 1 050 % | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | 0 080 % | | | | | |
| 6 Total of lines 4 and 5 | 0 880 % | | 0 760 % | | 1 050 % | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | X | | | X | | X | | X |
| c No rebate due? | X | | X | | X | | X | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | X | | X | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

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

| Return Reference | Explanation |
|-----------------------------------|---|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 05/29/2018 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 05/09/2017 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 11/01/2016 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 11/02/2016 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 08/25/2014 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 10/15/2018 |

Additional Data

Software ID:
Software Version:
EIN: 34-0714585
Name: THE CLEVELAND CLINIC FOUNDATION

| Return Reference | Explanation |
|-----------------------------------|---|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 05/29/2018 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 05/09/2017 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 11/01/2016 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 11/02/2016 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 08/25/2014 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 10/15/2018 |

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number
34-0714585

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|---|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 677561FV9 | 08-25-2009 | 807,007,320 | BONDS 2009A&B REFUND 2008B, FACILITY CONSTRUCTION, EQUIPPING AND IMPROVING | | X | | X | | X |
| B | OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756AJ37 | 10-15-2008 | 670,000,000 | BOND 2008B REFUND 06A, 04A, AND 01A, FACILITY IMPROVEMENTS | | X | | X | | X |
| C | OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | NONEAVAIL | 12-21-2017 | 9,305,000 | REFUND SERIES 2002 | | X | | X | | X |
| D | OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 677561KS0 | 08-29-2017 | 939,576,748 | REFUND 2008A, 2008B, 2009A, 2009B, 2012A | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|-------------|-----------|-------------|-----------|------------|-----------|-------------|-----------|
| 1 | Amount of bonds retired | 790,802,320 | | 342,425,000 | | 360,000 | | 6,357,987 | |
| 2 | Amount of bonds legally defeased | 70,000 | | | | | | | |
| 3 | Total proceeds of issue | 807,007,320 | | 670,000,000 | | 9,305,000 | | 939,576,748 | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 1,099,225 | | 1,200,000 | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 501,164,780 | | 324,315,217 | | | | | |
| 11 | Other spent proceeds | 304,743,315 | | 372,706,929 | | 9,305,000 | | 939,576,748 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2011 | | 2008 | | 2017 | | 2017 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | X | | | X | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | X | | X | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III Private Business Use

| | | A | | B | | C | | D | |
|----------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | X | | X | | X | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---------|----|---------|----|-----|----|---------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | X | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 780 % | | 0 560 % | | | | 1 740 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0 010 % | | 0 020 % | | | | 0 010 % | |
| 6 Total of lines 4 and 5 | 0 790 % | | 0 580 % | | | | 1 750 % | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | X | | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | 0 050 % | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | X | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | X | | X | |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | X | | X | | | X | | X |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | X | | X | | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|---|--|
| Name of the organization THE CLEVELAND CLINIC FOUNDATION | Employer identification number 34-0714585 |
|---|--|

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|----------------------|-------------------------------|-----------------|--|----|-------------------------------------|---------|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | (1) D COSGROVE | FORMER PRESIDENT/CEO | | | INSURANCE PREMIUM PAYMENTS TREATED AS A LOAN | | X | 229,247 | 7,444,253 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | 7,444,253 | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) AMANDA IGEL | FAMILY MEMBER OF TIMOTHY SPIRO, CCF DIRECTOR | 58,143 | EMPLOYMENT AGREEMENT WITH CCF | | No |
| (2) CHAD BRONSON | FAMILY MEMBER OF KATHLEEN FRANCO, CCF DIRECTOR | 48,300 | EMPLOYMENT AGREEMENT WITH CCF | | No |
| (3) RYAN OAKLEY | FAMILY MEMBER OF WILLIAM PEACOCK, CCF OFFICER | 26,365 | EMPLOYMENT AGREEMENT WITH CCF | | No |
| (4) KATHERINE MCHUGH | FAMILY MEMBER OF LINDA MCHUGH, FORMER CCF OFFICER | 40,501 | EMPLOYMENT AGREEMENT WITH CCF | | No |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number
34-0714585

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | X | 27 | 297,049 | APPRAISAL |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | X | | 2,600 | SALE COMPARABLE GOODS |
| 5 Clothing and household goods | X | | 18,712 | SALE COMPARABLE GOODS |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 201 | 12,549,028 | AVERAGE HIGH/LOW |
| 10 Securities—Closely held stock | X | 2 | 44,545 | COST |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | X | 2 | 1,041,500 | APPRAISAL |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 1 | 1,379 | COST |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (MEDICAL EQUIPMENT) | X | 25 | 239,848 | SALE COMPARABLE GOOD |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | Yes | |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 32B | THE CLEVELAND CLINIC FOUNDATION WILL AT TIMES HIRE INDEPENDENT THIRD PARTIES TO SELL CERTAIN NON-CASH CONTRIBUTIONS SUCH AS AUCTION ITEMS OR REAL ESTATE |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

