

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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
GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
6801 BRECKSVILLE RD NO RK1-85

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

D Employer identification number
91-2153073

E Telephone number
(216) 444-2200

G Gross receipts \$ 10,629,462,838

F Name and address of principal officer
DELOS M COSGROVE
6801 BRECKSVILLE RD NO 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 ▶ 3641

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

M State of legal domicile

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)	461
4 Number of independent voting members of the governing body (Part VI, line 1b)	294
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	61,119
6 Total number of volunteers (estimate if necessary)	4,839
7a Total unrelated business revenue from Part VIII, column (C), line 12	65,548,797
7b Net unrelated business taxable income from Form 990-T, line 34	-3,235,972

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	284,947,202	302,252,529
9 Program service revenue (Part VIII, line 2g)	7,154,561,275	8,255,444,611
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208,340,744	219,689,489
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,042,697	130,570,172
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,766,891,918	8,907,956,801
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	132,329,848	142,207,648
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)	3,837,048,563	4,673,274,323
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,683,301	1,524,725
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,189,808		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,060,378,070	3,669,261,161
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,031,439,782	8,486,267,857
19 Revenue less expenses Subtract line 18 from line 12	735,452,136	421,688,944

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,621,778,142	14,409,054,021
21 Total liabilities (Part X, line 26)	5,422,328,008	6,210,940,595
22 Net assets or fund balances Subtract line 21 from line 20	7,199,450,134	8,198,113,426

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2017-11-08

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00089502
Firm's name ▶ ERNST & YOUNG LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 950 MAIN AVE 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 \$ 7,507,211,039 including grants of \$ 142,207,648) (Revenue \$ 8,255,444,611)
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 ▶ 7,507,211,039

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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>	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>	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>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Yes	
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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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>	Yes	
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>	Yes	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (461), 1b (294), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH, FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	76,351,629	0	5,499,569

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 ▶ 6,270

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 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? If "Yes," complete Schedule J for such individual	4 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? If "Yes," complete Schedule J for such person	5	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 SOLUTIONS	20,646,297
DONLEYSTURNER JOINT VENTURE 5430 WARNER RD CLEVELAND, OH 44125	CONSTRUCTION SERVICES	19,482,913
CENTER FOR UROLOGIC HEALTH LLC 320 W EXCHANGE STREET AKRON, OH 44302	HEALTHCARE SERVICES	14,341,320
GILBANE BUILDING CO 7 JACSON WALKWAY PROVIDENCE, RI 02903	CONSTRUCTION SERVICES	13,629,847
NICHOLS MANAGEMENT GROUP LTD 571 YORK ST PO BOX 1288 YORK HARBOR, ME 03911	HEALTHCARE CONSULTING SERVICES	11,287,906

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 ▶ 771

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	18,374,922		
	d Related organizations	1d	23,270,999		
	e Government grants (contributions)	1e	110,326,368		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	150,280,240		
	g Noncash contributions included in lines 1a-1f \$ _____		11,999,575		
	h Total. Add lines 1a-1f		302,252,529		

Program Service Revenue			Business Code				
	2a NET PATIENT SERVICES		612990	4,420,781,079	4,420,781,079		
	b MEDICARE/MEDICAID PAYM		921990	3,308,596,813	3,308,596,813		
	c OTHER PROGRAM SERVICES		900099	393,241,077	384,625,110	8,615,967	
	d OTHER ANCILLARY SERVIC		900099	52,901,958			52,901,958
	e MANAGEMENT FEES		561000	30,273,422	18,022,210	12,251,212	
	f All other program service revenue			49,650,262	5,200,926	44,449,336	
g Total. Add lines 2a-2f			8,255,444,611				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			72,395,509			72,395,509	
	4 Income from investment of tax-exempt bond proceeds			1,849			1,849	
	5 Royalties			25,358,274			25,358,274	
	6a Gross rents	(i) Real	(ii) Personal					
		26,651,006						
		b Less rental expenses	0					
		c Rental income or (loss)	26,651,006					
	d Net rental income or (loss)			26,651,006		473,765	26,177,241	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		1,857,681,704	2,216,900					
		b Less cost or other basis and sales expenses	1,707,250,740	5,355,733				
		c Gain or (loss)	150,430,964	-3,138,833				
	d Net gain or (loss)			147,292,131			147,292,131	
	8a Gross income from fundraising events (not including \$ 18,374,922 of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b	9,219,386				
c Net income or (loss) from fundraising events				397,995			397,995	
9a Gross income from gaming activities See Part IV, line 19	a							
	b Less direct expenses	b	28,755					
	c Net income or (loss) from gaming activities			-49,418			-49,418	
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code							
11a INCOME (LOSS) ON INVEST	523000		103,453,582		-241,483	103,695,065		
b LIFE INSURANCE TRUST	525990		131,077			131,077		
c FOREIGN CURRENCY	525990		73,310			73,310		
d All other revenue			-25,445,654			-25,445,654		
e Total. Add lines 11a-11d			78,212,315					
12 Total revenue. See Instructions			8,907,956,801	8,137,226,138	65,548,797	402,929,337		

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	31,062,361	31,062,361		
2 Grants and other assistance to domestic individuals See Part IV, line 22	110,151,455	110,151,455		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	993,832	993,832		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	61,440,556	26,776,203	34,664,353	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	9,671,948	6,105,390	3,566,558	
7 Other salaries and wages	3,606,823,003	3,085,554,955	513,306,191	7,961,857
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	322,866,280	276,451,854	45,948,820	465,606
9 Other employee benefits	434,927,526	372,145,227	61,896,853	885,446
10 Payroll taxes	237,545,010	203,190,844	33,806,296	547,870
11 Fees for services (non-employees)				
a Management	7,232,262	6,203,000	1,029,262	
b Legal	9,446,418	8,102,048	1,344,370	
c Accounting	3,232,548		3,232,548	
d Lobbying	646,043	646,043		
e Professional fundraising services See Part IV, line 17	1,524,725			1,524,725
f Investment management fees	18,134,811		18,134,811	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	410,502,110	350,559,040	58,420,741	1,522,329
12 Advertising and promotion	35,506,254	30,361,148	5,053,084	92,022
13 Office expenses	117,969,284	100,838,818	16,788,837	341,629
14 Information technology	79,013,946	67,676,545	11,244,895	92,506
15 Royalties	2,373,668	2,035,859	337,809	
16 Occupancy	165,010,907	141,527,326	23,483,581	
17 Travel	27,474,249	23,221,747	3,910,007	342,495
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,614,932	9,746,141	1,652,983	215,808
20 Interest	131,143,708	112,479,948	18,663,760	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	466,523,796	400,097,088	66,393,486	33,222
23 Insurance	77,166,030	66,184,121	10,981,909	
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	1,491,074,596	1,491,074,591		5
b BAD DEBT EXPENSE	301,233,757	301,233,757		
c EQUIPMENT RENTAL & MAIN	155,526,891	133,363,671	22,133,860	29,360
d STATE FRANCHISE FEE	71,313,592	71,313,592		
e All other expenses	87,121,359	78,114,435	8,871,996	134,928
25 Total functional expenses. Add lines 1 through 24e	8,486,267,857	7,507,211,039	964,867,010	14,189,808
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	216,078,977	1	503,088,491
	2 Savings and temporary cash investments	12,922,566	2	5,857,155
	3 Pledges and grants receivable, net	214,121,732	3	245,287,573
	4 Accounts receivable, net	997,109,057	4	1,174,544,805
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	6,075,388	5	6,571,698
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	48,726,905	7	45,110,912
	8 Inventories for sale or use	116,341,077	8	132,542,926
	9 Prepaid expenses and deferred charges	45,126,594	9	50,916,112
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	8,660,950,530		
	b Less accumulated depreciation	4,399,527,119		
	11 Investments—publicly traded securities	3,763,278,084	10c	4,261,423,411
	12 Investments—other securities See Part IV, line 11	4,412,820,167	11	4,905,171,723
	13 Investments—program-related See Part IV, line 11	2,256,212,917	12	2,259,200,987
	14 Intangible assets	12,081,064	13	221,984,305
	15 Other assets See Part IV, line 11	58,134,244	14	92,574,429
16 Total assets. Add lines 1 through 15 (must equal line 34)	462,749,370	15	504,779,494	
	12,621,778,142	16	14,409,054,021	
Liabilities	17 Accounts payable and accrued expenses	859,679,938	17	1,013,112,555
	18 Grants payable	203,000	18	193,000
	19 Deferred revenue	111,119,806	19	108,596,945
	20 Tax-exempt bond liabilities	3,126,965,000	20	3,513,833,596
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	50,236,485	23	13,847,683
	24 Unsecured notes and loans payable to unrelated third parties	147,049,634	24	175,558,418
	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	1,127,074,145	25	1,385,798,398
	26 Total liabilities. Add lines 17 through 25	5,422,328,008	26	6,210,940,595
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	6,348,524,018	27	7,245,363,016
	28 Temporarily restricted net assets	559,728,929	28	638,482,541
	29 Permanently restricted net assets	291,197,187	29	314,267,869
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,199,450,134	33	8,198,113,426
	34 Total liabilities and net assets/fund balances	12,621,778,142	34	14,409,054,021

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	8,907,956,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,486,267,857
3	Revenue less expenses Subtract line 2 from line 1	3	421,688,944
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,199,450,134
5	Net unrealized gains (losses) on investments	5	94,886,252
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	482,088,096
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,198,113,426

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-2153073

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Form 990 (2016)

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			
ABER ROBERTA DIRECTOR & VICE CHAIR - VNS	3 00	X		X				0	0	0
ALEMAGNO PHD SONIA DIRECTOR & VICE CHAIR - AGMC	3 00	X		X				0	0	0
BABBITT CRAIG DIRECTOR & SECRETARY - VNS	50 00	X		X				319,452	0	34,257
BANKS JOHN H TRUSTEE & TREASURER - MM	3 00	X		X				0	0	0
BARSOUM WAEI TRUSTEE & HOSPITAL PRESIDENT - CCFHS	50 00	X		X				984,435	0	44,794
BEAN GREGORY R DIRECTOR & VICE CHAIR - AGF	3 00	X		X				0	0	0
BLANDON RUDOLFO J TRUSTEE & CHIEF OF STAFF- CC FLA	50 00	X		X				651,219	0	42,430
BOLOGNA MD RAYMOND DIRECTOR & VICE CHAIR - PPG	50 00	X		X				192,370	0	0
BRYZTWA ELLEN TRUSTEE & BOARD VICE CHAIR	3 00	X		X				0	0	0
CARRINO FRANK DIRECTOR & VICE CHAIR - MEDINA FDN	3 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			
CARTER THERESA DIRECTOR & CHAIR - AGMC	3 00	X		X				0	0	0
CHACK DENNIS M TRUSTEE & BOARD CHAIR - MM	3 00	X		X				0	0	0
COSGROVE DELOS M PRESIDENT, CEO, TRUSTEE	50 00	X		X				5,731,361	0	440,491
DAVIDSON MD ELLIOT DIRECTOR & CHAIR - PPG	50 00	X		X				292,351	0	58,644
DEL CASTILLO BARBARA DIR & ASST SEC - CC FLA	50 00	X		X				460,850	0	39,901
DELGADO OSMEL DIR & ADMINISTRATOR CLINICAL OPS	50 00	X		X				347,458	0	19,721
DONLEY BRIAN CHIEF OF STAFF & DIRECTOR - CCF	50 00	X		X				1,346,216	0	44,281
DUNN LISA A DIRECTOR & BOARD CHAIR - MEDINA FDN	3 00	X		X				0	0	0
ERZURUM SERPIL DIRECTOR, CHAIR OF LERNER INST	50 00	X		X				477,210	0	358,074
FUNK JONATHAN R ASSTNT SEC & DIR - MEDINA HOSP FDN	50 00	X		X				236,919	0	40,090

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			
GABLE THOMAS TRUSTEE & BOARD CHAIR - LAKEWOOD	5 00	X		X				0	0	0
GLASS STEVEN C TRUSTEE, CFO & TREASURER - CCF	50 00	X		X				1,543,736	0	52,276
GORBACH DEBORAH DIRECTOR - PPG, CO-TREAS - AGHS	50 00	X		X				58,283	0	26,209
HADLEY CORINNE P DIRECTOR & SECRETARY - MED FDN	3 00	X		X				0	0	0
HARRINGTON MICHAEL DIR, CAO & CONTROLLER - CCF	50 00	X		X				703,977	0	44,241
HARRIS RICHARD DIRECTOR & CHAIR - AGF	3 00	X		X				0	0	0
HARTE BRIAN PRESIDENT - AKRON/HILLCREST, DIR - AGP	50 00	X		X				534,240	0	45,021
JONES J STEPHEN PRESIDENT, REG HOSP & FHCS	50 00	X		X				771,553	0	44,596
KAY HARVEY TRUSTEE & VICE CHAIR - CCCHR	3 00	X		X				0	0	0
LEE SISTER SHAWN TRUSTEE & SECRETARY - MM	3 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MCHUGH MICHAEL TRUSTEE & MED DIR - CCCHR	50 00	X		X				401,063	0	-2,410
MILLER PAMELA TRUSTEE & BOARD CHAIR - MEDINA HOSP	5 00	X		X				0	0	0
MODIC MICHAEL DIRECTOR/OFFICER - CCF NY MED SVCS	50 00	X		X				925,742	0	-372,415
MORRIS JAMES TRUSTEE & PRESIDENT - LORD FDN	3 00	X		X				0	0	0
MULLEN RN MBA KAREN PRESIDENT & TRUSTEE - VNS	50 00	X		X				253,587	0	14,891
NEVILLE JAMES R TRUSTEE & ASST SEC - CCCHR	3 00	X		X				0	0	0
NILSSON KEITH DIRECTOR & CFO - CC FLA	50 00	X		X				438,328	0	41,099
O'BRIEN TIMOTHY TRUSTEE & BOARD CHAIR - CCCHR	3 00	X		X				0	0	0
PAPA ALAN PRESIDENT, DIRECTOR - AGMC	50 00	X		X				482,190	0	53,054
PARKER RICHARD TRUSTEE & PRESIDENT - MM	50 00	X		X				840,026	0	-71,778

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PEACOCK WILLIAM TRUSTEE, CHIEF OF OPS - CCF	50 00	X		X				1,440,292	0	46,814
PIEDIMONTE GIOVANNI PRESIDENT & TRUSTEE - CCCHR	50 00	X		X				758,778	0	44,281
RICH ROBERT E JR DIRECTOR & BOARD CHAIR - CCF	5 00	X		X				0	0	0
ROSENTHAL RAUL TRUSTEE & CHIEF OF STAFF - CCFHS	50 00	X		X				809,371	0	39,517
ROWAN DAVID SEC & CHIEF LEGAL OFFICER - CCF	50 00	X		X				1,428,943	0	44,897
RUVO LARRY DIRECTOR & CHAIRMAN - KMA	5 00	X		X				0	0	0
RUVO CAMILLE DIRECTOR & VICE CHAIRMAN - KMA	3 00	X		X				0	0	0
SALVATORE ALBERT N TRUSTEE AND BOARD VICE CHAIR - MM	3 00	X		X				0	0	0
SCAMINACE JOSEPH M DIRECTOR AND BOARD VICE CHAIR - CCF	5 00	X		X				0	0	0
SELBY SANDRA DIRECTOR & CHAIR - VNS	3 00	X		X				1,359	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			
SNYDER VICKY DIR & TREAS - MEDINA HOSP FDN	50 00	X		X				227,755	0	39,211
STOVER MD THOMAS DIRECTOR & CEO - AGHS	50 00	X		X				649,284	0	45,393
TREIER BRET DIRECTOR, CHAIR - AGP	5 00	X		X				0	0	0
TULISIAK THOMAS PRESIDENT - MEDINA HOSP, DIR - AGF	50 00	X		X				428,558	0	44,721
AMOS RET GEN JAMES DIRECTOR - LORD FDN	3 00	X						0	0	0
ANDERSON MICHAEL PHYSICIAN, TRUSTEE - MARYMOUNT	50 00	X						320,856	0	43,549
ARUM LOVEE DIRECTOR - KMA	3 00	X						0	0	0
ASIMIS DEAN DIRECTOR - AGP	3 00	X						0	0	0
AULETTA PATRICK V DIRECTOR - CCF	5 00	X						0	0	0
BABBY KEN DIRECTOR - AGP	3 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			
BALLARD REV KAREN DIRECTOR - VNS	3 00	X						0	0	0
BARGER DO LARRY DIRECTOR - AGF	3 00	X						0	0	0
BARKHEIMER MARLENE DIRECTOR - AGMC	3 00	X						0	0	0
BAUER MD PAULA DIRECTOR - AGMC	3 00	X						0	0	0
BEKENY JAMES PHYSICIAN, TRUSTEE - LAKEWOOD HOSP	50 00	X						413,737	0	45,867
BENZ J MICHAEL DIRECTOR - EAST REGION	5 00	X						0	0	0
BERNICK CHARLES MED DIR - CCLRBH, DIR - KMA	50 00	X						302,876	0	42,549
BILLOW CHARLES DIRECTOR - AGMC	5 00	X						0	0	0
BOGAR KEVIN PHYSICIAN, TRUSTEE - MARYMOUNT	50 00	X						573,537	0	43,021
BORDEN BRAD PHYSICIAN, TRUSTEE - CCCHR	50 00	X						806,651	0	45,692

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			
BRADFORD JOHN DIRECTOR - PPG	3 00	X						0	0	0
BRAMAN DO KENNETH PHYSICIAN, DIRECTOR - PPG	50 00	X						262,487	0	42,263
BREAUX MD TODD DIRECTOR - AGMC	3 00	X						0	0	0
BROCKMAN DAVID DIRECTOR - AGMC	3 00	X						0	0	0
BROSKY CURTIS M TRUSTEE - LAKEWOOD	3 00	X						0	0	0
BROWN STEPHEN TRUSTEE - CCCHR	3 00	X						0	0	0
BURNS KATHLEEN PHYSICIAN, DIRECTOR - MEDINA HOSPITAL FDN	50 00	X						95,209	0	23,078
CALAWAY REBECCA DIRECTOR - AGF & AGMC	5 00	X						0	0	0
CAPORALE MICHAEL DIRECTOR- AGMC	3 00	X						0	0	0
CARPAS JOHN DIRECTOR - AGF	3 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			
CARROLL MARY DIRECTOR - AGMC	3 00	X						0	0	0
CHARDIET ARMANDO CHAIR PHILANTHROPY INST, DIR - KMA	50 00	X						705,413	0	46,959
CHERKALA BRIAN DIRECTOR - AGMC	3 00	X						0	0	0
CHHABRA ANKIT EXEC DIR FIN OPS, DIR - AGMC	50 00	X						278,233	0	24,222
CHIN JENNIFER TRUSTEE - CCCHR	3 00	X						0	0	0
CLARK MARK DIRECTOR - AGMC	3 00	X						0	0	0
COLE ALLISON TRUSTEE - CCCHR	3 00	X						0	0	0
COOPER ROBERT DIRECTOR - AGP	3 00	X						0	0	0
CORPORA DON EXEC VP & CHIEF HR OFF, DIR - VNS	50 00	X						332,668	0	58,169
COURY THOMAS J TRUSTEE - LAKEWOOD	3 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			
COYNE JOHN DIRECTOR - AGP	3 00	X						0	0	0
CROUSE JAMES DIRECTOR - VNS	3 00	X						0	0	0
CULLEY CARL A JR PHYSICIAN, TRUSTEE - LAKEWOOD	50 00	X						210,765	0	36,956
CULP LAURA DIRECTOR - AGMC	3 00	X						0	0	0
CUMMINGS JEFFREY DIRECTOR OF CCLRCBH, DIRECTOR - KMA	50 00	X						484,291	0	46,637
DEYLING CYNTHIA CHIEF QUALITY OFF, TRUSTEE - MM	50 00	X						611,286	0	-5,642
DOBONOS KRISTA DIRECTOR - AGF	3 00	X						0	0	0
DOWNING WILLIAM DIRECTOR - AGF	3 00	X						0	0	0
DYER KAREN DIRECTOR - AGMC & AGF	5 00	X						0	0	0
EBERT PHD ROBERT DIRECTOR - AVON HOSPITAL	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FANCHER JON M TRUSTEE - LAKEWOOD	3 00	X						0	0	0
FEDELI UMBERTO P DIRECTOR - CCF	5 00	X						0	0	0
FEDOROVICH RICHARD DIRECTOR - AGMC	3 00	X						0	0	0
FENTON MD ANDREW PHYSICIAN, DIRECTOR - PPG & AGF	50 00	X						379,837	0	66,252
FETH WILLAM DIRECTOR - AGMC	3 00	X						0	0	0
FLOYD JEFFREY DIRECTOR - AGP	3 00	X						0	0	0
FREEMAN RICHARD B PHYSICIAN, TRUSTEE - LAKEWOOD	50 00	X						324,198	0	44,869
GILL LEE DIRECTOR - AGMC	3 00	X						0	0	0
GORDON DEBORAH DIRECTOR - AGF	3 00	X						0	0	0
GORTON WILLIAM R TRUSTEE - LAKEWOOD	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GROSSMAN MD JORDAN PHYSICIAN, DIRECTOR - PPG	50 00	X						580,851	0	28,590
GUNNING DAVID TRUSTEE - CCCHR	3 00	X						0	0	0
GUTWALD DENNIS DIRECTOR - KMA	3 00	X						0	0	0
GUYTON MD DANIEL DIRECTOR - PPG (RETIRED PHYSICIAN)	3 00	X						0	0	2,899
HABER KENNETH TRUSTEE - LAKEWOOD	3 00	X						0	0	0
HARLEY DO DOUGLAS PHYSICIAN, DIRECTOR - AGMC	50 00	X						290,299	0	39,419
HARST JANICE DIRECTOR - MED FDN	3 00	X						0	0	0
HAYEK MD ANTHONY PHYSICIAN, DIRECTOR - AGMC	50 00	X						211,338	0	31,350
HOLTHAUS THERESA VICE CHAIR - PHILANTHROPY, DIR - AGF	50 00	X						181,290	0	36,428
HOOVER CAROLE DIRECTOR - CCF	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HORATTAS MD MARK PHYSICIAN, DIRECTOR - AGMC	50 00	X						232,834	0	54,653
HUNTER ELLEN DIRECTOR - MEDINA HOSP FDN	3 00	X						0	0	0
JAROSZ SISTER MARY ALICE TRUSTEE - MM	3 00	X						0	0	0
JOHNSON CINDY DIRECTOR - AGF	3 00	X						0	0	0
KEATING CATHERINE PHYSICIAN, DIRECTOR - AGMC	50 00	X						551,993	0	27,950
KILLORAN SISTER CAROL TRUSTEE - MM	3 00	X						0	0	0
KNAPP ROBERT DIRECTOR - AGP	3 00	X						0	0	0
KOHLER DOUGLAS VP MED OPS, TRUSTEE - MM	50 00	X						619,684	0	43,021
KOVACH RONALD A TRUSTEE - MM	3 00	X						0	0	0
KURTZ GREGORY P TRUSTEE - MM	3 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KURTZ MD WILLIAM PHYSICIAN, DIRECTOR - PPG	50 00	X						568,535	0	17,456
LERNER MARK DIRECTOR - REGIONAL HOSPS	5 00	X						0	0	0
LERNER NORMA DIRECTOR - CCF	5 00	X						0	0	0
LINDENBERG JUDAH PHYSICIAN, TRUSTEE - MM	3 00	X						27,188	0	0
LITMAN MD GEORGE PHYSICIAN, DIRECTOR - AGMC	50 00	X						133,711	0	35,907
LLOYD MARGARET DIRECTOR - AGF	3 00	X						0	0	0
LOWERY DEE DIRECTOR - AGF	3 00	X						0	0	0
MACDONALD WILLIAM III DIRECTOR - CCF	5 00	X						0	0	0
MACHADO ANDRE INST CHAIR - NEURO, DIRECTOR - KMA	50 00	X						879,584	0	48,459
MARKARIAN MD GEORGES DIRECTOR - AGP	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN DANIEL INST CHAIR - COLE EYE, DIR - CCF	50 00	X						1,366,366	0	44,134
MATTHEWS TJ DIRECTOR - KMA	3 00	X						0	0	0
MCCANDLESS DREW TRUSTEE - MM	3 00	X						0	0	0
MCGORRAY KATHLEEN T TRUSTEE - LAKEWOOD	3 00	X						0	0	0
MCNEEL RICHARD TRUSTEE - LORD FDN	3 00	X						0	0	0
MERRYWEATHER TIM DIRECTOR - AGF	3 00	X						0	0	0
MIKSCH DONALD DIRECTOR - MEDINA FDN	3 00	X						0	0	0
MILLER SAMUEL H DIRECTOR - CCF	5 00	X						0	0	0
MILLER-DAWSON DIANE DIRECTOR - AGMC	3 00	X						0	0	0
MOONEY BETH E DIRECTOR - CCF	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOORE JEFFREY PHYSICIAN, DIRECTOR - AGMC	50 00	X						359,690	0	56,883
MOORHEAD MD COLIN PHYSICIAN, DIRECTOR - PPG	50 00	X						415,267	0	35,352
MORINO MARIO DIRECTOR - CCF	5 00	X						0	0	0
MOSLEY MARK DIRECTOR - AGF	3 00	X						0	0	0
MULROY PATRICIA DIRECTOR - KMA	3 00	X						0	0	0
MURPHY JANICE COO, DIRECTOR - AKRON	50 00	X						632,658	0	88,496
NANCE FREDERICK DIRECTOR - CCF	5 00	X						0	0	0
NEUMAN THOMAS DIR - AGF, SR VP & CHIEF MKTG OFF	50 00	X						243,517	0	28,647
O'LEARY BS MPA ANTHONY DIRECTOR - VNS	3 00	X						0	0	0
OMORI SUE EXEC DIR REG MKTG, DIR - AGF	50 00	X						211,949	0	44,078

