

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
2019
Open to Public Inspection

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

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 \$ 9,240,497,142

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 AND 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)	3	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	41,815
6 Total number of volunteers (estimate if necessary)	6	1,154
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	58,238,593
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	261,657,223	263,593,024
9 Program service revenue (Part VIII, line 2g)	5,723,660,688	6,207,489,737
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	148,849,599	185,811,169
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,937,216	173,519,078
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,254,104,726	6,830,413,008

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	106,912,553	110,094,217
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)	3,217,788,553	3,410,816,900
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,625,085	1,770,231
b Total fundraising expenses (Part IX, column (D), line 25) ▶14,666,956		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,557,209,646	2,710,215,412
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,883,535,837	6,232,896,760
19 Revenue less expenses. Subtract line 18 from line 12	370,568,889	597,516,248

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,990,906,558	12,446,161,990
21 Total liabilities (Part X, line 26)	5,561,105,105	6,172,018,991
22 Net assets or fund balances. Subtract line 21 from line 20	5,429,801,453	6,274,142,999

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: STEVEN C GLASS CHIEF FINANCIAL OFFICER
Date: 2020-10-30

Paid Preparer Use Only
Print/Type preparer's name: ERNST & YOUNG LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P00089502
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 \$ 5,596,433,521 including grants of \$ 110,094,217) (Revenue \$ 6,207,489,737)
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 ▶ 5,596,433,521

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
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>	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>	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>	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>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26 Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>	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>	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>	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>	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>	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>	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 5,748	
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 41,815
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b Yes
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)? 4a Yes
b UK, LU, CJ, HK, SW, CA, SA, IS, NO, KS, BR, DA, If "Yes," enter the name of the foreign country: PO
5a Was the organization filing any reports to the IRS or other U.S. authorities for foreign banking or financial accounts (FBAR). 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
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? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
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? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
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 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
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? 15 Yes
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members/stockholders, governance decisions, meeting documentation, and officer mailing addresses.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation, and investment in taxable entities.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states requiring Form 990, public inspection of Form 1023, website availability, governing documents, and person in possession of books and records.

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
See Additional Data Table										

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							30,625,634	2,909,811	5,852,456

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6,556

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SIEMENS MEDICAL SOLUTIONS INC PO BOX 121102 DALLAS, TX 75312	HEALTHCARE IT & ENGINEERING SERVICES	23,111,289
IBM CORP 500 FIRST AVENUE PITTSBURGH, PA 15219	INFORMATION TECHNOLOGY SYSTEMS SERVICES	22,683,542
THE HCI GROUP PO BOX 734305 CHICAGO, IL 60673	HEALTHCARE IT CONSULTING & TECH SOLUTION	11,790,127
TOWNE PARK LLC PO BOX 79349 BALTIMORE, MD 21279	PARKING SERVICES	10,472,068
CARDINAL HEALTH PO BOX 70539 CHICAGO, IL 60673	INTEGRATED HEALTHCARE SOLUTIONS	9,518,451

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 493

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	5,873,562		
	d Related organizations	1d	983		
	e Government grants (contributions)	1e	120,856,366		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	136,862,113		
	g Noncash contributions included in lines 1a - 1f:\$	1g	11,756,921		
	h Total. Add lines 1a-1f		263,593,024		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a NET PATIENT SERVICES		612990	3,490,559,681	3,465,577,407	24,982,274	
b MEDICARE/MEDICAID PAYM		921990	2,121,875,236	2,121,875,236		
c OTHER PROGRAM SERVICES		900099	505,828,539	490,821,423	15,007,116	
d PARKING, PHONE & OTHER		900099	54,286,992		17,571,594	36,715,398
e MANAGEMENT FEES		561000	30,424,748	30,424,748		
f All other program service revenue.			4,514,541	4,629,208	-114,667	
g Total. Add lines 2a-2f.			6,207,489,737			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			65,932,993			65,932,993	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			33,332,351			33,332,351	
	6a Gross rents	6a	(i) Real	8,710,341				
			(ii) Personal					
	b Less: rental expenses	6b		0				
	c Rental income or (loss)	6c		8,710,341				
	d Net rental income or (loss)			8,710,341			8,710,341	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,525,780,146	2,083,410			
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b		2,403,270,997	4,714,383			
	c Gain or (loss)	7c		122,509,149	-2,630,973			
	d Net gain or (loss)			119,878,176			119,878,176	
8a Gross income from fundraising events (not including \$ 5,873,562 of contributions reported on line 1c). See Part IV, line 18	8a			264,074				
		b Less: direct expenses	8b		2,098,754			
		c Net income or (loss) from fundraising events			-1,834,680			-1,834,680
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a INCOME (LOSS) ON INVES		523000	163,697,803			163,697,803		
b INVESTMENT IN AFFILIAT		523000	2,737,082		792,276	1,944,806		
c FOREIGN CURRENCY		525990	286,195			286,195		
d All other revenue			-33,410,014			-33,410,014		
e Total. Add lines 11a-11d			133,311,066					
12 Total revenue. See instructions			6,830,413,008	6,113,328,022	58,238,593	395,253,369		

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	26,751,071	26,751,071		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	82,233,245	82,233,245		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,109,901	1,109,901		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	21,169,952	6,228,323	14,941,629	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,437,221	889,670	3,547,551	
7 Other salaries and wages	2,725,966,635	2,363,656,136	354,764,760	7,545,739
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	172,045,817	149,130,964	22,382,303	532,550
9 Other employee benefits	305,776,289	265,054,216	39,779,971	942,102
10 Payroll taxes	181,420,986	157,234,388	23,601,966	584,632
11 Fees for services (non-employees):				
a Management	4,900,676	4,263,123	637,553	
b Legal	4,127,378	3,590,427	536,951	
c Accounting	3,604,690		3,604,690	
d Lobbying	623,865	623,865		
e Professional fundraising services. See Part IV, line 17	1,770,231			1,770,231
f Investment management fees	19,556,620		19,556,620	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	206,279,386	177,579,908	26,835,920	1,863,558
12 Advertising and promotion	30,244,039	26,246,172	3,934,599	63,268
13 Office expenses	59,611,737	51,485,461	7,755,190	371,086
14 Information technology	104,663,709	91,045,619	13,616,227	1,863
15 Royalties	2,872,643	2,498,926	373,717	
16 Occupancy	93,570,726	81,395,553	12,173,085	2,088
17 Travel	21,036,746	17,750,188	2,736,776	549,782
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,651,809	8,115,570	1,255,652	280,587
20 Interest	98,779,169	85,928,492	12,850,677	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	279,455,969	243,069,946	36,355,828	30,195
23 Insurance	41,304,058	35,930,606	5,373,452	
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	1,380,532,582	1,380,521,743		10,839
b BAD DEBT EXPENSE	148,529,069	148,529,069		
c EQUIPMENT RENTAL & MAIN	84,511,733	73,610,672	10,864,460	36,601
d STATE FRANCHISE FEE	57,328,446	57,328,446		
e All other expenses	59,030,362	54,631,821	4,316,706	81,835
25 Total functional expenses. Add lines 1 through 24e	6,232,896,760	5,596,433,521	621,796,283	14,666,956
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	481,200,626	1	264,919,685
	2 Savings and temporary cash investments	8,741,538	2	204,791,195
	3 Pledges and grants receivable, net	208,748,883	3	188,539,252
	4 Accounts receivable, net	763,655,344	4	840,015,988
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	7,444,253	5	7,756,160
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	21,957,604	7	84,921,757
	8 Inventories for sale or use	97,643,634	8	106,140,561
	9 Prepaid expenses and deferred charges	56,370,802	9	62,053,674
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,577,589,509		
	b Less: accumulated depreciation	10b 3,587,775,859	2,826,929,606	10c 2,989,813,650
	11 Investments—publicly traded securities	2,515,396,435	11	2,554,061,404
	12 Investments—other securities. See Part IV, line 11	2,699,313,234	12	3,577,321,949
	13 Investments—program-related. See Part IV, line 11	258,142,930	13	298,566,215
	14 Intangible assets	62,134,669	14	62,104,311
	15 Other assets. See Part IV, line 11	983,227,000	15	1,205,156,189
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,990,906,558	16	12,446,161,990	
Liabilities	17 Accounts payable and accrued expenses	852,651,056	17	894,162,002
	18 Grants payable	453,264	18	443,987
	19 Deferred revenue	77,384,613	19	64,497,759
	20 Tax-exempt bond liabilities	2,794,852,235	20	3,390,360,034
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	105,000,000	23	0
	24 Unsecured notes and loans payable to unrelated third parties	123,457,997	24	185,730,372
	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	1,607,305,940	25	1,636,824,837
	26 Total liabilities. Add lines 17 through 25	5,561,105,105	26	6,172,018,991
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,579,477,000	27	5,369,427,785
	28 Net assets with donor restrictions	850,324,453	28	904,715,214
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,429,801,453	32	6,274,142,999	
33 Total liabilities and net assets/fund balances	10,990,906,558	33	12,446,161,990	

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	6,830,413,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,232,896,760
3	Revenue less expenses. Subtract line 2 from line 1	3	597,516,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,429,801,453
5	Net unrealized gains (losses) on investments	5	237,011,196
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,814,102
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,274,142,999

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 (2019)

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 FORMER OFFICER, CC LONDON - CEO	0.00 50.00						X	0	2,909,811	812,727
MIHALJEVIC MD TOMISLAV DIRECTOR, PRESIDENT & CEO	50.00 0.00	X		X				3,263,418	0	45,449
KRANYAK MD MARGARET RETIRED PHYSICIAN (PART YR)	0.00 50.00					X		1,926,172	0	783,511
BROOKS MD PETER PHYSICIAN	50.00 0.00					X		1,468,472	0	827,538
SURI MD RAKESH CEO CCAD	50.00 0.00					X		1,933,075	0	161,121
PEACOCK WILLIAM CHIEF OF OPERATIONS	50.00 0.00			X				1,827,678	0	47,946
TUZCU MD E MURAT CHIEF ACADEMIC OFFICER - CCAD	50.00 0.00					X		1,660,634	0	149,972
GLASS STEVEN C CFO & TREASURER	50.00 0.00			X				1,733,491	0	58,941
NAJM MD HANI PHYSICIAN	50.00 0.00					X		1,707,134	0	46,572
ROWAN DAVID SECRETARY, CHIEF LEGAL OFFICER	50.00 0.00			X				1,684,851	0	47,508

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			
SVENSSON MD LARS CHAIR OF HEART & VASCULAR INST	50.00 0.00				X			1,682,256	0	46,247
MARTIN MD DANIEL CHAIR COLE EYE INST	50.00 0.00					X		1,441,943	0	46,247
WIEDEMANN MD HERBERT DIRECTOR, CHIEF OF STAFF	50.00 0.00	X		X				1,081,037	0	601,881
ERZURUM MD SERPIL FORMER OFFICER	50.00 0.00						X	715,951	0	753,059
GUTIERREZ MD JAMES DIRECTOR, PHYSICIAN	50.00 0.00	X						1,168,948	0	223,061
SABANEKH MD EDMUND PRESIDENT, CC MAIN CAMPUS	50.00 0.00			X				1,087,264	0	45,938
COSGROVE MD DELOS FORMER CEO, EXECUTIVE ADVISOR	15.00 0.00						X	823,428	0	118,937
YOUNG MD JAMES P CHIEF ACADEMIC OFFICER	50.00 0.00			X				987,138	0	46,394
MCHUGH LINDA FORMER OFFICER	50.00 0.00						X	954,611	0	61,384
ISAACSON MD J HARRY DIRECTOR, PHYSICIAN	50.00 0.00	X						358,127	0	367,527