THE CLEVELAND CLINIC FOUNDATION

Employer identification number

34-0714585

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>FORM 990, PART III, PROGRAM SERVICE STATEMENT</p> | <p>CLEVELAND CLINIC, LOCATED IN CLEVELAND, OHIO, IS A NONPROFIT, TAX-EXEMPT ACADEMIC MEDICAL CENTER THAT INTEGRATES CLINICAL AND HOSPITAL CARE WITH RESEARCH AND EDUCATION THE CLEVELAND CLINIC FOUNDATION IS THE PARENT OF THE CLEVELAND CLINIC HEALTH SYSTEM CLEVELAND CLINIC WAS ESTABLISHED IN 1921 WITH THE SAME MISSION THAT CONTINUES TODAY BETTER CARE FOR THE S ICK, INVESTIGATION OF THEIR PROBLEMS, AND FURTHER EDUCATION OF THOSE WHO SERVE CONSISTENT WITH ITS TRIPARTITE MISSION, CLEVELAND CLINIC'S PRIMARY PROGRAM SERVICES ARE FOCUSED ON P ATIENT CARE PROVIDED ON A CHARITABLE BASIS, MEDICAL RESEARCH, AND EDUCATION OF BOTH MEDICA L PROFESSIONALS AND THE COMMUNITY THE FOUNDERS RECOGNIZED THAT IT IS IN THE BEST INTEREST OF PATIENTS TO POOL THE TALENTS OF MEDICAL SPECIALISTS TO DEVELOP, TEACH AND APPLY THE BE ST MEDICAL TECHNIQUES THIS STATEMENT IS NOT INTENDED TO IDENTIFY ALL THE ACTIVITIES BY WH ICH CLEVELAND CLINIC HEALTH SYSTEM FULFILLS ITS CHARITABLE PURPOSES, BUT RATHER IS A SUMMA RY OF ITS PRIMARY PROGRAM SERVICES AND CONTRIBUTIONS TO THE COMMUNITY THE CLEVELAND CLINI C HEALTH SYSTEM DEFINES AND MEASURES COMMUNITY BENEFIT (INCLUDING FINANCIAL ASSISTANCE) US ING THE CATHOLIC HEALTH ASSOCIATION ("CHA") COMMUNITY BENEFIT MODEL, WHICH RECOMMENDS REPO RTING FINANCIAL ASSISTANCE ON A COST BASIS USING THIS MODEL, IN 2018 CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$969 3 MILLION IN BENEFITS TO THE COMMUNITIES SERVED THE COMMUNI TY BENEFIT THAT THE CLEVELAND CLINIC HEALTH SYSTEM PROVIDES INCLUDES PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, EDUCATION, MEDICAID SHORTFALL, SUBSIDIZED HEALTH SERVICE S, AND COMMUNITY OUTREACH PROGRAMS THE CURRENT COMMUNITY BENEFIT REPORT IS AVAILABLE ON O UR WEBSITE AT CLEVELANDCLINIC ORG (COMMUNITY BENEFIT AMOUNTS REPORTED IN THIS PROGRAM SER VICE STATEMENT REFER TO OUR 2018 COMMUNITY CONNECTIONS, BASED ON THE CHA REPORTING METHODO LOGY (SEE FORM 990, SCHEDULE H FOR A RECONCILIATION OF SCHEDULE H TO COMMUNITY BENEFIT REP ORTING) I PATIENT CARE IN 2018, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDED AN ACADEMIC MEDICAL CENTER AND 11 COMMUNITY HOSPITALS (AKRON GENERAL MEDICAL CENTER, AVON, EUCLID, FAI RVIEW, HILLCREST, LODI, LUTHERAN, MARYMOUNT, MEDINA, SOUTH POINTE, AND UNION HOSPITALS), A ND A SPECIALTY HOSPITAL (CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION) IN NORTH EAST OHIO, ONE HOSPITAL AND ONE HEALTH AND WELLNESS CENTER IN FLORIDA, AND A CENTER FOR BR AIN HEALTH IN LAS VEGAS, NEVADA CLEVELAND CLINIC HEALTH SYSTEM IS DEDICATED TO THE COMMUN ITIES WE SERVE STRIVING TO PROVIDE COMPASSIONATE, HIGH QUALITY HEALTHCARE TO ALL WHO NEED IT, AND SUPPORTING PROGRAMS AND INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES THROUGH OUR FINANCIAL ASSISTANCE EFFORTS AND AS A LEADING MEDICAID PROVIDER I N OHIO, WE PROVIDE HEALTHCARE TO THOSE WHO OTHERWISE COULD NOT AFFORD IT IN 2018, CLEVELA ND CLINIC RECORDED 1,294 TOTAL STAFFED BEDS, 118,317 EMERGENCY VISITS, 80,094 SURGICAL CAS ES, 51,514 ADMISSIONS, AND MOR</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>FORM 990, PART III, PROGRAM SERVICE STATEMENT</p> | <p>E THAN 6 6 MILLION TOTAL CLINIC VISITS IT IS THE POLICY OF CLEVELAND CLINIC HEALTH SYSTEM TO TREAT ALL PATIENTS WITH COMPASSION, DIGNITY AND RESPECT, REGARDLESS OF THEIR RACE, CRE ED, OR ABILITY TO PAY CLEVELAND CLINIC'S PATIENT CARE SERVICES ARE PROVIDED VIA PATIENT-O RIENTED INSTITUTES, WHICH ARE STRUCTURED ON THE BASIS OF ORGAN SYSTEM OR DISEASE THE INST ITUTES FACILITATE A MULTIDISCIPLINARY APPROACH, AND ARE DESIGNED TO ENHANCE CONVENIENCE FO R PATIENTS AND THE EXCHANGE OF KNOWLEDGE, RESEARCH AND EDUCATIONAL COLLABORATION FOR BETTE R PATIENT OUTCOMES SOME OF THE INSTITUTES ARE ANESTHESIOLOGY & PAIN MANAGEMENT, BARIATRI C & METABOLIC, COLE EYE, DERMATOLOGY & PLASTIC SURGERY, DIGESTIVE DISEASE & SURGERY, EMERG ENCY SERVICES, ENDOCRINOLOGY & METABOLISM, GENOMICS, GLICKMAN UROLOGICAL & KIDNEY, HEAD & NECK, MILLER FAMILY HEART & VASCULAR, IMAGING, MEDICINE, NEUROLOGICAL, NURSING, OB/GYN & W OMEN'S HEALTH, ORTHOPAEDIC & RHEUMATOLOGY, PATHOLOGY & LABORATORY MEDICINE, PEDIATRIC & CH ILDREN'S HOSPITAL, RESPIRATORY, TAUSSIG CANCER, & WELLNESS & PREVENTATIVE MEDICINE NOTABL E ACHIEVEMENTS CLEVELAND CLINIC WAS AGAIN RECOGNIZED FOR ITS QUALITY OF CARE IN U S NEWS & WORLD REPORT'S PRESTIGIOUS ANNUAL "AMERICA'S BEST HOSPITALS" SURVEY IN 2018 OVERALL, CL EVELAND CLINIC WAS AMONG THE NATION'S BEST HOSPITALS, EARNING THE NO 2 RANKING FOR THE 2 4TH CONSECUTIVE YEAR, CLEVELAND CLINIC RANKED BEST IN THE NATION FOR CARDIOLOGY AND HEART SURGERY, EARNING THE NO 1 SPOT THE GLICKMAN UROLOGICAL & KIDNEY INSTITUTE RECEIVED THE N O 1 DISTINCTION IN UROLOGY AND NO 2 IN NEPHROLOGY TEN OTHER CLEVELAND CLINIC SPECIALTIE S ALSO RANKED IN THE TOP 10 NINE OTHER CLEVELAND CLINIC SPECIALTIES PLACED IN THE TOP 5 I NCLUDING CANCER, DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY & GI SURGERY, GERIATRICS, GYN ECOLOGY, NEUROLOGY & NEUROSURGERY, ORTHOPEDICS, PULMONOLOGY, AND RHEUMATOLOGY CLEVELAND C LINIC WAS ALSO RATED "HIGH PERFORMING" IN NINE PROCEDURES AND CONDITIONS CLEVELAND CLINIC HAS ACHIEVED DISTINGUISHED MAGNET RECOGNITION MAGNET STATUS IS THE HIGHEST NATIONAL RECO GNITION AWARDED TO A HOSPITAL OR MEDICAL CENTER FOR EXCELLENCE IN NURSING ANCC, A SUBSIDI ARY OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATIO N REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE FEWER THAN 4 00 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR CLEVELAND CLI NIC RECEIVED SEVERAL AWARDS FROM PRACTICE GREENHEALTH PRACTICE GREENHEALTH RECOGNIZES ORG ANIZATIONS WITHIN THE HEALTHCARE SECTOR THAT SUPPORT AND CREATE BETTER, SAFER, AND GREENER WORKPLACES AND COMMUNITIES IN 2018, CLEVELAND CLINIC AND ITS FACILITIES RECEIVED THE EN VIRONMENTAL EXCELLENCE AWARD, PARTNER FOR CHANGE AWARD, GREENING THE OR LEADERSHIP AWARD, LEADERSHIP CIRCLE AWARD, CLIMATE CIRCLE, PARTNER RECOGNITION AWARD, SYSTEM FOR CHANGE AWAR D, AND THE GREEN BUILDING CIRCLE AWARD FINANCIAL ASSISTANCE THE CLEVELAND CLINIC FINANCIA L ASSISTANCE POLICY ASSISTS PO</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART III, PROGRAM SERVICE STATEMENT | <p>OR AND INDIGENT PATIENTS BY PROVIDING FREE CARE FOR EMERGENCY AND MEDICALLY NECESSARY SERVICES TO UNINSURED PATIENTS WITH INCOMES UP TO 250 PERCENT OF THE FEDERAL POVERTY LEVEL AND ALSO OFFERS DISCOUNTS ON EMERGENCY AND MEDICALLY NECESSARY SERVICES FOR UNINSURED PATIENTS WHOSE INCOME IS UP TO 400 PERCENT OF THE POVERTY LEVEL. PATIENTS WITH EXCEPTIONAL CIRCUMSTANCES MAY ALSO BE ELIGIBLE FOR FINANCIAL ASSISTANCE. THIS POLICY IS DESIGNED TO PREVENT MEDICAL BILLS FROM CAUSING A PATIENT OR FAMILY UNDUE FINANCIAL HARDSHIP. THE CLEVELAND CLINIC HEALTH SYSTEM PROVIDED FINANCIAL ASSISTANCE AT A COST OF \$110.8 MILLION IN 2018.