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O'NEIL RORY DIRECTOR - AGF	3 00	X						0	0	0
O'NEILL JOHN TRUSTEE - LAKEWOOD	5 00	X						0	0	0
PARRY WILLIAM DIRECTOR - AGF	3 00	X						0	0	0
PATTON REBECCA TRUSTEE - LAKEWOOD HOSPITAL	3 00	X						0	0	0
PEDERSEN MD JOHN PHYSICIAN, DIRECTOR - AGP	50 00	X						732,865	0	14,885
PETRAS MICHAEL DIRECTOR - CCF	5 00	X						0	0	0
PFISTER MD EUGENE PHYSICIAN DIRECTOR - AGMC & PPG	50 00	X						335,803	0	130,934
PHILLIPS TIMOTHY E DIRECTOR - MEDINA FDN	3 00	X						0	0	0
PLAZEK RON DIRECTOR - MEDINA FDN	3 00	X						0	0	0
POHL PAUL M TRUSTEE - LORD FDN	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
POLLOCK LARRY DIRECTOR - CCF	5 00	X						0	0	0
POSK LORI PHYSICIAN, DIRECTOR - AGF	50 00	X						255,015	0	48,966
PRITTS GARY TRUSTEE - LAKEWOOD	3 00	X						0	0	0
RICE JAMES DIRECTOR - AGMC	3 00	X						0	0	0
RICE RONALD TRUSTEE - CCCHR	3 00	X						0	0	0
ROCHE DENNIS J TRUSTEE - LAKEWOOD	3 00	X						0	0	0
ROGICH SIGMOND DIRECTOR - KMA	3 00	X						0	0	0
ROME ELLEN HEAD - ADOLESCENT MED, DIR - CCCHR	50 00	X						183,433	0	36,251
ROSS RONALD J DIRECTOR - CCF	5 00	X						0	0	0
SALEK ANN DIRECTOR - MEDINA FDN	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SEVERINO MICHAEL DIRECTOR - KMA	3 00	X						0	0	0
SHERIDAN CATHERINE PHYSICIAN, DIR - MEDINA HOSP FDN	50 00	X						198,063	0	36,236
SIBLEY STEPHANIE DIRECTOR - KMA	3 00	X						0	0	0
SNYDER JEROME F DIRECTOR - KMA	3 00	X						0	0	0
STAFFORD PHD KATHY DIRECTOR - AGF & AGMC	5 00	X						0	0	0
STASIOWSKI ERIC DIRECTOR - MEDINA HOSPITAL FDN	3 00	X						0	0	0
STEELMAN PAUL DIRECTOR - KMA	3 00	X						0	0	0
STEINBERG DAVID DIRECTOR - KMA	3 00	X						0	0	0
STEVENS MARK DIRECTOR - FAIRVIEW HOSP	5 00	X						0	0	0
STURM ROLAND DIRECTOR - KMA	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TABBAA MOUSAB TRUSTEE - LAKEWOOD	3 00	X						0	0	0
TALMAGE MD LANCE DIRECTOR - AGMC	3 00	X						0	0	0
THOMPSON THOMAS PHYSICIAN, DIRECTOR - AGMC	50 00	X						570,447	0	85,249
TRICOMI ANTHONY DIRECTOR - AGP	3 00	X						0	0	0
TRUNDLE SYLVIA DIRECTOR - PPG	3 00	X						0	0	0
VANAUKEN KRISTIE DIRECTOR - AGMC	3 00	X						0	0	0
VEGA LORRAINE DIRECTOR - AVON HOSPITAL	5 00	X						0	0	0
WEINBERG RONALD DIRECTOR - CCF	5 00	X						0	0	0
WEISS MORRY DIRECTOR - CCF	5 00	X						0	0	0
WEXLER NANCY DIRECTOR - KMA	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WHITE MD HAROLD PHYSICIAN, DIRECTOR - AGF	50 00	X						497,240	0	42,088
WINTER TODD DIRECTOR - MEDINA FDN	3 00	X						0	0	0
ALVAREZ MD BENITO PRESIDENT - PPG	50 00			X				403,422	0	36,732
BARRETT LISA SECRETARY - AGHS	50 00			X				206,764	0	15,282
FORD DONALD INTERIM HOSP PRES - HILLCREST	50 00			X				355,385	0	43,199
FRIGO DAVID TREASURER - AGHS	50 00			X				252,641	0	41,453
FUNG JOHN CHAIRMAN DDI	50 00			X				911,140	0	39,783
GARD PHILIP ADMINSTRATIVE DIRECTOR	50 00			X				176,531	0	32,505
GROOFF PAUL SECRETARY - TN PC & NY MED SERV PC	50 00			X				577,000	0	44,874
HAMILTON THOMAS INTERIM CHAIRMAN - RESEARCH INST	50 00			X				345,557	0	-44,062

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
JUHASZ ROBERT HOSPITAL PRESIDENT - SOUTH POINTE	50 00			X				339,801	0	42,508		
KOVACS JEFF ASST TREASURER - PPG	50 00			X				70,616	0	7,597		
MALONE DONALD HOSPITAL PRESIDENT - LUTHERAN	50 00			X				399,114	0	-204,879		
MCHUGH LINDA ASST SECRETARY - CCF	50 00			X				707,477	0	55,824		
MEEHAN MICHAEL J RECORDING SECRETARY - CCF	50 00			X				343,238	0	-13,592		
MILLER CHARLIE CHIEF MEDICAL OFFICER - CCMSI	50 00			X				908,122	0	43,768		
NAPIERKOWSKI DANIEL HOSPITAL PRESIDENT - EUCLID	50 00			X				575,579	0	44,727		
OBLANDER JASON ASST SECRETARY - CCF	50 00			X				203,574	0	20,758		
PAYDO RON SECRETARY - MEDINA HOSPITAL	3 00			X				0	0	0		
RITCHIE SHANNAN HOSPITAL PRESIDENT - LAKEWOOD	50 00			X				117,434	0	11,859		

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SMITH BRIAN VICE PRES - CLINIC CARE, INC	50 00			X				242,754	0	52,707
SMITH NEIL HOSPITAL PRESIDENT - FAIRVIEW	50 00			X				419,711	0	41,522
STARCK REBECCA HOSPITAL PRESIDENT - AVON	50 00			X				619,777	0	49,896
STEINKE TOM TREASURER - MEDINA HOSP	3 00			X				0	0	0
STOLLER JAMES CHAIR - EDUCATION INSTITUTE	50 00			X				524,922	0	-70,625
VANHORN AMANDA ASST SECRETARY - AGF, PPG, VNS	50 00			X				184,336	0	24,803
ABDENOUR STEPHEN SR VP SYSTEM OPERATIONS - AGMC	50 00				X			292,089	0	42,330
BAILEY DAWN CNO - EUCLID HOSPITAL	50 00				X			196,850	0	46,827
BENNETT KRIS COO - S POINTE/HILLCREST	50 00				X			220,037	0	21,503
COLLIER SUSAN VP NURSING, CNO - HILLCREST	50 00				X			257,572	0	90,881

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DONLEY KATHLEEN DIR PHARMACY - AGMC	50 00				X			186,465	0	82,033		
FISER DAVID VP INFORMATION SYS/CIO - AGMC	50 00				X			274,084	0	57,600		
FOSTER SUSAN VP SURGICAL SERVICES	50 00				X			217,461	0	38,798		
GUSTER CHERIE SR VP & CNO - AGMC	50 00				X			290,286	0	94,874		
HARRISON A MARC CHIEF OF INTL BUS DEV	50 00				X			1,185,404	0	80,260		
KENNEDY MARY CNO - MEDINA	50 00				X			205,095	0	58,208		
LEA RICHARD COO - EUCLID HOSPITAL	50 00				X			245,879	0	65,175		
MAJOR KERRY CNO - CC FLA HEALTH SYS	50 00				X			237,683	0	24,344		
MATTNER MATTHEW COO - LUTHERAN	50 00				X			229,854	0	22,438		
MIHALJEVIC TOMISLAV CHIEF EXECUTIVE OFFICER - CCAD	50 00				X			2,027,420	0	150,435		

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MILLER SHEILA CNO - SOUTH POINTE HOSP	50 00				X			222,765	0	31,623
MILLS JOHN COO - FAIRVIEW	50 00				X			269,468	0	9,786
MINOR DENISE CNO - LUTHERAN (PART YEAR)	50 00				X			214,172	0	21,567
NUSSBAUM MARK COO - MARYMOUNT (PART YEAR)	50 00				X			157,374	0	18,473
PIKE JEFFREY VP OPERATIONS PPG	50 00				X			219,908	0	37,161
SAUER MARY CNO - LAKEWOOD	50 00				X			243,208	0	33,801
SCHUSTER JANET CNO - LUTHERAN	50 00				X			187,607	0	28,126
SMALL DEBORAH CNO - FAIRVIEW	50 00				X			251,539	0	20,045
ZINNER BARBARA CNO - MARYMOUNT	50 00				X			214,174	0	32,703
CHURCH JAMES PHYSICIAN (2016 RETIREE)	50 00					X		2,711,368	0	-316,508

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
COSTIN JOHN INSTITUTE CHAIRMAN - CCF	50 00					X		1,909,833	0	44,081		
LEWIS BRENDA PHYSICIAN (2016 RETIREE)	50 00					X		1,899,184	0	677,801		
WHITLOW PATRICK PHYSICIAN (2016 RETIREE)	50 00					X		1,807,770	0	262,128		
SCHOENWALD PETER PHYSICIAN (2016 RETIREE)	50 00					X		1,615,259	0	127,772		
DEGRANDIS FRED FORMER OFFICER (SEPARATED IN 2014)	0 00						X	589,198	0	41,117		
HAHN JOSEPH FORMER OFFICER (RETIRED)	0 00						X	252,142	0	-23,899		
KECKAN WILLIAM FORMER OFFICER	50 00						X	317,244	0	23,190		
NOGUERAS JUAN FORMER OFFICER	50 00						X	613,729	0	-188,771		
RODRIGUEZ RICARDO FORMER OFFICER	50 00						X	465,876	0	43,516		
SLIFKO JESSICA FORMER OFFICER	50 00						X	297,391	0	45,222		

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STALL ROBERT FORMER OFFICER	50 00						X	472,388	0	59,128
WYLLIE ROBERT FORMER OFFICER	50 00						X	655,270	0	-234,662
ZEROSKE JOANNE FORMER OFFICER	50 00						X	389,956	0	61,952
CARROLL DONALD FORMER KEY EMPLOYEE	50 00						X	216,613	0	32,725
CHADWICK LARRY FORMER KEY EMPLOYEE	50 00						X	325,038	0	35,213
EMMELHAINZ LARRY FORMER KEY EMPLOYEE	50 00						X	338,180	0	19,897
ICSMAN CAROL FORMER KEY EMPLOYEE	50 00						X	205,359	0	31,469
KEATON MD BRIAN FORMER KEY EMPLOYEE	50 00						X	329,420	0	32,342
KOCSIS DANA FORMER KEY EMPLOYEE	50 00						X	184,304	0	7,717
LYTLE BRUCE FORMER KEY EMPLOYEE (RETIRED)	0 00						X	1,144,013	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MONTER BRIAN FORMER KEY EMPLOYEE	50 00						X	105,319	0	12,460
MUAKKASSA MD FARID FORMER KEY EMPLOYEE	50 00						X	319,695	0	74,684
O'CONNELL MICHAEL FORMER KEY EMPLOYEE	50 00						X	184,696	0	29,771
PETER MD DAVID FORMER KEY EMPLOYEE	50 00						X	443,558	0	30,726
RIBLEY DOUGLAS FORMER KEY EMPLOYEE	50 00						X	255,903	0	39,617
SHEERS MD TITUS FORMER KEY EMPLOYEE	50 00						X	325,038	0	60,825
WRIGHT MD DENNIS FORMER KEY EMPLOYEE	50 00						X	592,948	0	35,838
ZHONG XUE FORMER KEY EMPLOYEE	50 00						X	136,126	0	13,552
SCHMIEDEL JUSTIN FORMER KEY EMPLOYEE	50 00						X	198,952	0	29,963

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number

91-2153073

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	284,096,603	272,897,610	301,428,141	284,947,202	302,252,529	1,445,622,085
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	284,096,603	272,897,610	301,428,141	284,947,202	302,252,529	1,445,622,085
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)						
6 Public support. Subtract line 5 from line 4						1,445,622,085

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	284,096,603	272,897,610	301,428,141	284,947,202	302,252,529	1,445,622,085
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,172,620	112,692,470	108,430,890	109,699,336	124,406,638	561,401,954
9 Net income from unrelated business activities, whether or not the business is regularly carried on	461,672			398,836		860,508
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	111,441,920	217,228,171	103,974,870	115,282,299	104,055,964	651,983,224
11 Total support. Add lines 7 through 10						2,659,867,771
12 Gross receipts from related activities, etc. (see instructions)					12	35,108,219,419

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 2016 (line 6, column (f) divided by line 11, column (f))	14	54.350%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	56.380%

- 16a 33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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. **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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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	INCOME LOSS ON INVESTMENTS - 2012 AMOUNT \$ 110,777,488 2013 AMOUNT \$ 156,261,549 2014 AMOUNT \$ 103,825,473 2015 AMOUNT \$ 70,959,640 2016 AMOUNT \$ 103,453,582 FOREIGN CURRENCY - 2012 AMOUNT \$ 77,628 2015 AMOUNT \$ 610,292 2016 AMOUNT \$ 73,310 INCOME FROM FUNDRAISING/GAMING EVENTS - 2012 AMOUNT \$ 586,804 2013 AMOUNT \$ 19,855 2014 AMOUNT \$ 131,772 2016 AMOUNT \$ 397,995 MISCELLANEOUS INCOME - 2013 AMOUNT \$ 1,401 2014 AMOUNT \$ 17,625 DERIVATIVE INCOME - 2013 AMOUNT \$ 60,945,366 LIFE INSURANCE TRUST - 2015 AMOUNT \$ 183,292 2016 AMOUNT \$ 131,077 INVESTMENT IN AFFILIATES - 2015 AMOUNT \$ 43,529,075

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, PUBLIC CHARITY STATUS	WHILE THE LARGEST NUMBER OF ORGANIZATIONS ARE CLASSIFIED AS HOSPITALS UNDER IRS SECTION 509(A)(1) AND IRS SECTION 170(B)(1)(A)(III), ALL OF THE ORGANIZATIONS MAINTAIN PUBLIC CHARITY STATUS PURSUANT TO IRS SECTION 509(A)

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 11	PURSUANT TO THE INSTRUCTIONS FOR GROUP FILINGS, THE FOLLOWING INFORMATION FOR PARTS 11A-11G IS BEING PROVIDED LINE 11E THE 509(A)(3) SUBORDINATES INCLUDED IN THIS GROUP RETURN ARE ALL RECOGNIZED AS TYPE I SUPPORTING ORGANIZATIONS UNDER THE CLEVELAND CLINIC FOUNDATION'S GROUP EXEMPTION LINE 11F THE TOTAL NUMBER OF SUPPORTED ORGANIZATIONS 5 LINE 11G THE FOLLOWING INFORMATION IS PROVIDED ABOUT THE SUPPORTED ORGANIZATIONS NAME OF SUPPORTED ORGANIZATION, EIN, TYPE OF ORGANIZATION DESCRIBED IN LINES 1-9 OF SCHEDULE A PART I, WHETHER THE SUPPORTED ORGANIZATION IS LISTED IN THE GOVERNING DOCUMENTS OF THE SUPPORTING ORGANIZATION, AND AMOUNT OF MONETARY SUPPORT THE CLEVELAND CLINIC FOUNDATION, 34-0714585, 3, YES, PLEASE SEE NARRATIVE IN PART VI, SECTION A, LINE 1 FOR EXCEPTIONS, \$0 CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, 34-0714570, 3, YES, \$0 CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION, 34-0714593, 3, YES, \$0 MEDINA HOSPITAL, 34-0733166, 3, YES, \$795,567 AKRON GENERAL MEDICAL CENTER, 34-0714478, 3, YES, \$0

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A AND SECTION B	PURSUANT TO THE INSTRUCTIONS, THE FOLLOWING INFORMATION FOR SECTIONS A AND B IS BEING PROVIDED PART IV -SECTION A - LINE 1 - THERE ARE 2 SUPPORTING ORGANIZATIONS THAT DO NOT LIST THE SUPPORTED ORGANIZATION IN IT'S GOVERNING DOCUMENTS INSTEAD, THE GOVERNING DOCUMENTS INDICATE THAT IF THE ENTITY WERE TO DISSOLVE, THE SUPPORTED ORGANIZATION WOULD CONTROL THE ASSETS OF THE SUPPORTING ORGANIZATION PART IV -SECTION A - LINE 2 - THERE ARE 4 ORGANIZATIONS THAT SUPPORT OTHER 509(A)(3) SUPPORTING ORGANIZATIONS WHOSE PURPOSE IS TO SUPPORT 509(A)(1) ORGANIZATIONS PART IV -SECTION A - LINE 6 - THERE ARE 6 SUPPORTING ORGANIZATIONS THAT PROVIDED SUPPORT TO OTHER ORGANIZATIONS EXEMPT UNDER 501(C)(3) THAT WERE NOT LISTED IN THE SUPPORTING ORGANIZATION'S GOVERNING DOCUMENTS THIS INCLUDED SUPPORT TO ORGANIZATIONS SUCH AS LOCAL HOSPITALS, MEDICAL/HEALTH ASSOCIATIONS, AND OTHER ORGANIZATIONS THAT BENEFIT THE LOCAL COMMUNITIES ALL OTHER QUESTIONS IN PART IV OF SECTION A ARE ANSWERED EITHER "NO OR "N/A" FOR ALL OF THE SUPPORTING ORGANIZATIONS IN THE GROUP PART IV -SECTION B - LINE 1 - YES PART IV - SECTION B - LINE 2 - NO

Schedule A Form 990 of 990-E 2016

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

- 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 GROUP RETURN
Employer identification number 91-2153073

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
2 Political expenditures
3 Volunteer hours

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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>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)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -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?														

Yes 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		10,661
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		509,983
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		85,063
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		40,336
i	Other activities?		No	
j	Total Add lines 1c through 1i			646,043
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
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.**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a 3
b Total acreage restricted by conservation easements	2b 55 25
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0

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

4 Number of states where property subject to conservation easement is located ▶ 2

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 75 00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 12,000

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	295,878,858	279,608,818	260,375,637	221,765,392	188,024,415
b Contributions	20,199,629	25,049,027	11,532,981	18,890,200	12,894,639
c Net investment earnings, gains, and losses	15,766,204	-993,841	15,823,388	26,158,066	23,317,171
d Grants or scholarships					
e Other expenditures for facilities and programs	7,293,111	7,785,146	8,123,189	6,438,021	2,470,832
f Administrative expenses					
g End of year balance	324,551,580	295,878,858	279,608,818	260,375,637	221,765,392

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		313,690,848		313,690,848
b Buildings		4,705,776,302	2,356,419,043	2,349,357,259
c Leasehold improvements		152,894,496	106,040,984	46,853,512
d Equipment		2,581,519,792	1,831,246,010	750,273,782
e Other		907,069,092	105,821,082	801,248,010
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,261,423,411

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	1,110,397,267	F
(B) PRIVATE EQUITY	696,785,941	F
(C) REAL ESTATE	452,017,779	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	2,259,200,987	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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	150,088
DEFERRED ANNUITY TRUST	1,035,913
OTHER LIABILITIES	316,252,697
FUTURE GIFT ANNUITY PAYMENTS	10,077,888
INTEREST RATE SWAPS	139,421,631
ACCRUED PENSION	654,584,162
ACCRUED BENEFITS	177,277,436
DUE TO AFFILIATES	86,998,583
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,385,798,398

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: 91-2153073

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

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 HEALTH SYSTEM'S PROPERTY IN TWINSBURG, OHIO, AVON, OHIO AND WESTON, FLORIDA 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 CLEVELAND CLINIC FOUNDATION AND ITS AFFILIATES 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 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, 2016 AND 2015, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$2.3 MILLION AND \$4.1 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 STATEMENT 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. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			34,152,000
b Total from continuation sheets to Part I	3	33			923,500,000
c Totals (add lines 3a and 3b)	3	33			957,652,000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH	EAST ASIA & PACIFIC	1	10,000	CHECK			
(2) RESEARCH	EUROPE	1	7,500	CHECK			
(3) RESEARCH	EUROPE	1	10,000	CHECK			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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)* 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)* 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).

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

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

Additional Data

Software ID:

Software Version:

EIN: 91-2153073

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

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 CARRIBEAN	0	0	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	2,120,000
NORTH AMERICA	0	0	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	31,831,000
CENTRAL AMERICA & CARRIBEAN	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	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
SOUTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	48,000
SOUTH ASIA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	7,000
EAST ASIA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	63,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	20,000
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	57,000
CENTRAL AMERICA & CARRIBEAN	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
EAST ASIA & PACIFIC	0	0	FUNDRAISING		
EUROPE	0	0	FUNDRAISING		64,000
MIDDLE EAST & NORTH AFRICA	0	0	FUNDRAISING		30,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	FUNDRAISING		
SOUTH AMERICA	0	0	FUNDRAISING		3,000
SOUTH ASIA	0	0	FUNDRAISING		10,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		
EUROPE	0	0	INVESTING		473,570,000
CENTRAL AMERICA & CARRIBEAN	0	0	INVESTING		291,182,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	1	1	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	156,087,000
MIDDLE EAST & NORTH AFRICA	1	28	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	589,000
MIDDLE EAST & NORTH AFRICA	1	4	UNRELATED BUSINESS		1,965,000

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	INVESTING		

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	101,943	CHECK			
		EUROPE	RESEARCH	53,682	CHECK			

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	23,797	CHECK			
		EUROPE	RESEARCH	89,537	CHECK			

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)
		CENTRAL AMERICA & CARIBBEAN	RESEARCH	38,400	CHECK			
		NORTH AMERICA	RESEARCH	9,500	CHECK			

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	10,000	CHECK			
		NORTH AMERICA	RESEARCH	40,619	CHECK			

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	30,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH	10,000	CHECK			

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	10,000	CHECK			
		NORTH AMERICA	RESEARCH	231,595	CHECK			

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	299,395	CHECK			

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2016

Open to Public Inspection

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BLACKBAUD 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	ONLINE GIVING		No	3,889,910	224,458	3,665,452
2 RR DONNELLEY 111 S WACKER DR CHICAGO, IL 60606	DIRECT MAIL		No	1,183,355	937,813	245,542
3 HARRIS CONNECT 1511 RTE 22 STE C-25 BREWSTER, NY 10509	PHONE SOLICITATION		No	732,003	362,454	369,549
4						
5						
6						
7						
8						
9						
10						
Total				5,805,268	1,524,725	4,280,543

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)
		KEEP MEMORY ALIVE GALA (event type)	VELOSANO (event type)	11 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	14,925,186	4,670,000	7,999,122	27,594,308
2	Less Contributions	7,062,174	4,464,000	6,848,748	18,374,922
3	Gross income (line 1 minus line 2)	7,863,012	206,000	1,150,374	9,219,386
Direct Expenses	4 Cash prizes			1,305	1,305
	5 Noncash prizes			4,010	4,010
	6 Rent/facility costs		157,100	390,070	547,170
	7 Food and beverages	608,436	110,324	612,604	1,331,364
	8 Entertainment		54,877	447,046	501,923
	9 Other direct expenses	4,224,378	1,198,386	1,012,855	6,435,619
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				8,821,391
11 Net income summary Subtract line 10 from line 3, column (d) ▶				397,995	

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			10,375	10,375
	3 Noncash prizes			67,698	67,698
	4 Rent/facility costs				
	5 Other direct expenses			100	100
6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes 75 000 % <input checked="" type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				78,173
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				-49,418

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

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

b If "No," explain THE STATE OF OHIO DOES NOT REQUIRE A LICENSE FOR A RAFFLE CONDUCTED BY AN IRC SECTION 501(C)(3) ORGANIZATION

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 | 0 % |
| b | An outside facility | 100 000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ROBERT F WAITKUS

Address ▶ 6801 BRECKSVILLE ROAD RK1-85
INDEPENDENCE, OH 44131

- 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 complete this part to 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
 GROUP RETURN

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 91-2153073

OMB No 1545-0047
2016
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	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input 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 <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			86,596,706	0	86,596,706	1 060 %
b Medicaid (from Worksheet 3, column a)			1,016,946,885	688,142,729	328,804,156	4 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		0 %
d Total Financial Assistance and Means-Tested Government Programs			1,103,543,591	688,142,729	415,400,862	5 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			26,214,328	80,487	26,133,841	0 320 %
f Health professions education (from Worksheet 5)			333,105,744	60,831,426	272,274,318	3 330 %
g Subsidized health services (from Worksheet 6)			44,267,165	24,695,284	19,571,881	0 240 %
h Research (from Worksheet 7)			212,556,766	148,515,196	64,041,570	0 780 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,205,894	1,485,000	10,720,894	0 130 %
j Total. Other Benefits			628,349,897	235,607,393	392,742,504	4 800 %
k Total. Add lines 7d and 7j			1,731,893,488	923,750,122	808,143,366	9 880 %

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			43,773	0	43,773	0 %
2 Economic development			16,783	0	16,783	0 %
3 Community support			960,929	0	960,929	0 010 %
4 Environmental improvements			9,424	0	9,424	0 %
5 Leadership development and training for community members			259	0	259	0 %
6 Coalition building			92,629	1,000	91,629	0 %
7 Community health improvement advocacy			29,239	0	29,239	0 %
8 Workforce development			45,715	0	45,715	0 %
9 Other			0	0		0 %
10 Total			1,198,751	1,000	1,197,751	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes	No
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	302,125,576	
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		
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	1,174,278,693
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,537,584,729
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-363,306,036
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	No
9b	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	No

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 MONTROSE SLEEP CENTER LLC	SLEEP LAB THERAPY	60 000 %		40 000 %
2	2 AKRON SURGICAL ASSOCIATES	SURGICAL SERVICES	51 000 %		49 000 %
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?