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			
HAMILTON THOMAS FORMER OFFICER	50.00 0.00						X	485,866	0	213,656
LONGVILLE TIMOTHY CAO & CONTROLLER (PART YR)	50.00 0.00			X				478,836	0	119,941
MCKENZIE MD MARGARET DIRECTOR, PHYSICIAN	50.00 0.00	X						502,394	0	46,572
DAVIS MARLEINA ASST. SECRETARY	50.00 0.00			X				416,912	0	62,679
HARRINGTON MICHAEL CAO, CONTROLLER & ASSOC CFO(PART YR)	50.00 0.00			X				369,216	0	37,474
MEEHAN MICHAEL J RECORDING SECRETARY	50.00 0.00			X				379,775	0	13,320
OBLANDER JASON ASST. SECRETARY	50.00 0.00			X				220,413	0	23,119
LYTLE MD BRUCE FORMER KEY EMPLOYEE (RETIRED)	0.00 0.00						X	118,200	0	44,110
HAHN MD JOSEPH FORMER OFFICER (RETIRED)	0.00 0.00						X	148,394	0	-375
MOONEY BETH E DIRECTOR, BOARD CHAIR (PART YEAR)	5.00 0.00	X		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			
RICH ROBERT E JR DIRECTOR, BOARD CHAIR (PART YEAR)	5.00 0.00	X		X				0	0	0
SCAMINACE JOSEPH M DIRECTOR, BOARD VICE CHAIR	5.00 0.00	X		X				0	0	0
AULETTA PATRICK V DIRECTOR	5.00 0.00	X						0	0	0
BENZ MICHAEL DIRECTOR	5.00 0.00	X						0	0	0
CHACK DENNIS DIRECTOR	5.00 0.00	X						0	0	0
CRAWFORD DEBORAH DIRECTOR	5.00 0.00	X						0	0	0
FEDELI UMBERTO P DIRECTOR	5.00 0.00	X						0	0	0
HOOVER CAROLE DIRECTOR	5.00 0.00	X						0	0	0
KILBANE CATHERINE DIRECTOR	5.00 0.00	X						0	0	0
KOHL STEWART DIRECTOR	5.00 0.00	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			
KRAMER RICHARD DIRECTOR	5.00 0.00	X						0	0	0
LERNER MARK DIRECTOR	5.00 0.00	X						0	0	0
LERNER NORMA DIRECTOR	5.00 0.00	X						0	0	0
MACDONALD WILLIAM III DIRECTOR	5.00 0.00	X						0	0	0
MAROONE MICHAEL DIRECTOR	5.00 0.00	X						0	0	0
MILLER SAMUEL H DIRECTOR (PART YR)	5.00 0.00	X						0	0	0
MORINO MARIO DIRECTOR	5.00 0.00	X						0	0	0
NANCE FREDERICK DIRECTOR	5.00 0.00	X						0	0	0
PETRAS JR MICHAEL DIRECTOR	5.00 0.00	X						0	0	0
POLLOCK LARRY DIRECTOR	5.00 0.00	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			
SCOTT HAROLD LEE DIRECTOR	5.00 0.00	X						0	0	0
STEVENS MARK DIRECTOR	5.00 0.00	X						0	0	0
WEBER ROBERT DIRECTOR	5.00 0.00	X						0	0	0
WEINBERG RONALD DIRECTOR	5.00 0.00	X						0	0	0
WEISS MORRY DIRECTOR	5.00 0.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	226,230,648	245,922,291	241,311,504	261,657,223	263,593,024	1,238,714,690
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	226,230,648	245,922,291	241,311,504	261,657,223	263,593,024	1,238,714,690
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).						9,498,955
6 Public support. Subtract line 5 from line 4.						1,229,215,735

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	226,230,648	245,922,291	241,311,504	261,657,223	263,593,024	1,238,714,690
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,576,423	85,887,195	115,486,620	74,797,729	107,975,685	466,723,652
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.).	88,700,962	64,845,310	72,403,603	94,283,514	166,735,941	486,969,330
11 Total support. Add lines 7 through 10						2,192,474,847
12 Gross receipts from related activities, etc. (see instructions)					12	6,113,328,022

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 2019 (line 6, column (f) divided by line 11, column (f))	14	56.070 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	59.120 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

- 1** 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 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 - 2015 AMOUNT: \$ 44,378,305. 2016 AMOUNT: \$ 64,640,923. 2017 AMOUNT: \$ 71,980,037. 2018 AMOUNT: \$ 92,689,670. 2019 AMOUNT: \$ 163,697,803. FOREIGN CURRENCY - 2015 AMOUNT: \$ 610,292. 2016 AMOUNT: \$ 73,310. 2017 AMOUNT: \$ 273,145. 2019 AMOUNT: \$ 286,195. DERIVATIVE INCOME - 2018 AMOUNT: \$ 1,458,519. INVESTMENT IN AFFILIATES - 2015 AMOUNT: \$ 43,529,075. 2019 AMOUNT: \$ 2,737,082. LIFE INSURANCE TRUST - 2015 AMOUNT: \$ 183,290. 2016 AMOUNT: \$ 131,077. 2017 AMOUNT: \$ 150,421. 2018 AMOUNT: \$ 135,325. 2019 AMOUNT: \$ 14,861.

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
2019
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
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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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). 
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)		630,216												
c Total lobbying expenditures (add lines 1a and 1b)		630,216												
d Other exempt purpose expenditures		10,294,617,093												
e Total exempt purpose expenditures (add lines 1c and 1d)		10,295,247,309												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount				1,000,000	1,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
c Total lobbying expenditures				630,216	630,216
d Grassroots nontaxable amount				250,000	250,000
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f Grassroots lobbying expenditures					

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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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-A	THE TAXPAYER ACQUIRED MARTIN MEMORIAL MEDICAL CENTER, INC., EIN 59-0637874, IN 2019. MARTIN MEMORIAL MEDICAL CENTER, INC. FILES A SEPARATE FORM 990, IS A 501(C)(3) ORGANIZATION AND FILED FORM 5768 (ELECTION UNDER 501(H)).

TY 2019 AffiliatedGroupAttachment

Name: THE CLEVELAND CLINIC FOUNDATION

EIN: 34-0714585

Explanation: NAME/EIN: THE CLEVELAND CLINIC FOUNDATION, 34-0714585 ADDRESS: 9500 EUCLID AVENUE, CLEVELAND, OH 44195 TOTAL LOBBYING EXPENSES: \$623,866 EXCESS EXPENSES: \$0; SEC. 501(H) ELECTION: NO
NAME/EIN: MARTIN MEMORIAL MEDICAL CENTER, INC., 59-0637874 ADDRESS: PO BOX 9010, STUART, FL 34995 TOTAL LOBBYING EXPENSES: \$6,350 EXCESS EXPENSES: \$0; SEC. 501(H) ELECTION: YES
NAME/EIN: OTHER EXEMPT AFFILIATES, 91-2153073 ADDRESS: 9500 EUCLID AVENUE, CLEVELAND, OH 44195 TOTAL LOBBYING EXPENSES: \$0 EXCESS EXPENSES: \$0; SEC. 501(H) ELECTION: NO

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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).
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.

Table: Held at the End of the Year. Rows: 2a Total number of conservation easements (3), 2b Total acreage restricted by conservation easements (54.01), 2c Number of conservation easements on a certified historic structure included in (a) (0), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register (0).

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
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)?
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.
1b 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:
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:

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	354,560,827	349,678,997	296,834,800	274,060,795	258,255,184
b Contributions	22,718,792	15,111,719	20,870,889	14,886,901	23,968,927
c Net investment earnings, gains, and losses	40,731,794	-5,038,774	36,978,305	14,552,559	-918,904
d Grants or scholarships					
e Other expenditures for facilities and programs	6,697,926	5,191,115	5,004,997	6,665,455	7,244,412
f Administrative expenses					
g End of year balance	411,313,487	354,560,827	349,678,997	296,834,800	274,060,795

- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | 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		179,488,287		179,488,287
b Buildings		4,000,296,790	2,024,502,939	1,975,793,851
c Leasehold improvements		113,919,347	71,748,755	42,170,592
d Equipment		2,104,461,029	1,434,281,098	670,179,931
e Other		179,424,056	57,243,067	122,180,989
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,989,813,650

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	2,017,844,680	C
(B) PRIVATE EQUITY	1,259,139,712	C
(C) REAL ESTATE	300,337,557	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,577,321,949	

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) DUE FROM AFFILIATES	600,730,687
(2) PERPETUAL & BENEFICIAL TRUSTS	41,234,998
(3) INVESTMENT IN AFFILIATES	231,733,537
(4) OTHER ASSETS	331,456,967
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,205,156,189

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	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,636,824,837

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

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 THREE WETLANDS LOCATED ON THE CLEVELAND CLINIC FOUNDATION'S PROPERTY IN TWINSBURG, OHIO; AKRON, 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, 2019 AND 2018, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$1.0 MILLION AND \$0.9 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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ 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.

OMB No. 1545-0047

2019

Open to Public Inspection

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" on 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** Activites 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 the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	5	76			279,628,000
b Total from continuation sheets to Part I	0	0			2,668,281,000
c Totals (add lines 3a and 3b)	5	76			2,947,909,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶	11
3	Enter total number of other organizations or entities	▶	16

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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	2	1	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	46,559,000

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	2	16	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	223,016,000
MIDDLE EAST & NORTH AFRICA	1	59	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	5,151,000

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
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	237,000
EUROPE	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,163,000

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
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,008,000
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	374,000

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
RUSSIA & NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	85,000

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	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	86,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	6,000

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 AND THE PACIFIC	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	FUNDRAISING		70,000
MIDDLE EAST & NORTH AFRICA	0	0	FUNDRAISING		17,000

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		5,000
SOUTH AMERICA	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
SOUTH ASIA	0	0	FUNDRAISING		22,000
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		283,862,000
SUB-SAHARAN AFRICA	0	0	INVESTING		33,766,000

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
MIDDLE EAST & NORTH AFRICA	0	0	INVESTING		2,419,000
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTING		2,347,942,000

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	35,800	CHECK	0		
		NORTH AMERICA	RESEARCH	21,792	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	56,473	CHECK	0		
		NORTH AMERICA	RESEARCH	10,000	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	23,712	CHECK	0		
		EUROPE	RESEARCH	325,141	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	6,002	CHECK	0		
		NORTH AMERICA	RESEARCH	9,375	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	5,819	CHECK	0		
		EAST ASIA AND THE PACIFIC	RESEARCH	55,000	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)
		EAST ASIA AND THE PACIFIC	RESEARCH	91,548	CHECK	0		
		NORTH AMERICA	RESEARCH	9,934	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	45,912	CHECK	0		
		SUB SAHARAN AFRICA	RESEARCH	5,600	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	267,529	CHECK	0		
		NORTH AMERICA	RESEARCH	162,055	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	12,500	CHECK	0		
RESEARCH	EAST ASIA AND THE PACIFIC	1	6,000	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 AND THE PACIFIC	1	5,115	CHECK	0		
RESEARCH	EUROPE	1	34,000	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	NORTH AMERICA	1	11,991	CHECK	0		
RESEARCH	RUSSIA & NEIGHBORING STATES	1	5,728	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	8,000	CHECK	0		
RESEARCH	EUROPE	1	9,921	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 AND THE PACIFIC	1	8,025	CHECK	0		
RESEARCH	EAST ASIA AND 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

2019

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 10 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			
CLASSY 350 TENTH AVE STE 1300 SAN DIEGO, CA 92101	ONLINE FUNDRAISING		No	3,981,607	134,145	3,847,462
RR DONNELLEY 35 WEST WACKER DR CHICAGO, IL 60601	DIRECT MAIL		No	963,300	525,752	437,548
TSM DONOR ENGAGEMENT TEAM INC 155 COMMERCE DR FREEDOM, PA 15042	PHONE SOLICITATION		No	378,078	1,110,334	-732,256
Total				5,322,985	1,770,231	3,552,754

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.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	VELOSANO (event type)	CHILDREN'S GALA (event type)	3 (total number)	(add col. (a) through col. (c))	
1 Gross receipts	4,987,548	752,120	397,968	6,137,636	
2 Less: Contributions	4,873,569	693,400	306,593	5,873,562	
3 Gross income (line 1 minus line 2)	113,979	58,720	91,375	264,074	
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	3,907	7,814	
	6 Rent/facility costs	142,163	0	67,884	210,047
	7 Food and beverages	138,116	173,872	77,525	389,513
	8 Entertainment	78,837	29,000	1,776	109,613
	9 Other direct expenses	978,272	337,159	66,336	1,381,767
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,098,754	
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,834,680	

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.