</p> <p>RESEARCH: CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE BIOMEDICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT DISEASE, AND FIND CURES FOR MEDICAL ISSUES. CLEVELAND CLINIC'S LERNER RESEARCH INSTITUTE ("LRI") IS ITS RESEARCH INSTITUTE LOCATED ON THE MAIN CAMPUS AND HOME TO A COMPLETE SPECTRUM OF LABORATORY-, TRANSLATIONAL-, AND CLINICAL-BASED RESEARCH. LRI HAS APPROXIMATELY 175 FACULTY-LEVEL SCIENTISTS ORGANIZED IN THE FOLLOWING DEPARTMENTS: BIOMEDICAL ENGINEERING, CANCER BIOLOGY, CARDIOVASCULAR AND METABOLIC SCIENCES, GENOMIC MEDICINE, INFLAMMATION AND IMMUNITY, NEUROSCIENCES, OPHTHALMIC RESEARCH, PATHOBIOLOGY, QUANTITATIVE HEALTH SCIENCES, AND TRANSLATIONAL HEMATOLOGY AND ONCOLOGY RESEARCH. LRI IS ONE OF THE LEADING NIH-FUNDED RESEARCH INSTITUTES IN THE UNITED STATES AND HAS SPEARHEADED NUMEROUS ADVANCES IN THE DIAGNOSIS AND TREATMENT OF COMPLEX MEDICAL PROBLEMS. SCIENTISTS AND THEIR TEAMS ARE PURSUING A WIDE RANGE OF BIOMEDICAL QUESTIONS AT LRI, INCLUDING THOSE RELATED TO CARDIOVASCULAR, CANCER, NEUROLOGICAL, MUSCULOSKELETAL, AND METABOLIC DISEASES. ALTOGETHER, NEARLY 1,500 SCIENTISTS AND SUPPORT PERSONNEL WORK AT LRI. THIS INCLUDES APPROXIMATELY 240 RESEARCH FELLOWS, 160 GRADUATE STUDENTS AND 200 UNDERGRADUATE STUDENTS.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED) | <p>IN ADDITION TO BASIC PRE-CLINICAL RESEARCH, THE CLEVELAND CLINIC, ITS AFFILIATES, AND EMPLOYED PHYSICIANS PARTICIPATE OR ARE PRIMARY INVESTIGATORS IN MANY CLINICAL TRIALS. IN 2018, CLEVELAND CLINIC WAS INVOLVED IN APPROXIMATELY 4,000 ACTIVE IRB APPROVED HUMAN SUBJECTS' RESEARCH STUDIES. THE ONGOING COLLABORATION BETWEEN PHYSICIAN INVESTIGATORS AND STUDY VOLUNTEERS IS CENTRAL TO TESTING THE SAFETY AND EFFECTIVENESS OF DRUGS AND MEDICAL PROCEDURES AND HELPS TO SET THE STANDARDS FOR PATIENT CARE. RESEARCH AT CLEVELAND CLINIC IS FUNDED BY EXTERNAL SOURCES, SUCH AS FEDERAL GRANTS, BUT IS ALSO SUBSTANTIALLY SUPPORTED BY THE CLINIC'S OWN INTERNAL RESOURCES. IN 2018, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$243.4 MILLION, WHICH INCLUDED EXTERNALLY-SPONSORED FUNDING OF \$165.7 MILLION. THE CLEVELAND CLINIC HEALTH SYSTEM'S RESEARCH ACTIVITIES ARE INTENDED TO IMPROVE PATIENT CARE AND THE HEALTH OF THE PUBLIC AT LARGE, BY PROVIDING THE LATEST ADVANCES IN MEDICINE DIRECTLY TO PATIENTS AND BY REFINING THE PRACTICE OF MEDICINE THROUGH THE DEVELOPMENT AND PROMULGATION OF NEW TECHNIQUES, DEVICES, AND TREATMENT PROTOCOLS. THROUGH EDUCATION ON ITS MAIN CAMPUS, CLEVELAND CLINIC OPERATES A MEDICAL SCHOOL AND RELATED RESEARCH INSTITUTE. THE PRIMARY FOCUS OF CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE OF CASE WESTERN RESERVE UNIVERSITY (THE "LERNER COLLEGE OF MEDICINE") IS THE TEACHING AND TRAINING OF MEDICAL STUDENTS WHO HAVE A PARTICULAR INTEREST IN RESEARCH. MANY CLEVELAND CLINIC PHYSICIANS SERVE AS FACULTY FOR THE LERNER COLLEGE OF MEDICINE, FURTHERING THE INTEGRATION OF CLINICAL CARE WITH RESEARCH AND EDUCATION. THE LERNER COLLEGE OF MEDICINE CURRENTLY PROVIDES ALL STUDENTS WITH FULL TUITION SCHOLARSHIPS. IN ADDITION TO TRAINING THIS NATION'S FUTURE DOCTORS, CLEVELAND CLINIC SPONSORS A WIDE RANGE OF HIGH QUALITY MEDICAL EDUCATION TRAINING THROUGHOUT THE HEALTH SYSTEM INCLUDING ACCREDITED TRAINING PROGRAMS FOR NURSES AND HEALTH SCIENCE PROFESSIONALS. CLEVELAND CLINIC HEALTH SYSTEM DEVOTES SUBSTANTIAL RESOURCES TO EDUCATION PROGRAMS, WHICH, IN 2018, PROVIDED A NET COMMUNITY BENEFIT OF \$282.9 MILLION. THESE EDUCATIONAL ACTIVITIES ENSURE RESIDENTS AND PATIENTS IN ALL OF THE CLEVELAND CLINIC HEALTH SYSTEM'S COMMUNITIES ARE RECEIVING THE HIGHEST STANDARD OF MEDICAL CARE AND HAVE TRAINED HEALTH PROFESSIONALS TO CARE FOR THEM IN THE FUTURE. SOME OF THESE EDUCATION PROGRAMS INCLUDE -GRADUATE MEDICAL EDUCATION. CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN THE COUNTRY. IN 2018, 1,001 RESIDENTS AND FELLOWS TRAINED IN 77 ACCREDITED TRAINING PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), INCLUDING 137 ADVANCED FELLOWS IN 88 FELLOWSHIP PROGRAMS. -LERNER COLLEGE OF MEDICINE. SINCE ITS INCEPTION IN MAY 2002, THE LERNER COLLEGE OF MEDICINE HAS LINKED ONE OF THE NATION'S TOP HOSPITALS WITH ONE OF THE NATION'S LEADING RESEARCH UNIVERSITIES. THERE WERE MORE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED) | <p>THAN 1,900 APPLICANTS FOR 32 POSITIONS FOR THE 2018-19 ACADEMIC YEAR THE PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 117 PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON 2 018 CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT SUBMISSIONS), AND 69 STUDENTS PARTICIPATED IN LOCAL AND NATIONAL MEETINGS WITH PRESENTATIONS AND POSTERS -VISITING MEDICAL STUDENTS VISITING MEDICAL STUDENT EDUCATION REPRESENTS A MAJOR ACADEMIC COMMITMENT BY CLEVELAND CLINIC IN 2018, 326 MEDICAL STUDENTS FROM 168 MEDICAL SCHOOLS AROUND THE WORLD ROTATED THROUGH CLEVELAND CLINIC -CENTER FOR CONTINUING EDUCATION CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST CONTINUING MEDICAL EDUCATION (CME) PROGRAMS IN THE COUNTRY AND ENJOYS THE HIGHEST ACCME RANKING "ACCREDITATION WITH COMMENDATION " IN 2018, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 1,738 CME ACTIVITIES THAT OFFERED OVER 13,000 CME CREDITS TO 194,008 PARTICIPANTS OF THAT NUMBER, 1,344 WERE LIVE COURSES THAT ATTRACTED 80,006 PARTICIPANTS CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL CENTERS THE CENTER'S WEBSITE HAD 171 ACTIVITIES THAT ATTRACTED 29,148 ACTIVITY VIEWERS JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, AWARDING MORE THAN 85,000 CERTIFICATES TO CLEVELAND CLINIC JOURNAL OF MEDICINE (CCJM) PARTICIPANTS IN 2018, THE CENTER ISSUED 182,832 CERTIFICATES FOR ALL ACTIVITIES COMBINED -THE CCJM ENJOYED A CIRCULATION OF MORE THAN 123,000 COPIES AND RANKED NO 2 IN READERSHIP AMONG JOURNALS DIRECTED TO OFFICE-BASED INTERNISTS AND CARDIOLOGISTS EACH YEAR, THE PRINT AND ONLINE VERSIONS ARE READ OR ACCESSED BY APPROXIMATELY 3.5 MILLION PEOPLE AROUND THE WORLD IN 2018 THE CCJM WEBSITE RECORDED 7,123,661 PAGE