20

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)
 LAKEWOOD HOSPITAL (CLOSED FEBRUARY 2016)

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): _____ **14**

		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?	1	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	2	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)	3	No
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The significant health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	5	
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	6a	
6 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	6b	
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)	7	
	a <input type="checkbox"/> Hospital facility's website (list url) _____		
	b <input type="checkbox"/> Other website (list url) _____		
	c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
	a If "Yes" (list url) _____		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	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)

LAKEWOOD HOSPITAL (CLOSED FEBRUARY 2016)

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

LAKEWOOD HOSPITAL (CLOSED FEBRUARY 2016)

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 non-payment?	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)		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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why 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)	Yes	
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Part V Facility Information *(continued)*

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

LAKEWOOD HOSPITAL (CLOSED FEBRUARY 2016)

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)
 FACILITY 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 <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 <u>20 16</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)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input 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

FACILITY 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 non-payment?	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)		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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why 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)	Yes	
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Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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): _____ **16**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CLEVELAND CLINIC REHABILITATION

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 type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

CLEVELAND CLINIC REHABILITATION

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 non-payment?	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)		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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input 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)		No
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Part V Facility Information *(continued)*

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

CLEVELAND CLINIC REHABILITATION

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)
 CLEVELAND CLINIC AVON HOSPITAL

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): _____ **15**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CLEVELAND CLINIC AVON HOSPITAL

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

CLEVELAND CLINIC AVON HOSPITAL

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 non-payment?	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)		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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why 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)	Yes	
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Part V Facility Information *(continued)*

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

CLEVELAND CLINIC AVON HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	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	2	Yes
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	No
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	5	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	
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)	7	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	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)		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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input 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)		No
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Part V Facility Information *(continued)*

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

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 193

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

Form and Line Reference	Explanation
PART I, LINE 3C	CCHS 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 THIS POLICY APPLIES TO ALL CCHS 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, CCHS PROVIDES FREE CARE TO INDIVIDUALS WITHOUT INSURANCE WITH INCOMES UP TO 250% OF THE FEDERAL POVERTY LEVEL AND DISCOUNTED CARE ON A SLIDING SCALE UP TO 400% OF THE FEDERAL POVERTY LEVEL IN ADDITION, THE POLICY CONTAINS ADDITIONAL WAYS TO QUALIFY BASED ON FINANCIAL AND MEDICAL NEED

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART I, LINE 7G	CCHS EMPLOYS ITS PHYSICIANS, THEREFORE THE ASSOCIATED COSTS AND CHARGES RELATING TO THESE PHYSICIAN SERVICES ARE INCLUDED IN ALL RELEVANT CATEGORIES OF PART I

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	ADDITIONAL BAD DEBT EXPENSE ADDED FOR PURPOSES OF CALCULATING THE PERCENTAGE, BUT NOT REPORTED ON FORM 990, IS \$891,819

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

Form and Line Reference	Explanation
PART I, LINE 7	THE NET COMMUNITY BENEFIT EXPENSE FIGURE REPORTED FOR UNREIMBURSED MEDICAID IS NET OF CCHS' HCAP BENEFIT OF \$3,124,301

Form and Line Reference	Explanation
PART I, LINE 7	NOTE THAT THE TOTAL AMOUNT OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS OF \$808,143,366 AS REPORTED ON PART I, LINE 7 DIFFERS FROM THE TOTAL COMMUNITY BENEFIT FOR CLEVELAND CLINIC HEALTH SYSTEM AS REPORTED IN THE 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

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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART III, LINE 4	TEXT OF FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS PATIENT RECEIVABLES ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, MAJOR PAYOR SOURCES AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE SYSTEM

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE ALLOWABLE COSTS ARE CALCULATED USING A COST-TO-CHARGE RATIO CCHS 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

Form and Line Reference	Explanation
PART III, LINE 9B	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

Form and Line Reference	Explanation
PART III, LINES 5, 6, & 7	IN ADDITION TO THE MEDICARE PROGRAMS REFLECTED IN THE COST REPORTS, CCHS INCURS COSTS AND RECEIVES REIMBURSEMENT FOR OTHER MEDICARE ELIGIBLE SERVICES THE TOTAL REVENUE RECEIVED AND COSTS ASSOCIATED WITH THE ADDITIONAL MEDICARE SERVICES ARE \$1,174,278,693 AND \$1,537,584,729 RESPECTIVELY THIS RESULTS IN MEDICARE SHORTFALL OF \$363,306,036 WHICH NETTED WITH THE SURPLUS OF \$9,654,845 AS REPORTED ON THE COST REPORTS, BRINGS THE TOTAL MEDICARE SHORTFALL TO \$353,651,191

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THE CHNA PROCESS, CCHS, ITS INSTITUTES AND DEPARTMENTS, AND EACH HOSPITAL MAY GATHER, ANALYZE, AND REVIEW RELEVANT HEALTH STATISTICS AND DEMOGRAPHIC DATA FOR THAT PARTICULAR FACILITY'S COMMUNITY. THE DATA IS USED TO EVALUATE POTENTIAL NEW OR REVISED HEALTH SERVICES THAT CCHS MAY PROVIDE TO PARTICULAR GROUPS OF PATIENTS WITHIN THE COMMUNITIES IT SERVES.

Form and Line Reference	Explanation
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 AVAILABLE ON THE CLEVELAND CLINIC WEBSITE PATIENT BILLS INCLUDE 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 CCHS, 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

Form and Line Reference	Explanation
PART VI, LINE 4	THE COMMUNITY FOR EACH OF THE HOSPITAL FACILITIES IN THE CLEVELAND CLINIC HEALTH SYSTEM 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

Form and Line Reference	Explanation
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

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

Additional Data

Software ID:

Software Version:

EIN: 91-2153073

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 20											
Name, address, primary website address, and state license number											
1	THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1151AHR	X	X	X	X		X	X			A
2	AKRON GENERAL MEDICAL CENTER 1 AKRON GENERAL AVENUE AKRON, OH 44307 WWW.CLEVELANDCLINIC.ORG OHIO STATE ID 1276AHR	X	X		X		X	X			A
3	FAIRVIEW HOSPITAL 18101 LORAIN AVENUE CLEVELAND, OH 44111 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1145AHR	X	X		X		X	X			A
4	HILLCREST HOSPITAL 6780 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1019AHR	X	X		X		X	X			A
5	CLEVELAND CLINIC FLORIDA HEALTH SYSTEM 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 WWW.CLEVELANDCLINIC.ORG FL LICENSE NUMBER 4299	X	X		X		X	X			A
6	MARYMOUNT HOSPITAL 12300 MCCracken GARFIELD HEIGHTS, OH 44125 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1136AHR	X	X		X		X	X			A
7	SOUTH POINTE HOSPITAL 20000 HARVARD ROAD WARRENSVILLE HTS, OH 44122 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1297AHR	X	X		X		X	X			A
8	EUCLID HOSPITAL 18901 LAKESHORE BOULEVARD EUCLID, OH 44119 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1133AHR	X	X		X		X	X			A
9	LUTHERAN HOSPITAL 1730 WEST 25TH STREET CLEVELAND, OH 44113 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1149AHR	X	X		X		X	X			A
10	MEDINA HOSPITAL 1000 E WASHINGTON STREET MEDINA, OH 44256 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1236AHR	X	X		X		X	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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
CLEVELAND CLINIC REHABILITATION	PART V, SECTION B, LINE 2 CLEVELAND CLINIC REHABILITATION OPENED IN DECEMBER 2015

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
CLEVELAND CLINIC AVON HOSPITAL	PART V, SECTION B, LINE 2 CLEVELAND CLINIC AVON HOSPITAL OPENED IN NOVEMBER 2016

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
LAKEWOOD HOSPITAL (CLOSED FEBRUARY 2016)	PART V, SECTION B, LINE 13B PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
CLEVELAND CLINIC REHABILITATION	PART V, SECTION B, LINE 13B PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
CLEVELAND CLINIC AVON HOSPITAL	PART V, SECTION B, LINE 13B PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
LAKEWOOD HOSPITAL (CLOSED FEBRUARY 2016)	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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
CLEVELAND CLINIC AVON HOSPITAL	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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
LAKEWOOD HOSPITAL (CLOSED FEBRUARY 2016)	PART V, SECTION B, LINE 16J INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
CLEVELAND CLINIC AVON HOSPITAL	PART V, SECTION B, LINE 16J INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
LAKEWOOD HOSPITAL (CLOSED FEBRUARY 2016)	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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
CLEVELAND CLINIC AVON HOSPITAL	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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
PART V, SECTION B	FACILITY REPORTING GROUP A

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 THE CLEVELAND CLINIC FOUNDATION, - FACILITY 3 FAIRVIEW HOSPITAL, - FACILITY 4 HILLCREST HOSPITAL, - FACILITY 5 CLEVELAND CLINIC FLORIDA HEALTH SYSTEM, - FACILITY 6 MARYMOUNT HOSPITAL, - FACILITY 7 SOUTH POINTE HOSPITAL, - FACILITY 9 LUTHERAN HOSPITAL, - FACILITY 10 MEDINA HOSPITAL, - FACILITY 8 EUCLID HOSPITAL, - FACILITY 11 CLEV CLINIC CHILDREN'S HOSP FOR REHAB, - FACILITY 12 LODI COMMUNITY HOSPITAL, - FACILITY 13 EDWIN SHAW REHABILITATION INSTITUTE, - FACILITY 2 AKRON GENERAL MEDICAL CENTER

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX G OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

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Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION PART V, SECTION B, LINE 6A	CLEVELAND CLINIC FOUNDATION MAIN CAMPUS COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM CLEVELAND CLINIC FOUNDATION MAIN CAMPUS ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT CLEVELAND CLINIC CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CLEVELAND CLINIC CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) CLEVELAND CLINIC CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH CLEVELAND CLINIC IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 1 -- 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 1 -- 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 CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 1 -- 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX D OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 6A	FAIRVIEW HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM FAIRVIEW HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT FAIRVIEW HOSPITAL 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH FAIRVIEW HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS FAIRVIEW HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) FAIRVIEW HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH FAIRVIEW HOSPITAL IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL 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.

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Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 4 -- HILLCREST HOSPITAL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 4 -- HILLCREST HOSPITAL PART V, SECTION B, LINE 6A	HILLCREST HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM HILLCREST HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 4 -- HILLCREST HOSPITAL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT HILLCREST HOSPITAL 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH HILLCREST HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS HILLCREST HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) HILLCREST HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH HILLCREST HOSPITAL IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 4 -- HILLCREST HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 4 -- HILLCREST HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 4 -- HILLCREST HOSPITAL PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 4 -- HILLCREST HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 5 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 5 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM PART V, SECTION B, LINE 6A	CLEVELAND CLINIC FLORIDA HEALTH SYSTEM COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND THE CLEVELAND CLINIC FOUNDATION CLEVELAND CLINIC FLORIDA HEALTH SYSTEM ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH

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, 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
<p>GROUP A-FACILITY 5 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM PART V, SECTION B, LINE 11</p>	<p>IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT CLEVELAND CLINIC FLORIDA HEALTH SYSTEM 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CLEVELAND CLINIC FLORIDA HEALTH SYSTEM CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC FLORIDA HEALTH SYSTEM CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTH CARE ALTHOUGH IT IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMIC BECAUSE ITS MISSION RELATES TO THE DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATIONS OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS CHRONIC DISEASE AND OTHER HEALTH CONDITIONS - POOR BIRTH OUTCOMES - CLEVELAND CLINIC FLORIDA HEALTH SYSTEM DOES NOT OFFER OBSTETRICS SERVICES AT ITS HOSPITAL IN WESTON, AND IS THEREFORE UNABLE TO ADDRESS THE POOR BIRTH OUTCOMES NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT CLEVELAND CLINIC FLORIDA HEALTH SYSTEM REFERS ITS PATIENTS TO OTHER LOCAL FACILITIES FOR OBSTETRICS CARE</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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 5 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 5 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 5 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC FLORIDA HEALTH SYSTEM CAMPUS HOSPITAL 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 5 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 6 -- MARYMOUNT HOSPITAL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 6 -- MARYMOUNT HOSPITAL PART V, SECTION B, LINE 6A	MARYMOUNT HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM MARYMOUNT HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 6 -- MARYMOUNT HOSPITAL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT MARYMOUNT HOSPITAL 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH MARYMOUNT HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS MARYMOUNT HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) MARYMOUNT HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH MARYMOUNT HOSPITAL IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 6 -- MARYMOUNT HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 6 -- MARYMOUNT HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 6 -- MARYMOUNT HOSPITAL PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 6 -- MARYMOUNT HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 7 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 7 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 6A	SOUTH POINTE HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM SOUTH POINTE HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 7 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SOUTH POINTE HOSPITAL 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SOUTH POINTE HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SOUTH POINTE HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) SOUTH POINTE HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SOUTH POINTE HOSPITAL IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 7 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 7 -- SOUTH POINTE HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 7 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 7 -- SOUTH POINTE HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 8 -- EUCLID HOSPITAL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 8 -- EUCLID HOSPITAL PART V, SECTION B, LINE 6A	EUCLID HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, THE CLEVELAND CLINIC FOUNDATION, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM EUCLID HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 8 -- EUCLID HOSPITAL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT EUCLID HOSPITAL 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH EUCLID HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS EUCLID HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) EUCLID HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH EUCLID HOSPITAL IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 8 -- EUCLID HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 8 -- EUCLID HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 8 -- EUCLID HOSPITAL PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 8 -- EUCLID HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL PART V, SECTION B, LINE 6A	LUTHERAN HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM LUTHERAN HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT LUTHERAN HOSPITAL 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH LUTHERAN HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS LUTHERAN HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) LUTHERAN HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH LUTHERAN HOSPITAL IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 6A	MEDINA HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM MEDINA HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 11	<p>IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT MEDINA HOSPITAL 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH MEDINA HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS MEDINA HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) MEDINA HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH MEDINA HOSPITAL IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS</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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 10 -- MEDINA HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 10 -- MEDINA HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE JANUARY 2016 THROUGH JULY 2016 THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX G OF THE RELEVANT HOSPITAL FACILITY'S CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB PART V, SECTION B, LINE 6A	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB PART V, SECTION B, LINE 11	<p>IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION ("CCCHR") 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CCCHR CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CCCHR CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) CCCHR CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH CCCHR IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS</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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 12 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AND FOCUS GROUPS 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 THE INTERVIEWS WERE CONDUCTED BY THE CONSULTANT, KENT STATE UNIVERSITY'S COLLEGE OF PUBLIC HEALTH, FROM MARCH 2016 THROUGH JUNE 2016 A LIST OF EACH PARTICIPANT ORGANIZATION CAN BE FOUND IN THE "PROCESSES AND METHODS" SECTION OF THE HOSPITAL'S CHNA FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS FROM APRIL THROUGH MAY 2016 TO OBTAIN INPUT ON WHAT THEY THOUGHT WERE SIGNIFICANT HEALTH NEEDS IN THEIR COMMUNITIES THIRTY THREE COMMUNITY RESIDENTS WERE INCLUDED IN THE FOCUS GROUPS IN ADDITION, A QUESTIONNAIRE WAS DISTRIBUTED TO FOCUS GROUP PARTICIPANTS TO GATHER THEIR DEMOGRAPHIC INFORMATION AND BASIC PERCEPTIONS OF COMMUNITY HEALTH

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 12 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 6A	LODI COMMUNITY HOSPITAL 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, THE CLEVELAND CLINIC FOUNDATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, CLEVELAND CLINIC FLORIDA HEALTH SYSTEM LODI COMMUNITY HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER, GLENBEIGH, SUMMA HEALTH SYSTEM, AND AKRON CHILDREN'S HOSPITAL

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 12 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTH CARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT LODI COMMUNITY HOSPITAL 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH LODI COMMUNITY HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS LODI COMMUNITY HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING IMPROVED COMMUNITY CONDITIONS FOR CHILD ABUSE AND NEGLECT) LODI COMMUNITY HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH LODI COMMUNITY HOSPITAL IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 12 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 12 -- LODI COMMUNITY HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 12 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 12 -- LODI COMMUNITY HOSPITAL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 13 -- EDWIN SHAW REHABILITATION INSTITUTE PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AND FOCUS GROUPS 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 THE INTERVIEWS WERE CONDUCTED BY THE CONSULTANT, KENT STATE UNIVERSITY'S COLLEGE OF PUBLIC HEALTH, FROM MARCH 2016 THROUGH JUNE 2016 A LIST OF EACH PARTICIPANT ORGANIZATION CAN BE FOUND IN THE "PROCESSES AND METHODS" SECTION OF THE HOSPITAL'S CHNA FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS FROM APRIL THROUGH SEPTEMBER 2016 TO OBTAIN INPUT ON WHAT THEY THOUGHT WERE SIGNIFICANT HEALTH NEEDS IN THEIR COMMUNITIES IN ADDITION, A QUESTIONNAIRE WAS DISTRIBUTED TO FOCUS GROUP PARTICIPANTS TO GATHER THEIR DEMOGRAPHIC INFORMATION AND BASIC PERCEPTIONS OF COMMUNITY HEALTH

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 13 -- EDWIN SHAW REHABILITATION INSTITUTE PART V, SECTION B, LINE 6A	EDWIN SHAW REHABILITATION INSTITUTE 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, THE CLEVELAND CLINIC FOUNDATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM EDWIN SHAW REHABILITATION INSTITUTE ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER, GLENBEIGH, SUMMA HEALTH SYSTEM, AND AKRON CHILDREN'S HOSPITAL

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 13 -- EDWIN SHAW REHABILITATION INSTITUTE PART V, SECTION B, LINE 11	<p>IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTH CARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT EDWIN SHAW REHABILITATION INSTITUTE 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH EDWIN SHAW REHABILITATION INSTITUTE CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS EDWIN SHAW REHABILITATION INSTITUTE CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING IMPROVED SOCIAL SERVICES, AS WELL AS DECREASED POVERTY, DECREASED CRIME, DECREASED UNEMPLOYMENT, AND OTHER ENVIRONMENTAL CONDITIONS) EDWIN SHAW REHABILITATION INSTITUTE CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH EDWIN SHAW REHABILITATION INSTITUTE IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS</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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 13 -- EDWIN SHAW REHABILITATION INSTITUTE PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 13 -- EDWIN SHAW REHABILITATION INSTITUTE 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 13 -- EDWIN SHAW REHABILITATION INSTITUTE PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 13 -- EDWIN SHAW REHABILITATION INSTITUTE 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 5	<p>INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AND FOCUS GROUPS 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 THE INTERVIEWS WERE CONDUCTED BY THE CONSULTANT, KENT STATE UNIVERSITY'S COLLEGE OF PUBLIC HEALTH, FROM MARCH 2016 THROUGH JUNE 2016 A LIST OF EACH PARTICIPANT ORGANIZATION CAN BE FOUND IN THE "PROCESSES AND METHODS" OF THE HOSPITAL'S CHNA FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS FROM APRIL THROUGH SEPTEMBER 2016 TO OBTAIN INPUT ON WHAT THEY THOUGHT WERE SIGNIFICANT HEALTH NEEDS IN THEIR COMMUNITIES FIFTY FOUR COMMUNITY RESIDENTS WERE RECRUITED TO PARTICIPATE IN THE FOCUS GROUPS IN ADDITION, A QUESTIONNAIRE WAS DISTRIBUTED TO FOCUS GROUP PARTICIPANTS TO GATHER THEIR DEMOGRAPHIC INFORMATION AND BASIC PERCEPTIONS OF COMMUNITY HEALTH</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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 6A	AKRON GENERAL MEDICAL CENTER COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, THE CLEVELAND CLINIC FOUNDATION, EDWIN SHAW REHABILITATION INSTITUTE, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM AKRON GENERAL MEDICAL CENTER ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER, GLENBEIGH, SUMMA HEALTH SYSTEM, AND AKRON CHILDREN'S HOSPITAL

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTH CARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT AKRON GENERAL MEDICAL CENTER 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 THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH AKRON GENERAL MEDICAL CENTER CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS AKRON GENERAL MEDICAL CENTER CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING IMPROVED SOCIAL SERVICES, BETTER EMPLOYMENT OPPORTUNITIES, DECREASED POVERTY, LOWER CRIME RATES, DECREASED UNEMPLOYMENT, AND OTHER ENVIRONMENTAL CONDITIONS) AKRON GENERAL MEDICAL CENTER CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH AKRON GENERAL MEDICAL CENTER IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED 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 CCHS, 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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
PART V, SECTION B	FACILITY REPORTING GROUP B

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 18 SELECT SPECIALTY - REGENCY WEST, - FACILITY 19 SELECT SPECIALTY - REGENCY EAST, - FACILITY 17 SELECT SPECIALTY - FAIRHILL, - FACILITY 20 SELECT SPECIALTY - GATEWAY

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP B-FACILITY 18 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 2	ON JULY 1, 2016, THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A JOINT VENTURE TO OPERATE THE LONG TERM ACUTE CARE FACILITY

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP B-FACILITY 19 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 2	ON JULY 1, 2016, THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A JOINT VENTURE TO OPERATE THE LONG TERM ACUTE CARE FACILITY

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP B-FACILITY 17 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 2	ON JULY 1, 2016, THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A JOINT VENTURE TO OPERATE THE LONG TERM ACUTE CARE FACILITY

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
GROUP B-FACILITY 20 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 2	ON JULY 1, 2016, THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A JOINT VENTURE TO OPERATE THE LONG TERM ACUTE CARE FACILITY

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
PART V, LINE 3	LAKEWOOD HOSPITAL LAST CONDUCTED A CHNA IN 2013 INPATIENT SERVICES TRANSITIONED OUT OF LAKEWOOD HOSPITAL THROUGHOUT THE MONTH OF JANUARY 2016 AND CONCLUDED ON FEBRUARY 6, 2016 DUE TO THE CLOSURE OF THE HOSPITAL FACILITY, A CHNA DURING THE TAX YEAR OR EITHER OF THE TWO IMMEDIATELY PRECEDING TAX YEARS WAS NOT REQUIRED

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 - CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	FAMILY HEALTH CENTER
1 2 - WESTON FAMILY HEALTH CENTER 1825 N CORPORATE LAKES BLVD WESTON, FL 33326	FAMILY HEALTH CENTER
2 3 - RICHARD E JACOBS HEALTH CENTER 33100 CLEVELAND CLINIC BOULEVARD AVON, OH 44011	FAMILY HEALTH CENTER
3 4 - BEACHWOOD FAMILY HEALTH & SURGERY CENTER 26900 CEDAR ROAD BEACHWOOD, OH 44122	FAMILY HEALTH CENTER
4 5 - TWINSBURG FAMILY HEALTH & SURGERY CENTER 8701 DARROW ROAD TWINSBURG, OH 44087	FAMILY HEALTH CENTER
5 6 - STRONGSVILLE FAMILY HEALTH & SURGERY CEN 16761 SOUTH PARK CENTER STRONGSVILLE, OH 44136	FAMILY HEALTH CENTER
6 7 - AKRON GENERAL HEALTH & WELLNESS CENTER - 4125 MEDINA ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
7 8 - INDEPENDENCE FAMILY HEALTH CENTER 5001 ROCKSIDE RD CROWN CENTRE II INDEPENDENCE, OH 44131	FAMILY HEALTH CENTER
8 9 - CLEVELAND CLINIC HOME CARE SERVICES 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HOME CARE SERVICES
9 10 - LORAIN FAMILY HEALTH & SURGERY CENTER 5700 COOPER FOSTER PARK ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
10 11 - WILLOUGHBY HILLS FAMILY HEALTH CENTER 2550 2570 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	FAMILY HEALTH CENTER
11 12 - WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND ROAD WOOSTER, OH 44691	FAMILY HEALTH CENTER
12 13 - CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DRIVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
13 14 - CLEVELAND CLINIC LOU RUVO CENTER FOR BRA 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106	OUTPATIENT PHYSICIAN CLINIC
14 15 - HILLCREST MEDICAL OFFICE I & II 6803 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124	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)
16 16 - BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER ROAD BRUNSWICK, OH 44212	FAMILY HEALTH CENTER
1 17 - AKRON GENERAL HEALTH & WELLNESS CENTER - 4300 ALLEN ROAD STOW, OH 44224	OUTPATIENT PHYSICIAN CLINIC
2 18 - CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA COURT MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
3 19 - SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE ROAD SOLON, OH 44139	FAMILY HEALTH CENTER
4 20 - ELYRIA FAMILY HEALTH & SURGERY CENTER 303 CHESTNUT COMMONS DRIVE ELYRIA, OH 44035	FAMILY HEALTH CENTER
5 21 - CLEVELAND CLINIC HEART & VASCULAR 1400 WEST MAIN STREET BELLEVUE HOSPITAL BELLEVUE, OH 44811	OUTPATIENT PHYSICIAN CLINIC
6 22 - MARYMOUNT MEDICAL CENTER 2001 E ROYALTON ROAD BROADVIEW HTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
7 23 - WESTLAKE PHYSICIANS CENTER 805 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
8 24 - FAIRVIEW HOSPITAL MEDICAL OFFICE 24700 LORAIN AVENUE NORTH OLMSTED, OH 44070	OUTPATIENT PHYSICIAN CLINIC
9 25 - SUPERIOR MEDICAL SHEFFIELD FAMILY HEALTH 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	OUTPATIENT PHYSICIAN CLINIC
10 26 - STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVENUE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
11 27 - NORTH COAST CANCER 509 W MCPHERSON HIGHWAY CLYDE, OH 43410	OUTPATIENT PHYSICIAN CLINIC
12 28 - LANDERBROOK OFFICE AND ENDOSCOPY CENTER 5900 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
13 29 - AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER
14 30 - NORTH COAST GASTROENTEROLOGY 30701 CLEMENS ROAD WESTLAKE, OH 44145	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 - CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022	FAMILY HEALTH CENTER
1 32 - CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
2 33 - SUPERIOR MEDICAL AMHERST FAMILY HEALTH C 5172 LEAVITT ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
3 34 - AKRON GENERAL PHYSICIAN OFFICE 224 W EXCHANGE STREET AKRON, OH 44307	OUTPATIENT PHYSICIAN CLINIC
4 35 - AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN ROAD AVON LAKE, OH 44012	FAMILY HEALTH CENTER
5 36 - CLEVELAND CLINIC UROLOGICAL INSTITUTE 20997 LORAIN FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
6 37 - MADISON MEDICAL OFFICE 2999 MCMACKIN ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
7 38 - OHIO RENAL CARE GROUP PDHOME DIALYSIS P 11203 STOKES BOULEVARD CLEVELAND, OH 44104	DIALYSIS CENTER & DIAGNOSTIC CENTER
8 39 - MENTOR MEDICAL OFFICE 7060 WAYSIDE DRIVE MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
9 40 - SPORTS HEALTH CENTER 5595 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
10 41 - CCF GASTROENTEROLOGY 7530 FREDLE DRIVE CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC
11 42 - COMMUNITY PEDIATRICS 8254 MAYFIELD ROAD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC
12 43 - ASHLAND OPHTHALMOLOGYSUGARBUSH EYE AND 21 SUGARBUSH COURT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
13 44 - CLEVELAND CLINIC SUMMIT OPHTHALMOLOGY 1 PARK WEST BOULEVARD STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
14 45 - WESTERN RESERVE NEUROSURGERY 1900 23RD STREET CUYAHOGA FALLS, OH 44223	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)
46 46 - CLEVELAND CLINIC FLORIDA - ATLANTIS CARD 5507 S CONGRESS AVENUE STE 110 ATLANTIS, FL 33462	OUTPATIENT PHYSICIAN CLINIC
1 47 - AKRON GENERAL TALLMADGE HEALTH CENTER 33 NORTH AVENUE TALLMADGE, OH 44278	OUTPATIENT PHYSICIAN CLINIC
2 48 - SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD ROAD WARRENSVILLE HEIGHTS, OH 44122	OUTPATIENT PHYSICIAN CLINIC
3 49 - MENTOR REHABILITATION AND SPORTS THERAPY 7533 CENTER STREET MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
4 50 - PALM BEACH GARDENS 4520 DONALD ROSS ROAD STE 200 PALM BEACH GARDENS, FL 33418	OUTPATIENT PHYSICIAN CLINIC
5 51 - MIDDLEBURG HEIGHTS ORTHOPAEDICS 7010 ENGLE ROAD STE 105 MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
6 52 - PARKLAND 7857 N UNIVERSITY DRIVE STE 401 PARKLAND, FL 33067	OUTPATIENT PHYSICIAN CLINIC
7 53 - SAGAMORE HILLS MEDICAL CENTER I 863 WEST AURORA ROAD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
8 54 - NORTH COAST CANCER 272 BENEDICT AVENUE NORWALK, OH 44857	OUTPATIENT PHYSICIAN CLINIC
9 55 - CLEVELAND CLINIC SUPERIOR MEDICAL CARE 1959 COOPER FOSTER PARK ROAD LORAIN, OH 44053	DIAGNOSTIC CENTER
10 56 - OHIO RENAL CARE GROUP WESTLAKE 26024 DETROIT AVENUE WESTLAKE, OH 44145	DIALYSIS CENTER
11 57 - OHIO RENAL CARE GROUP WEST 14670 SNOW ROAD BROOKPARK, OH 44142	DIALYSIS CENTER
12 58 - SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE ROAD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
13 59 - WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
14 60 - LAKEWOOD FAMILY HEALTH CENTER 16215 MADISON AVENUE LAKEWOOD, OH 44107	FAMILY HEALTH CENTER