Revenue	(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	13a	%
b An outside facility	13b	%

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
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 THE CLEVELAND CLINIC FOUNDATION

Hospitals

► **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.**

Employer identification number
 34-0714585

OMB No. 1545-0047
2019
Open to Public Inspection

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	Yes	
1b If "Yes," was it a written policy?	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> %	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 _____ %	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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)			71,886,686	0	71,886,686	1.170 %
b Medicaid (from Worksheet 3, column a)			754,899,523	435,825,656	319,073,867	5.190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d Total Financial Assistance and Means-Tested Government Programs			826,786,209	435,825,656	390,960,553	6.360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			22,430,740	108,401	22,322,339	0.360 %
f Health professions education (from Worksheet 5)			256,153,548	24,876,567	231,276,981	3.760 %
g Subsidized health services (from Worksheet 6)			30,702,021	24,497,675	6,204,346	0.100 %
h Research (from Worksheet 7)			247,926,573	161,443,237	86,483,336	1.410 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			10,306,060	410,187	9,895,873	0.160 %
j Total. Other Benefits			567,518,942	211,336,067	356,182,875	5.790 %
k Total. Add lines 7d and 7j			1,394,305,151	647,161,723	747,143,428	12.150 %

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 %
2 Economic development			3,455	50	3,405	0 %
3 Community support			249,024		249,024	0 %
4 Environmental improvements						
5 Leadership development and training for community members						0 %
6 Coalition building			920		920	0 %
7 Community health improvement advocacy			1,797		1,797	0 %
8 Workforce development			9,013		9,013	0 %
9 Other						
10 Total			264,209	50	264,159	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	149,069,862
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	714,300,141
6	Enter Medicare allowable costs of care relating to payments on line 5	6	749,324,338
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-35,024,197
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

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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: 20 <u>19</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 of 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: 20 <u>19</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)

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: 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)	19	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	Yes
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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): _____

		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: 20 <u>19</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 of 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: 20 <u>19</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:	13 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?	14 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):	15 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):	16 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: 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)	19	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	No
-----------	--	----	----

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 C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? 115

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 \$10,595,381.

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 \$747,143,428 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, AND 2) THE PROPORTIONATE SHARE OF JOINT VENTURE COMMUNITY BENEFIT IS INCLUDED IN LINE 7.
PART I, LINE 2	CLEVELAND CLINIC REHABILITATION AND 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 \$931,304,593 AND \$1,311,301,401 RESPECTIVELY. THIS RESULTS IN ADDITIONAL MEDICARE SHORTFALL OF \$379,996,808 WHICH, ADDED TO THE SHORTFALL OF \$35,024,197 AS REPORTED ON THE COST REPORTS BRINGS THE TOTAL MEDICARE SHORTFALL TO \$415,021,005.

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. ADDITIONAL DETAIL DESCRIBING THE COMMUNITY THE ORGANIZATION SERVES CAN BE FOUND IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.
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.

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
6	SELECT SPECIALTY - REGENCY WEST 6990 ENGLE ROAD MIDDLEBURG HEIGHTS, OH 44130 WWW.SELECTMEDICAL.COM OH STATE ID 1478	X									A
7	SELECT SPECIALTY - REGENCY EAST 4200 INTERCHANGE CORPORATE CENTER RD WARRENSVILLE HEIGHTS, OH 44128 WWW.SELECTMEDICAL.COM OH STATE ID 1479	X									A
8	SELECT SPECIALTY - GATEWAY 2351 E 22ND ST 7TH FL CLEVELAND, OH 44115 WWW.SELECTMEDICAL.COM OH STATE ID 1431	X									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
THE CLEVELAND CLINIC FOUNDATION	PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. 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 H 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL, AND CLEVELAND CLINIC WESTON HOSPITAL. 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 6B: CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.
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 HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

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 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.
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.

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 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.
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.

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 A
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 6: SELECT SPECIALTY - REGENCY WEST, - FACILITY 7: SELECT SPECIALTY - REGENCY EAST, - FACILITY 3: SELECT SPECIALTY - FAIRHILL, - FACILITY 8: SELECT SPECIALTY - GATEWAY, - FACILITY 5: CLEVELAND CLINIC REHABILITATION-AVON, - FACILITY 2: CLEVELAND CLINIC REHAB - BEACHWOOD, - FACILITY 4: CLEVELAND CLINIC REHAB - EDWIN SHAW

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 WEST PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. 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.
GROUP A-FACILITY 6 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 6A:	SELECT SPECIALTY - REGENCY WEST COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.

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 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 HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. 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: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). 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.
GROUP A-FACILITY 6 -- SELECT SPECIALTY - REGENCY WEST 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 A-FACILITY 7 -- 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. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. 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.
GROUP A-FACILITY 7 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 6A:	SELECT SPECIALTY - REGENCY EAST COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND WEST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.

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 -- 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; ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. 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: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). 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.
GROUP A-FACILITY 7 -- SELECT SPECIALTY - REGENCY EAST 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 A-FACILITY 3 -- 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. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. 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.
GROUP A-FACILITY 3 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 6A:	SELECT SPECIALTY - FAIRHILL COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.

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 - 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 HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. 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: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). 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.
GROUP A-FACILITY 3 -- SELECT SPECIALTY - FAIRHILL 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 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. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. 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.
GROUP A-FACILITY 8 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 6A:	SELECT SPECIALTY - GATEWAY COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.

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
<p>GROUP A-FACILITY 8 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 11:</p>	<p>IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. 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: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). 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 POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.</p>
<p>GROUP A-FACILITY 8 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 20D:</p>	<p>PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS.</p>

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 5 -- 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. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. 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.
GROUP A-FACILITY 5 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC REHABILITATION - AVON COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST.

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 5 -- 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 HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. 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: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND OVERSUPPLY OF NEEDED SOCIAL SERVICES). 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.
GROUP A-FACILITY 5 -- 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
GROUP A-FACILITY 4 -- CLEVELAND CLINIC REHAB - EDWIN SHAW PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN AUGUST AND DECEMBER 2018, AND SUPPLEMENTAL INTERVIEWS IN MARCH 2019. 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.
GROUP A-FACILITY 4 -- CLEVELAND CLINIC REHAB - EDWIN SHAW PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC REHABILITATION - EDWIN SHAW COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST.

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 4 -- CLEVELAND CLINIC REHAB - EDWIN SHAW 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 HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.CLEVELAND CLINIC REHABILITATION - EDWIN SHAW 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 - EDWIN SHAW CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS.CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION - EDWIN SHAW 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 -EDWIN SHAW SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.
GROUP A-FACILITY 4 -- CLEVELAND CLINIC REHAB - EDWIN SHAW 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 A-FACILITY 2 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN AUGUST AND DECEMBER 2018, AND SUPPLEMENTAL INTERVIEWS IN MARCH 2019. 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.
GROUP A-FACILITY 2 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC REHABILITATION - BEACHWOOD COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST.

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 -- CLEVELAND CLINIC REHAB - BEACHWOOD 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 HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE REHABILITATION 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 - BEACHWOOD CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS.CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION -BEACHWOOD 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 - BEACHWOOD SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.
GROUP A-FACILITY 2 -- 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 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 - LINE 9 - CCF AND REPORTING GROUP A	THE IMPLEMENTATION STRATEGY REPORT THAT CORRESPONDS WITH THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS ADOPTED IN 2020. FOR PURPOSES OF THE 2019 FORM 990, THE MOST CURRENT IMPLEMENTATION STRATEGY REPORT ADOPTED AT THE TIME WAS 2017.