VIEWS FROM 5,200,985 UNIQUE VISITORS -CENTER FOR HEALTH SCIENCES EDUCATION CLEVELAND CLINIC IS A MAJOR EDUCATION AND TRAINING SITE FOR A NUMBER OF ALLIED HEALTH STUDENTS FROM VARIOUS ACADEMIC PROGRAMS THROUGHOUT THE REGION THE CLEVELAND CLINIC HEALTH SYSTEM CURRENTLY OFFERS 11 IN-HOUSE ALLIED HEALTH PROGRAMS AND HAS 51 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS IN 2018, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 370,000 CLINICAL ROTATION HOURS FOR OVER 1,100 HEALTH SCIENCE STUDENTS -CENTER FOR INTERNATIONAL MEDICAL EDUCATION THE CENTER FOR INTERNATIONAL MEDICAL EDUCATION (CIME) IS RESPONSIBLE FOR COORDINATING CLEVELAND CLINIC'S INTERNATIONAL EDUCATIONAL INITIATIVES AND FOR ENSURING THE PROVISION OF HIGH QUALITY EDUCATIONAL EXPERIENCES FOR THE GLOBAL MEDICAL COMMUNITY IN 2018, 918 INTERNATIONAL PHYSICIANS AND MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN OBSERVERSHIPS, 245 PHYSICIANS ATTENDED SYMPOSIA HELD AT CLEVELAND CLINIC IN PATIENT EXPERIENCE, CARDIOLOGY, COLORECTAL SURGERY, SPINE SURGERY, GASTROENTEROLOGY, LEUKEMIA, UROLOGY, CONGENITAL HEART DISEASE, BREAST CANCER, AND OBESITY, AND STAFF</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p> | <p>TRAVELED TO MORE THAN 15 COUNTRIES TO SHARE CLINICAL AND SURGICAL INNOVATIONS IV ADDITIO NAL COMMUNITY BENEFIT PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, AND EDUCATION DESCRIBED ABOVE ARE INTEGRAL COMPONENTS OF THE COMMUNITY BENEFIT THE CLEVELAND CLINIC HEA LTH SYSTEM ANNUALLY REPORTS TO THE COMMUNITY THE OTHER COMPONENTS OF OUR COMMUNITY BENEFIT ARE MEDICAID SHORTFALL THE CLEVELAND CLINIC HEALTH SYSTEM IS A LEADING PROVIDER OF MEDI CAID SERVICES IN OHIO IN MANY STATES, INCLUDING OHIO, MEDICAID PAYMENTS HAVE NOT BEEN SUF FICIENT TO COVER THE COST OF TREATING MEDICAID BENEFICIARIES IN 2018, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS WERE \$438 1 MILLION (THIS FIGURE IS INCLUSIVE OF AN HCAP ASSESSMENT OF \$6 2 MILLION) SUBSIDIZED HEALTH SERVICES IN ADDITION TO FINANCIAL ASSISTANCE AND COST S NOT COVERED BY MEDICAID PAYMENTS, ANOTHER CLINICAL COMMUNITY BENEFIT CATEGORY IS "SUBSID IZED HEALTH SERVICES " THESE SERVICES YIELD LOW OR NEGATIVE MARGINS BUT ARE NEEDED IN THE COMMUNITY CLEVELAND CLINIC PROVIDED SUBSIDIZED HEALTH SERVICES IN 2018 AT A COST OF \$21 7 MILLION COMMUNITY OUTREACH PROGRAMS THE CLEVELAND CLINIC HEALTH SYSTEM IS ACTIVELY ENGAG ED IN A BROAD ARRAY OF COMMUNITY OUTREACH PROGRAMS, PROVIDING A TOTAL NET COMMUNITY BENEFIT OF \$37 5 MILLION THESE PROGRAMS ARE DESIGNED TO SERVE THE VULNERABLE AND AT-RISK POPULA TIONS IN OUR COMMUNITIES OUR WELL-ESTABLISHED OUTREACH PROGRAMS RANGE FROM FREE WELLNESS INITIATIVES, HEALTH SCREENINGS, CLINICAL SERVICES, AND EDUCATION TO ENROLLMENT ASSISTANCE FOR GOVERNMENT-FUNDED HEALTH PROGRAMS OUTREACH PROGRAMS ADDRESS DOCUMENTED HEALTH NEEDS O F OUR COMMUNITIES, ALIGN WITH OUR COMMUNITY HEALTH NEEDS ASSESSMENTS AND FALL INTO THREE M AIN CATEGORIES COMMUNITY HEALTH SERVICES, CASH AND IN-KIND DONATIONS, AND COMMUNITY BUILD ING IN 2018, SOME HIGHLIGHTS INCLUDED - WELLNESS INITIATIVES IN THE AREAS OF DISEASE/INJ URY PREVENTION AND HEALTHY BEHAVIORAL CHANGE, INCLUDING TOBACCO CESSATION, NUTRITION IMPRO VEMENT AND EXERCISE -COMMUNITY CLASSES OFFERED HEALTH EDUCATION ON CHRONIC DISEASE MANAGE MENT IN THE AREAS OF HEART DISEASE, STROKE, CANCER, DIABETES, ASTHMA AND BRAIN HEALTH OUR HOSPITALS AND FAMILY HEALTH CENTERS PROVIDED CLASSES FOR HEALTHY SENIOR AND YOUTH LIFESTY LES NAVIGATORS WORKED WITH COMMUNITY RESIDENTS TO OBTAIN NEEDED RESOURCES -EDUCATION AND COMMUNITY SERVICES ADDRESSED AREAS OF INFANT MORTALITY, TEEN PARENTING, LEAD POISONING, D OMESTIC VIOLENCE AND TRAUMA PROGRAMS WERE PROVIDED TO SCHOOLS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, COLLABORATING CITIES AND COUNTIES</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED) | <p>- OPIOID EPIDEMIC COMMUNITY COLLABORATIONS PROVIDED UNIFIED RESPONSES AND RESOURCE ALLOCATION IN AN EFFORT TO REDUCE OVERDOSES -HEALTH FAIRS PROVIDED THOUSANDS OF PEOPLE WITH FREE HEALTH SCREENINGS THE CLEVELAND CLINIC MINORITY MEN'S HEALTH FAIR, CELEBRATING SISTERHOOD, TU FAMILIA, PINK AND BEYOND AND NEIGHBORHOOD FAIRS EDUCATED COMMUNITY MEMBERS ON THE BENEFITS OF PREVENTATIVE CARE -CLEVELAND CLINIC PROVIDED NO-COST CLINICAL CARE TO UNDER- AND UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH & EDUCATION CENTER AND THE PEDIATRIC MOBILE UNIT, WHICH PROVIDED WELLNESS SERVICES TO OUR COMMUNITIES IN ADDITION, LABORATORY AND VISION SERVICES WERE DONATED TO CLEVELAND-AREA ORGANIZATIONS -HEALTHY COMMUNITY INITIATIVES CONTINUED TO CONNECT RESIDENTS WITH LOCAL RESOURCES IN A COLLABORATION TO STRENGTHEN COMMUNITIES THROUGH NEIGHBORHOOD WELLNESS ACTIVITIES COMPETITIONS, ACADEMIC ACHIEVEMENT AND CAREER PREPAREDNESS -COMMUNITY FARMERS MARKETS, URBAN GARDENS AND A MOBILE FOOD PANTRY PROVIDED ACCESS TO FRESH LOCAL PRODUCTS AND SUPPLEMENTAL FOOD PROGRAMS TO ADDRESS FOOD INSECURITY ISSUES V CONCLUSION THE PURPOSE OF THE CLEVELAND CLINIC HEALTH SYSTEM IS TO BENEFIT HUMANITY THROUGH THE EFFICIENT, EFFECTIVE, AND ETHICAL PRACTICE OF MEDICINE, BY ADVANCING SCIENTIFIC INVESTIGATION AND MEDICAL EDUCATION, BY MAINTAINING THE HIGHEST STANDARDS OF QUALITY, AND BY FOSTERING CREATIVITY AND INNOVATION</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 2 | RONALD WEINBERG, CCF DIRECTOR & WILLIAM PEACOCK, CCF OFFICER - BUSINESS DEBORAH CRAWFORD, CCF DIRECTOR & PATRICK AULETTA, CCF DIRECTOR - BUSINESS RONALD WEINBERG, CCF DIRECTOR & PATRICK AULETTA, CCF DIRECTOR - BUSINESS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 3 | CCF HOTEL SERVICES, LLC, A SINGLE MEMBER DISREGARDED ENTITY OF CCF, HAS ENTERED INTO A MANAGEMENT AGREEMENT WITH INTERCONTINENTAL HOTELS CORPORATION TO MANAGE THE TWO HOTELS OWNED BY CCF HOTEL SERVICES, LLC THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A MANAGEMENT AGREEMENT WITH KESSLER REHABILITATION SERVICES, INC AS PART OF A JOINT VENTURE WITH HOSPITAL HOLDINGS CORPORATION (SELECT MEDICAL") TO MANAGE AND OPERATE THREE INPATIENT REHABILITATION HOSPITAL FACILITIES THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A MANAGEMENT AGREEMENT WITH REGENCY HOSPITALS, LLC AS PART OF A JOINT VENTURE WITH SELECT UNIT MANAGEMENT, INC (SELECT MEDICAL") TO MANAGE AND OPERATE FOUR LONG TERM ACUTE CARE FACILITIES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 6 | PURSUANT TO NONPROFIT CORPORATION LAW, THERE CAN BE NO SHAREHOLDERS OR OTHER "EQUITY OWNERS" OF A NONPROFIT CORPORATION