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

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

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

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

Name and address	Type of Facility (describe)
61 61 - EUCLID MEDICAL OFFICE 99 NORTHLINE CIRCLE EUCLID, OH 44119	OUTPATIENT PHYSICIAN CLINIC
1 62 - GEMINI RECREATION CENTER 21225 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
2 63 - COMMUNITY PEDIATRICS 2001 CROCKER ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
3 64 - BRUNSWICK EMERGENCY CARE 3724 CENTER ROAD BRUNSWICK, OH 44212	OUTPATIENT PHYSICIAN CLINIC
4 65 - CLEVELAND CLINIC FLORIDA - WEST PALM BEA 1401 FORUM WAY STE 300 WEST PALM BEACH, FL 33401	OUTPATIENT PHYSICIAN CLINIC
5 66 - OHIO RENAL CARE GROUP SOLON 6020 ENTERPRISE PARKWAY SOLON, OH 44139	DIALYSIS CENTER
6 67 - LORAIN ORTHOPAEDICS 5275 NORTH ABBE ROAD ELYRIA, OH 44035	OUTPATIENT PHYSICIAN CLINIC
7 68 - BAINBRIDGE URGENT CARE 17747 CHILLICOTHE ROAD STE 100 BAINBRIDGE, OH 44023	OUTPATIENT PHYSICIAN CLINIC
8 69 - NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
9 70 - THERAPY SERVICES CUYAHOGA FALLS 63 GRAHAM ROAD CUYAHOGA FALLS, OH 44223	OUTPATIENT PHYSICIAN CLINIC
10 71 - OHIO RENAL CARE GROUP FARNSWORTH 3764 PEARL RD CLEVELAND, OH 44109	DIALYSIS CENTER
11 72 - EDWIN SHAW REHABILITATION CENTER 585 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT REHABILITATION
12 73 - OHIO RENAL CARE GROUP EUCLID 26450 EUCLID AVENUE EUCLID, OH 44132	DIALYSIS CENTER
13 74 - OHIO RENAL CARE GROUP OF NORTH RANDALL 4750 NORTHFIELD ROAD NORTH RANDALL, OH 44128	DIALYSIS CENTER
14 75 - WESTLAKE MEDICAL CAMPUS A 850 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC & DIAGNOSTIC CTR

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 - CANFIELD ORTHOPAEDICS AND REHABILITATION 3736 BOARDMAN CANFIELD ROAD CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC
1 77 - CHARDON REHABILITATION AND SPORTS THERAP 325 CENTER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
2 78 - OHIO RENAL CARE GROUP ELYRIA 1050 N ABBE RD N ELYRIA, OH 44035	DIALYSIS CENTER
3 79 - CLEVELAND CLINIC DIABETES AND ENDOCRINOL 3733 PARK EAST DRIVE STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
4 80 - SEVERANCE MEDICAL ARTS 5 SEVERANCE CIRCLE CLEVELAND HEIGHTS, OH 44118	OUTPATIENT PHYSICIAN CLINIC
5 81 - LORAIN KOLCZUN ORTHOPAEDICS 5800 COOPER FOSTER PARK ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
6 82 - BROOKPARK COMPREHENSIVE FAMILY CARE 14401 SNOW ROAD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC
7 83 - OHIO RENAL CARE GROUP OHIO ACUTES 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	DIALYSIS CENTER
8 84 - SAGAMORE HILLS MEDICAL OFFICE II 885 WEST AURORA RD NORTHFIELD, OH 44067	OUTPATIENT PHYSICIAN CLINIC
9 85 - MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
10 86 - OHIO RENAL CARE GROUP MENTOR 8840 TYLER BLVD MENTOR, OH 44060	DIALYSIS CENTER
11 87 - EDWIN SHAW REHAB 577 GRANT ST AKRON, OH 44311	OUTPATIENT REHABILITATION
12 88 - OHIO RENAL CARE GROUP WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
13 89 - OBERLIN OPHTHALMOLOGYLAKE LAND EYE 309 WEST LORAIN STREET OBERLIN, OH 44074	OUTPATIENT PHYSICIAN CLINIC
14 90 - OHIO RENAL CARE GROUP LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44109	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)
91 91 - LAKEWOOD PROFESSIONAL BUILDING 14601 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
1 92 - PORTAGE HILLS FAMILY MEDICINE 754 S CLEVELAND AVE MOGADORE, OH 44260	OUTPATIENT PHYSICIAN CLINIC
2 93 - WADSWORTH PRIMARY CARE ONE PARK CENTER DRIVE WADSWORTH, OH 44281	OUTPATIENT PHYSICIAN CLINIC
3 94 - WESTOWN PHYSICIAN CENTER 10654 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
4 95 - MOHICAN EYE CENTER 637 NORTH UNION STREET LOUDONVILLE, OH 44842	OUTPATIENT PHYSICIAN CLINIC
5 96 - MARYMOUNTCCF PAIN MANAGEMENT CENTER 12000 MCCRACKEN RD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
6 97 - FAIRVIEW HOSPITAL WELLNESS CENTER 3035 WOOSTER ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
7 98 - CLEVELAND CLINIC CHILDREN'S CENTER FOR A 21016 HILLIARD BOULEVARD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
8 99 - NPCS - CANAL PLACE 520 SOUTH MAIN STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
9 100 - SUGARBUSH EYE AND LASER CENTER 1456 PARK AVENUE WEST STE P MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
10 101 - MEDINA MEDICAL OFFICE 970 E WASHINGTON MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
11 102 - LAKEWOOD MEDICAL BUILDING 1450 BELLE AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
12 103 - EXPRESS CARE 313 EUCLID AVENUE CLEVELAND, OH 44114	OUTPATIENT PHYSICIAN CLINIC
13 104 - THE LANGSTON HUGHES CENTER CLEVELAND CLI 2390 E 79TH ST CLEVELAND, OH 44104	OUTPATIENT PHYSICIAN CLINIC
14 105 - OLMSTED TOWNSHIP PRIMARY CARE 27089 BAGLEY ROAD OLMSTED TOWNSHIP, OH 44138	OUTPATIENT PHYSICIAN CLINIC

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 - ACCESS TO CARE 29000 AURORA ROAD SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
1 107 - AKRON GENERAL EXPRESS CARE OF PORTAGE 4494 STATE ROUTE 43 KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
2 108 - AKRON GENERAL HEALTH & WELLNESS CENTER 1946 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
3 109 - AKRON GENERAL HEALTH & WELLNESS CENTER- 1940 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
4 110 - AKRON GENERAL HEALTH CENTER 676 S BROADWAY STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
5 111 - AKRON GENERAL NEUROLOGY 3562 RIDGE PARK DRIVE FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
6 112 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 3636 YELLOW CREEK ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
7 113 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1355 CORPORATE DRIVE HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
8 114 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1003 E TURKEYFOOT LAKE ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
9 115 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1622 E TURKEYFOOT LAKE ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
10 116 - AKRON GENERAL ORTHOPEDICS 43 SOUTH MAIN STREET MUNROE FALLS, OH 44262	OUTPATIENT PHYSICIAN CLINIC
11 117 - AKRON GENERAL SPINE & PAIN INSTITUTE AND 2603 W MARKET ST 200-210 AKRON, OH 44313	OUTPATIENT PHYSICIAN CLINIC
12 118 - AKRON GENERAL URGENT CARE 3593 S ARLINGTON RD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
13 119 - ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
14 120 - BOARDMAN STAR IMAGING 7067 TIFFANY BOULEVARD BOARDMAN, 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)
121 121 - CCF GASTROENTEROLOGY 3700 PARK EAST DRIVE BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
1 122 - CENTER FOR ARTHRITIS 1716 NORTH ROAD SE WARREN, OH 44484	OUTPATIENT PHYSICIAN CLINIC
2 123 - CENTER FOR NEURO & SPINE 762 S CLEVELAND-MASSILLON RD FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
3 124 - CENTER FOR UROLOGIC HEALTH 95 ARCH STREET 165 AKRON, OH 44304	OUTPATIENT PHYSICIAN CLINIC
4 125 - CENTER FOR UROLOGIC HEALTH 2651 W MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
5 126 - CENTER FOR UROLOGIC HEALTH 3963 LOOMIS PARKWAY RAVENNA, OH 44266	OUTPATIENT PHYSICIAN CLINIC
6 127 - CENTER FOR UROLOGIC HEALTH 320 W EXCHANGE STREET AKRON, OH 44302	OUTPATIENT PHYSICIAN CLINIC
7 128 - CENTER FOR UROLOGIC HEALTH 3869 DARROW ROAD STOW, OH 44224	OUTPATIENT PHYSICIAN CLINIC
8 129 - CENTER FOR UROLOGIC HEALTH 201 5TH STREET NE BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
9 130 - CLEVELAND CLINIC ADMINISTRATIVE CAMPUS 3275 SCIENCE PARK DRIVE BLDG 5 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
10 131 - CLEVELAND CLINIC EYE CARE 21245 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
11 132 - CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVENUE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
12 133 - CLEVELAND CLINIC FLORIDA - WEST PALM BEA 525 OKEECHOBEE BOULEVARD CITY PLACE TOW WEST PALM BEACH, FL 33401	FAMILY HEALTH CENTER
13 134 - CLEVELAND CLINIC SPINE & SURGERY 34 EXECUTIVE DRIVE NORWALK, OH 44857	OUTPATIENT PHYSICIAN CLINIC
14 135 - CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD ROAD BOARDMAN, 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)
136 136 - CLEVELAND CLINIC UROLOGY 3131 LA CANADA STREET LAS VEGAS, NV 89169	OUTPATIENT PHYSICIAN CLINIC
1 137 - CLUB VIEW VISION CENTER OPTOMETRIC 1650 E MANSFIELD STREET BUCYRUS, OH 44820	OUTPATIENT PHYSICIAN CLINIC
2 138 - COLE EYE INSTITUTE 2000 AUBURN DRIVE STE 100 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
3 139 - COLUMBUS STAR IMAGING 1550 KENNY ROAD COLUMBUS, OH 43212	DIAGNOSTIC CENTER
4 140 - COLUMBUS STAR IMAGING 921 JASONWAY AVENUE COLUMBUS, OH 43214	DIAGNOSTIC CENTER
5 141 - COLUMBUS STAR IMAGING 6096 EAST MAIN STREET COLUMBUS, OH 44213	DIAGNOSTIC CENTER
6 142 - COLUMBUS STAR IMAGING 975 985 BETHEL ROAD COLUMBUS, OH 43214	OUTPATIENT PHYSICIAN CLINIC
7 143 - DAYTON STAR IMAGING 5529 FAR HILLS AVENUE DAYTON, OH 45429	OUTPATIENT PHYSICIAN CLINIC
8 144 - EDWIN SHAW REHABILITATION CENTER 405 TALLMADGE RD CUYAHOGA FALLS, OH 44221	OUTPATIENT REHABILITATION
9 145 - EDWIN SHAW REHABILITATION INSTITUTE 1500 CANTON RD AKRON, OH 44312	OUTPATIENT REHABILITATION
10 146 - ERADIOLOGY (WESTON TOWN CENTER) 1792 BELL TOWER LANE WESTON, FL 33326	OUTPATIENT PHYSICIAN CLINIC
11 147 - EXPRESS CARE 82 WEST STREETSBO RO STREET HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
12 148 - EXPRESS CARE 739 GRAHAM ROAD CUYAHOGA FALLS, OH 44262	OUTPATIENT PHYSICIAN CLINIC
13 149 - FAIRVIEW WESTOWN PHYSICIAN CENTER 10694 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
14 150 - GRADISEK FAMILY VISION CARE 1142 W 37TH STREET LORAIN, OH 44052	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)
151 151 - HACKETT MEDICAL 8300 TYLER BOULEVARD MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
1 152 - HOSPICE 3358 RIDGEWOOD ROAD AKRON, OH 44333	HOSPICE
2 153 - INDEPENDENCE CANCER CENTER 6100 WEST CREEK ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
3 154 - INTERNAL MEDICINE OF AKRON 75 ARCH STREET AKRON, OH 44304	OUTPATIENT PHYSICIAN CLINIC
4 155 - KINDRED HEALTH CARE CLEVELAND 11900 FAIRHILL ROAD CLEVELAND, OH 44120	OUTPATIENT PHYSICIAN CLINIC
5 156 - KRUPA CENTER 3250 MERIDIAN PARKWAY WESTON, FL 33331	OUTPATIENT PHYSICIAN CLINIC
6 157 - LAKE HEALTH (REGIONAL NEUROSCIENCES) 36001 EUCLID AVENUE WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
7 158 - LAKEWEST MEDICAL BUILDING 36100 EUCLID AVENUE STE 280 WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
8 159 - LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
9 160 - LAKEWOOD YMCA 16915 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
10 161 - LIFELINE SLEEP CENTERS GREEN 4880 S MAIN STREET AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC
11 162 - LUTHERAN HOSPITAL MEDICAL OFFICES 6412 FRANKLIN BOULEVARD CLEVELAND, OH 44102	OUTPATIENT PHYSICIAN CLINIC
12 163 - MARYMOUNT REHABILITATION AND SPORTS THER 2525 EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
13 164 - NILES STAR IMAGING 652 YOUNGSTOWN WARREN ROAD NILES, OH 44446	DIAGNOSTIC CENTER
14 165 - NILES STAR IMAGING 650 YOUNGSTOWN-WARREN ROAD NILES, OH 44446	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)
166 166 - NORTHEASTERN OHIO MEDICAL SPECIALISTS 470 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
1 167 - NPCS - BEACHWOOD 26110 EMERY ROAD WARRENSVILLE HEIGHTS, OH 44128	OUTPATIENT PHYSICIAN CLINIC
2 168 - OUTPATIENT PEDIATRIC CLINIC 1912 HAYES AVENUE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
3 169 - RIDGE PARK OBSTETRICS AND GYNECOLOGY 7575 NORTHCLIFF AVENUE 302 BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
4 170 - ROCKSIDE MEDICAL CENTER 6701 ROCKSIDE ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
5 171 - SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BOULEVARD NORTH OLMSTED, OH 44070	DIAGNOSTIC CENTER
6 172 - SLEEP DISORDERS CENTER 8971 WILCOX DRIVE TWINSBURG, OH 44087	DIAGNOSTIC CENTER
7 173 - SLEEP DISORDERS CENTER 5051 WEST CREEK ROAD INDEPENDENCE, OH 44131	DIAGNOSTIC CENTER
8 174 - SLEEP DISORDERS CENTER 3122 EASTPOINTE DRIVE MEDINA, OH 44256	DIAGNOSTIC CENTER
9 175 - SLEEP DISORDERS CENTER 5785 HEISLEY ROAD MENTOR, OH 44060	DIAGNOSTIC CENTER
10 176 - SPINE & PAIN INSTITUTE 307 W MAIN ST C KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
11 177 - SPINE & PAIN INSTITUTE 265 WEST MAIN STREET KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
12 178 - SPINE & PAIN INSTITUTE 29001 CEDAR RD 303 LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
13 179 - SPORTS HEALTH CENTER 5555 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
14 180 - SUBURBAN HEALTH FAMILY PHYSICIANS 2818 S ARLINGTON ROAD AKRON, OH 44312	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)
181 181 - SUMMIT MEDICAL 3600 WEST MARKET STREET AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
1 182 - SUMMIT OPHTHALMOLOGY 1587 BOETTLER ROAD GREEN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
2 183 - SUMMIT VASCULAR SPECIALISTS 1761 BEALL AVENUE WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
3 184 - THERAPY SERVICES SOUTH 17800 JEFFERSON PARK DRIVE STE 101 MIDDLEBURG HTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
4 185 - THERAPY SERVICES WEST 826 WESTPOINT PKWY STE 1200 WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
5 186 - TWINSBURG MEDICAL OFFICE 2365 EDISON BOULEVARD TWINSBURG, OH 44087	OUTPATIENT PHYSICIAN CLINIC
6 187 - VALLEY CITY FAMILY MEDICINE 6605 CENTER ROAD VALLEY CITY, OH 44280	OUTPATIENT PHYSICIAN CLINIC
7 188 - WELLINGTON MEDICAL OFFICE 805 PATRIOT DRIVE UNIT E WELLINGTON, OH 44090	OUTPATIENT PHYSICIAN CLINIC
8 189 - WEST PARK LEARNING CENTER 15531 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
9 190 - WEST VALLEY MEDICAL 20455 LORAIN ROAD 301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
10 191 - WILLOUGHBY HILLS REHABILITATION AND SPOR 29017 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
11 192 - WOOSTER MILLTOWN SPECIALTY & SURGERY CEN 721 EAST MILLTOWN ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
12 193 - WOOSTER WOMEN'S HEALTH CENTER 1739 CLEVELAND ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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 non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(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	109
3	Enter total number of other organizations listed in the line 1 table	10

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	262	7,572,570			
(2) FELLOWSHIPS	2291	101,664,785			
(3) STUDENT STIPENDS	59	833,645			
(4) LODGING FOR INDIGENT	627	80,454			
(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	CCHS CONTRIBUTES FINANCIAL AND IN-KIND SUPPORT TO OTHER TAX EXEMPT ORGANIZATIONS AND AGENCIES THAT FURTHER THE CCHS 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, FELLOWSHIPS, AND STUDENT STIPENDS LISTED ARE IN FURTHERANCE OF CLEVELAND CLINIC HEALTH SYSTEM'S MISSION TO INCREASE KNOWLEDGE, AWARENESS, AND QUALITY OF PATIENT CARE AND RESEARCH THROUGH EDUCATION THE INDIGENT AID LISTED IS PERFORMED IN FURTHERANCE OF CLEVELAND CLINIC HEALTH SYSTEM'S MISSION TO PROVIDE BETTER CARE OF THE SICK AND THE INVESTIGATION INTO THEIR PROBLEMS

Additional Data

Software ID:
Software Version:
EIN: 91-2153073
Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

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
AKRON ART MUSEUM 1 S HIGH ST AKRON, OH 44308	34-0813426	501(C)(3)	15,200				COMMUNITY SUPPORT
AKRON CHILDREN'S HOSPITAL FOUNDATION 1 PERKINS SQUARE AKRON, OH 44308	23-7114013	501(C)(3)	29,260				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
AKRON CIVIC THEATRE 182 S MAIN ST AKRON, OH 44308	34-1015948	501(C)(3)	7,500				COMMUNITY SUPPORT
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 44307	34-1087615	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
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
ALZHEIMERS ASSOCIATION 12200 FAIRHILL RD CLEVELAND, OH 44120	34-1311175	501(C)(3)	16,550				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 CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	13-1788491	501(C)(3)	108,830				HEALTHCARE RESEARCH & EDUCATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	59-0637852	501(C)(3)	306,145				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 1740 BROADWAY NEW YORK, NY 10019	13-1632524	501(C)(3)	28,000				HEALTHCARE RESEARCH & EDUCATION
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	25,000				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
ANTIOCH BAPTIST CHURCH 8869 CEDAR AVE CLEVELAND, OH 44106	36-4497121	501(C)(3)	5,500				COMMUNITY SUPPORT
ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST NW ATLANTA, GA 30309	58-1341679	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
AUTISM SPEAKS INC 1 E 33RD ST 4TH FL NEW YORK, NY 10016	20-2329938	501(C)(3)	21,200				HEALTHCARE RESEARCH & EDUCATION
AVON LAKE CITY SCHOOLS 175 AVON BELDEN RD AVON LAKE, OH 44012	34-6000164	GOV ENTITY	14,000				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
BOY SCOUTS OF AMERICA 2241 WOODLAND AVE CLEVELAND, OH 44115	34-0714322	501(C)(3)	7,500				COMMUNITY SUPPORT
BOYS AND GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVE CLEVELAND, OH 44127	34-0770686	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
BURTEN BELL CARR DEVELOPMENT INC 7201 KINSMAN RD CLEVELAND, OH 44104	34-1657533	501(C)(3)	10,000				COMMUNITY SUPPORT
BUSINESS VOLUNTEERS UNLIMITED 1300 E 9TH ST STE 1805 CLEVELAND, OH 44114	34-1724581	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
CANCER SERVICES OF ERIE COUNTY 505 E PERKINS AVE SANDUSKY, OH 44870	34-0877577	501(C)(3)	7,500				HEALTHCARE RESEARCH & EDUCATION
CARE ALLIANCE 1795 W 25TH ST CLEVELAND, OH 44113	34-1748776	501(C)(3)	20,000				HEALTHCARE RESEARCH & EDUCATION

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

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CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT RD CLEVELAND, OH 44106	34-1018992	501(C)(3)	35,500				SUPPORT EDUCATIONAL ACTIVITIES
CENTERS FOR FAMILIES AND CHILDREN 601 LAKESIDE AVE CLEVELAND, OH 44114	23-7084455	501(C)(3)	16,000				COMMUNITY SUPPORT

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

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CHABAD LUBAVITCH OF WESTON INC 18501 TEQUESTA TRACE PARK LN WESTON, FL 33320	65-0658535	501(C)(3)	10,000				COMMUNITY SUPPORT
CHAGRIN FALLS BUSINESS & COMMUNITY PARTNERSHIP 57 E WASHINGTON ST CHAGRIN FALLS, OH 44022	31-1564112	501(C)(3)	10,000				COMMUNITY SUPPORT

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

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CHAGRIN VALLEY PHA HORSE SHOWS INC 9129 OLD MEADOW DR CHAGRIN FALLS, OH 44023	23-7275317	501(C)(3)	6,700				COMMUNITY SUPPORT
CHARITIES AID FOUNDATION AMERICA 1800 DIAGONAL RD STE 150 ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	437,000				COMMUNITY SUPPORT

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

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CITY OF AKRON 166 S HIGH ST AKRON, OH 44308	34-6000020	GOV ENTITY	94,000				COMMUNITY SUPPORT
CITY OF CUYAHOGA FALLS 2345 4TH ST CUYAHOGA FALLS, OH 44221	34-6000818	GOV ENTITY	18,765				COMMUNITY SUPPORT

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

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CITY OF LAKEWOOD 12650 DETROIT AVE LAKEWOOD, OH 44107	11-1111111	GOV ENTITY	200,000				COMMUNITY SUPPORT
CLARK COUNTY MEDICAL SOCIETY INC 2590 E RUSSELL RD LAS VEGAS, NV 89120	88-6004317	501(C)(3)	7,500				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
CLEVELAND BOTANICAL GARDEN 11030 E BLVD CLEVELAND, OH 44106	34-0239538	501(C)(3)	8,248				COMMUNITY SUPPORT
CLEVELAND CLINIC EDUCATIONAL FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714553	501(C)(3)	22,945,312				HEALTHCARE RESEARCH & EDUCATION

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

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CLEVELAND INTERNATIONAL FILM FESTIVAL INC 2510 MARKET AVE CLEVELAND, OH 44113	34-1262368	501(C)(3)	12,000				COMMUNITY SUPPORT
CLEVELAND LEADERSHIP CENTER 1375 E 9TH ST 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.