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 ROAD TWINSBURG, OH 44087	FAMILY HEALTH CENTER
1 2 - BEACHWOOD FAMILY HEALTH & SURGERY CENTER 26900 CEDAR ROAD 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 BOULEVARD 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 ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
6 7 - WILLOUGHBY HILLS FAMILY HEALTH CENTER 2550 2570 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	FAMILY HEALTH CENTER
7 8 - WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND ROAD WOOSTER, OH 44691	FAMILY HEALTH CENTER
8 9 - CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DRIVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
9 10 - BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER ROAD BRUNSWICK, OH 44212	FAMILY HEALTH CENTER
10 11 - LAKEWOOD FAMILY HEALTH CENTER 14601 DETROIT AVENUE LAKEWOOD, OH 44107	FAMILY HEALTH CENTER
11 12 - CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA COURT MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
12 13 - SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE ROAD SOLON, OH 44139	FAMILY HEALTH CENTER
13 14 - ELYRIA FAMILY HEALTH & SURGERY CENTER 303 CHESTNUT COMMONS DRIVE ELYRIA, OH 44035	FAMILY HEALTH CENTER
14 15 - CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022	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 - SHEFFIELD FAMILY HEALTH CENTER 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	FAMILY HEALTH CENTER
1 17 - LANDERBROOK OFFICE AND ENDOSCOPY CENTER 5900 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
2 18 - AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER
3 19 - NORTH OHIO GASTROENTEROLOGY 30701 CLEMENS ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
4 20 - STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVENUE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
5 21 - CCF CONSULTANTS IN GASTROENTEROLOGY 7530 FREDLE DRIVE CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC
6 22 - AMHERST FAMILY HEALTH CENTER 5172 LEAVITT ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
7 23 - SUMMIT GASTROENTEROLOGY ASSOCIATES 3939 S CLEVELAND MASSILLON ROAD BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
8 24 - AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN ROAD AVON LAKE, OH 44012	FAMILY HEALTH CENTER
9 25 - CLEVELAND CLINIC SUMMIT OPHTHALMOLOGY 1 PARK WEST BOULEVARD STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
10 26 - CLEVELAND CLINIC ADMINISTRATIVE CAMPUS 3275 SCIENCE PARK DRIVE BLDG 5 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
11 27 - MENTOR MEDICAL OFFICE 7060 WAYSIDE DRIVE MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
12 28 - MENTOR REHABILITATION AND SPORTS THERAPY 7533 CENTER STREET MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
13 29 - OHIO RENAL CARE CLEVELAND EAST 2429 MARTIN LUTHER KING JR DR CLEVELAND, OH 44104	DIALYSIS CENTER
14 30 - MIDDLEBURG HEIGHTS ORTHOPAEDICS 7010 ENGLE ROAD STE 105 MIDDLEBURG HEIGHTS, OH 44130	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 - COMMUNITY PEDIATRICS 8254 MAYFIELD ROAD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC
1 32 - MADISON MEDICAL OFFICE 2999 MCMACKIN ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
2 33 - OLMSTED TOWNSHIP PRIMARY CARE 27089 BAGLEY ROAD OLMSTED TOWNSHIP, OH 44138	OUTPATIENT PHYSICIAN CLINIC
3 34 - CLEVELAND CLINIC COLE EYE OF STREETSBORO 9424 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT PHYSICIAN CLINIC
4 35 - ASHLAND OPHTHALMOLOGYSUGARBUSH EYE AND 21 SUGARBUSH COURT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
5 36 - COMMUNITY PEDIATRICS 2001 CROCKER ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
6 37 - SUMMIT OPHTHALMOLOGY 1587 BOETTLEER ROAD GREEN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
7 38 - OHIO RENAL CARE GROUP WESTLAKE 26024 DETROIT AVENUE WESTLAKE, OH 44145	DIALYSIS CENTER
8 39 - MARYMOUNT REHABILITATION AND SPORTS THER 2525 EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
9 40 - MAYFIELD VILLAGE PEDIATRICS 6559 WILSON MILLS RD STE101-D MAYFIELD VILLAGE, OH 44143	OUTPATIENT PHYSICIAN CLINIC
10 41 - SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE ROAD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
11 42 - WADSWORTH PRIMARY CARE ONE PARK CENTER DRIVE WADSWORTH, OH 44281	OUTPATIENT PHYSICIAN CLINIC
12 43 - WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
13 44 - OHIO RENAL CARE GROUP HERITAGE 1160 E BROAD ST ELYRIA, OH 44035	DIALYSIS CENTER
14 45 - OHIO RENAL CARE GROUP WEST 14670 SNOW ROAD BROOKPARK, OH 44142	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 - CLEVELAND CLINIC CANCER CENTERS 509 W MCPHERSON HIGHWAY CLYDE, OH 43410	OUTPATIENT PHYSICIAN CLINIC
1 47 - CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
2 48 - OHIO RENAL CARE GROUP GARFIELD HEIGHTS 9729 GRANGER RD GARFIELD HTS, OH 44125	DIALYSIS CENTER
3 49 - NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
4 50 - OHIO RENAL CARE GROUP EUCLID 26450 EUCLID AVENUE EUCLID, OH 44132	DIALYSIS CENTER
5 51 - BRECKSVILLE EXPRESS CARE 8805 BRECKSVILLE ROAD BRECKSVILLE, OH 44141	OUTPATIENT PHYSICIAN CLINIC
6 52 - CHARDON REHABILITATION AND SPORTS THERAP 325 CENTER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
7 53 - CLEVELAND CLINIC URGENT CARE ROCKY RIVE 19895 DETROIT ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
8 54 - MACEDONIA EXPRESS AND OUTPATIENT CARE 8210 MACEDONIA COMMONS BOULEVARD MACEDONIA, OH 44056	OUTPATIENT PHYSICIAN CLINIC
9 55 - OHIO RENAL CARE GROUP SOLON 6020 ENTERPRISE PARKWAY SOLON, OH 44139	DIALYSIS CENTER
10 56 - OHIO RENAL CARE GROUP AMHERST 1168 CLEVELAND AVE AMHERST, OH 44001	DIALYSIS CENTER
11 57 - OHIO RENAL CARE GROUP OHIO ACUTES 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	DIALYSIS CENTER
12 58 - CLEVELAND CLINIC DIABETES AND ENDOCRINOL 3733 PARK EAST DRIVE STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
13 59 - OHIO RENAL CARE GROUP FARNSWORTH 3764 PEARL RD CLEVELAND, OH 44109	DIALYSIS CENTER
14 60 - CLEVELAND CLINIC SUPERIOR MEDICAL CARE 1959 COOPER FOSTER PARK ROAD AMHERST, OH 44053	DIAGNOSTIC 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)
61 61 - CANFIELD ORTHOPAEDICS AND REHABILITATION 3736 BOARDMAN CANFIELD ROAD CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC
1 62 - OHIO RENAL CARE GROUP MENTOR 8840 TYLER BLVD MENTOR, OH 44060	DIALYSIS CENTER
2 63 - BEDFORD DIALYSIS CENTER 5035 RICHMOND ROAD BEDFORD HEIGHTS, OH 44146	DIALYSIS CENTER
3 64 - MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
4 65 - OHIO RENAL CARE GROUP ELYRIA 5316 HOAG DR SHEFFILED, OH 44035	DIALYSIS CENTER
5 66 - OHIO RENAL CARE GROUP LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44109	DIALYSIS CENTER
6 67 - OHIO RENAL CARE GROUP WHITE POND 690 WHITE POND DR AKRON, OH 44320	DIALYSIS CENTER
7 68 - OHIO RENAL CARE GROUP WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
8 69 - MADISON REHABILITATION AND SPORTS THERAP 2622 HUBBARD ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
9 70 - WELLINGTON MEDICAL OFFICE 805 PATRIOT DRIVE UNIT E WELLINGTON, OH 44090	OUTPATIENT PHYSICIAN CLINIC
10 71 - OHIO RENAL CARE GROUP SOUTHPOINT DIALYS 4200 WARRENSVILLE CENTER RD STE 100 WARRENSVILLE HTS, OH 44122	DIALYSIS CENTER
11 72 - CLEVELAND CLINIC EXPRESS CARE 7580 NORTHCLIFF AVENUE BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
12 73 - COLE EYE INSTITUTE 2000 AUBURN DRIVE STE 100 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
13 74 - COLE EYE SOLON 32901 STATION STREET SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
14 75 - OBERLIN OPHTHALMOLOGY 309 WEST LORAIN STREET OBERLIN, OH 44074	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)
76 76 - MOHICAN EYE CENTER 637 NORTH UNION STREET LOUDONVILLE, OH 44842	OUTPATIENT PHYSICIAN CLINIC
1 77 - OHIO RENAL CARE GROUP CUYAHOGA FALLS 320 BROADWAY ST E E CUYAHOGA FALLS, OH 44221	DIALYSIS CENTER
2 78 - BELDEN CENTER 4677 FULTON DRIVE NW CANTON, OH 44718	OUTPATIENT PHYSICIAN CLINIC
3 79 - LAKEWOOD MEDICAL OFFICE 16215 MADISON AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
4 80 - THE LANGSTON HUGHES CENTER CLEVELAND CLI 2390 E 79TH ST CLEVELAND, OH 44104	OUTPATIENT PHYSICIAN CLINIC
5 81 - STOW-FALLS MEDICAL OUTPATIENT CENTER 857 GRAHAM RD STOW, OH 44221	OUTPATIENT PHYSICIAN CLINIC
6 82 - ACCESS TO CARE 29000 AURORA ROAD SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
7 83 - ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
8 84 - BOARDMAN STAR IMAGING 7067 TIFFANY BOULEVARD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
9 85 - CCF GASTROENTEROLOGY 3700 PARK EAST DRIVE BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
10 86 - CENTER FOR ARTHRITIS 1716 NORTH ROAD SE WARREN, OH 44484	OUTPATIENT PHYSICIAN CLINIC
11 87 - CHARLESTON AREA MEDICAL CENTER 1201 WASHINGTON STREET EAST STE 100 CHARLESTON, WV 25301	OUTPATIENT PHYSICIAN CLINIC
12 88 - CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVENUE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
13 89 - CLEVELAND CLINIC HEART & VASCULAR 1400 WEST MAIN STREET BELLEVUE HOSPITAL BELLEVUE, OH 44811	OUTPATIENT PHYSICIAN CLINIC
14 90 - CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD ROAD YOUNGSTOWN, OH 44512	DIAGNOSTIC 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)
91 91 - CLUB VIEW VISION CENTER OPTOMETRIC 1650 E MANSFIELD STREET BUCYRUS, OH 44820	OUTPATIENT PHYSICIAN CLINIC
1 92 - COLUMBUS STAR IMAGING 1550 KENNY ROAD COLUMBUS, OH 43212	DIAGNOSTIC CENTER
2 93 - COLUMBUS STAR IMAGING 921 JASONWAY AVENUE COLUMBUS, OH 43214	DIAGNOSTIC CENTER
3 94 - COLUMBUS STAR IMAGING BEECHER 425 BEECHER ROAD COLUMBUS, OH 43230	DIAGNOSTIC CENTER
4 95 - DAYTON STAR IMAGING 5529 FAR HILLS AVENUE DAYTON, OH 45429	DIAGNOSTIC CENTER
5 96 - DOWNTOWN EXPRESS CARE 315 EUCLID AVENUE STE 2 CLEVELAND, OH 44114	OUTPATIENT PHYSICIAN CLINIC
6 97 - LAKEWEST MEDICAL BUILDING 36100 EUCLID AVENUE STE 280 WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
7 98 - LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
8 99 - LAKEWOOD LAKE POINTE LAB DRAW SITE 15800 DETROIT AVENUE LAKEWOOD, OH 44107	DIAGNOSTIC CENTER
9 100 - LORAIN ORTHOPAEDICS 5800 COOPER FOSTER PARK ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
10 101 - NILES STAR IMAGING 650 YOUNGSTOWN-WARREN ROAD NILES, OH 44446	DIAGNOSTIC CENTER
11 102 - NPCC - BEACHWOOD 26110 EMERY ROAD WARRENSVILLE HEIGHTS, OH 44128	OUTPATIENT PHYSICIAN CLINIC
12 103 - ROCKSIDE I 6100 WEST CREEK ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
13 104 - ROCKSIDE MEDICAL CENTER 6701 ROCKSIDE ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
14 105 - SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BOULEVARD NORTH OLMSTED, OH 44070	DIAGNOSTIC 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)
106 106 - SLEEP DISORDERS CENTER 3750 ORANGE PLACE BEACHWOOD, OH 44122	DIAGNOSTIC CENTER
1 107 - SLEEP DISORDERS CENTER 8971 WILCOX DRIVE TWINSBURG, OH 44087	DIAGNOSTIC CENTER
2 108 - SLEEP DISORDERS CENTER 5051 WEST CREEK ROAD INDEPENDENCE, OH 44131	DIAGNOSTIC CENTER
3 109 - SLEEP DISORDERS CENTER 3122 EASTPOINTE DRIVE MEDINA, OH 44256	DIAGNOSTIC CENTER
4 110 - STAR IMAGING DUBLIN 333 W BRIDGE STREET DUBLIN, OH 43017	DIAGNOSTIC CENTER
5 111 - VALLEY CITY FAMILY MEDICINE 6605 CENTER ROAD VALLEY CITY, OH 44280	OUTPATIENT PHYSICIAN CLINIC
6 112 - WEST VALLEY MEDICAL 20455 LORAIN ROAD 301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
7 113 - WILLOUGHBY HILLS REHABILITATION AND SPOR 29017 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
8 114 - WOOSTER MILLTOWN SPECIALTY & SURGERY CEN 721 EAST MILLTOWN ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
9 115 - WOOSTER WOMEN'S HEALTH CENTER 1739 CLEVELAND ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC

Note: To capture the full content of this document as Filed, 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

2019

**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	▶	62
3 Enter total number of other organizations listed in the line 1 table	▶	2