MANAGEMENT AND CONTROL RIGHTS ARE HELD AND EXERCISED BY THE "MEMBERS" OF THE NONPROFIT CORPORATION CCF IS AN OHIO NONPROFIT CORPORATION AND IT HAS BOTH MEMBERS AND TRUSTEES IT DOES NOT HAVE STOCKHOLDERS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | PURSUANT TO NONPROFIT CORPORATION LAW, THE "MEMBERS" OF THE CORPORATION ELECT THE BOARD OF DIRECTORS (TRUSTEES), AND THE BOARD THEN CONDUCTS THE AFFAIRS OF THE CORPORATION IN ADDITION, ONE NONPROFIT CORPORATION MAY BE THE "MEMBER" OF ANOTHER NONPROFIT CORPORATION CCF IS AN OHIO NONPROFIT CORPORATION AND IT HAS MEMBERS WHO ELECT THE DIRECTORS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7B | PURSUANT TO NONPROFIT CORPORATION LAW, CERTAIN OF THE DECISIONS OF THE GOVERNING BODIES MUST BE APPROVED BY THE MEMBERS FOR EXAMPLE, ANY CHANGES TO THE ARTICLES OF INCORPORATION AND CODE OF REGULATIONS MUST BE APPROVED BY A VOTE OF THE MEMBERS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS REVIEWED BY EXPERIENCED AND QUALIFIED MEMBERS OF THE FINANCE DIVISION TAX DEPARTMENT PRIOR TO FILING, KEY SECTIONS OF THE FORM ARE REVIEWED WITH EXPERIENCED AND QUALIFIED MEMBERS OF THE LAW DEPARTMENT IN ADDITION, THE ENTIRE RETURN IS ALSO REVIEWED WITH THE CFO, AND MEMBERS OF THE AUDIT COMMITTEE THE PAID PREPARER (BIG 4 PUBLIC ACCOUNTING FIRM) CONDUCTS AN IN DEPTH REVIEW OF THE FORM ANNUALLY, THE 990 FILING IS REVIEWED AND DISCUSSED WITH THE ENTIRE AUDIT COMMITTEE UPON CONFIRMATION OF SUCCESSFUL E-FILING FROM THE IRS, A COPY OF THE FINAL E-FILED RETURN WILL BE MADE AVAILABLE TO APPROPRIATE MEMBERS OF THE GOVERNING BODY IN ADDITION TO POSTING ON GUIDESTAR, THE FINAL E-FILED RETURN WILL BE POSTED ON THE ORGANIZATION'S WEBSITE AT WWW CLEVELANDCLINIC ORG |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | CCF HAS ADOPTED A CONFLICT OF INTEREST ("COI") POLICY CONSISTENT WITH THE MODEL IRS COI POLICY IT APPLIES TO DIRECTORS, OFFICERS AND TRUSTEES OF CCF AND ALL ITS AFFILIATES, BOTH EXEMPT AND TAXABLE UNDER THE BOARD OF DIRECTORS POLICY AND PROCEDURES FOR DEALING WITH CONFLICT OF INTEREST ISSUES (THE POLICY), A TRUSTEE OR DIRECTOR WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION, OR ARRANGEMENT MUST REFRAIN FROM VOTING ON ANY MATTER RELATING TO THE CONTRACT, TRANSACTION, OR ARRANGEMENT IN ADDITION, THE TRUSTEES, DIRECTORS AND OFFICERS MUST ANNUALLY DISCLOSE ANY INTERESTS AS DEFINED IN THE POLICY THAT MAY BE CONSIDERED A POTENTIAL CONFLICT OF INTEREST FAILURE TO TIMELY REPLY IS TO BE ADDRESSED BY THE COMMITTEE UNDER THE POLICY THE TRUSTEES, OFFICERS AND DIRECTORS HAVE A CONTINUING OBLIGATION TO NOTIFY THE CHIEF GOVERNANCE OFFICER AT ANY TIME DURING THE YEAR IF ANY OF THEIR DISCLOSURES CHANGE OR IF A NEW DISCLOSURE IS REQUIRED UNDER THE POLICY THE BOARD CONFLICT OF INTEREST COMMITTEE MEETS FOUR TIMES A YEAR AND REVIEWS THE DISCLOSURES, ANY PROPOSED ARRANGEMENTS THAT MAY INVOLVE A POTENTIAL CONFLICT OF INTEREST, AND DOCUMENTS THEIR CONCLUSIONS UNDER THE POLICY, THE INTERESTED PERSONS MAY ATTEND A MEETING AT THE DISCRETION OF THE BOARD OR COMMITTEE TO PROVIDE INFORMATION OR ANSWER QUESTIONS, BUT THEY MAY NOT BE PRESENT DURING FINAL CONSIDERATION OR VOTING ON THE ARRANGEMENTS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>ALL CCF OFFICERS AND SIGNIFICANT MANAGEMENT EXECUTIVE POSITIONS HAVE THEIR COMPENSATION REVIEWED IN ADVANCE ANNUALLY BY THE COMPENSATION COMMITTEE OF THE CCF BOARD OF DIRECTORS, WHICH IS VESTED WITH BOARD-DELEGATED POWERS TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO COMPENSATION MATTERS. IN REVIEWING AND ESTABLISHING COMPENSATION FOR THESE OFFICERS AND KEY EMPLOYEES, THE COMMITTEE USES A PROCESS WHICH IS INTENDED TO CREATE THE PRESUMPTION IN REGULATION 53 4958-6(A) THAT PAYMENTS OF COMPENSATION TO THESE PERSONS CONSTITUTE REASONABLE COMPENSATION, DEFINED AS AMOUNTS THAT ARE WITHIN THE RANGE OF COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS. IN THIS PROCESS, NO MEMBER OF THE COMMITTEE WHO HAS A CONFLICT OF INTEREST WITHIN THE MEANING OF REGULATION 53 4958-6(C)(1)(III) WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE IS PERMITTED TO PARTICIPATE IN THE REVIEW AND APPROVAL OF THAT COMPENSATION ARRANGEMENT. IN ESTABLISHING COMPENSATION FOR EMPLOYED PHYSICIANS FOR PHYSICIAN SERVICES, CCF PARTICIPATES IN PRODUCTIVITY AND COMPENSATION SURVEYS WITH SIMILARLY SITUATED ORGANIZATIONS ACROSS THE U.S. IN ADDITION, CCF ENGAGES THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT WHO EACH YEAR PROVIDES CCF WITH A CUSTOMIZED COMPENSATION REPORT REGARDING PHYSICIAN COMPENSATION. BY USING THIS DATA, CCF HAS BEEN ABLE TO DEVELOP MARKET-BASED COMPENSATION FOR PHYSICIAN SERVICES. IN ESTABLISHING COMPENSATION FOR OFFICERS AND SIGNIFICANT MANAGEMENT EXECUTIVE EMPLOYEES PERFORMING NON-PHYSICIAN SERVICES, THE COMPENSATION COMMITTEE RETAINS AND CONSULTS WITH AN INDEPENDENT COMPENSATION CONSULTANT, WHO PREPARES A CUSTOMIZED REPORT FOR THE COMMITTEE REGARDING AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS. THE COMMITTEE USES THE MARKET-BASED DATA PROVIDED BY THE CONSULTANT, AND WHERE APPROPRIATE, PERFORMANCE REVIEWS AND COMPENSATION RECOMMENDATIONS BY THE CHIEF EXECUTIVE OFFICER AND CHIEF OF STAFF, TO ESTABLISH MARKET-BASED COMPENSATION. AFTER MAKING ITS COMPENSATION DECISIONS, THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS DELIBERATIONS AND DECISIONS IN CCF'S WRITTEN OR ELECTRONIC BOOKS AND RECORDS.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 18 | THE MOST RECENTLY FILED FORM 990 IS AVAILABLE ON THE CCF WEBSITE, WWW CLEVELANDCLINIC ORG, UNDER THE "ABOUT CLEVELAND CLINIC" SECTION ALL OTHER DOCUMENTS WHICH ARE REQUIRED TO BE AVAILABLE TO THE PUBLIC CAN BE OBTAINED UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | CCF MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW CLEVELANDCLINIC ORG, UNDER THE "ABOUT CLEVELAND CLINIC" SECTION IN THIS SECTION, THE FINANCIAL STATEMENTS, ANNUAL REPORT, COMMUNITY BENEFIT REPORT, CCF'S CONFLICT OF INTEREST POLICY, AND CORPORATE COMPLIANCE POLICIES ARE AVAILABLE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | GIFTS AND BEQUESTS 88,792,685 RETIREMENT BENEFITS ADJUSTMENT 28,397,884 CHANGE IN INTERESTS IN FOUNDATIONS 606,250 DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTION FOR CAPITAL PURPOSES 591,499 EQUITY AND OTHER TRANSFERS -255,345 NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS -42,076,412 TRANSFERS OF NET ASSETS -74,212,895 NET INVESTMENT INCOME -9,063,175 ROUNDING 1 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION