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CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144	34-6000704	GOV ENTITY	61,440				COMMUNITY SUPPORT
CLEVELAND METROPOLITAN SCHOOL DISTRICT 1380 E 6TH ST CLEVELAND, OH 44114	34-6000662	GOV ENTITY	10,000				SUPPORT EDUCATIONAL ACTIVITIES

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

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CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL DR CLEVELAND, OH 44106	34-0714338	501(C)(3)	31,250				COMMUNITY SUPPORT
CLEVELAND SCHOOL OF SCIENCE & MEDICINE 2075 STOKES BLVD CLEVELAND, OH 44106	34-3740643	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES

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

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CLEVELAND SOCCER ACADEMY 26555 RICHMOND RD BEDFORD HTS, OH 44146	32-0348599	501(C)(3)	7,000				COMMUNITY SUPPORT
CLEVELAND SOCIETY FOR THE BLIND 1909 E 101ST ST CLEVELAND, OH 44106	34-0714652	501(C)(3)	7,500				HEALTHCARE RESEARCH & EDUCATION

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

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COLON CANCER ALLIANCE 1025 VERMONT AVE NW STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	14,000				HEALTHCARE RESEARCH & EDUCATION
COMMUNITY WEST FOUNDATION 20545 CENTER RIDGE RD STE 448 CLEVELAND, OH 44116	34-1456398	501(C)(3)	53,560				COMMUNITY SUPPORT

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

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COPLEY TOWNSHIP 1540 S CLEVELAND- MASSILLON RD COPLEY, OH 44321	34-6000779	GOV ENTITY	10,270				COMMUNITY SUPPORT
CORNERSTONE OF HOPE 6600 DAISY AVE INDEPENDENCE, OH 44131	34-1945499	501(C)(3)	6,200				COMMUNITY SUPPORT

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

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CROHNS & COLITIS FOUNDATION OF AMERICA 23366 COMMERCE PARK RD BEACHWOOD, OH 44122	13-6193105	501(C)(3)	5,500				HEALTHCARE RESEARCH & EDUCATION
CUYAHOGA COMMUNITY COLLEGE PO BOX 92928 CLEVELAND, OH 44194	34-0896630	501(C)(3)	10,550				SUPPORT EDUCATIONAL ACTIVITIES

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

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DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD STE 6 PARMA, OH 44134	26-2300532	501(C)(3)	20,000				COMMUNITY SUPPORT
DIABETES PARTNERSHIP OF CLEVELAND 3601 S GREEN RD STE 100 CLEVELAND, OH 44122	34-0762558	501(C)(3)	6,200				HEALTHCARE RESEARCH & EDUCATION

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

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DIVERSITY CENTER OF NORTHEAST OHIO INC 3659 GREEN RD STE 220 CLEVELAND, OH 44122	20-1966761	501(C)(3)	10,000				COMMUNITY SUPPORT
EFFECTIVE LEADERSHIP ACADEMY 4480 RICHMOND RD WARRENSVILLE HTS, OH 44128	26-3385437	501(C)(3)	28,750				SUPPORT EDUCATIONAL ACTIVITIES

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EMERIL LAGASSE FOUNDATION 829 SAINT CHARLES AVE NEW ORLEANS, LA 70130	42-1536915	501(C)(3)	100,000				COMMUNITY SUPPORT
ESPERANZA INC 4115 BRIDGE AVE CLEVELAND, OH 44113	34-1403492	501(C)(3)	15,000				SUPPORT EDUCATIONAL ACTIVITIES

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FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION 8111 QUINCY AVE STE 100 CLEVELAND, OH 44104	34-1706856	501(C)(3)	800,611				COMMUNITY SUPPORT
FAMICOS FOUNDATION INC 1325 ANSEL RD CLEVELAND, OH 44106	34-1053534	501(C)(3)	15,000				COMMUNITY SUPPORT

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FATIMA FAMILY CENTER 6600 LEXINGTON AVE CLEVELAND, OH 44103	26-1323950	501(C)(3)	15,000				COMMUNITY SUPPORT
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVE CLEVELAND, OH 44114	20-4948838	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES

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GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	34-1879035	501(C)(3)	35,000				COMMUNITY SUPPORT
GIRL SCOUTS OF LAKE ERIE COUNCIL 19201 VILLAVIEW RD CLEVELAND, OH 44119	34-0714415	501(C)(3)	10,000				COMMUNITY SUPPORT

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GREATER AKRON CHAMBER OF COMMERCE 1 CASCADE PLAZA 17TH FL AKRON, OH 44308	34-1156576	GOV ENTITY	7,940				COMMUNITY SUPPORT
GREATER CLEVELAND FOOD BANK INC 15500 S WATERLOO RD CLEVELAND, OH 44110	34-1292848	501(C)(3)	10,000				COMMUNITY SUPPORT

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GREATER CLEVELAND HABITAT FOR HUMANITY 2110 W 110TH ST CLEVELAND, OH 44102	31-1209423	501(C)(3)	10,000				COMMUNITY SUPPORT
GREATER CLEVELAND SPORTS COMMISSION 50 PUBLIC SQUARE STE 950 CLEVELAND, OH 44113	31-1381131	501(C)(3)	7,000				COMMUNITY SUPPORT

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HISPANIC ALLIANCE INC 3110 W 25TH ST CLEVELAND, OH 44109	26-2001603	501(C)(3)	12,000				COMMUNITY SUPPORT
HISPANIC ROUNDTABLE COMMUNITY PROGRAMS 1900 E 9TH ST CLEVELAND, OH 44114	20-0932464	501(C)(3)	20,000				COMMUNITY SUPPORT

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HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON ST HOLLYWOOD, FL 33021	59-2230272	501(C)(3)	25,000				COMMUNITY SUPPORT
INNER CITY TENNIS CLINICS INCORPORATED PO BOX 32551 CLEVELAND, OH 44132	27-1789893	501(C)(3)	10,000				COMMUNITY SUPPORT

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INTERNATIONAL SOAP BOX DERBY INC 789 DERBY DOWNS AKRON, OH 44306	34-1141558	501(C)(3)	10,000				COMMUNITY SUPPORT
KAMMS CORNER DEVELOPMENT CORPORATION 17407 LORAIN AVE STE 200 CLEVELAND, OH 44111	34-1254542	501(C)(3)	28,000				COMMUNITY SUPPORT

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KARAMU HOUSE 2355 E 89TH ST CLEVELAND, OH 44106	34-0714448	501(C)(3)	20,000				COMMUNITY SUPPORT
KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89106	88-0515534	501(C)(3)	48,500				HEALTHCARE RESEARCH & EDUCATION

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KIDNEY FOUNDATION OF OHIO INC 2831 PROSPECT AVE CLEVELAND, OH 44115	34-0827748	501(C)(3)	13,200				HEALTHCARE RESEARCH & EDUCATION
LEADERSHIP AKRON 54 E MILL ST AKRON, OH 44308	31-1655877	501(C)(3)	12,940				COMMUNITY SUPPORT

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MAIN STREET MEDINA 23 PUBLIC SQUARE STE 220 MEDINA, OH 44256	26-1802645	501(C)(3)	10,500				COMMUNITY SUPPORT
MALTZ MUSEUM OF JEWISH HERITAGE 2929 RICHMOND RD BEACHWOOD, OH 44122	04-3684531	501(C)(3)	15,000				COMMUNITY SUPPORT

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MARCH OF DIMES FOUNDATION 614 SUPERIOR AVE NW CLEVELAND, OH 44113	13-1846366	501(C)(3)	24,000				HEALTHCARE RESEARCH & EDUCATION
MEDINA HOSPITAL FOUNDATION 1000 E WASHINGTON ST MEDINA, OH 44256	34-1657989	501(C)(3)	8,570				HEALTHCARE RESEARCH & EDUCATION

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MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112	34-1903712	501(C)(3)	10,000	1,611,953	ESTIMATED VALUE	MEDICAL SUPPLIES	HEALTHCARE RESEARCH & EDUCATION
MEDWORKS 1950 RICHMOND RD LYNDHURST, OH 44124	26-3858369	501(C)(3)	15,000				HEALTHCARE RESEARCH & EDUCATION

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METRO HEALTH SYSTEM 2500 METROHEALTH DR CLEVELAND, OH 44109	34-6004382	501(C)(3)	234,195				HEALTHCARE RESEARCH & EDUCATION
MILESTONES ORGANIZATION 1888 SOUTH COMPTON RD CLEVELAND HTS, OH 44118	20-0721205	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION

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NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	16,500				HEALTHCARE RESEARCH & EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1422 EUCLID AVE CLEVELAND, OH 44115	13-5661935	501(C)(3)	15,000				HEALTHCARE RESEARCH & EDUCATION

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NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE RD CLEVELAND, OH 44102	34-1300581	501(C)(3)	89,983				HEALTHCARE RESEARCH & EDUCATION
NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE STE 302 CLEVELAND, OH 44120	34-1812026	501(C)(3)	48,500				COMMUNITY SUPPORT

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NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES INC 4800 PAYNE AVE CLEVELAND, OH 44103	34-1014291	501(C)(3)	6,500				HEALTHCARE RESEARCH & EDUCATION
OHIO CITY INCORPORATED 2525 MARKET AVE STE A CLEVELAND, OH 44113	34-1372076	501(C)(3)	10,590				COMMUNITY SUPPORT

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OHIO UNIVERSITY GROSVENOR W ATHENS, OH 45701	31-6402113	501(C)(3)	5,325				SUPPORT EDUCATIONAL ACTIVITIES
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	1,002,000				SUPPORT EDUCATIONAL ACTIVITIES

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OPEN DOORS INC 3311 PERKINS AVE CLEVELAND, OH 44114	04-3697716	501(C)(3)	16,300				COMMUNITY SUPPORT
RAINEY INSTITUTE 1523 E 55TH ST CLEVELAND, OH 44144	34-6555952	501(C)(3)	17,500				COMMUNITY SUPPORT

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RECOVERY RESOURCES 3950 CHESTER AVE CLEVELAND, OH 44114	34-1211116	501(C)(3)	15,000				HEALTHCARE RESEARCH & EDUCATION
REGIONAL TRANSIT AUTHORITY PO BOX 6566 CLEVELAND, OH 44101	34-1170830	GOV ENTITY	250,000				COMMUNITY SUPPORT

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RESEARCH AMERICA 1101 KING ST ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES
RETREAT & REFRESH STROKE CAMP 2000 W PIONEER PKWY STE 16 PEORIA, IL 61615	64-0954851	501(C)(3)	7,500				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
RONALD MCDONALD HOUSE OF CLEVELAND INC 10415 EUCLID AVE CLEVELAND, OH 44106	34-1269123	501(C)(3)	109,129				HEALTHCARE RESEARCH & EDUCATION
SAINT JOSEPH ACADEMY 3470 ROCKY RIVER DR CLEVELAND, OH 44111	34-1618516	501(C)(3)	14,500				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
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103	52-2401852	501(C)(3)	218,164				SUPPORT EDUCATIONAL ACTIVITIES
SCHOLARSHIP AMERICA INC PO BOX 240 ST PETER, MN 56082	04-2296967	501(C)(3)	21,925				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
SOUTH EUCLID UNITED CHURCH OF CHRIST 4217 BLUESTONE RD SOUTH EUCLID, OH 44121	34-0714615	501(C)(3)	291,667				COMMUNITY SUPPORT
SUMMIT COUNTY MEDICAL ALLIANCE FOUNDATION 839 ROBINWOOD HILLS DR AKRON, OH 44333	34-1768541	501(C)(3)	6,750				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)	20,000				HEALTHCARE RESEARCH & EDUCATION
THE CLEVELAND FOUNDATION 1422 EUCLID AVE STE 1300 CLEVELAND, OH 44115	34-0714588	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
THE FREE CLINIC OF GREATER CLEVELAND 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)	22,500				HEALTHCARE RESEARCH & EDUCATION
THE RESEARCH AND EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION 155 E BROAD ST STE 301 COLUMBUS, OH 43215	31-6060347	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
THE VILLAGE AT MARYMOUNT 5200 MARYMOUNT VILLAGE DR GARFIELD HTS, OH 44125	20-5652595	501(C)(3)	26,500				HEALTHCARE RESEARCH & EDUCATION
TRANSPLANT GAMES OF AMERICA 217 GRANDVILLE AVE SW STE 301 GRAND RAPIDS, MI 49503	46-1252372	501(C)(3)	50,000				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
TRINITY SUPPORT SERVICES 12425 GRANGER RD GARFIELD HTS, OH 44125	26-3804435	501(C)(3)	25,000				SUPPORT EDUCATIONAL ACTIVITIES
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FT LAUDERDALE, FL 33316	59-0624402	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
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	67,196	12,500	ESTIMATED VALUE	ARTWORK	COMMUNITY SUPPORT
UNIVERSITY CIRCLE INCORPORATED 10831 MAGNOLIA DR CLEVELAND, OH 44106	34-0823464	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
UNIVERSITY OF MIAMI GABLES ONE TOWER STE 300 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	6,200				SUPPORT EDUCATIONAL ACTIVITIES
UNIVERSITY SETTLEMENT 4800 BROADWAY AVE CLEVELAND, OH 44105	34-0714776	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
URBAN LEAGUE OF CLEVELAND 12001 SHAKER BLVD CLEVELAND, OH 44120	34-0720563	501(C)(3)	10,000				COMMUNITY SUPPORT
VALUES-IN-ACTION FOUNDATION 23611 CHAGRIN BLVD STE 380 BEACHWOOD, OH 44122	34-1795459	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
WESTON FC INC 14345 SUNSET LN FT LAUDERDALE, FL 33330	65-0852142	501(C)(3)	7,500				COMMUNITY SUPPORT
YMCA OF BROWARD COUNTY FLORIDA 20201 SADDLE CLUB RD WESTON, FL 33327	59-0624463	501(C)(3)	11,000				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
YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVE STE 130 CLEVELAND, OH 44114	34-0714728	501(C)(3)	52,500				COMMUNITY SUPPORT
YOUNG PRESIDENTS ORGANIZATION INC 600 E LAS COLINAS BLVD IRVING, TX 75039	13-1770417	501(C)(6)	35,000				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
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVE CLEVELAND, OH 44115	34-1381135	501(C)(3)	30,000				COMMUNITY SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
-----------------------------------------------------------------------------	----------------------------------------------

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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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				
See Additional Data Table							

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, LINES 4A-B	SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS CRAIG BABBITT \$99,672 FRED DEGRANDIS \$425,000 MICHAEL O'CONNELL \$93,310 THOMAS STOVER \$207,981 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN JAMES CHURCH - PARTICIPATED IN AND RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$1,993,907 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN BRENDA LEWIS - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$1,580,401 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HER VESTED AMOUNT IN THE PLAN PETER SCHOENWALD - PARTICIPATED IN AND RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$1,247,050 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN PATRICK WHITLOW - PARTICIPATED IN AND RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$1,800,356 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN DELOS M COSGROVE - PARTICIPATES IN A SPLIT DOLLAR LIFE INSURANCE PLAN FROM WHICH NO CASH PAYMENTS WERE RECEIVED DR COSGROVE'S 2016 BASE SALARY INCLUDES A FIXED ANNUAL PAYMENT WHICH IS INTENDED TO OFFSET THE DILUTION IN THE ACTUARIAL VALUE OF HIS SUPPLEMENTAL RETIREMENT PLAN THIS DILUTION IS A RESULT OF DR COSGROVE WORKING BEYOND HIS EXPECTED RETIREMENT AGE AS DEFINED BY THE PLAN THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND THE ANNUAL INCREASE OR DECREASE OF THE ACTUARIAL VALUE IS INCLUDED IN SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION JAMES CHURCH - \$360,276 DECREASE, DELOS COSGROVE - \$396,830 INCREASE, CYNTHIA DEYLING - \$48,321 DECREASE, SERPIL ERZURUM - \$330,314 INCREASE, JOSEPH HAHN - \$23,899 DECREASE, THOMAS HAMILTON - \$89,903 DECREASE, BRENDA LEWIS - \$643,266 INCREASE, DONALD MALONE - \$249,333 DECREASE, MICHAEL MCHUGH - \$47,111 DECREASE, MICHAEL MEEHAN - \$57,360 DECREASE, MICHAEL MODIC - \$418,183 DECREASE, JUAN NOGUERAS - \$228,288 DECREASE, RICHARD PARKER - \$115,760 DECREASE, PETER SCHOENWALD - \$90,428 INCREASE, JAMES STOLLER - \$115,286 DECREASE, PATRICK WHITLOW - \$260,388 INCREASE, ROBERT WYLLIE - \$278,430 DECREASE THE FOLLOWING INDIVIDUALS PARTICIPATE IN 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 STEPHEN ABDENOUR - \$23,492 INCREASE, CRAIG BABBITT - \$12,500 INCREASE, DAWN BAILEY - \$22,950 INCREASE, LISA BARRETT - \$190 INCREASE, JAMES BEKENY - \$1,551 INCREASE, KATHLEEN BURNS - \$8,371 INCREASE, ANKIT CHHABRA - \$287 INCREASE, SUSAN COLLIER - \$68,654 INCREASE, DONALD CORPORA - \$14,906 INCREASE, ELLIOT DAVIDSON - \$20,003 INCREASE, FRED M DEGRANDIS - \$6,613 INCREASE, BARBARA DEL CASTILLO - \$187 INCREASE, OSMEL DELGADO - \$3,995 INCREASE, KATHLEEN DONLEY - \$68,032 INCREASE, ANDREW FENTON - \$30,501 INCREASE, DAVID FISER - \$22,435 INCREASE, SUSAN FOSTER - \$11,319 INCREASE, DAVID FRIGO - \$13,646 INCREASE, PHILLIP R GARD - \$1,975 INCREASE, STEVEN C GLASS - \$7,995 INCREASE, DEBORAH GORBACH - \$22,242 INCREASE, CHERYL GUSTER - \$68,754 INCREASE, DANIEL GUYTON (ONLY LISTED ON PART VII) - \$2,899 INCREASE, THERESA HOLTHAUS - \$2,828 INCREASE, MARK HORATTAS - \$20,012 INCREASE, FARID MUAKKASSA - \$7,902 INCREASE, WILLIAM KECKAN - \$263 DECREASE, MARY KENNEDY - \$34,780 INCREASE, RICHARD LEA - \$34,436 INCREASE, GEORGE LITMAN - \$18,413 INCREASE, KERRY MAJOR - \$2,329 INCREASE, LINDA MCHUGH - \$12,365 INCREASE, SHEILA MILLER - \$4,771 INCREASE, JOHN MILLS - \$1,836 INCREASE, BRIAN MONTER - \$2,092 INCREASE, JEFFREY MOORE - \$28,509 INCREASE, FARID MUAKKASSA - \$30,249 INCREASE, KAREN MULLEN - \$962 INCREASE, JANICE MURPHY - \$46,349 INCREASE, KEITH NILSSON - \$17,264 INCREASE, MARK NUSSBAUM - \$3,545 INCREASE, JASON OBLANDER - \$961 INCREASE, SUE OMORI - \$10,395 INCREASE, MICHAEL O'CONNELL - \$7,315 INCREASE, ALAN PAPA - \$20,124 INCREASE, WILLIAM PEACOCK - \$2,355 INCREASE, EUGENE PFISTER - \$98,936 INCREASE, DOUGLAS RIBLEY - \$5,252 INCREASE, SHANNAN RITCHIE - \$4,903 INCREASE, MARY SAUER - \$11,357 INCREASE, TITUS SHEERS - \$25,612 INCREASE, JESSICA SLIFKO - \$3,200 INCREASE, DEBORAH SMALL - \$230 INCREASE, BRIAN SMITH - \$29,524 INCREASE, VICKY SNYDER - \$8,489 INCREASE, ROBERT STALL - \$16,107 INCREASE, REBECCA STARCK - \$5,497 INCREASE, THOMAS STOVER - \$29,369 INCREASE, THOMAS THOMPSON - \$58,645 INCREASE, JOANNE ZEROSKE - \$18,545 INCREASE, AND BARBARA ZINNER - \$13,661 INCREASE