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	194	8,340,334			
(2) FELLOWSHIPS	1479	73,892,911			
(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)	14,000				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 HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	12,350				HEALTHCARE RESEARCH & EDUCATION
AMERICAN LIVER FOUNDATION 39 BROADWAY 27TH FL NEW YORK, NY 10006	36-2883000	501(C)(3)	14,000				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
ATHLETES AND CAUSES INC 12551 FRANKLIN ROAD THONOTOSASSA, FL 33592	47-2377003	501(C)(3)	423,675				HEALTHCARE RESEARCH & EDUCATION
BIRTHING BEAUTIFUL COMMUNITIES 1416 EAST 105TH ST CLEVELAND, OH 44106	47-4453278	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
BURTEN BELL CARR DEVELOPMENT INC 7201 KINSMAN RD CLEVELAND, OH 44104	34-1657533	501(C)(3)	10,000				COMMUNITY SUPPORT
CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT RD CLEVELAND, OH 44106	34-1018992	501(C)(3)	42,627				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
CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVE CLEVELAND, OH 44102	34-1908590	501(C)(3)	5,300				SUPPORT EDUCATIONAL ACTIVITIES
CITY CLUB OF CLEVELAND 850 EUCLID AVE 2ND FLOOR CLEVELAND, OH 44114	34-0144897	501(C)(3)	15,543				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)	1,101,500				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)	15,000				COMMUNITY SUPPORT
CLEVELAND LEADERSHIP CENTER 1375 EAST 9TH ST STE 1100 CLEVELAND, OH 44114	34-1927317	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
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144	34-6000704	501(C)(3)	75,175				COMMUNITY SUPPORT
CLEVELAND METROPOLITAN SCHOOL DISTRICT 1111 SUPERIOR AVE EAST STE 1800 CLEVELAND, OH 44114	34-6000662	501(C)(3)	11,200				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
CLEVELAND SCHOOL OF SCIENCE & MEDICINE 2075 STOKES BLVD CLEVELAND, OH 44106	34-3740643	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	34-0966056	501(C)(3)	7,500				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
COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE STE 1800 CLEVELAND, OH 44113	34-6580096	501(C)(3)	16,500				SUPPORT EDUCATIONAL ACTIVITIES
COMMUNITY WEST FOUNDATION 800 SHARON DR STE C WESTLAKE, OH 44145	34-1456398	501(C)(3)	14,500				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
CROHNS & COLITIS FOUNDATION OF AMERICA 23366 COMMERCE PARK RD BEACHWOOD, OH 44122	13-6193105	501(C)(3)	18,000				HEALTHCARE RESEARCH & EDUCATION
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVE CLEVELAND, OH 44115	23-7320719	501(C)(3)	7,500				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
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD STE 6 PARMA, OH 44134	26-2300532	501(C)(3)	26,250				COMMUNITY SUPPORT
DEMOCRACY COLLABORATIVE FOUNDATION INC 1422 EUCLID AVE STE 1300 CLEVELAND, OH 44115	20-0387511	501(C)(3)	40,000				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
FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION 8111 QUINCY AVE STE 100 CLEVELAND, OH 44104	34-1706856	501(C)(3)	323,220				COMMUNITY SUPPORT
FAMICOS FOUNDATION INC 1325 ANSEL RD CLEVELAND, OH 44106	34-1053534	501(C)(3)	10,175				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)	15,000				COMMUNITY SUPPORT
FLASHES OF HOPE INC 36 SOUTH FRANKLIN ST CHAGRIN FALLS, OH 44022	04-3648694	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
FRIENDS OF BREAKTHROUGH SCHOOL 3615 SUPERIOR AVE STE 3103A CLEVELAND, OH 44114	20-4948838	501(C)(3)	13,400				SUPPORT EDUCATIONAL ACTIVITIES
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	34-1879035	501(C)(3)	92,500				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
GREATER BOCA RATON CHAMBER OF COMMERCE 1800 NORTH DIXIE HIGHWAY BOCA RATON, FL 33432	59-0667561	501(C)(6)	6,000				SUPPORT EDUCATIONAL ACTIVITIES
GREATER CLEVELAND FOOD BANK INC 15500 S WATERLOO RD CLEVELAND, OH 44110	34-1292848	501(C)(3)	10,500				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
GREATER CLEVELAND HABITAT FOR HUMANITY 2110 W 110TH ST CLEVELAND, OH 44102	31-1209423	501(C)(3)	10,000				COMMUNITY SUPPORT
HEALTH POLICY INSTITUTE OF OHIO 10 WEST BROAD ST COLUMBUS, OH 43215	30-0186863	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
KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89106	88-0515534	501(C)(3)	62,500				HEALTHCARE RESEARCH & EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	88,000				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
MAKE-A-WISH FOUNDATION OF OHIO KENTUCKY AND INDIANA INC 2545 FARMERS DRIVE STE 300 COLUMBUS, OH 43235	34-1471131	501(C)(3)	18,000				HEALTHCARE RESEARCH & EDUCATION
MEDINA COMMUNITY RECREATION CENTER 855 WEYMOUTH ROAD MEDINA, OH 44256	34-6001856	501(C)(3)	20,000				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
MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112	34-1903712	501(C)(3)	10,000	2,845,681	ESTIMATED VALUE	MEDICAL SUPPLIES	HEALTHCARE RESEARCH & EDUCATION
MEDWORKS 1950 RICHMOND RD LYNDHURST, OH 44124	26-3858369	501(C)(3)	12,500				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
NAMI GREATER CLEVELAND 2012 W 25TH ST STE 600 CLEVELAND, OH 44113	20-2245268	501(C)(3)	10,400				HEALTHCARE RESEARCH & EDUCATION
NAPLES HEART RHYTHM 8340 COLLIER BLVD STE 301 NAPLES, FL 34114	26-0868499	501(C)(3)	60,000				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
NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	5,500				HEALTHCARE RESEARCH & EDUCATION
NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE STE 302 CLEVELAND, OH 44120	34-1812026	501(C)(3)	33,500				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
OHIO GUIDESTONE 202 EAST BAGLEY ROAD BEREA, OH 44017	34-0720558	501(C)(3)	5,500				SUPPORT EDUCATIONAL ACTIVITIES
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	50,000				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
PRAISE PLACE 6026 KALAMAZOO AVE STE 108 KENTWOOD, MI 49508	91-2078271	501(C)(3)	13,000				COMMUNITY SUPPORT
RONALD MCDONALD HOUSE OF CLEVELAND INC 10415 EUCLID AVE CLEVELAND, OH 44106	34-1269123	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
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103	52-2401852	501(C)(3)	93,212				SUPPORT EDUCATIONAL ACTIVITIES
SOCIETY OF GYNECOLOGIC SURGEONS 1061 EAST MAIN STREET STE 300 EAST DUNDEE, IL 60118	74-2307811	501(C)(3)	25,000				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
SUSAN G KOMEN BREAST CANCER FOUNDATION 26210 EMERY RD STE 307 CLEVELAND, OH 44128	34-1793460	501(C)(3)	5,250				HEALTHCARE RESEARCH & EDUCATION
THE CENTER FOR FAMILIES AND CHILDREN 3929 ROCKY RIVER DRIVE CLEVELAND, OH 44111	23-7084455	501(C)(3)	15,000				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 CLINIC EDUCATIONAL FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0741553	501(C)(3)	20,549,700				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 COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	61,713				HEALTHCARE RESEARCH & EDUCATION
THE MARFAN FOUNDATION INC 22 MANHASSET AVE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	5,300				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
THE MUSICAL ARTS ASSOCIATION 11001 EUCLID AVE CLEVELAND, OH 44106	34-0714468	501(C)(3)	12,500				COMMUNITY SUPPORT
THE OHIO STATE UNIVERSITY 281 WEST LANE AVE COLUMBUS, OH 43210	31-6025986	501(C)(3)	12,200				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 SALVATION ARMY 440 W NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)(3)	10,000				COMMUNITY SUPPORT
THE THORACIC SURGERY FOUNDATION 633 N ST CLAIR ST CHICAGO, IL 60611	36-3635910	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
TOWARDS EMPLOYMENT INC 1255 EUCLID AVE STE 300 CLEVELAND, OH 44115	34-1578831	501(C)(3)	10,000				COMMUNITY SUPPORT
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124	59-0624458	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
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVE CLEVELAND, OH 44115	34-0720563	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES
URSULINE COLLEGE 2550 LANDER ROAD PEPPER PIKE, OH 44124	34-0714777	501(C)(3)	5,200				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

2019

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 idemnification 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 idemnification 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 idemnification 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 on 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 on 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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	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.
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: MARGARET KRANYAK - PARTICIPATED IN AND RECEIVED PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. FOR MEDICARE TAX PURPOSES, \$1,771,154 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENTS THE AMOUNT VESTED IN THE PLANS. THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS: DELOS COSGROVE - \$202,433 JOSEPH HAHN - \$148,394 MARGARET KRANYAK - \$101,036 BRUCE LYTLE - \$118,200 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: PETER BROOKS - \$781,973 INCREASE, DELOS M. COSGROVE - \$118,937 INCREASE, MARLEINA DAVIS - \$17,932 INCREASE, SERPIL ERZURUM - \$723,559 INCREASE, STEVEN GLASS - \$12,369 INCREASE, THOMAS HAMILTON - \$166,155 INCREASE, MARGARET KRANYAK - \$763,927 INCREASE, LINDA MCHUGH - \$15,765 INCREASE, JOSEPH HAHN - \$375 DECREASE, J. HARRY ISAACSON - \$320,907 INCREASE, TIMOTHY LONGVILLE - \$69,023 INCREASE, BRUCE LYTLE - \$44,110 INCREASE, MICHAEL J. MEEHAN - \$32,645 DECREASE, JASON OBLANDER - \$1,766 INCREASE, WILLIAM PEACOCK \$2,874 INCREASE AND HERBERT WIEDEMANN \$553,950 INCREASE.
FORM 990, PART VII, SECTION A AND SCHEDULE J	DR. BRIAN DONLEY'S COMPENSATION AS REPORTED ON PART VII, SECTION A AND SCHEDULE J INCLUDES REGULAR WAGES AND TAXABLE EXPATRIATE BENEFITS. DR. DELOS COSGROVE'S COMPENSATION AS REPORTED ON PART VII, SECTION A AND SCHEDULE J INCLUDES COMPENSATION FOR DR. COSGROVE'S ROLE AS EXECUTIVE ADVISOR AND HIS RETIREMENT COMPENSATION.

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				
21 HAMILTON THOMAS FORMER OFFICER	(i)	455,975	0	29,891	194,155	19,501	699,522	0
	(ii)	0	0	0	0	0	0	0
1 LONGVILLE TIMOTHY CAO & CONTROLLER (PART YR)	(i)	457,721	0	21,115	101,441	18,500	598,777	0
	(ii)	0	0	0	0	0	0	0
2 MCKENZIE MD MARGARET DIRECTOR, PHYSICIAN	(i)	457,904	0	44,490	28,000	18,572	548,966	0
	(ii)	0	0	0	0	0	0	0
3 DAVIS MARLEINA ASST. SECRETARY	(i)	403,476	0	13,436	45,932	16,747	479,591	0
	(ii)	0	0	0	0	0	0	0
4 HARRINGTON MICHAEL CAO, CONTROLLER & ASSOC CFO(PART YR)	(i)	340,865	0	28,351	28,000	9,474	406,690	0
	(ii)	0	0	0	0	0	0	0
5 MEEHAN MICHAEL J RECORDING SECRETARY	(i)	340,511	0	39,264	-4,645	17,965	393,095	0
	(ii)	0	0	0	0	0	0	0
6 OBLANDER JASON ASST. SECRETARY	(i)	215,149	0	5,264	8,382	14,737	243,532	0
	(ii)	0	0	0	0	0	0	0
7 LYTLE MD BRUCE FORMER KEY EMPLOYEE (RETIRED)	(i)	118,200	0	0	44,110	0	162,310	118,200
	(ii)	0	0	0	0	0	0	0
8 SHAHN MD JOSEPH FORMER OFFICER (RETIRED)	(i)	148,394	0	0	-375	0	148,019	148,394
	(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

OMB No. 1545-0047

2019

**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 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 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	67756AJ37	10-15-2008	670,000,000	BOND 2008B: REFUND 06A, 04A, AND 01A; FACILITY IMPROVEMENTS		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561HU9	11-02-2011	208,951,439	BOND 2011A: REFUND 2003A SERIES		X		X		X
C	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
D	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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	342,425,000		109,100,972		16,220,000		222,415,391	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	670,000,000		208,951,439		41,120,000		519,383,182	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds					2,302,465			
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,200,000		2,003,385		735,249		3,825,815	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	324,315,217						411,300,530	
11	Other spent proceeds	372,706,929		206,948,054		38,082,286		104,256,837	
12	Other unspent proceeds								
13	Year of substantial completion	2008		2011		2011		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		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 ▶	0.520 %		1.130 %		0 %		0.690 %	
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 ▶	0.020 %		0 %		0 %		0.080 %	
6 Total of lines 4 and 5	0.540 %		1.130 %		0 %		0.770 %	
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: 10/15/2018 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: 11/02/2016 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: 05/29/2018

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

OMB No. 1545-0047

2019

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 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 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	NONEAVAIL	12-21-2017	9,305,000	REFUND SERIES 2002		X		X		X
C OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561KS0	08-29-2017	939,576,748	REFUND 2008A, 2008B, 2009A, 2009B, 2012A		X		X		X
D MARTIN COUNTY HEALTH FACILITIES AUTHORITY	59-6000743	573903FZ9	05-09-2019	259,345,371	REFINANCE 2012, 2012B & 2015 MHS BONDS & ACQUIRE MEMBERSHIP IN MHS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	72,104,660		750,000		18,173,191		307,509	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	309,434,914		9,305,000		939,576,748		259,345,371	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,129,301						822,172	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	20,001,498						257,297,825	
11	Other spent proceeds	287,304,115		9,305,000		939,576,748		1,225,373	
12	Other unspent proceeds								
13	Year of substantial completion	2013		2017		2017		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		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 ▶	0.220 %				1.510 %		0 %	
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 %				0.010 %		0 %	
6 Total of lines 4 and 5	0.220 %				1.520 %		0 %	
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).

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 instructions and the latest information.