Employer identification number

34-0714585

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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| | | | | | |

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|--------------------------------|---|---------------------------------------|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) CCFMHS RENAL CARE COMPANY LTD 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1863789 | MEDICAL SERVICES | OH | THE CLEVELAND CLINIC FOUNDATION | RELATED | 2,733,255 | 13,178,548 | | No | | Yes | | 60 000 % |
| (2) CLEVELAND HEALTH NETWORK MSO LLC 4700 ROCKSIDE ROAD STE 200 INDEPENDENCE, OH 44131 31-1566180 | MEDICAL SERVICES | OH | N/A | RELATED | | 16,541 | | No | | Yes | | 100 000 % |
| (3) PROGNOSTIX LLC 10000 CEDAR AVENUE CLEVELAND, OH 44106 30-0624422 | MEDICAL SERVICES | OH | THE CLEVELAND CLINIC FOUNDATION | RELATED | 10,329 | 6,865 | | No | | | No | 78 000 % |
| (4) EXCELERATE STRATEGIC HEALTH SOURCING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-1810992 | HEALTH CARE OP & MGMT | DE | THE CLEVELAND CLINIC FOUNDATION | RELATED | 44,745 | 3,954,664 | | No | -335,027 | | No | 51 000 % |
| (5) AKRON SURGICAL ASSOC LLC 4125 MEDINA ROAD AKRON, OH 44333 01-0672877 | AMBULATORY SURGERY CENTER | OH | N/A | N/A | 1,040,389 | 1,849,175 | | No | | | No | 51 000 % |
| (6) MEDISTRY LLC 3029 PROSPECT AVENUE CLEVELAND, OH 44115 45-4880352 | DATA HOSTING & RELATED SVCS | DE | THE CLEVELAND CLINIC FOUNDATION | UNRELATED | -191,331 | 23,017 | | No | | Yes | | 55 000 % |
| | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