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 PARKER RICHARD TRUSTEE & PRESIDENT - MM	(i)	764,709	0	75,317	-89,260	17,482	768,248	0
	(ii)	0	0	0	0	0	0	0
1 PEACOCK WILLIAM TRUSTEE, CHIEF OF OPS - CCF	(i)	1,329,732	0	110,560	28,855	17,959	1,487,106	0
	(ii)	0	0	0	0	0	0	0
2 PIEDIMONTE GIOVANNI PRESIDENT & TRUSTEE - CCCHR	(i)	711,160	0	47,618	26,500	17,781	803,059	0
	(ii)	0	0	0	0	0	0	0
3 ROSENTHAL RAUL TRUSTEE & CHIEF OF STAFF - CCFHS	(i)	756,317	0	53,054	26,500	13,017	848,888	0
	(ii)	0	0	0	0	0	0	0
4 ROWAN DAVID SEC & CHIEF LEGAL OFFICER - CCF	(i)	1,298,294	0	130,649	26,500	18,397	1,473,840	0
	(ii)	0	0	0	0	0	0	0
5 SNYDER VICKY DIR & TREAS - MEDINA HOSP FDN	(i)	220,577	0	7,178	15,196	24,015	266,966	0
	(ii)	0	0	0	0	0	0	0
6 STOVER MD THOMAS DIRECTOR & CEO - AGHS	(i)	415,663	0	233,621	37,319	8,074	694,677	0
	(ii)	0	0	0	0	0	0	0
7 TULISIAK THOMAS PRESIDENT - MEDINA HOSP, DIR - AGF	(i)	396,610	0	31,948	26,500	18,221	473,279	0
	(ii)	0	0	0	0	0	0	0
8 ANDERSON MICHAEL PHYSICIAN, TRUSTEE - MARYMOUNT	(i)	295,037	0	25,819	26,500	17,049	364,405	0
	(ii)	0	0	0	0	0	0	0
9 BEKENY JAMES PHYSICIAN, TRUSTEE - LAKEWOOD HOSP	(i)	375,519	0	38,218	28,051	17,816	459,604	0
	(ii)	0	0	0	0	0	0	0
10 BERNICK CHARLES MED DIR - CCLRBH, DIR - KMA	(i)	296,037	0	6,839	26,500	16,049	345,425	0
	(ii)	0	0	0	0	0	0	0
11 BOGAR KEVIN PHYSICIAN, TRUSTEE - MARYMOUNT	(i)	502,670	0	70,867	26,500	16,521	616,558	0
	(ii)	0	0	0	0	0	0	0
12 BORDEN BRAD PHYSICIAN, TRUSTEE - CCCHR	(i)	723,076	0	83,575	26,500	19,192	852,343	0
	(ii)	0	0	0	0	0	0	0
13 BRAMAN DO KENNETH PHYSICIAN, DIRECTOR - PPG	(i)	236,261	17,500	8,726	10,600	31,663	304,750	0
	(ii)	0	0	0	0	0	0	0
14 CHARDIET ARMANDO CHAIR PHILANTHROPY INST, DIR - KMA	(i)	638,404	0	67,009	26,500	20,459	752,372	0
	(ii)	0	0	0	0	0	0	0
15 CHHABRA ANKIT EXEC DIR FIN OPS, DIR - AGMC	(i)	246,301	30,000	1,932	8,237	15,985	302,455	0
	(ii)	0	0	0	0	0	0	0
16 CORPORA DON EXEC VP & CHIEF HR OFF, DIR - VNS	(i)	293,713	21,373	17,582	37,789	20,380	390,837	0
	(ii)	0	0	0	0	0	0	0
17 CULLEY CARL A JR PHYSICIAN, TRUSTEE - LAKEWOOD	(i)	204,357	0	6,408	20,569	16,387	247,721	0
	(ii)	0	0	0	0	0	0	0
18 CUMMINGS JEFFREY DIRECTOR OF CCLRCBH, DIRECTOR - KMA	(i)	422,054	0	62,237	26,500	20,137	530,928	0
	(ii)	0	0	0	0	0	0	0
19 DEYLING CYNTHIA CHIEF QUALITY OFF, TRUSTEE - MM	(i)	558,012	0	53,274	-21,821	16,179	605,644	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 FENTON MD ANDREW PHYSICIAN, DIRECTOR - PPG & AGF	(i)	360,115	0	19,722	40,901	25,351	446,089	0
	(ii)	0	0	0	0	0	0	0
1 FREEMAN RICHARD B PHYSICIAN, TRUSTEE - LAKEWOOD	(i)	293,382	0	30,816	26,500	18,369	369,067	0
	(ii)	0	0	0	0	0	0	0
2 GROSSMAN MD JORDAN PHYSICIAN, DIRECTOR - PPG	(i)	523,155	36,973	20,723	10,286	18,304	609,441	0
	(ii)	0	0	0	0	0	0	0
3 HARLEY DO DOUGLAS PHYSICIAN, DIRECTOR - AGMC	(i)	278,108	10,000	2,191	9,180	30,239	329,718	0
	(ii)	0	0	0	0	0	0	0
4 HAYEK MD ANTHONY PHYSICIAN, DIRECTOR - AGMC	(i)	209,666	0	1,672	6,599	24,751	242,688	0
	(ii)	0	0	0	0	0	0	0
5 HOLTHAUS THERESA VICE CHAIR - PHILANTHROPY, DIR - AGF	(i)	176,656	0	4,634	16,863	19,565	217,718	0
	(ii)	0	0	0	0	0	0	0
6 HORATTAS MD MARK PHYSICIAN, DIRECTOR - AGMC	(i)	211,187	0	21,647	29,614	25,039	287,487	0
	(ii)	0	0	0	0	0	0	0
7 KEATING CATHERINE PHYSICIAN, DIRECTOR - AGMC	(i)	500,740	0	51,253	26,500	1,450	579,943	0
	(ii)	0	0	0	0	0	0	0
8 KOHLER DOUGLAS VP MED OPS, TRUSTEE - MM	(i)	548,670	0	71,014	26,500	16,521	662,705	0
	(ii)	0	0	0	0	0	0	0
9 KURTZ MD WILLIAM PHYSICIAN, DIRECTOR - PPG	(i)	512,777	36,973	18,785	16,970	486	585,991	0
	(ii)	0	0	0	0	0	0	0
10 LITMAN MD GEORGE PHYSICIAN, DIRECTOR - AGMC	(i)	117,968	6,317	9,426	18,413	17,494	169,618	0
	(ii)	0	0	0	0	0	0	0
11 MACHADO ANDRE INST CHAIR - NEURO, DIRECTOR - KMA	(i)	807,038	0	72,546	26,500	21,959	928,043	0
	(ii)	0	0	0	0	0	0	0
12 MARTIN DANIEL INST CHAIR - COLE EYE, DIR - CCF	(i)	1,244,557	0	121,809	26,500	17,634	1,410,500	0
	(ii)	0	0	0	0	0	0	0
13 MOORE JEFFREY PHYSICIAN, DIRECTOR - AGMC	(i)	353,527	0	6,163	38,909	17,974	416,573	0
	(ii)	0	0	0	0	0	0	0
14 MOORHEAD MD COLIN PHYSICIAN, DIRECTOR - PPG	(i)	413,479	0	1,788	10,601	24,751	450,619	0
	(ii)	0	0	0	0	0	0	0
15 MURPHY JANICE COO, DIRECTOR - AKRON	(i)	556,544	0	76,114	72,849	15,647	721,154	0
	(ii)	0	0	0	0	0	0	0
16 NEUMAN THOMAS DIR - AGF, SR VP & CHIEF MKTG OFF	(i)	215,264	17,098	11,155	9,403	19,244	272,164	0
	(ii)	0	0	0	0	0	0	0
17 OMORI SUE EXEC DIR REG MKTG, DIR - AGF	(i)	211,072	0	877	28,668	15,410	256,027	0
	(ii)	0	0	0	0	0	0	0
18 PEDERSEN MD JOHN PHYSICIAN, DIRECTOR - AGP	(i)	487,965	241,916	2,984	0	14,885	747,750	0
	(ii)	0	0	0	0	0	0	0
19 PFISTER MD EUGENE PHYSICIAN DIRECTOR - AGMC & PPG	(i)	300,012	8,500	27,291	107,171	23,763	466,737	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 POSK LORI PHYSICIAN, DIRECTOR - AGF	(i)	253,758	0	1,257	25,777	23,189	303,981	0
	(ii)	0	0	0	0	0	0	0
1 ROME ELLEN HEAD - ADOLESCENT MED, DIR - CCCHR	(i)	182,110	0	1,323	18,470	17,781	219,684	0
	(ii)	0	0	0	0	0	0	0
2 SHERIDAN CATHERINE PHYSICIAN, DIR - MEDINA HOSP FDN	(i)	197,442	0	621	19,862	16,374	234,299	0
	(ii)	0	0	0	0	0	0	0
3 THOMPSON THOMAS PHYSICIAN, DIRECTOR - AGMC	(i)	524,399	16,687	29,361	66,715	18,534	655,696	0
	(ii)	0	0	0	0	0	0	0
4 WHITE MD HAROLD PHYSICIAN, DIRECTOR - AGF	(i)	490,305	0	6,935	25,952	16,136	539,328	0
	(ii)	0	0	0	0	0	0	0
5 ALVAREZ MD BENITO PRESIDENT - PPG	(i)	363,172	28,635	11,615	10,600	26,132	440,154	0
	(ii)	0	0	0	0	0	0	0
6 BARRETT LISA SECRETARY - AGHS	(i)	203,303	2,482	979	190	15,092	222,046	0
	(ii)	0	0	0	0	0	0	0
7 FORD DONALD INTERIM HOSP PRES - HILLCREST	(i)	326,696	0	28,689	26,500	16,699	398,584	0
	(ii)	0	0	0	0	0	0	0
8 FRIGO DAVID TREASURER - AGHS	(i)	240,129	8,445	4,067	23,533	17,920	294,094	0
	(ii)	0	0	0	0	0	0	0
9 FUNG JOHN CHAIRMAN DDI	(i)	831,330	0	79,810	26,500	13,283	950,923	0
	(ii)	0	0	0	0	0	0	0
10 GARD PHILIP ADMINISTRATIVE DIRECTOR	(i)	172,260	0	4,271	19,594	12,911	209,036	0
	(ii)	0	0	0	0	0	0	0
11 GROOFF PAUL SECRETARY - TN PC & NY MED SERV PC	(i)	528,817	0	48,183	26,500	18,374	621,874	0
	(ii)	0	0	0	0	0	0	0
12 HAMILTON THOMAS INTERIM CHAIRMAN - RESEARCH INST	(i)	333,332	0	12,225	-63,403	19,341	301,495	0
	(ii)	0	0	0	0	0	0	0
13 JUHASZ ROBERT HOSPITAL PRESIDENT - SOUTH POINTE	(i)	311,183	0	28,618	26,500	16,008	382,309	0
	(ii)	0	0	0	0	0	0	0
14 MALONE DONALD HOSPITAL PRESIDENT - LUTHERAN	(i)	384,237	0	14,877	-222,833	17,954	194,235	0
	(ii)	0	0	0	0	0	0	0
15 MCHUGH LINDA ASST SECRETARY - CCF	(i)	645,845	0	61,632	38,865	16,959	763,301	0
	(ii)	0	0	0	0	0	0	0
16 MEEHAN MICHAEL J RECORDING SECRETARY - CCF	(i)	311,023	0	32,215	-30,860	17,268	329,646	0
	(ii)	0	0	0	0	0	0	0
17 MILLER CHARLIE CHIEF MEDICAL OFFICER - CCMSI	(i)	824,923	0	83,199	26,500	17,268	951,890	0
	(ii)	0	0	0	0	0	0	0
18 NAPIERKOWSKI DANIEL HOSPITAL PRESIDENT - EUCLID	(i)	524,263	0	51,316	26,500	18,227	620,306	0
	(ii)	0	0	0	0	0	0	0
19 OBLANDER JASON ASST SECRETARY - CCF	(i)	199,760	0	3,814	7,092	13,666	224,332	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
8 SMITH BRIAN VICE PRES - CLINIC CARE, INC	(i)	233,567	0	9,187	36,739	15,968	295,461	0
	(ii)	0	0	0	0	0	0	0
1 SMITH NEIL HOSPITAL PRESIDENT - FAIRVIEW	(i)	385,025	0	34,686	26,500	15,022	461,233	0
	(ii)	0	0	0	0	0	0	0
2 STARCK REBECCA HOSPITAL PRESIDENT - AVON	(i)	567,792	0	51,985	31,997	17,899	669,673	0
	(ii)	0	0	0	0	0	0	0
3 STOLLER JAMES CHAIR - EDUCATION INSTITUTE	(i)	495,301	0	29,621	-88,786	18,161	454,297	0
	(ii)	0	0	0	0	0	0	0
4 VANHORN AMANDA ASST SECRETARY - AGF, PPG, VNS	(i)	183,214	0	1,122	7,358	17,445	209,139	0
	(ii)	0	0	0	0	0	0	0
5 ABDENOUR STEPHEN SR VP SYSTEM OPERATIONS - AGMC	(i)	247,000	20,177	24,912	34,092	8,238	334,419	0
	(ii)	0	0	0	0	0	0	0
6 BAILEY DAWN CNO - EUCLID HOSPITAL	(i)	190,047	0	6,803	28,922	17,905	243,677	0
	(ii)	0	0	0	0	0	0	0
7 BENNETT KRIS COO - S POINTE/HILLCREST	(i)	218,419	0	1,618	6,725	14,778	241,540	0
	(ii)	0	0	0	0	0	0	0
8 COLLIER SUSAN VP NURSING, CNO - HILLCREST	(i)	249,052	0	8,520	76,363	14,518	348,453	0
	(ii)	0	0	0	0	0	0	0
9 DONLEY KATHLEEN DIR PHARMACY - AGMC	(i)	186,225	0	240	73,698	8,335	268,498	0
	(ii)	0	0	0	0	0	0	0
10 FISER DAVID VP INFORMATION SYS/CIO - AGMC	(i)	237,290	12,000	24,794	33,135	24,465	331,684	0
	(ii)	0	0	0	0	0	0	0
11 FOSTER SUSAN VP SURGICAL SERVICES	(i)	211,920	0	5,541	19,784	19,014	256,259	0
	(ii)	0	0	0	0	0	0	0
12 GUSTER CHERIE SR VP & CNO - AGMC	(i)	224,672	20,177	45,437	76,704	18,170	385,160	0
	(ii)	0	0	0	0	0	0	0
13 HARRISON A MARC CHIEF OF INTL BUS DEV	(i)	694,518	0	490,886	26,500	53,760	1,265,664	0
	(ii)	0	0	0	0	0	0	0
14 KENNEDY MARY CNO - MEDINA	(i)	193,735	0	11,360	40,842	17,366	263,303	0
	(ii)	0	0	0	0	0	0	0
15 LEA RICHARD COO - EUCLID HOSPITAL	(i)	228,841	0	17,038	41,733	23,442	311,054	0
	(ii)	0	0	0	0	0	0	0
16 MAJOR KERRY CNO - CC FLA HEALTH SYS	(i)	236,111	0	1,572	9,646	14,698	262,027	0
	(ii)	0	0	0	0	0	0	0
17 MATTNER MATTHEW COO - LUTHERAN	(i)	219,218	0	10,636	6,724	15,714	252,292	0
	(ii)	0	0	0	0	0	0	0
18 MIHALJEVIC TOMISLAV CHIEF EXECUTIVE OFFICER - CCAD	(i)	1,279,998	0	747,422	26,500	123,935	2,177,855	0
	(ii)	0	0	0	0	0	0	0
19 MILLER SHEILA CNO - SOUTH POINTE HOSP	(i)	219,785	0	2,980	11,535	20,088	254,388	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
101 MILLS JOHN COO - FAIRVIEW	(i)	267,387	0	2,081	9,786	0	279,254	0
	(ii)	0	0	0	0	0	0	0
1 MINOR DENISE CNO - LUTHERAN (PART YEAR)	(i)	208,997	0	5,175	6,452	15,115	235,739	0
	(ii)	0	0	0	0	0	0	0
2 NUSSBAUM MARK COO - MARYMOUNT (PART YEAR)	(i)	152,997	0	4,377	8,268	10,205	175,847	0
	(ii)	0	0	0	0	0	0	0
3 PIKE JEFFREY VP OPERATIONS PPG	(i)	189,099	10,000	20,809	8,865	28,296	257,069	0
	(ii)	0	0	0	0	0	0	0
4 SAUER MARY CNO - LAKEWOOD	(i)	195,980	42,453	4,775	18,657	15,144	277,009	0
	(ii)	0	0	0	0	0	0	0
5 SCHUSTER JANET CNO - LUTHERAN	(i)	179,226	0	8,381	5,625	22,501	215,733	0
	(ii)	0	0	0	0	0	0	0
6 SMALL DEBORAH CNO - FAIRVIEW	(i)	246,257	0	5,282	7,774	12,271	271,584	0
	(ii)	0	0	0	0	0	0	0
7 ZINNER BARBARA CNO - MARYMOUNT	(i)	206,104	0	8,070	16,405	16,298	246,877	0
	(ii)	0	0	0	0	0	0	0
8 CHURCH JAMES PHYSICIAN (2016 RETIREE)	(i)	669,298	0	2,042,070	-333,776	17,268	2,394,860	0
	(ii)	0	0	0	0	0	0	0
9 COSTIN JOHN INSTITUTE CHAIRMAN - CCF	(i)	1,731,813	0	178,020	26,500	17,581	1,953,914	0
	(ii)	0	0	0	0	0	0	0
10 LEWIS BRENDA PHYSICIAN (2016 RETIREE)	(i)	316,656	0	1,582,528	668,584	9,217	2,576,985	0
	(ii)	0	0	0	0	0	0	0
11 WHITLOW PATRICK PHYSICIAN (2016 RETIREE)	(i)	6,657	0	1,801,113	260,388	1,740	2,069,898	0
	(ii)	0	0	0	0	0	0	0
12 SCHOENWALD PETER PHYSICIAN (2016 RETIREE)	(i)	360,599	0	1,254,660	116,928	10,844	1,743,031	0
	(ii)	0	0	0	0	0	0	0
13 DEGRANDIS FRED FORMER OFFICER (SEPARATED IN 2014)	(i)	115,911	0	473,287	33,113	8,004	630,315	0
	(ii)	0	0	0	0	0	0	0
14 HAHN JOSEPH FORMER OFFICER (RETIRED)	(i)	566	0	251,576	-23,899	0	228,243	0
	(ii)	0	0	0	0	0	0	0
15 KECKAN WILLIAM FORMER OFFICER	(i)	307,566	0	9,678	7,687	15,503	340,434	0
	(ii)	0	0	0	0	0	0	0
16 NOGUERAS JUAN FORMER OFFICER	(i)	560,817	0	52,912	-201,788	13,017	424,958	0
	(ii)	0	0	0	0	0	0	0
17 RODRIGUEZ RICARDO FORMER OFFICER	(i)	443,650	0	22,226	26,500	17,016	509,392	0
	(ii)	0	0	0	0	0	0	0
18 SLIFKO JESSICA FORMER OFFICER	(i)	293,894	0	3,497	29,700	15,522	342,613	0
	(ii)	0	0	0	0	0	0	0
19 STALL ROBERT FORMER OFFICER	(i)	430,670	0	41,718	42,607	16,521	531,516	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
121 WYLLIE ROBERT FORMER OFFICER	(i)	609,914	0	45,356	-251,930	17,268	420,608	0
	(ii)	0	0	0	0	0	0	0
1 ZEROSKE JOANNE FORMER OFFICER	(i)	352,284	0	37,672	45,045	16,907	451,908	0
	(ii)	0	0	0	0	0	0	0
2 CARROLL DONALD FORMER KEY EMPLOYEE	(i)	208,567	0	8,046	17,762	14,963	249,338	0
	(ii)	0	0	0	0	0	0	0
3 CHADWICK LARRY FORMER KEY EMPLOYEE	(i)	319,387	0	5,651	11,441	23,772	360,251	0
	(ii)	0	0	0	0	0	0	0
4 EMMELHAINZ LARRY FORMER KEY EMPLOYEE	(i)	282,108	22,825	33,247	10,596	9,301	358,077	0
	(ii)	0	0	0	0	0	0	0
5 ICSMAN CAROL FORMER KEY EMPLOYEE	(i)	192,548	9,015	3,796	15,893	15,576	236,828	0
	(ii)	0	0	0	0	0	0	0
6 KEATON MD BRIAN FORMER KEY EMPLOYEE	(i)	304,894	14,420	10,106	10,600	21,742	361,762	0
	(ii)	0	0	0	0	0	0	0
7 KOCSIS DANA FORMER KEY EMPLOYEE	(i)	174,063	7,500	2,741	6,960	757	192,021	0
	(ii)	0	0	0	0	0	0	0
8 LYLE BRUCE FORMER KEY EMPLOYEE (RETIRED)	(i)	5,090	0	1,138,923	0	0	1,144,013	0
	(ii)	0	0	0	0	0	0	0
9 MONTER BRIAN FORMER KEY EMPLOYEE	(i)	102,627	0	2,692	5,252	7,208	117,779	0
	(ii)	0	0	0	0	0	0	0
10 MUAKKASSA MD FARID FORMER KEY EMPLOYEE	(i)	310,318	0	9,377	43,315	31,369	394,379	0
	(ii)	0	0	0	0	0	0	0
11 O'CONNELL MICHAEL FORMER KEY EMPLOYEE	(i)	79,992	0	104,704	12,753	17,018	214,467	0
	(ii)	0	0	0	0	0	0	0
12 PETER MD DAVID FORMER KEY EMPLOYEE	(i)	382,658	31,208	29,692	10,600	20,126	474,284	0
	(ii)	0	0	0	0	0	0	0
13 RIBLEY DOUGLAS FORMER KEY EMPLOYEE	(i)	231,708	17,845	6,350	15,067	24,550	295,520	0
	(ii)	0	0	0	0	0	0	0
14 SHEERS MD TITUS FORMER KEY EMPLOYEE	(i)	319,387	0	5,651	37,053	23,772	385,863	0
	(ii)	0	0	0	0	0	0	0
15 WRIGHT MD DENNIS FORMER KEY EMPLOYEE	(i)	553,747	29,191	10,010	10,600	25,238	628,786	0
	(ii)	0	0	0	0	0	0	0
16 ZHONG XUE FORMER KEY EMPLOYEE	(i)	135,517	0	609	13,552	0	149,678	0
	(ii)	0	0	0	0	0	0	0
17 SCHMIEDEL JUSTIN FORMER KEY EMPLOYEE	(i)	198,211	0	741	5,985	23,978	228,915	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 THE CLEVELAND CLINIC FOUNDATION
 GROUP RETURN

Employer identification number
 91-2153073

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 2004A, 2003A AND FACILITY IMPROVEMENTS		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756A3Z3	05-09-2012	519,383,182	BOND 2012 REFUND 2009, 2003A AND FACILITY IMPROVEMENTS		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561HU9	11-02-2011	208,951,439	BOND 2011A REFUND 2003A SERIES		X		X		X
D	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	NOTAPPLIC	11-02-2011	41,120,000	BOND 2011B REFUND 1992A & B AND 1989 SERIES		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	32,649,771		20,888,557		27,068,716		12,000,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	309,434,914		519,383,182		208,951,439		41,120,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds							2,302,465	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,129,301		3,825,815		2,003,385		735,249	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	20,001,498		411,300,530					
11	Other spent proceeds	287,304,115		104,256,837		206,948,054		38,082,286	
12	Other unspent proceeds								
13	Year of substantial completion	2013		2012		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 040 %		0 800 %		1 290 %			
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 %		0 080 %		0 010 %			
6 Total of lines 4 and 5	1 040 %		0 880 %		1 300 %			
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 11/01/2016 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 11/02/2016 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 08/25/2014 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 10/15/2013 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 10/15/2013

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN

Employer identification number 91-2153073

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include OHIO HIGHER EDUCATIONAL FACILITY COMMISSION and COLLIER COUNTY HEALTH FACILITIES AUTHORITY.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Issuance costs from proceeds, and Were the bonds issued as part of a current refunding issue?

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows include Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? and Are there any lease arrangements that may result in private business use of bond-financed property?

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 ▶	1 280 %		0 690 %		0 690 %		1 290 %	
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 %		0 020 %		0 020 %		0 010 %	
6 Total of lines 4 and 5	1 310 %		0 710 %		0 710 %		1 300 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X			X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 050 %		0 550 %					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X					
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X	X	
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?	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).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **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.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)	MARK HORATTAS MD	DIRECTOR, AGHS BOARD OF DIRECTORS	SCH L PART V DESCRIPTION - AN INADVERTENT COMPUTATIONAL ERROR RESULTED IN A SMALL EXCESS PAYMENT BEING MADE WITH AN ANNUAL CAPITAL DISTRIBUTION THE ERROR WAS CORRECTED AS QUICKLY AS POSSIBLE AFTER IT WAS DISCOVERED AND THE EXCESS DISTRIBUTION WAS REPAID WITH INTEREST CONSISTENT WITH APPLICABLE REGULATIONS	Yes	
(2)	THOMAS THOMPSON MD	DIRECTOR, AGP BOARD OF DIRECTORS	SCH L PART V DESCRIPTION - AN INADVERTENT COMPUTATIONAL ERROR RESULTED IN A SMALL EXCESS PAYMENT BEING MADE WITH AN ANNUAL CAPITAL DISTRIBUTION THE ERROR WAS CORRECTED AS QUICKLY AS POSSIBLE AFTER IT WAS DISCOVERED AND THE EXCESS DISTRIBUTION WAS REPAID WITH INTEREST CONSISTENT WITH APPLICABLE REGULATIONS	Yes	
(3)	JOHN PEDERSEN MD	DIRECTOR, AGP BOARD OF DIRECTORS	SCH L PART V DESCRIPTION - AN INADVERTENT COMPUTATIONAL ERROR RESULTED IN A SMALL EXCESS PAYMENT BEING MADE WITH AN ANNUAL CAPITAL DISTRIBUTION THE ERROR WAS CORRECTED AS QUICKLY AS POSSIBLE AFTER IT WAS DISCOVERED AND THE EXCESS DISTRIBUTION WAS REPAID WITH INTEREST CONSISTENT WITH APPLICABLE REGULATIONS	Yes	

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ 0

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ 0

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	CEO/PRES			INSURANCE PREMIUM PAYMENTS TREATED AS A LOAN		X	229,247	6,571,698	
Total						▶ \$	6,571,698					

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:** 91-2153073**Name:** THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN**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) PANZICA REALTY INC	ENTITY PARTLY OWNED BY FAMILY MEMBER OF CYNTHIA DEYLING, MARYMOUNT TRUSTEE	110,019	LEASE AGREEMENT		No
(2) KATHERINE MCHUGH	FAMILY MEMBER OF LINDA MCHUGH, CCF OFFICER	37,605	EMPLOYMENT AGREEMENT WITH CCF		No
(3) ELENI HORATTAS	FAMILY MEMBER OF MARK HORATTAS, AGMC DIRECTOR	25,669	EMPLOYMENT AGREEMENT WITH AGMC		No
(4) SOPHIA HORATTAS	FAMILY MEMBER OF MARK HORATTAS, AGMC DIRECTOR	26,448	EMPLOYMENT AGREEMENT WITH AGMC		No
(5) JOAN PFISTER	FAMILY MEMBER OF EUGENE PFISTER, AGMC DIRECTOR	10,851	EMPLOYMENT AGREEMENT WITH AGMC		No
(6) ALISON ALEMAGNO	FAMILY MEMBER OF SONIA ALEMAGNO, VICE CHAIR AGMC	22,940	EMPLOYMENT AGREEMENT WITH AGMC		No
(7) ALEXANDER DEL CASTILLO	FAMILY MEMBER OF BARBARA DEL CASTILLO	38,238	EMPLOYMENT AGREEMENT WITH CLEVELAND CLINIC FLORIDA HEALTH SYSTEM		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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	32	1,569,786	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		34,294	SALE COMPARABLE GOODS
5 Clothing and household goods	X		451,393	SALE COMPARABLE GOODS
6 Cars and other vehicles	X	1	29,935	COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	180	9,603,107	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	X	1	210,000	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	8	9,725	APPRAISAL
19 Food inventory	X	17	33,288	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EVENT TICKETS</u>)	X	44	35,692	COST
26 Other ▶ (<u>MEDICAL EQUIPMENT</u>)	X	3	22,355	SALE COMPARABLE GOOD
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 12

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 32B	CLEVELAND CLINIC HEALTH SYSTEM 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number

91-2153073

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<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 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 2016 CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$808.7 MILLION 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 ON OUR WEBSITE AT CLEVELANDCLINIC.ORG (COMMUNITY BENEFIT AMOUNTS REPORTED IN THIS PROGRAM SERVICE STATEMENT REFER TO OUR 2016 COMMUNITY CONNECTIONS, BASED ON THE CHA REPORTING METHODOLOGY. SEE FORM 990, SCHEDULE H FOR A RECONCILIATION OF SCHEDULE H TO REPORTING BENEFIT REPORTING.)</p> <p>IN 2016, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDED AN ACADEMIC MEDICAL CENTER AND 11 COMMUNITY HOSPITALS (AKRON GENERAL MEDICAL CENTER, AVON, EDWIN SHAW, EUCLID, FAIRVIEW, HILLCREST, LODI, LUTHERAN, MARYMOUNT, MEDINA AND SOUTH POINTE HOSPITALS), AND A SPECIALTY HOSPITAL (CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION) IN NORTHEAST OHIO, ONE HOSPITAL AND ONE HEALTH AND WELLNESS CENTER IN FLORIDA, AND A CENTER FOR BRAIN HEALTH IN LAS VEGAS, NEVADA. CLEVELAND CLINIC HEALTH SYSTEM IS DEDICATED TO THE COMMUNITIES WE SERVE STRIVING TO PROVIDE COMPASSIONATE, HIGH QUALITY HEALTHCARE TO ALL WHO NEED IT, AND SUPPORTING PROGRAMS AND INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES THROUGH OUR FINANCIAL ASSISTANCE EFFORTS AND AS A LEADING MEDICAID PROVIDER IN OHIO, WE PROVIDE HEALTHCARE TO THOSE WHO OTHERWISE COULD NOT AFFORD IT. IN 2016, THE CLEVELAND CLINIC HEALTH SYSTEM RECORDED 3,906 TOTAL STAFFED BEDS, 652,179 EMERGENCY VISITS, 207,610 SURGICAL CASES, 174,166 ADMISSIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>IONS, AND MORE THAN 7 1 MILLION TOTAL CLINIC VISITS IT IS THE POLICY OF CLEVELAND CLINIC HEALTH SYSTEM TO TREAT ALL PATIENTS WITH COMPASSION, DIGNITY AND RESPECT, REGARDLESS OF TH EIR RACE, CREED, OR ABILITY TO PAY CLEVELAND CLINIC'S PATIENT CARE SERVICES ARE PROVIDED VIA PATIENT-ORIENTED INSTITUTES, WHICH ARE STRUCTURED ON THE BASIS OF ORGAN SYSTEM OR DISE ASE THE INSTITUTES FACILITATE A MULTIDISCIPLINARY APPROACH, AND ARE DESIGNED TO ENHANCE C ONVENIENCE FOR PATIENTS AND THE EXCHANGE OF KNOWLEDGE, RESEARCH AND EDUCATIONAL COLLABORAT ION FOR BETTER PATIENT OUTCOMES SOME OF THE INSTITUTES ARE ANESTHESIOLOGY, COLE EYE, DIG ESTIVE DISEASE, EMERGENCY SERVICES, ENDOCRINOLOGY & METABOLISM, GLICKMAN UROLOGICAL & KIDN EY, HEAD & NECK, MILLER FAMILY HEART & VASCULAR, IMAGING, MEDICINE, NEUROLOGICAL, NURSING, OB/GYN & WOMEN'S HEALTH, ORTHOPAEDIC & RHEUMATOLOGY, PATHOLOGY & LABORATORY MEDICINE, PED IATRIC & CHILDREN'S HOSPITAL, RESPIRATORY, TAUSSIG CANCER AND WELLNESS CLEVELAND CLINIC F LORIDA IS A WORLD-RENOWNED ACADEMIC MEDICAL CENTER WITH ONE OF THE LARGEST GRADUATE MEDICA L EDUCATION PROGRAMS IN SOUTH FLORIDA FOR THE SEVENTH YEAR IN A ROW, CLEVELAND CLINIC FLO RIDA RANKED HIGHEST AMONG HOSPITALS IN BROWARD COUNTRY IN REGIONAL RANKINGS IN U S NEWS & WORLD REPORT'S RANKING OF BEST HOSPITALS 2016-2017 THE HEALTH SYSTEM INCLUDES A 155-BED HOSPITAL, DIAGNOSTIC CENTERS, OUTPATIENT SURGERY, AND A 24-HOUR EMERGENCY DEPARTMENT IN WE STON, FLORIDA CLEVELAND CLINIC FLORIDA HAS LOCATIONS IN WESTON, PALM BEACH, PALM BEACH GA RDENS AND PARKLAND THE WESTON CAMPUS IS CURRENTLY UNDERGOING AN EXPANSION THAT WILL INCLU DE EXPANSION OF THE EMERGENCY DEPARTMENT, IMAGING AND LABORATORY FACILITIES, ADDITIONAL OP ERATING ROOMS AND IN-PATIENT HOSPITAL BEDS IN ADDITION, TWO NEW LOCATIONS ARE SCHEDULED T O OPEN IN 2018, A CLINIC AND AMBULATORY SURGERY CENTER IN CORAL SPRINGS AND A NEW CLINIC I N WELLINGTON, FLORIDA THE ADDITION OF THE CORAL SPRINGS AND WELLINGTON FACILITIES WILL BR ING THE NUMBER OF LOCATIONS IN FLORIDA TO NINE IN 2016, CLEVELAND CLINIC FLORIDA HAD 490, 705 PATIENT VISITS, 16,943 INTERNATIONAL PATIENT VISITS, AND MORE THAN 249 STAFF PHYSICIAN S AND 109 RESIDENTS AND FELLOWS IN 11 ACCREDITED TRAINING PROGRAMS THE CLEVELAND CLINIC L OU RUVO CENTER FOR BRAIN HEALTH IS A MULTIDISCIPLINARY CENTER, CO-LOCATED IN LAS VEGAS AND CLEVELAND PROVIDING DIAGNOSIS AND TREATMENT FOR PATIENTS WITH COGNITIVE DISORDERS AND SUP PORT FOR THEIR FAMILIES PHYSICIANS AND STAFF FOCUS ON EARLY INTERVENTION FOR MILD COGNITI VE DISORDERS THROUGH PHYSICAL EXERCISE, COGNITIVE REHABILITATION, AND MEDICATION THE CENT ER ALSO ENGAGES IN EDUCATION AND RESEARCH ACTIVITIES KEEP MEMORY ALIVE ("KMA") RAISES FUN DS TO OPERATE THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH TO ADVANCE THE RESEARC H AND TREATMENT OF PATIENTS WITH NEUROCOGNITIVE DISORDERS THAT RESULT FROM NEUROLOGICAL DI SEASES INCLUDING ALZHEIMER'S, HUNTINGTON'S, PARKINSON'S, AND AMYOTROPHIC LATERAL SCLEROSIS (ALS) KMA STRIVES TO CREATE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	GREATER AWARENESS OF NEUROCOGNITIVE DISORDERS, EDUCATE FAMILIES ABOUT TREATMENTS, RESEARCH EFFORTS, AND AVAILABLE CAREGIVER SERVICES, AND PROMOTES LIFESTYLE CHANGES TO ENCOURAGE HEALTHY BRAIN AGING NOTABLE ACHIEVEMENTS CLEVELAND CLINIC WAS AGAIN RECOGNIZED FOR ITS QUALITY OF CARE IN U.S. NEWS & WORLD REPORT'S PRESTIGIOUS ANNUAL "AMERICA'S BEST HOSPITALS" SURVEY IN 2016 OVERALL, CLEVELAND CLINIC WAS AMONG THE NATION'S BEST HOSPITALS, MOVING UP THREE SPOTS TO EARN THE NO. 2 RANKING FOR THE 22ND CONSECUTIVE YEAR, CLEVELAND CLINIC RANKED BEST IN THE NATION FOR CARDIOLOGY AND HEART SURGERY, EARNING THE NO. 1 SPOT THE GLICKMAN UROLOGICAL & KIDNEY INSTITUTE RECEIVED THE NO. 2 DISTINCTION IN UROLOGY AND NO. 2 IN NEPHROLOGY TEN OTHER CLEVELAND CLINIC SPECIALTIES ALSO RANKED IN THE TOP 10 AMONG CLEVELAND CLINIC'S HIGHLY RANKED PROGRAMS, NINE PLACED IN THE TOP 5 AND FOUR - HEART, UROLOGY, GASTROENTEROLOGY AND KIDNEY DISORDERS - PLACED AMONG THE TOP 2