OMB No. 1545-0047

2019

**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	67756CDN5	05-09-2019	351,450,108	FUND CAPITAL PROJECTS		X		X		X
B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561KZ4	05-09-2019	380,150,000	FUND CAPITAL PROJECTS		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		303,253		27,000,000				
2 Amount of bonds legally defeased								
3 Total proceeds of issue		351,450,108		380,150,000				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		1,125,388		1,262,472				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		348,905,103		378,404,897				
11 Other spent proceeds		1,419,617		482,631				
12 Other unspent proceeds								
13 Year of substantial completion	2019		2019					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	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					
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					
c Are there any research agreements that may result in private business use of bond-financed property?	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					
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 ▶	1.320 %		1.430 %					
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 ▶	0.030 %		0.030 %					
6 Total of lines 4 and 5	1.350 %		1.460 %					
7 Does the bond issue meet the private security or payment test?		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				
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					

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		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					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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				
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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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	7,756,160		No	Yes		Yes	
Total						\$	7,756,160					

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-0714585

Name: THE CLEVELAND CLINIC FOUNDATION

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) KAREN R COOPER	FAMILY MEMBER OF STEWART KOHL, CCF DIRECTOR	173,191	EMPLOYMENT AGREEMENT WITH CCF		No
(1) RYAN OAKLEY	FAMILY MEMBER OF WILLIAM PEACOCK, CCF OFFICER	50,600	EMPLOYMENT AGREEMENT WITH CCF		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(3) KATHERINE MCHUGH	FAMILY MEMBER OF LINDA MCHUGH, FORMER CCF OFFICER	45,013	EMPLOYMENT AGREEMENT WITH CCF		No
(1) JOANNE MCDONALD KILBANE	FAMILY MEMBER OF CATHERINE KILBANE, CCF DIRECTOR	52,924	EMPLOYMENT AGREEMENT WITH CCF		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(5) LAURA SWEENEY	FAMILY MEMBER OF TIMOTHY LONGVILLE, CCF OFFICER	85,406	EMPLOYMENT AGREEMENT WITH CCF		No
(1) MICHAEL PETRAS	FAMILY MEMBER OF MICHAEL PETRAS, JR., CCF DIRECTOR	16,776	EMPLOYMENT AGREEMENT WITH CCF		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(7) KATHLEEN ISAACSON	FAMILY MEMBER OF HARRY J. ISAACSON, CCF DIRECTOR	26,946	EMPLOYMENT AGREEMENT WITH CCF		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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	10	67,500	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		20,017	SALE COMPARABLE GOODS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	182	11,161,635	AVERAGE HIGH/LOW
10 Securities—Closely held stock				
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				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	4	58,227	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>MEDICAL EQUIPMENT</u>)	X	31	449,542	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** 11

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 didn't 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.

2019

**Open to Public
Inspection**

Department of the Treasury

Internal Revenue Service
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 SICK, 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 PATIENT CARE PROVIDED ON A CHARITABLE BASIS, MEDICAL RESEARCH, AND EDUCATION OF BOTH MEDICAL 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 BEST MEDICAL TECHNIQUES. THIS STATEMENT IS NOT INTENDED TO IDENTIFY ALL THE ACTIVITIES BY WHICH CLEVELAND CLINIC HEALTH SYSTEM FULFILLS ITS CHARITABLE PURPOSES, BUT RATHER IS A SUMMARY OF ITS PRIMARY PROGRAM SERVICES AND CONTRIBUTIONS TO THE COMMUNITY. THE CLEVELAND CLINIC HEALTH SYSTEM DEFINES AND MEASURES COMMUNITY BENEFIT (INCLUDING FINANCIAL ASSISTANCE) USING THE CATHOLIC HEALTH ASSOCIATION ("CHA") COMMUNITY BENEFIT MODEL, WHICH RECOMMENDS REPORTING FINANCIAL ASSISTANCE ON A COST BASIS. USING THIS MODEL, IN 2019 CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$1.102 BILLION IN BENEFITS TO THE COMMUNITIES SERVED. THE COMMUNITY BENEFIT THAT THE CLEVELAND CLINIC HEALTH SYSTEM PROVIDES INCLUDES PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, EDUCATION, MEDICAID SHORTFALL, SUBSIDIZED HEALTH SERVICES, AND COMMUNITY OUTREACH PROGRAMS. THE CURRENT COMMUNITY BENEFIT REPORT IS AVAILABLE AT CLEVELANDCLINIC.ORG. (COMMUNITY BENEFIT AMOUNTS REPORTED IN THIS PROGRAM SERVICE STATEMENT REFER TO THE CLEVELAND CLINIC'S 2019 COMMUNITY CONNECTIONS, BASED ON THE CHA REPORTING METHODOLOGY. SEE FORM 990, SCHEDULE H FOR A RECONCILIATION OF SCHEDULE H TO COMMUNITY BENEFIT REPORTING.)</p> <p>IN 2019, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDED AN ACADEMIC MEDICAL CENTER AND 11 COMMUNITY HOSPITALS (AKRON, AVON, EUCLID, FAIRVIEW, HILLCREST, L ODI, LUTHERAN, MARYMOUNT, MEDINA, SOUTH POINTE, AND UNION HOSPITALS), AND A SPECIALTY HOSPITAL (CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION) IN NORTHEAST OHIO; FIVE HOSPITALS, ONE CLINIC, OUTPATIENT FAMILY HEALTH CENTERS AND OUTPATIENT FAMILY HEALTH AND AMBULATORY SURGERY CENTER IN FLORIDA; AND A CENTER FOR BRAIN HEALTH IN LAS VEGAS, NEVADA. CLEVELAND CLINIC HEALTH SYSTEM IS DEDICATED TO THE COMMUNITIES IT SERVES 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 ITS FINANCIAL ASSISTANCE EFFORTS AND AS A LEADING MEDICAID PROVIDER IN OHIO, CLEVELAND CLINIC PROVIDES HEALTHCARE TO THOSE WHO OTHERWISE COULD NOT AFFORD IT. IN 2019, CLEVELAND CLINIC RECORDED 1,293 TOTAL STAFFED BEDS, 121,00</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT</p>	<p>0 EMERGENCY VISITS, 81,531 SURGICAL CASES, 53,558 ADMISSIONS, AND MORE THAN 8.7 MILLION TO TAL CLINIC VISITS. IT IS THE POLICY OF CLEVELAND CLINIC HEALTH SYSTEM TO TREAT ALL PATIENT S WITH COMPASSION, DIGNITY AND RESPECT, REGARDLESS OF THEIR RACE, CREED, OR ABILITY TO PAY . CLEVELAND CLINIC'S PATIENT CARE SERVICES ARE PROVIDED VIA PATIENT-ORIENTED INSTITUTES, W HICH ARE STRUCTURED ON THE BASIS OF ORGAN SYSTEM OR DISEASE. THE INSTITUTES FACILITATE A M ULTIDISCIPLINARY APPROACH, AND ARE DESIGNED TO ENHANCE CONVENIENCE FOR PATIENTS AND THE EX CHANGE OF KNOWLEDGE, RESEARCH AND EDUCATIONAL COLLABORATION FOR BETTER PATIENT OUTCOMES. S OME OF THE INSTITUTES ARE: ANESTHESIOLOGY & PAIN MANAGEMENT, BARIATRIC & METABOLIC, COLE E YE, DERMATOLOGY & PLASTIC SURGERY, DIGESTIVE DISEASE & SURGERY, EMERGENCY SERVICES, ENDOCRINOLOGY & METABOLISM, GENOMICS, GLICKMAN UROLOGICAL & KIDNEY, HEAD & NECK, MILLER FAMILY H EART & VASCULAR, IMAGING, NEUROLOGICAL, NURSING, OB/GYN & WOMEN'S HEALTH, ORTHOPEDIC & RHE UMATOLOGY, PATHOLOGY & LABORATORY MEDICINE, PEDIATRIC & CHILDREN'S HOSPITAL, RESPIRATORY, TAUSSIG CANCER, & COMMUNITY CARE. NOTABLE ACHIEVEMENTS CLEVELAND CLINIC WAS AGAIN RECOGNIZ ED FOR ITS QUALITY OF CARE IN U.S. NEWS & WORLD REPORT'S PRESTIGIOUS ANNUAL AMERICA'S BEST HOSPITALS SURVEY IN 2019. OVERALL, CLEVELAND CLINIC WAS AMONG THE NATION'S BEST HOSPITALS , EARNING THE NO. 4 RANKING. FOR THE 25TH CONSECUTIVE YEAR, CLEVELAND CLINIC RANKED BEST I N THE NATION FOR CARDIOLOGY AND HEART SURGERY, EARNING THE NO. 1 SPOT. NINE CLEVELAND CLIN IC SPECIALTIES ALSO RANKED IN THE TOP 10. OF THESE, SIX PLACED IN THE TOP 5 INCLUDING: CAR DIOLOGY & HEART SURGERY; UROLOGY; GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY; NEPHROLOG Y; RHEUMATOLOGY; AND GYNECOLOGY. CLEVELAND CLINIC WAS NATIONALLY RANKED IN 15 ADULT SPECIA LTIES AND 9 CHILDREN'S SPECIALTIES. CLEVELAND CLINIC WAS ALSO RATED HIGH PERFORMING IN NIN E PROCEDURES AND CONDITIONS. CLEVELAND CLINIC HAS ACHIEVED THE DISTINGUISHED MAGNET RECOGN ITION. MAGNET STATUS IS THE HIGHEST NATIONAL RECOGNITION AWARDED TO A HOSPITAL OR MEDICAL CENTER FOR EXCELLENCE IN NURSING. ANCC, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, G RANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMW ORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR. CLEVELAND CLINIC RECEIVED SEVERAL AWARDS FROM PRACTICE GREENHEALTH. PRACTICE GREENHEALTH RECOGNIZES ORGANIZATIONS WITHIN THE HEALTHCARE SECTOR T HAT SUPPORT AND CREATE BETTER, SAFER, AND GREENER WORKPLACES AND COMMUNITIES. IN 2019, CLE VELAND CLINIC AND ITS FACILITIES RECEIVED: THE ENVIRONMENTAL EXCELLENCE AWARD, GREENING TH E OR AWARD, ENERGY CIRCLE AWARD, CLIMATE CIRCLE AWARD, GREEN BUILDING CIRCLE AWARD, AND SY STEM FOR CHANGE AWARD. FINANCIAL ASSISTANCE THE CLEVELAND CLINIC FINANCIAL ASSISTANCE POLI CY ASSISTS POOR AND INDIGENT PATIENTS BY PROVIDING FREE CARE FOR EMERGENCY AND MEDICALLY N ECESSARY SERVICES TO UNINSURED</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT	<p>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 SPECIAL MEDICAL OR EXCEPTIONAL CIRCUMSTANCES MAY ALSO BE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE FINANCIAL ASSISTANCE 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 \$166.3 MILLION IN 2019. II. RESEARCH</p> <p>CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE BIOMEDICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT DISEASE, AND FIND CURES FOR MEDICAL ISSUES. 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. 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, 109 GRADUATE STUDENTS AND 200 UNDERGRADUATE STUDENTS. 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 2019, CLEVELAND CLINIC WAS INVOLVED IN APPROXIMATELY 4,000 ACTIVE INSTITUTIONAL REVIEW BOARD 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.</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>IN 2019, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$258.1 MILLION, WHICH INCLUDED EXTERNALLY- SPONSORED FUNDING OF \$169.3 MILLION. I II. 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 THE 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 2019, PROVIDED A NET COMMUNITY BENEFIT OF \$303.6 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 2019, 1,025 RESIDENTS AND FELLOWS TRAINED IN 80 ACCREDITED TRAINING PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), INCLUDING 135 ADVANCED FELLOWS IN 80 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 1,961 APPLICANTS FOR 32 POSITIONS FOR THE 2019-20 ACADEMIC YEAR. THE PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 195 PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON 2019 CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT SUBMISSIONS), AND 42 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 2019, 218 MEDICAL STUDENTS FROM 128 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 2019, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 1,658 CME ACTIVITIES THAT OFFERED OVER 12,000 CME CREDITS TO 186,491</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>PARTICIPANTS. OF THAT NUMBER, 1,321 WERE LIVE COURSES THAT ATTRACTED 84,588 PARTICIPANTS. CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL CENTERS. THE CENTER'S WEBSITE HAD 403 ACTIVITIES THAT ATTRACTED 365,053 ACTIVITY VIEWERS. JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, AWARDING MORE THAN 65,000 CERTIFICATES TO CLEVELAND CLINIC JOURNAL OF MEDICINE (CCJM) PARTICIPANTS. IN 2019, THE CENTER ISSUED 164,767 CERTIFICATES FOR ALL ACTIVITIES COMBINED. -THE CCJM ENJOYED A CIRCULATION OF MORE THAN 124,000 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 7.1 MILLION PEOPLE AROUND THE WORLD. IN 2019 THE CCJM WEBSITE RECORDED 12,561,060 PAGE VIEWS FROM 9,554,530 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 12 IN-HOUSE ALLIED HEALTH PROGRAMS AND HAS 50 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS. IN 2019, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 371,000 CLINICAL ROTATION HOURS FOR OVER 1,200 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 2019, 986 INTERNATIONAL PHYSICIANS AND MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN OBSERVERSHIPS; 207 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 TRAVELED TO 14 COUNTRIES TO SHARE CLINICAL AND SURGICAL INNOVATIONS. IV. AN ADDITIONAL COMMUNITY BENEFIT PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, AND EDUCATION DESCRIBED ABOVE ARE INTEGRAL COMPONENTS OF THE COMMUNITY BENEFIT THE CLEVELAND CLINIC HEALTH SYSTEM ANNUALLY REPORTS TO THE COMMUNITY. THE OTHER COMPONENTS OF THE CLEVELAND CLINIC'S COMMUNITY BENEFIT ARE: MEDICAID SHORTFALL THE CLEVELAND CLINIC HEALTH SYSTEM IS A LEADING PROVIDER OF MEDICAID SERVICES IN OHIO. IN MANY STATES, INCLUDING OHIO, MEDICAID PAYMENTS HAVE NOT BEEN SUFFICIENT TO COVER THE COST OF TREATING MEDICAID BENEFICIARIES. IN 2019, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS WERE \$439.9 MILLION (THIS FIGURE IS NET OF AN HCAP BENEFIT OF \$5.1 MILLION). SUBSIDIZED HEALTH SERVICES IN ADDITION TO FINANCIAL ASSISTANCE AND COSTS NOT COVERED BY MEDICAID PAYMENTS, ANOTHER CLINICAL COMMUNITY BENEFIT CATEGORY IS "SUBSIDIZED HEALTH SERVICES." THESE SERVICES YIELD LOW OR NEGATIVE MARGINS BUT ARE NEEDED IN THE COMMUNITY. CLE</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>VELAND CLINIC PROVIDED SUBSIDIZED HEALTH SERVICES IN 2019 AT A COST OF \$24.9 MILLION. COMMUNITY OUTREACH PROGRAMS THE CLEVELAND CLINIC HEALTH SYSTEM IS ACTIVELY ENGAGED IN A BROAD ARRAY OF COMMUNITY OUTREACH PROGRAMS, PROVIDING A TOTAL NET COMMUNITY BENEFIT OF \$39.9 MILLION. THESE PROGRAMS ARE DESIGNED TO SERVE THE VULNERABLE AND AT-RISK POPULATIONS IN ITS COMMUNITIES. ITS 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 OF THE CLEVELAND CLINIC'S COMMUNITIES, ALIGN WITH ITS COMMUNITY HEALTH NEEDS ASSESSMENTS AND FALL INTO THREE MAIN CATEGORIES: COMMUNITY HEALTH SERVICES, CASH AND IN-KIND DONATIONS, AND COMMUNITY BUILDING. IN 2019, SOME HIGHLIGHTS INCLUDED: -WELLNESS INITIATIVES IN THE AREAS OF DISEASE /INJURY PREVENTION AND HEALTHY BEHAVIORAL CHANGE, INCLUDING TOBACCO CESSATION, NUTRITION IMPROVEMENT AND EXERCISE. -COMMUNITY CLASSES OFFERED HEALTH EDUCATION ON CHRONIC DISEASE MANAGEMENT IN THE AREAS OF HEART DISEASE, STROKE, CANCER, DIABETES, ASTHMA AND BRAIN HEALTH. CLEVELAND CLINIC HOSPITALS AND FAMILY HEALTH CENTERS PROVIDED CLASSES FOR HEALTHY SENIOR AND YOUTH LIFESTYLES. NAVIGATORS WORKED WITH COMMUNITY RESIDENTS TO OBTAIN NEEDED SOCIOECONOMIC RESOURCES. -EDUCATION AND COMMUNITY SERVICES ADDRESSED AREAS OF INFANT MORTALITY, TEEN PARENTING, LEAD POISONING, INTIMATE PARTNER VIOLENCE AND ADVERSE CHILDHOOD EXPERIENCES. PROGRAMS WERE PROVIDED TO SCHOOLS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, COLLABORATING CITIES AND COUNTIES. - 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 FAIRS, CELEBRATING SISTERHOOD, BEYOND PINK 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 ITS 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. -K-12 YOUTH MENTORING PROGRAM PROVIDED EDUCATIONAL RESOURCES AND PROGRAMS TO SUPPORT SUCCESS IN THE CLASSROOM AND WORKFORCE; EMPOWERING YOUTH TO BECOME NORTHEAST OHIO'S NEXT GENERATION OF LEADERS.</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	-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.