| | Yes | No |
|--|---------------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1b Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | No |
| d Loans or loan guarantees to or for related organization(s) | 1d Yes | |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o | No |
| p Reimbursement paid to related organization(s) for expenses | 1p Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s Yes | |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 34-0714585
Name: THE CLEVELAND CLINIC FOUNDATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income | (e) End-of-year assets | (f) Direct Controlling Entity |
|--|-------------------------------------|--|---------------------|---------------------------|--|
| (1) ADEO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-5704174 | TECHNOLOGY SERVICES | OH | 5,814 | 173,371 | THE CLEVELAND CLINIC FOUNDATION |
| (1) ADVANCED INFUSION SERVICES LTD 1 HOME CARE PLACE AKRON, OH 44320 34-1847339 | HOME INFUSION SERVICES | OH | 28,259 | 181,463 | VISITING NURSE SERVICE INC |
| (2) CC CHINA LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 20-5776477 | INACTIVE | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (3) CC WEB SOLUTIONS LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 26-3222020 | DOMAIN HOLDING COMPANY | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (4) CCF AMBULATORY SURGERY CENTERS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1939710 | HEALTH CARE SERVICES | OH | 17,841,855 | 392,486 | THE CLEVELAND CLINIC FOUNDATION |
| (5) CCF HOTEL SERVICES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-0666034 | HOTEL OPERATIONS | OH | 34,659,045 | 133,139,807 | THE CLEVELAND CLINIC FOUNDATION |
| (6) CHV HOME MEDICAL EQUIPMENT CO LLC 1 HOME CARE PLACE AKRON, OH 44320 20-4760456 | DURABLE MEDICAL EQUIPMENT | OH | 376,380 | 0 | VISITING NURSE SERVICE INC |
| (7) CLEVELAND CLINIC CARE COORDINATION LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 45-5282492 | HEALTH CARE SERVICES | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (8) CLEVELAND CLINIC FLORIDA CONCIERGE MEDICINE LLC 1301 EAST BROWARD BLVD STE 330 FT LAUDERDALE, FL 33301 82-3186835 | MEDICAL SERVICES | FL | 0 | 0 | CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION) |
| (9) CLEVELAND CLINIC FLORIDA NAPLES LLC 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 31-1741150 | HEALTH CARE SERVICES | FL | 0 | 0 | CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION) |
| (10) CLEVELAND CLINIC GLOBAL SOLUTIONS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-3666730 | HEALTH CARE SERVICES & IP LICENSING | OH | 3,600,448 | 22,978,513 | THE CLEVELAND CLINIC FOUNDATION |
| (11) CLEVELAND CLINIC MEDICARE ACO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 47-1281189 | HEALTH CARE SERVICES | OH | 0 | 2,647,096 | THE CLEVELAND CLINIC FOUNDATION |
| (12) CLEVELAND CLINIC OBGYN SPECIALTIES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1938153 | HEALTH CARE SERVICES | OH | 6,229,215 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (13) CLEVELAND CLINIC WELLNESS ENTERPRISE LLC 1950 RICHMOND ROAD LYNDHURST, OH 44124 26-3859233 | HEALTH CARE SERVICES | OH | 3,438,266 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (14) CLINIC MEDICAL SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1932969 | HEALTH CARE SERVICES | OH | 56,322,127 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (15) CLINIC PHYSICIAN SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1907574 | HEALTH CARE SERVICES | OH | 30,071,893 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (16) CLINIC REGIONAL PHYSICIANS LLC 25875 SCIENCE PARK DR BEACHWOOD, OH 44122 26-2636530 | HEALTH CARE SERVICES | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (17) EDWIN SHAW REHAB LLC 330 BROADWAY STREET EAST CUYAHOGA FALLS, OH 44221 27-0119182 | REHABILITATION FACILITY | OH | -586,129 | 1,798,164 | AKRON GENERAL MEDICAL CENTER |
| (18) INTELLIS EPM LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 27-0645368 | MEDICAL TECHNOLOGY | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (19) IVHR LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 45-4657632 | MEDICAL TECHNOLOGY | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income | (e) End-of-year assets | (f) Direct Controlling Entity |
|---|-------------------------|--|---------------------|---------------------------|---|
| (21) MEDINA HEALTH VENTURES LLC 1000 E WASHINGTON STREET MEDINA, OH 44256 | INACTIVE | OH | 0 | 0 | MEDINA HOSPITAL |
| (1) MERIDIA MEDICAL GROUP LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 34-1898545 | INACTIVE | OH | 0 | 0 | CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION |
| (2) MONTROSE SLEEP CENTER LLC 4125 MEDINA ROAD AKRON, OH 44333 20-0494491 | HEALTH CARE SERVICES | OH | 957,667 | 986,054 | AKRON GENERAL PARTNERS |
| (3) NEUROOPERATIVE MONITORING LLC 1 AKRON GENERAL AVENUE AKRON, OH 44307 30-0746215 | INACTIVE | OH | 0 | 0 | AKRON GENERAL PARTNERS |
| (4) NORTHEAST OHIO NEUROLOGICAL ASSOCIATES LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 20-0442351 | HEALTH CARE SERVICES | OH | 0 | 0 | CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION |
| (5) OHIO STAR IMAGING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 | INACTIVE | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (6) PSVW LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-1614376 | REAL ESTATE HOLDINGS | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (7) REJ HOLDINGS LLC 3050 SCIENCE PARK DRIVE BEACHWOOD, OH 44122 27-3245990 | REAL ESTATE HOLDINGS | OH | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (8) TATARA VASCULAR LLC 10000 CEDAR AVE CLEVELAND, OH 44106 47-4282964 | MEDICAL TECHNOLOGY | DE | 0 | 0 | THE CLEVELAND CLINIC FOUNDATION |
| (9) THE BRENTWOOD CENTER OF EXCELLENCE LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 20-1476092 | HEALTH CARE SERVICES | OH | 0 | 0 | CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION |
| (10) WOOSTER CLINIC LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1855775 | HEALTH CARE SERVICES | OH | 46,059,654 | 59,519 | THE CLEVELAND CLINIC FOUNDATION |
| (11) CLEVELAND CLINIC FLORIDA HOME HEALTHCARE LLC 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 83-2250064 | HEALTH CARE SERVICES | FL | 0 | 0 | CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION) |
| (12) UNION HOSPITAL MEDICAL SERVICES LLC 659 BOULEVARD DOVER, OH 44622 27-0273520 | HEALTH CARE SERVICES | OH | 339,916 | 0 | THE UNION HOSPITAL ASSOCIATION |
| (13) UNION PHYSICIAN SERVICES LLC 659 BOULEVARD DOVER, OH 44622 26-4215547 | HEALTH CARE SERVICES | OH | 12,596,202 | 0 | THE UNION HOSPITAL ASSOCIATION |
| (14) TUSCARAWAS AMBULATORY SURGERY CENTER LLC 659 BOULEVARD DOVER, OH 44622 34-0000100 | HEALTH CARE SERVICES | OH | 4,533,144 | 2,348,352 | THE UNION HOSPITAL ASSOCIATION |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 800 SHARON DRIVE STE C WESTLAKE, OH 44145 34-1456398 | ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY | OH | 501(C)(3) | LINE 7 | N/A | | No |
| 14601 DETROIT AVENUE STE 240 LAKEWOOD, OH 44107 34-6519834 | SUPPORT LAKEWOOD HOSPITAL ASSOCIATION | OH | 501(C)(3) | LINE 12D, III-O | N/A | | No |
| 2001 ROSS AVENUE DALLAS, TX 75201 31-1707979 | SUPPORT CHARITABLE PURPOSES OF HOSPITALS & UNIVERSITIES | TX | 501(C)(3) | LINE 12D, III-O | N/A | | No |
| 10700 EUCLID AVENUE CLEVELAND, OH 44106 91-1818256 | HEALTH CARE SERVICES | OH | 501(C)(3) | LINE 12D, III-O | N/A | | No |
| 18101 LORAIN AVENUE CLEVELAND, OH 44111 23-7108198 | SUPPORT FAIRVIEW HOSPITAL | OH | 501(C)(3) | PF | N/A | | No |
| 659 BOULEVARD DOVER, OH 44622 34-0000100 | PHYSICIAN HOSPITAL AND ORGANIZATION | OH | 501(C)(3) | LINE 3 | N/A | | No |
| 40 GROSVENOR PLACE LONDON SW1X 7AW UK | SUPPORT HEALTH CARE, RESEARCH, AND EDUCATION | UK | 501(C)(3) | | N/A | | No |
| 659 BOULEVARD DOVER, OH 44622 34-1204928 | SUPPORT THE UNION HOSPITAL ASSOCIATION | OH | 501(C)(3) | LINE 10 | N/A | | No |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------------|---|---------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|--|-----|
| | | | | | | | | Yes | No |
| (1) 33 GROSVENOR PLACE LTD 47 ESPLANADE ST HELIER JEI 0BD JE | LEASE HOLDING COMPANY | JE | CLEVELAND CLINIC UK HOLDINGS LTD | C | -365,948,520 | | 100 000 % | Yes | |
| (1) AKRON GENERAL INNOVATIONS INC 1 AKRON GENERAL AVENUE AKRON, OH 44307 38-3928798 | PARTNERSHIP INVESTMENTS | OH | AKRON GENERAL PARTNERS | C | | | | | No |
| (2) AKRON GENERAL MANAGED CARE ASSOCIATION INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1784985 | SUPPORTING SERVICES | OH | AKRON GENERAL MEDICAL CENTER | C | | | | | Yes |
| (3) CCF BOLTON INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4596571 | BUSINESS SERVICES | OH | CLINIC MEDICAL SOLUTIONS INC | C | | | | | Yes |
| (4) CCHS INDEMNITY CO LTD 23 LIME TREE BAY BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0207086 | INSURANCE COMPANY | CJ | THE CLEVELAND CLINIC FOUNDATION | C | 59,458,379 | 161,211,932 | 100 000 % | Yes | |
| (5) CELLX TECHNOLOGIES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-2405500 | MEDICAL TECHNOLOGY | DE | THE CLEVELAND CLINIC FOUNDATION | C | | | 100 000 % | Yes | |
| (6) CLEVELAND CLINIC CANADA-TORONTO INC 181 BAY STREET BOX818 TORONTO M5J 2T3 CA | HEALTH CARE SERVICES | CA | THE CLEVELAND CLINIC FOUNDATION | C | 13,366,909 | 13,445,532 | 100 000 % | Yes | |