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>CLEVELAND CLINIC EARNED THE HIGHEST RANKING OF ANY OHIO HOSPITAL IN 14 CATEGORIES U S NEWS ALSO RANKED HOSPITALS BY REGION TWO REGIONAL HOSPITALS - FAIRVIEW (4) AND AKRON GENERAL (9) - RANKED WITHIN THE TOP 5 OF CLEVELAND-AREA HOSPITALS THE LEAPFROG GROUP RELEASED ITS SEMI-ANNUAL SAFETY SCORES, REFLECTING A COMPOSITE OF SAFETY PRACTICES, STRUCTURES, INFECTIONS, COMPLICATIONS AND PATIENT EXPERIENCE PERFORMANCE ALL CLEVELAND CLINIC HOSPITALS MAINTAINED OR IMPROVED PATIENT SAFETY SCORES DURING THIS PERIOD AKRON GENERAL MEDICAL CENTER, FOUNDED IN 1914, IS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT SERVES AS THE HUB FOR CLEVELAND CLINIC'S SOUTH REGION IN ADDITION TO A 532 REGISTERED-BED TEACHING AND RESEARCH MEDICAL CENTER, THE CLEVELAND CLINIC AKRON GENERAL SYSTEM INCLUDES EDWIN SHAW REHABILITATION, LODI HOSPITAL, VISITING NURSE SERVICE AND HEALTH & WELLNESS CENTERS U S NEWS & WORLD REPORT RECENTLY RANKED AKRON GENERAL AS THE NINTH BEST HOSPITAL IN OHIO AKRON GENERAL RANKED 42ND NATIONALLY IN PULMONOLOGY AND WAS "HIGH PERFORMING" IN GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY, GERIATRICS AND NEPHROLOGY THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS "MAGNET" STATUS ON AKRON GENERAL ANCC, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS HONOR AVON HOSPITAL, OPENED IN NOVEMBER 2016, HAS 126 PRIVATE BEDS AND PROVIDES INPATIENT AND OUTPATIENT SERVICES ADJACENT TO THE EXISTING RICHARD E JACOBS HEALTH CENTER, THE HOSPITAL IS FIVE STORIES AND WAS DESIGNED TO ACCOMMODATE FUTURE ADVANCES IN MEDICAL CARE AVON HOSPITAL'S FEATURES INCLUDE TWO NEW OPERATING ROOMS, INTENSIVE CARE UNIT, IMAGING AND RADIOLOGY, PHARMACY AND LABORATORY SERVICES, A CARDIAC CATHETERIZATION LABORATORY AS WELL AS AN EXPANDED EMERGENCY DEPARTMENT THE HOSPITAL HAD A SUCCESSFUL JOINT COMMISSION ACCREDITATION SURVEY AND RECEIVED FULL ACCREDITATION STATUS ON DEC 9, 2016 EUCLID HOSPITAL, HOME TO ONE OF THE REGION'S LEADING ORTHOPAEDIC AND REHABILITATION CENTERS, HAS 371 LICENSED BEDS IT WAS RECOGNIZED IN 2016 BY U S NEWS & WORLD REPORT FOR ACHIEVING THE HIGHEST RANKINGS IN TWO PROCEDURES OR CONDITIONS HEART FAILURE AND HIP REPLACEMENT IN 2016, EUCLID HOSPITAL WAS RECOGNIZED WITH THE GREENHEALTH EMERALD AWARD BY PRACTICE GREENHEALTH, THE NATION'S LEADING HEALTHCARE COMMUNITY THAT EMPOWERS ITS MEMBERS TO INCREASE THEIR EFFICIENCIES AND ENVIRONMENTAL STEWARDSHIP WHILE IMPROVING PATIENT SAFETY AND CARE THROUGH TOOLS, BEST PRACTICES AND KNOWLEDGE THE AWARD IS ONE OF THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARDS GIVEN EACH YEAR TO INCREASE ENVIRONMENTAL SUSTAINABILITY ACHIEVEMENTS IN THE HEALTHCARE SECTOR EUCLID ALSO IS KNOWN FOR ITS NEURO-REHABILITATION PROGRAM, EMERGENCY DEPARTMENT, GERIATRIC ASSESSMENT PROGRAM, AND HEALING GARDEN WITH LAKEFRONT VIEWS FA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IRVIEW HOSPITAL HAS 488 LICENSED BEDS AND IS A CERTIFIED LEVEL II TRAUMA CENTER FAIRVIEW IS HOME TO A FULLY ACCREDITED BREAST CENTER THROUGH THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS, AMERICAN COLLEGE OF SURGEONS ACCORDING TO U S NEWS & WORLD REPORT, FAIR VIEW RANKS NO 3 IN THE CLEVELAND METRO AREA AND NO 4 IN OHIO IN 2016, U S NEWS & WORLD REPORT RECOGNIZED FAIRVIEW IN THE NATIONAL RANKINGS IN FOUR ADULT SPECIALTIES CARDIOLOGY AND HEART SURGERY, GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY, GERIATRICS AND PULMONOL OGY THE QUALITY RATINGS OF THE CENTERS FOR MEDICARE & MEDICAID SERVICES ARE A COMPOSITE M ETRIC OF ONE TO FIVE STARS, WITH FIVE BEING THE BEST FAIRVIEW WAS THE SEVENTH LARGEST HOS PITAL TO ACHIEVE FIVE STARS OUT OF 4,599 HOSPITALS, ONLY 102, OR 2 2 PERCENT, EARNED FIVE STARS IN OHIO, FAIRVIEW IS ONE OF NINE HOSPITALS FROM A POOL OF 166 HOSPITALS WITH THE F IVE-STAR RATING HILLCREST HOSPITAL, A CERTIFIED LEVEL II TRAUMA CENTER, HAS 496 LICENSED BEDS IT IS HOME TO A LEVEL III NEONATAL INTENSIVE CARE UNIT FOR CRITICALLY ILL BABIES AND A CERTIFIED CARDIAC AND PULMONARY REHABILITATION PROGRAM THROUGH THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION ACCORDING TO THE U S NEWS & WORLD REPORT 2016 RANKING, HILLCREST RANKS NUMBER 5 IN THE CLEVELAND METRO AREA AND NO 12 IN OHIO HI LLCREST ALSO WAS DESIGNATED BY U S NEWS & WORLD REPORT AS A "HIGH PERFORMER" IN HEART FAI LURE, ABDOMINAL AORTIC ANEURISM REPAIR, COLON CANCER SURGERY, HEART BYPASS SURGERY, HIP RE PLACEMENT AND KNEE REPLACEMENT SURGERY AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE HILLCRES T'S CRITICAL CARE UNIT HAS BEEN AWARDED THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES' BEACON SILVER-LEVEL AWARD FOR EXCELLENCE THERE ARE ONLY 18 BEACON UNITS IN OHIO HILLCRES T ALSO HAS BEEN NATIONALLY RECOGNIZED 11 TIMES AS ONE OF AMERICA'S 100 TOP HOSPITALS LAKEWOOD HOSPITAL TRANSITIONED TO OUTPATIENT CARE IN 2016 LAKEWOOD CITY COUNCIL APPROVED AN AGREEMENT THAT ENABLES CLEVELAND CLINIC TO BUILD A NEW \$34 MILLION, 62,000-SQUARE-FOOT FAM ILY HEALTH CENTER AND EMERGENCY DEPARTMENT ON PROPERTY ADJACENT TO LAKEWOOD HOSPITAL INPA TIENT SERVICES TRANSITIONED OUT OF LAKEWOOD HOSPITAL THROUGHOUT THE MONTH OF JANUARY 2016 AND CONCLUDED FEB 5, 2016 THE EMERGENCY DEPARTMENT AND SEVERAL OUTPATIENT SERVICES REMAI N OPEN IN THE EXISTING BUILDING UNTIL THE NEW FAMILY HEALTH CENTER AND EMERGENCY DEPARTMEN T START SEEING PATIENTS IN MID-2018 HUMAN RESOURCE REPRESENTATIVES WORKED WITH LEADERS AT ALL CLEVELAND CLINIC FACILITIES TO MATCH LAKEWOOD CAREGIVERS TO VACANCIES IN THE HEALTH S YSTEM OF THE MORE THAN 800 CAREGIVERS AT LAKEWOOD, ALL WERE OFFERED POSITIONS WITHIN CLEV ELAND CLINIC LUTHERAN HOSPITAL IS AN AREA LEADER IN GERIATRIC AND ADULT BEHAVIORAL HEALTH , SPINE CARE, ORTHOPAEDICS AND WOUND CARE THE ALCOHOL AND DRUG RECOVERY CENTER (ADRC) AT LUTHERAN OFFERS QUALITY EVALUATION AND TREATMENT FOR PATIENTS WITH ALCOHOL AND/OR DRUG DEP ENDENCY PROBLEMS BY A TEAM OF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HIGHLY QUALIFIED SPECIALISTS WITH 204 BEDS, LUTHERAN IS AMONG 124 COMMUNITY HOSPITALS NATIONWIDE THAT PLACED NO. 1, WINNING THE VIZIENT BERNARD A. BIRNBAUM, MD, QUALITY LEADERSHIP AWARD FOR EXCELLENCE IN DELIVERING SAFE, PATIENT-CENTERED CARE THAT IS TIMELY, EFFECTIVE, EFFICIENT AND EQUITABLE. THE JOINT COMMISSION ALSO HAS RECOGNIZED LUTHERAN HOSPITAL AS A TOP PERFORMER ON KEY QUALITY MEASURES. MARYMOUNT HOSPITAL, A FAITH-BASED HOSPITAL, HAS 315 BEDS. IT IS CERTIFIED AS A PRIMARY STROKE CENTER, AND IN 2015, THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION PRESENTED MARYMOUNT WITH ITS GET WITH THE GUIDELINES - STROKE AWARD. MARYMOUNT IS HOME TO AN ACCREDITED BEHAVIORAL HEALTH PROGRAM. FOR KNEE AND HIP REPLACEMENT, MARYMOUNT IS DESIGNATED AS A BLUE DISTINCTION+ CENTER BY THE BLUE CROSS BLUE SHIELD ASSOCIATION. IN 2016, MARYMOUNT WAS AWARDED PATHWAY TO EXCELLENCE RE-DESIGNATION. THE AMERICAN NURSES CREDENTIALING CENTER AWARDED THE PATHWAY TO EXCELLENCE RE-DESIGNATION TO MARYMOUNT FOR THREE YEARS. THE DESIGNATION IS EARNED BY HEALTHCARE ORGANIZATIONS THAT CREATE WORK ENVIRONMENTS WHERE NURSES CAN EXCEL IN THEIR PRACTICE. MEDINA HOSPITAL, THE LARGEST HEALTHCARE PROVIDER IN MEDINA COUNTY, HAS 157 LICENSED BEDS. WITH MANY SPECIALTIES, MEDINA HOSPITAL'S WOUND HEALING CENTER OFFERS A COMPREHENSIVE RANGE OF TREATMENTS TO PROVIDE PATIENTS WITH THE MOST ADVANCED WOUND CARE. ONE SUCH TREATMENT IS HYPERBARIC OXYGEN THERAPY (HBOT), WHICH CAN BE AN ESSENTIAL PART OF THE HEALING PROCESS. MEDINA HOSPITAL'S PRIMARY STROKE CENTER HAS ACHIEVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION GOLD QUALITY AWARD FOR STROKE CARE AND THE GET WITH THE GUIDELINES - STROKE AWARD. MEDINA HOSPITAL RECEIVED VIZIENT'S BERNARD A. BIRNBAUM, MD, QUALITY LEADERSHIP AWARD FOR EXCELLENCE IN DELIVERING SAFE, PATIENT-CENTERED CARE THAT IS TIMELY, EFFECTIVE, EFFICIENT AND EQUITABLE.</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SOUTH POINTE HOSPITAL, A 173-BED HOSPITAL, IS ONE OF OHIO'S LARGEST OSTEOPATHIC TEACHING HOSPITALS. IT IS DUALY ACCREDITED BY THE JOINT COMMISSION AND THE AMERICAN OSTEOPATHIC ASSOCIATION. SOUTH POINTE'S CANCER PROGRAM HAS A FOUR-YEAR ACCREDITATION BY THE COMMISSION ON CANCER FOR THE AMERICAN COLLEGE OF SURGEONS, AN HONOR GRANTED TO ONLY 20 PERCENT OF THE HOSPITALS IN THE UNITED STATES. ACCORDING TO U.S. NEWS & WORLD REPORT'S 2016 RANKINGS, SOUTH POINTE IS A "HIGH PERFORMER" IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND HEART FAILURE. U.S. NEWS ALSO RECOGNIZED SOUTH POINTE AS HIGH-PERFORMING IN THE ADULT SPECIALTIES OF NEUROLOGY AND NEUROSURGERY. THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES - RESUSCITATION PROGRAM RECOGNIZED SOUTH POINTE FOR CONSISTENTLY FOLLOWING THE MOST UP-TO-DATE, RESEARCH-BASED GUIDELINES FOR PATIENT SAFETY, MEDICAL EMERGENCY TEAM RESPONSE, EFFECTIVE AND TIMELY RESUSCITATION AND POST-EMERGENCY CARE PROTOCOLS. CLEVELAND CLINIC FLORIDA IS A WORLD-RENOWNED ACADEMIC MEDICAL CENTER WITH ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN SOUTH FLORIDA. FOR THE SEVENTH YEAR IN A ROW, CLEVELAND CLINIC FLORIDA RANKED HIGHEST AMONG HOSPITALS IN BROWARD COUNTY IN REGIONAL RANKINGS IN U.S. NEWS & WORLD REPORT'S RANKING OF BEST HOSPITALS 2016-2017. THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH CONTINUES TO ESTABLISH A UNIQUE CLINICAL TRIALS NETWORK TO ADVANCE THE DEVELOPMENT OF NEW THERAPIES FOR ALZHEIMER'S DISEASE AND OTHER COGNITIVE DISORDERS. FINANCIAL ASSISTANCE: THE CLEVELAND CLINIC FINANCIAL ASSISTANCE POLICY ASSISTS POOR AND INDIGENT PATIENTS BY PROVIDING FREE CARE FOR MEDICALLY NECESSARY SERVICES TO UNINSURED PATIENTS WITH INCOMES UP TO 250 PERCENT OF THE FEDERAL POVERTY LEVEL AND ALSO OFFERS DISCOUNTS ON MEDICALLY NECESSARY SERVICES FOR UNINSURED PATIENTS WHOSE INCOME IS UP TO 400 PERCENT OF THE POVERTY LEVEL. PATIENTS WITH EXCEPTIONAL CIRCUMSTANCES MAY ALSO BE ELIGIBLE FOR FINANCIAL ASSISTANCE. THIS POLICY IS DESIGNED TO PREVENT MEDICAL BILLS FROM CAUSING A PATIENT OR FAMILY UNDUE FINANCIAL HARDSHIP. THE CLEVELAND CLINIC HEALTH SYSTEM PROVIDED FINANCIAL ASSISTANCE AT A COST OF \$86.2 MILLION IN 2016. RESEARCH: CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE BIOMEDICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT DISEASE, AND FIND CURES FOR MEDICAL ISSUES. CLEVELAND CLINIC'S LERNER RESEARCH INSTITUTE ("LRI") IS ITS RESEARCH INSTITUTE LOCATED ON THE MAIN CAMPUS AND HOME TO A COMPLETE SPECTRUM OF LABORATORY-, TRANSLATIONAL-, AND CLINICAL-BASED RESEARCH. LRI HAS APPROXIMATELY 175 FACULTY-LEVEL SCIENTISTS ORGANIZED IN THE FOLLOWING DEPARTMENTS: BIOMEDICAL ENGINEERING, CANCER BIOLOGY, CELLULAR AND MOLECULAR MEDICINE, GENOMIC MEDICINE, IMMUNOLOGY, MOLECULAR CARDIOLOGY, NEUROSCIENCES, OPHTHALMIC RESEARCH, PATHOBIOLOGY, QUANTITATIVE HEALTH SCIENCES, STEM CELL BIOLOGY AND REGENERATIVE MEDICINE, AND TRANSLATIONAL HEMATOLOGY AND ONCOLOGY RESEARCH. LRI IS ONE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>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, 150 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 2016, CLEVELAND CLINIC WAS INVOLVED IN APPROXIMATELY 5,500 ACTIVE HUMAN SUBJECTS' RESEARCH STUDIES. THE ONGOING COLLABORATION BETWEEN PHYSICIAN INVESTIGATORS AND STUDY VOLUNTEERS IS CENTRAL TO TESTING THE SAFETY AND EFFECTIVENESS OF DRUGS AND MEDICAL PROCEDURES AND HELPS TO SET THE STANDARDS FOR PATIENT CARE. RESEARCH AT CLEVELAND CLINIC IS FUNDED BY EXTERNAL SOURCES, SUCH AS FEDERAL GRANTS, BUT IS ALSO SUBSTANTIALLY SUPPORTED BY THE CLINIC'S OWN INTERNAL RESOURCES. IN 2016, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$212.5 MILLION, WHICH INCLUDED EXTERNALLY-SPONSORED FUNDING OF \$148.5 MILLION. THE CLEVELAND CLINIC HEALTH SYSTEM'S RESEARCH ACTIVITIES ARE INTENDED TO IMPROVE PATIENT CARE AND THE HEALTH OF THE PUBLIC AT LARGE, BY PROVIDING THE LATEST ADVANCES IN MEDICINE DIRECTLY TO PATIENTS AND BY REFINING THE PRACTICE OF MEDICINE THROUGH THE DEVELOPMENT AND PROMULGATION OF NEW TECHNIQUES, DEVICES, AND TREATMENT PROTOCOLS. III. EDUCATION ON ITS MAIN CAMPUS, CLEVELAND CLINIC OPERATES A MEDICAL SCHOOL AND RELATED RESEARCH INSTITUTE. THE PRIMARY FOCUS OF CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE OF CASE WESTERN RESERVE UNIVERSITY (THE "LERNER COLLEGE OF MEDICINE") IS THE TEACHING AND TRAINING OF MEDICAL STUDENTS WHO HAVE A PARTICULAR INTEREST IN RESEARCH. MANY CLEVELAND CLINIC PHYSICIANS SERVE AS FACULTY FOR THE LERNER COLLEGE OF MEDICINE, FURTHERING THE INTEGRATION OF CLINICAL CARE WITH RESEARCH AND EDUCATION. THE LERNER COLLEGE OF MEDICINE CURRENTLY PROVIDES ALL STUDENTS WITH FULL TUITION SCHOLARSHIPS. IN ADDITION TO TRAINING THIS NATION'S FUTURE DOCTORS, CLEVELAND CLINIC SPONSORS A WIDE RANGE OF HIGH QUALITY MEDICAL EDUCATION TRAINING THROUGHOUT THE HEALTH SYSTEM INCLUDING ACCREDITED TRAINING PROGRAMS FOR NURSES AND HEALTH SCIENCE PROFESSIONALS. CLEVELAND CLINIC HEALTH SYSTEM DEVOTES SUBSTANTIAL RESOURCES TO EDUCATION PROGRAMS, WHICH, IN 2016, PROVIDED A NET COMMUNITY BENEFIT OF \$272.3 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. CLEVEL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>AND CLINIC MAINTAINS ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN THE COUNTRY IN 2016, 1,510 RESIDENTS AND FELLOWS TRAINED IN 107 ACCREDITED TRAINING PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), INCLUDING 134 ADVANCED FELLOWS IN 92 FELLOWSHIP PROGRAMS -LERNER COLLEGE OF MEDICINE SINCE ITS INCEPTION IN MAY 2002, THE LERNER COLLEGE OF MEDICINE HAS LINKED ONE OF THE NATION'S TOP HOSPITALS WITH ONE OF THE NATION'S LEADING RESEARCH UNIVERSITIES THERE WERE MORE THAN 1,700 APPLICANTS FOR 32 POSITIONS FOR THE 2016-17 ACADEMIC YEAR THE PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 97 PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON 2016 CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT SUBMISSIONS), AND 60 STUDENTS PARTICIPATED IN LOCAL AND NATIONAL MEETINGS WITH PRESENTATIONS AND POSTERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>-VISITING MEDICAL STUDENTS VISITING MEDICAL STUDENT EDUCATION REPRESENTS A MAJOR ACADEMIC COMMITMENT BY CLEVELAND CLINIC IN 2016, 557 MEDICAL STUDENTS FROM 237 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 2016, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 1,659 CME ACTIVITIES THAT OFFERED OVER 10,000 CME CREDITS TO 228,261 PARTICIPANTS OF THAT NUMBER, 1,023 WERE LIVE COURSES THAT ATTRACTED 81,407 PARTICIPANTS CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL CENTERS THE CENTER'S WEBSITE HAD 397 ACTIVITIES THAT ATTRACTED 116,541 ACTIVITY VIEWERS JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, WITH THE CLEVELAND CLINIC JOURNAL OF MEDICINE (CCJM) PARTICIPANTS RECEIVING MORE THAN 83,000 CERTIFICATES IN 2016, THE CENTER ISSUED 202,443 CERTIFICATES FOR ALL ACTIVITIES COMBINED -THE CCJM ENJOYED A CIRCULATION OF MORE THAN 108,000 AND RANKED NO. 1 IN READERSHIP AMONG JOURNALS DIRECTED TO OFFICE-BASED INTERNISTS AND CARDIOLOGISTS EACH YEAR, THE PRINT AND ONLINE VERSIONS ARE READ OR ACCESSED BY APPROXIMATELY 2 MILLION PEOPLE AROUND THE WORLD IN 2016 THE CCJM WEBSITE RECORDED 2,240,297 PAGE VIEWS FROM 664,548 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 14 IN-HOUSE ALLIED HEALTH PROGRAMS AND HAS 54 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS IN 2016, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 2,500 CLINICAL ROTATIONS FOR 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 2016, 816 INTERNATIONAL PHYSICIANS AND MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN OBSERVERSHIPS, 355 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 OUR OWN STAFF TRAVELED TO MORE THAN 16 COUNTRIES TO SHARE CLINICAL AND SURGICAL INNOVATIONS IV 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 OUR COMMUNITY BENEFIT ARE COMMUNITY EDUCATION EDUCATING THE COMMUNITY HAS ALSO BEEN A PRIORITY OF CLEVELAND CLINIC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>HEALTH SYSTEM OUR CENTER FOR CONSUMER HEALTH INFORMATION IS EXPANDING KNOWLEDGE THROUGH A VARIETY OF MEDIA WHILE MAKING INFORMATION AVAILABLE TO PATIENTS AND THE NORTHEAST OHIO COMMUNITY FOLLOWING ARE SOME OF THE PROGRAMS OFFERED DURING 2016 -HEALTH INFORMATION RESOURCE CENTER THE PATIENT AND FAMILY HEALTH AND EDUCATION CENTER ON MAIN CAMPUS IS A PLACE WHERE PATIENTS, VISITORS, AND EMPLOYEES CAN TAKE ADVANTAGE OF HEALTH INFORMATION RESOURCES PREPARED FOR THE GENERAL PUBLIC THE CONSUMER HEALTH INFORMATION STAFF ALSO FULFILLS REQUESTS FOR HEALTH INFORMATION MADE IN WRITING, BY EMAIL OR BY PHONE IN 2016, THE CENTER FULFILLED 23,753 REQUESTS AND SERVED 10,777 PEOPLE WHO CAME INTO THE CENTER FOR INFORMATION -HEALTH TALKS AND CCTV THE CENTER FOR CONSUMER HEALTH INFORMATION HOSTED 27 COMMUNITY HEALTH TALKS/HEALTH EXCHANGE PROGRAMS AND MANAGED 2,275 SCHEDULED CLOSED-CIRCUIT TELEVISION WEEKLY PROGRAMS AND APPROXIMATELY 1,007 WEEKLY ON-DEMAND TELEVISED PROGRAMS -INTERNET SITE THE CENTER FOR CONSUMER HEALTH INFORMATION WEBSITE (WWW.CLEVELANDCLINIC.ORG/HEALTH) CONTINUES TO BE A SOURCE OF INFORMATION FOR USERS AROUND THE WORLD THE WEBSITE ALSO FEATURES LIVE WEBCHATS WITH A HEALTH EDUCATOR, ALLOWING THE PUBLIC TO POST QUESTIONS AND HAVE THEM ANSWERED IN REAL TIME WEBCHATS TAKE PLACE MONDAY THROUGH FRIDAY, FROM 9 00 AM TO 3 00 PM BY THE END OF 2016, WE HELD 6,793 WEBCHATS 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 2016, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS WERE \$328.5 MILLION (THIS FIGURE IS NET OF AN HCAP BENEFIT OF \$3.1 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 CLEVELAND CLINIC PROVIDED SUBSIDIZED HEALTH SERVICES IN 2016 AT A COST OF \$19.6 MILLION COMMUNITY OUTREACH PROGRAMS THE CLEVELAND CLINIC HEALTH SYSTEM IS ACTIVELY ENGAGED IN A BROAD ARRAY OF COMMUNITY OUTREACH PROGRAMS, PROVIDING OR CONTRIBUTING TO MORE THAN 300 SUCH OUTREACH ACTIVITIES FOR A TOTAL NET COMMUNITY BENEFIT OF \$38.1 MILLION THESE PROGRAMS ARE DESIGNED TO SERVE THE VULNERABLE AND AT-RISK POPULATIONS IN OUR COMMUNITIES OUR WELL-ESTABLISHED OUTREACH PROGRAMS RANGE FROM FREE WELLNESS INITIATIVES, HEALTH SCREENINGS, CLINICAL SERVICES, AND EDUCATION TO ENROLLMENT ASSISTANCE FOR GOVERNMENT-FUNDED HEALTH PROGRAMS OUTREACH PROGRAMS ADDRESS DOCUMENTED HEALTH NEEDS OF OUR COMMUNITIES AND FALL INTO THREE MAIN CATEGORIES COMMUNITY HEALTH SERVICES, CASH AND IN-KIND DONATIONS, AND COMMUNITY BUILDING IN 2016, SOME HIGHLIGHTS INCLUDED -WELLNESS INITIATIVES IN THE AREAS OF DISEASE/INJURY PREVENTION AND BEHAVIORAL CHANGE, INCLUDING TOBACCO CESSATION, NUTRITION IMPR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>MOVEMENT, EXERCISE, HELP WITH SUBSTANCE ABUSE, CHILD SAFETY, TEEN PARENTING AND DOMESTIC VIOLENCE PROGRAMS WERE PROVIDED TO SCHOOLS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, COLLABORATING CITIES AND COUNTIES -HEALTH FAIRS PROVIDED THOUSANDS OF PEOPLE WITH FREE HEALTH SCREENINGS THE CLEVELAND CLINIC MINORITY MEN'S HEALTH FAIR, CELEBRATING SISTERHOOD, AND NEIGHBORHOOD FAIRS EDUCATED COMMUNITY MEMBERS ON THE BENEFITS OF PREVENTATIVE CARE -CLEVELAND CLINIC PROVIDED NO-COST CLINICAL CARE TO UNDER- AND UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH & EDUCATION CENTER AND THE PEDIATRIC MOBILE UNIT , WHICH PROVIDED WELLNESS SERVICES TO OUR COMMUNITIES IN ADDITION, LABORATORY AND VISION SERVICES WERE DONATED TO CLEVELAND-AREA ORGANIZATIONS -COMMUNITY CLASSES AND INTERACTIVE WEBCHATS OFFERED HEALTH EDUCATION ON CHRONIC DISEASE MANAGEMENT IN THE AREAS OF HEART DISEASE, STROKE, CANCER, DIABETES, ASTHMA AND BRAIN HEALTH OUR HOSPITALS AND FAMILY HEALTH CENTERS PROVIDED CLASSES FOR HEALTHY SENIOR AND YOUTH LIFESTYLES -THE LET'S MOVE IT INITIATIVE CONNECTED RESIDENTS WITH LOCAL RESOURCES IN A COLLABORATIVE EFFORT TO STRENGTHEN COMMUNITIES THROUGH WELLNESS ACTIVITIES, ACADEMIC ACHIEVEMENT AND CAREER PREPAREDNESS -COMMUNITY FARMERS MARKETS, URBAN GARDENS AND A MOBILE FOOD PANTRY PROVIDED ACCESS TO FRESH LOCAL PRODUCTS AND SUPPLEMENTAL FOOD PROGRAMS</p> <p>V CONCLUSION THE PURPOSE OF THE CLEVELAND CLINIC HEALTH SYSTEM IS TO BENEFIT HUMANITY THROUGH THE EFFICIENT, EFFECTIVE, AND ETHICAL PRACTICE OF MEDICINE, BY ADVANCING SCIENTIFIC INVESTIGATION AND MEDICAL EDUCATION, BY MAINTAINING THE HIGHEST STANDARDS OF QUALITY, AND BY FOSTERING CREATIVITY AND INNOVATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	LAKEWOOD HOSPITAL ASSOCIATION'S BOARD OF TRUSTEES HAS DELEGATED AUTHORITY TO THREE OF ITS BOARD MEMBERS TO ACT ON BEHALF OF THE BOARD AND OVERSEE THE WIND DOWN OF THE ORGANIZATION AS IT CARRIES OUT REMAINING FUNCTIONS SINCE INPATIENTS OPERATIONS HAVE CEASED EACH OF THE BOARDS OF DIRECTORS OF CLEVELAND CLINIC AVON HOSPITAL, FAIRVIEW HOSPITAL, LUTHERAN HOSPITAL, MEDINA HOSPITAL, AND CLEVELAND CLINIC HEALTH SYSTEM EAST REGION HAVE DELEGATED AUTHORITY TO AN EXECUTIVE COMMITTEE COMPOSED ENTIRELY OF BOARD MEMBERS, CONSISTING OF THE CHAIRS OF THE BOARD OF EACH SUCH ORGANIZATION AND THE PRESIDENT OF THE REGIONAL HOSPITALS AND FAMILY HEALTH CENTERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	LARRY RUVO, KMA DIRECTOR, AND CAMILLE RUVO, KMA DIRECTOR - FAMILY LARRY RUVO, KMA AND LRBI DIRECTOR, AND MICHAEL SEVERINO, KMA AND LRBI DIRECTOR - BUSINESS RONALD WEINBERG, CCF DIRECTOR, AND WILLIAM PEACOCK, CCF DIRECTOR AND OFFICER - BUSINESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	CCF HOTEL SERVICES, LLC, A SINGLE MEMBER DISREGARDED ENTITY OF CCF, HAS ENTERED INTO A MANAGEMENT AGREEMENT WITH INTERCONTINENTAL HOTELS CORPORATION TO MANAGE THE TWO HOTELS OWNED BY CCF HOTEL SERVICES, LLC THE CLEVELAND CLINIC FOUNDATION ("CCF"), CCHS EAST REGION AND LAKEWOOD HOSPITAL ASSOCIATION HAVE 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 AN INPATIENT REHABILITATION HOSPITAL FACILITY OWNED BY EACH OF THE PREVIOUSLY LISTED ENTITIES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PURSUANT TO NONPROFIT CORPORATION LAW, CERTAIN OF THE DECISIONS OF THE GOVERNING BODIES MUST BE APPROVED BY THE MEMBERS FOR EXAMPLE, ANY CHANGES TO THE ARTICLES OF INCORPORATION AND CODE OF REGULATIONS MUST BE APPROVED BY A VOTE OF THE MEMBERS IN ADDITION, CERTAIN SUBORDINATES IN THE CCF GROUP EACH HAVE A "SPECIAL" MEMBER THAT ARE OTHER NONPROFIT TAX EXEMPT ENTITIES THAT HOLD SPECIAL RIGHTS TO APPROVE SIGNIFICANT TRANSACTIONS OR CHANGES SUCH AS MERGER, DISSOLUTION, SALE OF SUBSTANTIALLY ALL ASSETS, OR A MATERIAL CHANGE IN MISSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY EXPERIENCED AND QUALIFIED MEMBERS OF THE FINANCE DIVISION TAX DEPARTMENT PRIOR TO FILING, KEY SECTIONS OF THE FORM ARE REVIEWED WITH EXPERIENCED AND QUALIFIED MEMBERS OF THE LAW DEPARTMENT IN ADDITION, THE ENTIRE RETURN IS ALSO REVIEWED WITH THE CFO, THE AUDIT COMMITTEE CHAIRPERSON AND AUDIT COMMITTEE VICE CHAIRPERSON PRIOR TO FILING 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 AT LEAST 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 15A	<p>ALL CCF OFFICERS AND KEY EMPLOYEE POSITIONS HAVE THEIR COMPENSATION REVIEWED IN ADVANCE ANNUALLY BY THE COMPENSATION COMMITTEE OF THE CCF BOARD OF DIRECTORS, WHICH IS VESTED WITH BOARD-DELEGATED POWERS TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO COMPENSATION MATTERS IN REVIEWING AND ESTABLISHING COMPENSATION FOR THESE OFFICERS AND KEY EMPLOYEES, THE COMMITTEE USES A PROCESS WHICH IS INTENDED TO CREATE THE PRESUMPTION IN REGULATION 53 4958-6(A) THAT PAYMENTS OF COMPENSATION TO THESE PERSONS CONSTITUTE REASONABLE COMPENSATION, DEFINED AS AMOUNTS THAT ARE WITHIN THE RANGE OF COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS IN THIS PROCESS, NO MEMBER OF THE COMMITTEE WHO HAS A CONFLICT OF INTEREST WITHIN THE MEANING OF REGULATION 53 4958-6(C)(1)(III) WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE IS PERMITTED TO PARTICIPATE IN THE REVIEW AND APPROVAL OF THAT COMPENSATION ARRANGEMENT IN ESTABLISHING COMPENSATION FOR EMPLOYED PHYSICIANS FOR PHYSICIAN SERVICES, CCF PARTICIPATES IN PRODUCTIVITY AND COMPENSATION SURVEYS WITH SIMILARLY SITUATED ORGANIZATIONS ACROSS THE U S IN ADDITION, CCF ENGAGES THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT WHO EACH YEAR PROVIDES CCF WITH A CUSTOMIZED COMPENSATION REPORT REGARDING PHYSICIAN COMPENSATION BY USING THIS DATA, CCF HAS BEEN ABLE TO DEVELOP MARKET-BASED COMPENSATION FOR PHYSICIAN SERVICES IN ESTABLISHING COMPENSATION FOR OFFICERS AND KEY 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 A SMALL NUMBER OF EMPLOYEES HOLDING AFFILIATE OFFICER POSITIONS HAVE THEIR COMPENSATION REVIEWED AND APPROVED BY THEIR MANAGERS ANNUALLY WITHIN GUIDELINES PRESCRIBED BY THE ORGANIZATION'S HUMAN RESOURCE FUNCTION THESE GUIDELINES TAKE INTO CONSIDERATION APPLICABLE COMPARABILITY DATA AND SIMILAR COMPENSATION METRICS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CCHS 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 VI, SECTION A, LINE 1A AND 1B	OF THE SUBORDINATE ORGANIZATIONS IN THE CLEVELAND CLINIC GROUP EXEMPTION, THE TAX EXEMPT HOSPITAL NONPROFIT CORPORATIONS HAVE BOARDS THAT ARE MAJORITY INDEPENDENT THE REMAINING SUBORDINATES ARE WHOLLY OWNED SUBSIDIARIES MANY OF WHICH HAVE BOARDS COMPRISED IN WHOLE OR IN PART BY INDIVIDUALS WHO ARE OFFICERS AND/OR EMPLOYEES OF THE PARENT ORGANIZATION