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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

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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.

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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.

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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.

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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.

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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	<p>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.</p>

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, 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:	DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL PURPOSES -1,185,692. GIFTS AND BEQUESTS 81,687,328. TRANSFERS OF NET ASSETS -83,005,729. NET INVESTMENT INCOME 62,794,643. NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS -41,343,066. RETIREMENT BENEFITS ADJUSTMENT -10,367,428. CHANGE IN INTERESTS IN FOUNDATIONS 275,970. EQUITY TRANSFERS & OTHER TRANSFERS 958,076.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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

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

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.

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) 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	

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

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
ADEO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-5704174	TECHNOLOGY SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
ADVANCED INFUSION SERVICES LTD 1 HOME CARE PLACE AKRON, OH 44320 34-1847339	HOME INFUSION SERVICES	OH	14,403	0	VISITING NURSE SERVICE INC
AKRON GENERAL MEDICAL CENTER OUTPATIENT PHARMACY LLC 1 AKRON GENERAL AVENUE AKRON, OH 44307 84-2380272	HEALTH CARE SERVICES	OH	27,750	0	AKRON GENERAL HEALTH SYSTEM
AUTISM EYES LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3070150	INACTIVE	DE			THE CLEVELAND CLINIC FOUNDATION
BIALBERO MEDICAL LLC 10000 CEDAR AVE CLEVELAND, OH 44106 83-4278743	INACTIVE	DE			THE CLEVELAND CLINIC FOUNDATION
CARNEGIE89TH GARAGE AND SERVICE CENTER 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 20-5693261	LEASE PROPERTY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CARNEGIE96TH RESEARCH BUILDING LLC 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 11-3706542	LEASE PROPERTY	OH			THE CLEVELAND CLINIC FOUNDATION
CC CHINA LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 20-5776477	INACTIVE	OH			THE CLEVELAND CLINIC FOUNDATION
CC WEB SOLUTIONS LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 26-3222020	DOMAIN HOLDING COMPANY	OH			THE CLEVELAND CLINIC FOUNDATION
CCF AMBULATORY SURGERY CENTERS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1939710	HEALTH CARE SERVICES	OH	4,140,606	67,351	THE CLEVELAND CLINIC FOUNDATION
CCF HOTEL SERVICES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-0666034	HOTEL OPERATIONS	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CHV HOME MEDICAL EQUIPMENT CO LLC 1 HOME CARE PLACE AKRON, OH 44320 20-4760456	DURABLE MEDICAL EQUIPMENT	OH	0	0	VISITING NURSE SERVICE INC
CLEVELAND CLINIC CARE COORDINATION LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 45-5282492	HEALTH CARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
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)
CLEVELAND CLINIC FLORIDA HOME HEALTHCARE LLC 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 83-2250064	HEALTH CARE SERVICES	FL			CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
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)
CLEVELAND CLINIC GLOBAL SOLUTIONS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-3666730	HEALTH CARE SERVICES & IP LICENSING	OH	2,850,662	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC MEDICARE ACO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 47-1281189	HEALTH CARE SERVICES	OH	28,700	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC OBGYN SPECIALTIES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1938153	HEALTH CARE SERVICES	OH	2,044,741	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC WELLNESS ENTERPRISE LLC 1950 RICHMOND ROAD LYNDHURST, OH 44124 26-3859233	HEALTH CARE SERVICES	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
CLINIC MEDICAL SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1932969	HEALTH CARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CLINIC PHYSICIAN SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1907574	HEALTH CARE SERVICES	OH	0	10,000	THE CLEVELAND CLINIC FOUNDATION
CLINIC REGIONAL PHYSICIANS LLC 25875 SCIENCE PARK DR BEACHWOOD, OH 44122 26-2636530	HEALTH CARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
EDWIN SHAW REHAB LLC 330 BROADWAY STREET EAST CUYAHOGA FALLS, OH 44221 27-0119182	REHABILITATION FACILITY	OH	0	0	AKRON GENERAL MEDICAL CENTER
INTELLIS EPM LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 27-0645368	MEDICAL TECHNOLOGY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
IRDCF#1 LLC 1000 36TH STREET VERO BEACH, FL 32960 59-0760215	HOLD LAND	FL			INDIAN RIVER HOSPITAL FOUNDATION INC
IVHR LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 45-4657632	MEDICAL TECHNOLOGY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
MEDINA HEALTH VENTURES LLC 1000 E WASHINGTON STREET MEDINA, OH 44256	INACTIVE	OH			MEDINA HOSPITAL
MERIDIA MEDICAL GROUP LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 34-1898545	INACTIVE	OH	0	0	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
MITRIA MEDICAL LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3447663	INACTIVE	DE			THE CLEVELAND CLINIC FOUNDATION
MONTROSE SLEEP CENTER LLC 4125 MEDINA ROAD AKRON, OH 44333 20-0494491	HEALTH CARE SERVICES	OH	335,752	0	AKRON GENERAL PARTNERS
NEUROOPERATIVE MONITORING LLC 1 AKRON GENERAL AVENUE AKRON, OH 44307 30-0746215	INACTIVE	OH			AKRON GENERAL PARTNERS
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
OHIO STAR IMAGING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OH			THE CLEVELAND CLINIC FOUNDATION
PMSA LLC 10000 CEDAR AVE CLEVELAND, OH 44106 83-4269973	INACTIVE	DE			THE CLEVELAND CLINIC FOUNDATION
PSVW LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-1614376	REAL ESTATE HOLDINGS	OH			THE CLEVELAND CLINIC FOUNDATION
REJ HOLDINGS LLC 3050 SCIENCE PARK DRIVE BEACHWOOD, OH 44122 27-3245990	REAL ESTATE HOLDINGS	OH			THE CLEVELAND CLINIC FOUNDATION
SCIENCE PARK CLEVELAND LLC 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 20-8726513	LEASE PROPERTY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
SPC BUILDINGS 1 & 3 LLC 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 26-1357176	LEASE PROPERTY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
TATARA VASCULAR LLC 10000 CEDAR AVE CLEVELAND, OH 44106 47-4282964	MEDICAL TECHNOLOGY	DE			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
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
TUSCARAWAS AMBULATORY SURGERY CENTER LLC 659 BOULEVARD DOVER, OH 44622 34-0000100	HEALTH CARE SERVICES	OH	577,288	0	THE UNION HOSPITAL ASSOCIATION
UNION HOSPITAL MEDICAL SERVICES LLC 659 BOULEVARD DOVER, OH 44622 27-0273520	HEALTH CARE SERVICES	OH	0	0	THE UNION HOSPITAL ASSOCIATION
UNION PHYSICIAN SERVICES LLC 659 BOULEVARD DOVER, OH 44622 26-4215547	HEALTH CARE SERVICES	OH	0	0	THE UNION HOSPITAL ASSOCIATION
VERO RADIOLOGY ASSOCIATES LLC 3725 11TH CIRCLE VERO BEACH, FL 32960 59-2755370	RADIOLOGY SERVICES	FL	83,045	0	INDIAN RIVER MEMORIAL HOSPITAL INC
VISIONAIR SOLUTIONS LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3881050	INACTIVE	DE			THE CLEVELAND CLINIC FOUNDATION
WOOSTER CLINIC LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1855775	HEALTH CARE SERVICES	OH	0	150,142	THE CLEVELAND CLINIC FOUNDATION
ZEHNA THERAPEUTICS LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3850618	INACTIVE	DE			THE CLEVELAND CLINIC FOUNDATION