| (7) CLEVELAND CLINIC EMR INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4856025 | MEDICAL SERVICES | OH | CLINIC MEDICAL SOLUTIONS INC | C | | 1,121,837 | | | Yes |
| (8) CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1877409 | MEDICAL SERVICES | OH | CLINIC MEDICAL SOLUTIONS INC | C | 12,508,988 | 11,549,645 | | | Yes |
| (9) CLEVELAND CLINIC LONDON LTD 11-12 ST JAMESS SQUARE ST1 3RD LONDON SW1Y 4LB UK | HOSPITAL OPERATING COMPANY | UK | CLEVELAND CLINIC UK HOLDINGS LTD | C | -30,560 | 30,079,471 | 100 000 % | Yes | |
| (10) CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) PO BOX 340340 RIYADH 11333 SA | MEDICAL SERVICES | SA | THE CLEVELAND CLINIC FOUNDATION | C | 27,061,943 | 44,047,256 | 100 000 % | Yes | |
| (11) CLEVELAND CLINIC UK HOLDINGS LTD 11-12 ST JAMESS SQUARE ST1 3RD LONDON SW1Y 4LB UK | HOLDING COMPANY | UK | THE CLEVELAND CLINIC FOUNDATION | C | -250,817 | 729,438,861 | 100 000 % | Yes | |
| (12) CLEVELAND HEALTH NETWORK 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1770780 | MEDICAL SERVICES | OH | N/A | C | | | | | Yes |
| (13) CLEVELAND HEALTH NETWORK MANAGED CARE ORGANIZATION 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1808138 | HEALTH CARE SERVICES | OH | CLEVELAND HEALTH NETWORK | C | | | | | Yes |
| (14) CLINIC MEDICAL SOLUTIONS INC 18101 LORAIN AVENUE CLEVELAND, OH 44111 34-1695388 | HEALTH CARE SERVICES | OH | THE CLEVELAND CLINIC FOUNDATION | C | 13,943,952 | 4,981,757 | | | Yes |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|---------------------------------|---|---------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| (16) CMCD INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256599 | REAL ESTATE | OH | MEDINA HOSPITAL | C | | 311,040 | 100 000 % | Yes | |
| (1) CORA SENTA TECHNOLOGIES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-4335548 | INACTIVE | DE | THE CLEVELAND CLINIC FOUNDATION | C | | | | | No |
| (2) CUSTOM ORTHOPAEDIC SOLUTIONS INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 27-4838981 | MEDICAL TECHNOLOGY | DE | THE CLEVELAND CLINIC FOUNDATION | C | | | | | No |
| (3) ENHALE MEDICAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-1613340 | SLEEP APNEA TREATMENT | DE | THE CLEVELAND CLINIC FOUNDATION | C | | 1,463,357 | 100 000 % | Yes | |
| (4) INFUSEO THERAPEUTICS INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1776182 | SCIENTIFIC RESEARCH | DE | THE CLEVELAND CLINIC FOUNDATION | C | 100,842 | 399,735 | 100 000 % | Yes | |
| (5) ION-VAC INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1560044 | SCIENTIFIC RESEARCH | DE | THE CLEVELAND CLINIC FOUNDATION | C | | 89,231 | 100 000 % | Yes | |
| (6) LAKEWOOD HEALTHCARE FOUNDATION 14519 DETROIT AVENUE LAKEWOOD, OH 44107 34-1574608 | HEALTH CARE SERVICES | OH | LAKEWOOD HOSPITAL ASSOCIATION | C | | | | Yes | |
| (7) MCZ INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256598 | LEASING | OH | MEDINA HOSPITAL | C | 7,807 | 500 | 100 000 % | Yes | |
| (8) MEDINVEST INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-3978297 | INACTIVE | OH | CLINIC MEDICAL SOLUTIONS INC | C | | | 100 000 % | Yes | |
| (9) MERIDIA HEALTH VENTURES INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1533871 | HEALTH CARE SERVICES | OH | CLEVELAND CLINIC HOME CARE | C | | | 100 000 % | Yes | |
| (10) MERLOT ORTHOPEDIX INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 11-3779414 | MEDICAL DEVICE MANUFACTURING | DE | THE CLEVELAND CLINIC FOUNDATION | C | | 64,784 | 55 120 % | Yes | |
| (11) NEOMEDICS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 02-0656818 | BUSINESS SERVICES | OH | CLINIC MEDICAL SOLUTIONS INC | C | | | 100 000 % | Yes | |
| (12) NEUROTERAPIA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-3977513 | MEDICAL TECHNOLOGY | DE | THE CLEVELAND CLINIC FOUNDATION | C | | 305,130 | 100 000 % | Yes | |
| (13) OPTOQUEST CORPORATION 10000 CEDAR AVENUE CLEVELAND, OH 44106 26-3589643 | SCIENTIFIC RESEARCH | DE | THE CLEVELAND CLINIC FOUNDATION | C | 61,750 | 52,610 | 100 000 % | Yes | |
| (14) PINE FALLS CONDOMINIUM ASSOCIATES INC 6100 WEST CREEK SUITE 25 INDEPENDENCE, OH 44131 34-1617589 | CONDO RENTALS | OH | THE CLEVELAND CLINIC FOUNDATION | C | | | 75 000 % | Yes | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|-------------------------|---|---------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| (31) RENOVO BIOSCIENCES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 34-1956569 | MEDICAL TECHNOLOGY | DE | RENOVO BIOSCIENCES INC | C | 1,003,531 | 1,418,755 | 100 000 % | Yes | |
| (1) RENOVO NEURAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 80-0185146 | MEDICAL TECHNOLOGY | DE | THE CLEVELAND CLINIC FOUNDATION | C | 148,193 | | 100 000 % | Yes | |
| (2) SHIELD BIOTECH INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-2880975 | MEDICAL TECHNOLOGY | DE | THE CLEVELAND CLINIC FOUNDATION | C | | | 72 000 % | Yes | |
| (3) VIVERE PHARMA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-5397125 | INACTIVE | DE | THE CLEVELAND CLINIC FOUNDATION | C | | | 100 000 % | Yes | |
| (4) CLEVELAND CLINIC UK FINANCING PLC 11-12 ST JAMESS SQUARE ST1 3RD LONDON SW1Y 4LB UK | FINANCING | UK | CLEVELAND CLINIC UK HOLDINGS LTD | C | | 524,516,847 | 100 000 % | Yes | |
| (5) UNION CARE CORPORATION 659 BOULEVARD DOVER, OH 44622 34-1556177 | INACTIVE | OH | THE UNION HOSPITAL ASSOCIATION | C | | | 100 000 % | Yes | |
| (6) UNION PHARMACEUTICALCARE INC 659 BOULEVARD DOVER, OH 44622 04-3588229 | HEALTH CARE SERVICES | OH | THE UNION HOSPITAL ASSOCIATION | C | 15,157 | 42,127 | 100 000 % | Yes | |
| (7) CASHEL NEURAL INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4625105 | SCIENTIFIC RESEARCH | DE | | C | | | | Yes | |
| (8) NEW COS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4828042 | SCIENTIFIC RESEARCH | DE | | C | 1,263,741 | 519,193 | | Yes | |
| (9) TMAO INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44111 82-4850194 | INACTIVE | DE | | C | | | | Yes | |
| (10) CHARITABLE REMAINDER TRUSTS (14) C/O 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 | | OH | | T | | | | Yes | |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|------|---|---------------------------------|------------------------|--|
| (1) | CLEVELAND CLINIC CANADA - TORONTO INC | A | 100,000 | FMV |
| (1) | THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION | B | 19,298,390 | FMV |
| (2) | EXCELERATE STRATEGIC HEALTH SOURCING LLC | B | 765,000 | FMV |
| (3) | MEDISTRY LLC | B | 82,500 | FMV |
| (4) | NEW COS INC | B | 104,733 | FMV |
| (5) | ENHALE MEDICAL INC | D | 2,070,833 | FMV |
| (6) | INFUSEON THERAPEUTICS INC | D | 196,417 | FMV |
| (7) | NEUROTERAPIA INC | D | 209,944 | FMV |
| (8) | OPTOQUEST CORPORATION | D | 83,964 | FMV |
| (9) | RENOVO BIOSCIENCES INC | D | 467,492 | FMV |
| (10) | CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION | J | 293,633 | FMV |
| (11) | THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION | J | 2,256,745 | FMV |
| (12) | CLEVELAND CLINIC MEDICAL SERVICES INC | J | 439,728 | FMV |
| (13) | FAIRVIEW HOSPITAL | J | 483,831 | FMV |
| (14) | PARTNERS PHYSICIAN GROUP | J | 127,622 | FMV |
| (15) | AKRON GENERAL MEDICAL CENTER | K | 141,610 | FMV |
| (16) | CLEVELAND CLINIC AVON HOSPITAL | K | 4,670,941 | FMV |
| (17) | CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION | K | 3,278,597 | FMV |
| (18) | CLINIC MEDICAL SOLUTIONS INC | K | 395,956 | FMV |
| (19) | FAIRVIEW HOSPITAL | K | 1,390,413 | FMV |
| (20) | LUTHERAN HOSPITAL | K | 585,639 | FMV |
| (21) | MARYMOUNT HOSPITAL INC | K | 886,369 | FMV |
| (22) | MEDINA HOSPITAL | K | 1,319,245 | FMV |
| (23) | AKRON GENERAL MEDICAL CENTER | L | 3,262,802 | FMV |
| (24) | CLEVELAND CLINIC AVON HOSPITAL | L | 1,101,855 | FMV |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------|--|--|-------------------------------|---|
| (26) | CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION | L | 4,957,000 | FMV |
| (1) | CLEVELAND CLINIC NEVADA | L | 232,971 | FMV |
| (2) | CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION | L | 161,268 | FMV |
| (3) | CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION | L | 6,813,914 | FMV |
| (4) | CLEVELAND CLINIC SAUDI ARABIA LLC | L | 3,704,000 | FMV |
| (5) | CLINIC MEDICAL SOLUTIONS INC | L | 1,167,000 | FMV |
| (6) | FAIRVIEW HOSPITAL | L | 4,032,008 | FMV |
| (7) | EXCELERATE STRATEGIC HEALTH SOURCING LLC | L | 315,230 | FMV |
| (8) | LUTHERAN HOSPITAL | L | 1,154,261 | FMV |
| (9) | MARYMOUNT HOSPITAL INC | L | 1,414,146 | FMV |
| (10) | MEDINA HOSPITAL | L | 1,392,188 | FMV |
| (11) | AKRON GENERAL MEDICAL CENTER | M | 277,724 | FMV |
| (12) | CLEVELAND CLINIC AVON HOSPITAL | M | 552,172 | FMV |
| (13) | CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION | M | 242,444 | FMV |
| (14) | CLEVELAND CLINIC MEDICAL SERVICES INC | M | 10,759,000 | FMV |
| (15) | FAIRVIEW HOSPITAL | M | 433,935 | FMV |
| (16) | LODI COMMUNITY HOSPITAL | M | 60,302 | FMV |
| (17) | LUTHERAN HOSPITAL | M | 121,675 | FMV |
| (18) | MARYMOUNT HOSPITAL INC | M | 411,736 | FMV |
| (19) | MEDINA HOSPITAL | M | 878,992 | FMV |
| (20) | CCHS INDEMNITY COMPANY LTD | P | 40,225,680 | FMV |
| (21) | THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION | Q | 1,127,054 | FMV |
| (22) | EXCELERATE STRATEGIC HEALTH SOURCING LLC | Q | 2,679,637 | FMV |
| (23) | EXCELERATE STRATEGIC HEALTH SOURCING LLC | S | 1,520,629 | FMV |
| (24) | PROGNOSTIX LLC | S | 336,116 | FMV |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| (51) SHIELD BIOTECH INC | S | 10,081,248 | FMV |