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
18101 LORAIN AVENUE CLEVELAND, OH 44111 23-7108198	SUPPORT FAIRVIEW HOSPITAL	OH	501(C)(3)	LINE 10	N/A		No
40 GROSVENOR PLACE LONDON SW1X 7AW UK	SUPPORT HEALTH CARE, RESEARCH, AND EDUCATION	UK	501(C)(3)		N/A		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
1000 36TH STREET VERO BEACH, FL 32960 59-1003707	SUPPORT THE INDIANA RIVER HOSPITAL	FL	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9033 STUART, FL 34995 23-7115443	PROMOTE QUALITY HEALTH CARE FOR MARTIN & ST. LUCIE COUNTIES	FL	501(C)(3)	LINE 10	N/A		No
PO BOX 9010 STUART, FL 34994 59-0637874	HOSPITAL	FL	501(C)(3)	LINE 3	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
14601 DETROIT AVENUE STE 240 LAKEWOOD, OH 44107 34-6519834	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OH	501(C)(3)	LINE 12D, III-O	N/A		No
659 BOULEVARD DOVER, OH 44622 34-0000100	PHYSICIAN HOSPITAL AND ORGANIZAITON	OH	501(C)(3)	LINE 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
10700 EUCLID AVENUE CLEVELAND, OH 44106 91-1818256	HEALTH CARE SERVICES	OH	501(C)(3)	LINE 12D, III-O	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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	
AKRON SURGICAL ASSOC LLC 4125 MEDINA ROAD AKRON, OH 44333 01-0672877	AMBULATORY SURGERY CENTER	OH	N/A	N/A	1,039,684	1,400,370		No			No	51.000 %
CCAW JV LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3867549	MEDICAL SERVICES & TELE HEALTH	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED				No			No	51.000 %
CCFMHS RENAL CARE COMPANY LTD 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1863789	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	3,794,768	10,927,725		No		Yes		60.000 %
CLEVELAND HEALTH NETWORK MSO LLC 4700 ROCKSIDE ROAD STE 200 INDEPENDENCE, OH 44131 31-1566180	MEDICAL SERVICES	OH	N/A	RELATED		14,060		No		Yes		100.000 %
EXCELERATE STRATEGIC HEALTH SOURCING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-1810992	HEALTH CARE OP & MGMT	DE	THE CLEVELAND CLINIC FOUNDATION	RELATED	354,242	7,756,703		No	68,929		No	51.000 %
MARTIN SURGICAL VENTURES LLC 9131 ANSON WAY SUITE 304 RALEIGH, NC 27615 32-0496475	SURGICAL VENTURE	NC	MARTIN MEMORIAL HEALTH SYSTEMS INC	N/A	346,480	-174,810		No			No	62.000 %
MEDICAL CENTER AT HOBE SOUND LTD PO BOX 9033 STUART, FL 34996 65-0748232	MEDICAL OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEMS INC	RELATED	27,833	1,843,884		No		Yes		100.000 %
MEDICAL CENTER AT ST LUCIE WEST LTD PO BOX 9033 STUART, FL 34996 65-0504863	MEDICAL OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEMS INC	RELATED	131,852	7,304,299		No		Yes		100.000 %
MEDISTRY LLC 3029 PROSPECT AVENUE CLEVELAND, OH 44115 45-4880352	DATA HOSTING & RELATED SVCS	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED	-183,596	42,527		No		Yes		55.000 %
PROGNOSTIX LLC 10000 CEDAR AVENUE CLEVELAND, OH 44106 30-0624422	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	23,588	25,010		No			No	78.000 %
TREASURE COAST INTEGRATED HEALTHCARE LLC PO BOX 9010 STUART, FL 34995 82-0708813	CLINICALLY INTEGRATED NETWORK	FL	MARTIN MEMORIAL HEALTH SYSTEMS INC	UNRELATED		336,835		No		Yes		51.000 %

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
33 GROSVENOR PLACE LTD 47 ESPLANADE ST HELIER JEI 0BD JE	LEASE HOLDING COMPANY	JE	CLEVELAND CLINIC UK HOLDINGS LTD	C	-50,703	10,451	100.000 %	Yes	
AKRON GENERAL MANAGED CARE ASSOCIATION INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1784985	SUPPORTING SERVICES	OH	AKRON GENERAL MEDICAL CENTER	C				Yes	
CASHEL NEURAL INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4625105	SCIENTIFIC RESEARCH	DE		C	121,138	66,247		Yes	
CCF BOLTON INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4596571	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
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	122,680,372	217,327,058	100.000 %	Yes	
CELLX TECHNOLOGIES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-2405500	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	636	75,895	41.350 %	Yes	
CHARITABLE REMAINDER TRUSTS (14) C/O 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131		OH		T				Yes	
CLEVELAND CLINIC CANADA-TORONTO INC 181 BAY STREET BOX818 TORONTO M5J 2T3 CA	HEALTH CARE SERVICES	CA	THE CLEVELAND CLINIC FOUNDATION	C	13,932,707	16,070,554	100.000 %	Yes	
CLEVELAND CLINIC EMR INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4856025	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1877409	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C	10,458,372	11,549,645		Yes	
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			100.000 %	Yes	
CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) PO BOX 340340 RIYADH 11333 SA	MEDICAL SERVICES	SA	THE CLEVELAND CLINIC FOUNDATION	C	35,979,056	57,128,116	100.000 %	Yes	
CLEVELAND CLINIC UK FINANCING PLC 11-12 ST JAMESS SQUARE ST1 3RD LONDON SW1Y 4LB UK	FINANCING	UK	CLEVELAND CLINIC UK HOLDINGS LTD	C		55,583	100.000 %	Yes	
CLEVELAND CLINIC UK HOLDINGS LTD 11-12 ST JAMESS SQUARE ST1 3RD LONDON SW1Y 4LB UK	HOLDING COMPANY	UK	THE CLEVELAND CLINIC FOUNDATION	C	-6,316	35,304	100.000 %	Yes	
CLEVELAND HEALTH NETWORK 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1770780	MEDICAL SERVICES	OH	N/A	C	10,679	1,399,334		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
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	62,722	4,179,775		Yes	
CLINIC MEDICAL SOLUTIONS INC 18101 LORAIN AVENUE CLEVELAND, OH 44111 34-1695388	HEALTH CARE SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	C	8,995,850	4,981,757		Yes	
CMCD INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256599	REAL ESTATE	OH	MEDINA HOSPITAL	C		311,040	100.000 %	Yes	
CSC CONDOMINIUM ASSOCIATION INC PO BOX 9033 STUART, FL 34995 59-2320501	CONDOMINIUM ASSOCIATION	FL	MARTIN MEMORIAL MEDICAL CENTER	C	205,184	608,520	100.000 %	Yes	
ENHALE MEDICAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-1613340	SLEEP APNEA TREATMENT	DE	THE CLEVELAND CLINIC FOUNDATION	C		1,187,798	100.000 %	Yes	
INFUSEON THERAPEUTICS INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1776182	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C		353,503	100.000 %	Yes	
ION-VAC INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1560044	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C		34,784	100.000 %	Yes	
LAKEWOOD HEALTHCARE FOUNDATION 14519 DETROIT AVENUE LAKEWOOD, OH 44107 34-1574608	HEALTH CARE SERVICES	OH	LAKEWOOD HOSPITAL ASSOCIATION	C				Yes	
MARTIN MEMORIAL PHYSICIAN CORPORATION INC PO BOX 9010 STUART, FL 34995 65-0556041	PHYSICIAN OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEM	C	77,551,708	45,952,604	100.000 %	Yes	
MCZ INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256598	LEASING	OH	MEDINA HOSPITAL	C	7,807	500	100.000 %	Yes	
MEDICAL & FINANCIAL MANAGEMENT INC PO BOX 9033 STUART, FL 34995 59-2843163	BILLING AND COLLECTIONS	FL	MARTIN MEMORIAL HEALTH SYSTEM	C	4,060,846	1,285,972	100.000 %	Yes	
MEDICAL CAMPUS MANAGEMENT INC PO BOX 9033 STUART, FL 34995 65-0605328	MANAGEMENT SERVICES	FL	MARTIN MEMORIAL HEALTH SYSTEM	C	9,683	101,063	100.000 %	Yes	
MEDINVEST INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-3978297	INACTIVE	OH	CLINIC MEDICAL SOLUTIONS INC	C			100.000 %	Yes	
MERIDIA HEALTH VENTURES INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1533871	HEALTH CARE SERVICES	OH	CLEVELAND CLINIC HOME CARE	C			100.000 %	Yes	
MERLOT ORTHOPEDIX INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 11-3779414	MEDICAL DEVICE MANUFACTURING	DE	THE CLEVELAND CLINIC FOUNDATION	C		55,322	55.120 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
NEOMEDICS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 02-0656818	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C			100.000 %	Yes	
NEUROTERAPIA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-3977513	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	144,949	977,956	30.800 %	Yes	
NEW COS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4828042	SCIENTIFIC RESEARCH	DE		C	3,078,399	796,586		Yes	
OPTOQUEST CORPORATION 10000 CEDAR AVENUE CLEVELAND, OH 44106 26-3589643	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	5,583	13,613	100.000 %	Yes	
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	
RENOVO BIOSCIENCES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 34-1956569	MEDICAL TECHNOLOGY	DE	RENOVO BIOSCIENCES INC	C	1,725,327	1,418,755	100.000 %	Yes	
RENOVO NEURAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 80-0185146	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C		-214,079	100.000 %	Yes	
TMAO INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44111 82-4850194	INACTIVE	DE		C				Yes	
UNION CARE CORPORATION 659 BOULEVARD DOVER, OH 44622 34-1556177	INACTIVE	OH	THE UNION HOSPITAL ASSOCIATION	C			100.000 %	Yes	
UNION PHARMACEUTICALCARE INC 659 BOULEVARD DOVER, OH 44622 04-3588229	HEALTH CARE SERVICES	OH	THE UNION HOSPITAL ASSOCIATION	C	17,192	37,291	100.000 %	Yes	
VIVERE PHARMA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-5397125	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C				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
CLEVELAND CLINIC CANADA - TORONTO INC	A	100,000	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	20,549,700	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	D	664,653	FMV
ENHALE MEDICAL INC	D	1,141,749	FMV
INFUSEON THERAPEUTICS INC	D	64,472	FMV
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	J	295,049	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	1,839,833	FMV
CLEVELAND CLINIC MEDICAL SERVICES INC	J	439,728	FMV
FAIRVIEW HOSPITAL	J	1,650,433	FMV
PARTNERS PHYSICIAN GROUP	J	71,455	FMV
MARYMOUNT HOSPITAL INC	J	1,338,519	FMV
MEDINA HOSPITAL	J	1,363,063	FMV
AKRON GENERAL MEDICAL CENTER	J	110,530	FMV
CLEVELAND CLINIC AVON HOSPITAL	J	4,713,093	FMV
LUTHERAN HOSPITAL	J	575,527	FMV
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	3,402,190	FMV
AKRON GENERAL MEDICAL CENTER	L	3,264,653	FMV
CLEVELAND CLINIC AVON HOSPITAL	L	712,167	FMV
CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION	L	3,749,000	FMV
CLEVELAND CLINIC NEVADA	L	241,635	FMV
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	L	339,493	FMV
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	L	5,072,441	FMV
CLEVELAND CLINIC SAUDI ARABIA LLC	L	4,462,000	FMV
CLEVELAND CLINIC MEDICAL SERVICES INC	L	877,000	FMV
FAIRVIEW HOSPITAL	L	2,752,720	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
LUTHERAN HOSPITAL	L	725,938	FMV
MARYMOUNT HOSPITAL INC	L	912,960	FMV
MEDINA HOSPITAL	L	970,393	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	L	320,765	FMV
AKRON GENERAL MEDICAL CENTER	M	254,917	FMV
CLEVELAND CLINIC AVON HOSPITAL	M	547,515	FMV
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	M	1,525,313	FMV
CLEVELAND CLINIC MEDICAL SERVICES INC	M	11,076,000	FMV
FAIRVIEW HOSPITAL	M	743,201	FMV
LUTHERAN HOSPITAL	M	171,460	FMV
MARYMOUNT HOSPITAL INC	M	574,193	FMV
MEDINA HOSPITAL	M	655,506	FMV
CCHS INDEMNITY COMPANY LTD	P	35,853,768	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Q	1,253,925	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	Q	6,089,857	FMV
NEUROTHERAPIA INC	S	3,623,581	FMV
OPTOQUEST CORPORATION	S	1,874,645	FMV
RENOVO BIOSCIENCES INC	S	717,492	FMV