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 XI, LINE 9	DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTION FOR CAPITAL PURPOSES 881,899 GIFTS AND BEQUESTS 99,818,883 TRANSFERS OF NET ASSETS -14,286,875 NET INVESTMENT INCOME 24,451,459 NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS -45,215,208 RETIREMENT BENEFITS ADJUSTMENT -17,788,296 NET CHANGE IN UNREALIZED GAINS ON NON-TRADING INVESTMENTS 320,129 CHANGE IN INTEREST IN FOUNDATIONS 432,121 EQUITY AND OTHER TRANSFERS -3,171,451 CURRENT YEAR ELIMINATION ADJUSTMENT -650,000 TRANSFER AKRON BEGINNING FUND BALANCES 437,295,438 ROUNDING -3

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number

91-2153073

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.

(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
(1) COMMUNITY WEST FOUNDATION 20545 CENTER RIDGE ROAD ROCKY RIVER, OH 44116 34-1456398	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OH	501(C)(3)	LINE 7	N/A		No
(2) LAKEWOOD HOSPITAL FOUNDATION INC 14601 DETROIT AVENUE STE 240 LAKEWOOD, OH 44107 34-6519834	SUPPORT LAKEWOOD HOSPITAL ASSOCIATION	OH	501(C)(3)	LINE 12C, III-FI	N/A		No
(3) MEDINA COUNTY HEALTH CORPORATION 1000 E WASHINGTON ST MEDINA, OH 44256 27-0756266	SUPPORT MEDINA HOSPITAL	OH	501(C)(3)	LINE 12C, III-FI	MEDINA HOSPITAL		No
(4) NATIONAL HEALTHCARE RESEARCH & EDUCATION FINANCE CORP 2001 ROSS AVENUE DALLAS, TX 75201 31-1707979	SUPPORT CHARITABLE PURPOSES OF HOSPITALS & UNIVERSITIES	TX	501(C)(3)	LINE 12C, III-FI	N/A		No
(5) WO WALKER CENTER INC 10700 EUCLID AVENUE CLEVELAND, OH 44106 91-1818256	HEALTHCARE SERVICES	OH	501(C)(3)	LINE 12C, III-FI	N/A		No
(6) AUXILIARY BOARD OF FAIRVIEW GENERAL HOSPITAL 18101 LORAIN AVENUE CLEVELAND, OH 44111 23-7108198	SUPPORT FAIRVIEW HOSPITAL	OH	501(C)(3)	LINE 12D, III-O	N/A		No
(7) LAKEWOOD HOSPITAL GIFT AND BLOSSOM SHOPS INC 14519 DETROIT AVENUE LAKEWOOD, OH 44107 34-0001633	SUPPORT LAKEWOOD HOSPITAL ASSOCIATION	OH	501(C)(3)	LINE 12D, III-O	N/A		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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CCFMHS RENAL CARE COMPANY LTD 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1863789	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	4,023,773	12,796,150		No		Yes		60 000 %
(2) CLEVELAND HEALTH NETWORK MSO LLC 4700 ROCKSIDE ROAD STE 200 INDEPENDENCE, OH 44131 31-1566180	MEDICAL SERVICES	OH	N/A	RELATED		22,014		No		Yes		79 900 %
(3) PROGNOSTIX LLC 10000 CEDAR AVE CLEVELAND, OH 44106 30-0624422	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	-402	149,024		No			No	78 000 %
(4) EXCELERATE STRATEGIC HEALTH SOURCING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-1810992	HEALTHCARE OP & MGMT	DE	THE CLEVELAND CLINIC FOUNDATION	RELATED	471,423	3,331,699		No	95,117		No	60 000 %
(5) MONTROSE SLEEP CENTER LLC 4125 MEDINA ROAD AKRON, OH 44333 20-0494491	SLEEP LAB	OH	AKRON GENERAL PARTNERS INC	RELATED	495,274	560,044		No			No	60 000 %
(6) AKRON SURGICAL ASSOC LLC 4125 MEDINA ROAD AKRON, OH 44333 01-0672877	AMBULATORY SURGERY CENTER	OH	AKRON GENERAL PARTNERS INC	RELATED	1,484,801	1,550,829		No			No	51 000 %

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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	Yes	
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)	Yes	
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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: 91-2153073
Name: THE CLEVELAND CLINIC FOUNDATION
 GROUP RETURN

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) ADEO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-5704174	TECHNOLOGY SERVICES	OH	354	226,216	THE CLEVELAND CLINIC FOUNDATION
(1) CC CHINA LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 20-5776477	INACTIVE	OH			THE CLEVELAND CLINIC FOUNDATION
(2) CC WEB SOLUTIONS LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 26-3222020	DOMAIN HOLDING COMPANY	OH			THE CLEVELAND CLINIC FOUNDATION
(3) CCF AMBULATORY SURGERY CENTERS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1939710	HEALTHCARE SERVICES	OH	19,915,813	56,543	THE CLEVELAND CLINIC FOUNDATION
(4) CCF HOTEL SERVICES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-0666034	HOTEL OPERATIONS	OH	33,232,713	141,633,310	THE CLEVELAND CLINIC FOUNDATION
(5) CLEVELAND CLINIC CARE COORDINATION LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 45-5282492	HEALTHCARE SERVICES	OH			THE CLEVELAND CLINIC FOUNDATION
(6) CLEVELAND CLINIC FLORIDA NAPLES LLC 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 31-1741150	HEALTHCARE SERVICES	FL			CLEVELAND CLINIC FLORIDA (A NON-PROFIT CORPORATION)
(7) CLEVELAND CLINIC GLOBAL SOLUTIONS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-3666730	HEALTHCARE SERVICES & IP LICENSING	OH	5,582,570	24,197,810	THE CLEVELAND CLINIC FOUNDATION
(8) CLEVELAND CLINIC MEDICARE ACO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 47-1281189	HEALTHCARE SERVICES	OH	36,614,051	7,323,942	THE CLEVELAND CLINIC FOUNDATION
(9) CLEVELAND CLINIC OBGYN SPECIALTIES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1938153	HEALTHCARE SERVICES	OH	6,436,930		THE CLEVELAND CLINIC FOUNDATION
(10) CLEVELAND CLINIC WELLNESS ENTERPRISE LLC 1950 RICHMOND ROAD LYNDHURST, OH 44124 26-3859233	HEALTHCARE SERVICES	OH	4,691,301		THE CLEVELAND CLINIC FOUNDATION
(11) CLINIC MEDICAL SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1932969	HEALTHCARE SERVICES	OH	56,151,508	3,300	THE CLEVELAND CLINIC FOUNDATION
(12) CLINIC PHYSICIAN SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1907574	HEALTHCARE SERVICES	OH	26,877,680	32,432	THE CLEVELAND CLINIC FOUNDATION
(13) CLINIC REGIONAL PHYSICIANS LLC 25875 SCIENCE PARK DR BEACHWOOD, OH 44122 26-2636530	HEALTHCARE SERVICES	OH			THE CLEVELAND CLINIC FOUNDATION
(14) INTELLIS EPM LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 27-0645368	MEDICAL TECHNOLOGY	OH			THE CLEVELAND CLINIC FOUNDATION
(15) MEDINA HEALTH VENTURES LLC 1000 E WASHINGTON STREET MEDINA, OH 44256	INACTIVE	OH			MEDINA HOSPITAL
(16) MERIDIA MEDICAL GROUP LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 34-1898545	INACTIVE	OH			CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
(17) NORTHEAST OHIO NEUROLOGICAL ASSOCIATES LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 20-0442351	HEALTHCARE SERVICES	OH			CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
(18) OHIO STAR IMAGING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OH			THE CLEVELAND CLINIC FOUNDATION
(19) PSVW LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-1614376	REAL ESTATE HOLDINGS	OH			THE CLEVELAND CLINIC FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) REJ HOLDINGS LLC 3050 SCIENCE PARK DRIVE BEACHWOOD, OH 44122 27-3245990	REAL ESTATE HOLDINGS	OH			THE CLEVELAND CLINIC FOUNDATION
(1) TATARA VASCULAR LLC 10000 CEDAR AVE CLEVELAND, OH 44106 47-4282964	MEDICAL TECHNOLOGY	DE			THE CLEVELAND CLINIC FOUNDATION
(2) THE BRENTWOOD CENTER OF EXCELLENCE LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 20-1476092	HEALTHCARE SERVICES	OH			CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
(3) WOOSTER CLINIC LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1855775	HEALTHCARE SERVICES	OH	46,050,902	12,857	THE CLEVELAND CLINIC FOUNDATION
(4) ADVANCED INFUSION SERVICES LTD 1 HOME CARE PLACE AKRON, OH 44320 34-1847339	HOME INFUSION SERVICES	OH	1,943,087	672,934	VISITING NURSE SERVICE INC
(5) CHV HOME MEDICAL EQUIPMENT CO LLC 1 HOME CARE PLACE AKRON, OH 44320 20-4760456	DURABLE MEDICAL EQUIPMENT	OH	4,695,555	2,272,006	VISITING NURSE SERVICE INC
(6) EDWIN SHAW REHAB LLC 330 BROADWAY STREET EAST CUYAHOGA FALLS, OH 44221 27-0119182	REHABILITATION FACILITY	OH	17,186,215	6,748,804	AKRON GENERAL MEDICAL CENTER

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
(1) 20545 CENTER RIDGE ROAD ROCKY RIVER, OH 44116 34-1456398	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OH	501(C)(3)	LINE 7	N/A		No
(1) 14601 DETROIT AVENUE STE 240 LAKEWOOD, OH 44107 34-6519834	SUPPORT LAKEWOOD HOSPITAL ASSOCIATION	OH	501(C)(3)	LINE 12C, III-FI	N/A		No
(2) 1000 E WASHINGTON ST MEDINA, OH 44256 27-0756266	SUPPORT MEDINA HOSPITAL	OH	501(C)(3)	LINE 12C, III-FI	MEDINA HOSPITAL		No
(3) 2001 ROSS AVENUE DALLAS, TX 75201 31-1707979	SUPPORT CHARITABLE PURPOSES OF HOSPITALS & UNIVERSITIES	TX	501(C)(3)	LINE 12C, III-FI	N/A		No
(4) 10700 EUCLID AVENUE CLEVELAND, OH 44106 91-1818256	HEALTHCARE SERVICES	OH	501(C)(3)	LINE 12C, III-FI	N/A		No
(5) 18101 LORAIN AVENUE CLEVELAND, OH 44111 23-7108198	SUPPORT FAIRVIEW HOSPITAL	OH	501(C)(3)	LINE 12D, III-O	N/A		No
(6) 14519 DETROIT AVENUE LAKEWOOD, OH 44107 34-0001633	SUPPORT LAKEWOOD HOSPITAL ASSOCIATION	OH	501(C)(3)	LINE 12D, III-O	N/A		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) 33 GROSVENOR PLACE LTD 1 WAVERLEY PLACE UNION STREET ST HELIER JE1 1SG JE	LEASE HOLDING COMPANY	JE	CLEVELAND CLINIC UK HOLDINGS LTD	C	11,181,650	302,978,611	100 000 %	Yes	
(1) AKRON GENERAL INNOVATIONS INC 1 AKRON GENERAL AVENUE AKRON, OH 44307 38-3928798	PARTNERSHIP INVESTMENTS	OH	AKRON GENERAL PARTNERS	C	-10,288	10,000	100 000 %	Yes	
(2) CCF BOLTON INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4596571	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
(3) 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	83,958,474	180,656,616	100 000 %	Yes	
(4) CLEVELAND CLINIC CANADA-TORONTO INC 181 BAY STREET BOX818 TORONTO M5J 2T3 CA	HEALTH CARE SERVICES	CA	THE CLEVELAND CLINIC FOUNDATION	C	8,353,963	1,471,379	100 000 %	Yes	
(5) CLEVELAND CLINIC EMR INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4856025	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C		6,517,503		Yes	
(6) CLEVELAND CLINIC FLORIDA HEALTH PLAN INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 65-0338016	BUSINESS SERVICES	FL	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
(7) CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1877409	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C	8,373,773	15,393,362		Yes	
(8) CLEVELAND CLINIC LONDON LTD 20-22 BEDFORD ROW LONDON CW1R 4JS UK	HOSPITAL OPERATING COMPANY	UK	CLEVELAND CLINIC UK HOLDINGS LTD	C		3,051,441	100 000 %	Yes	
(9) CLEVELAND CLINIC UK HOLDINGS LTD 20-22 BEDFORD ROW LONDON CW1R 4JS UK	HOLDING COMPANY	UK	THE CLEVELAND CLINIC FOUNDATION	C	-2,662,217	521,327,045	100 000 %	Yes	
(10) CLEVELAND HEALTH NETWORK 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1770780	MEDICAL SERVICES	OH	N/A	C	3,595	1,382,453		Yes	
(11) CLEVELAND HEALTH NETWORK MANAGED CARE ORGANIZATION 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1808138	HEALTHCARE SERVICES	OH	CLEVELAND HEALTH NETWORK	C	1,751,484	4,428,725		Yes	
(12) CLINIC MEDICAL SOLUTIONS INC 18101 LORAIN AVENUE CLEVELAND, OH 44111 34-1695388	HEALTH CARE SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	C	14,425,996	8,485,752		Yes	
(13) CMCD INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256599	REAL ESTATE	OH	MEDINA HOSPITAL	C		311,040	100 000 %	Yes	
(14) CUSTOM ORTHOPAEDIC SOLUTIONS INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 27-4838981	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	2,060,378	561,290	100 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) I-COMET TECHNOLOGIES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 45-2063841	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C					No
(1) IMAGEIQ INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 27-4427530	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	2,624,902	1,150,070	92 020 %	Yes	
(2) INFUSEON THERAPEUTICS INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1776182	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C		283,518	100 000 %	Yes	
(3) ION-VAC INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1560044	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C		107,072	100 000 %	Yes	
(4) IVHR INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 45-4657632	MEDICAL TECHNOLOGY	OH	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
(5) LAKEWOOD HEALTHCARE FOUNDATION 14519 DETROIT AVENUE LAKEWOOD, OH 44107 34-1574608	HEALTHCARE SERVICES	OH	N/A	C				Yes	
(6) MCZ INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256598	LEASING	OH	MEDINA HOSPITAL	C	7,807	500	100 000 %	Yes	
(7) MEDINVEST INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-3978297	HOLDING COMPANY	OH	CLINIC MEDICAL SOLUTIONS INC	C			100 000 %	Yes	
(8) MERIDIA HEALTH VENTURES INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1533871	HEALTH CARE SERVICES	OH	CLEVELAND CLINIC HOME CARE	C			100 000 %	Yes	
(9) MERLOT ORTHOPEDIX INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 11-3779414	MEDICAL DEVICE MANUFACTURING	DE	THE CLEVELAND CLINIC FOUNDATION	C			57 300 %		No
(10) NEOMEDICS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 02-0656818	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C			100 000 %	Yes	
(11) NEUROTERAPIA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-3977513	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C		1,249,404	100 000 %	Yes	
(12) OPTOQUEST CORPORATION 10000 CEDAR AVENUE CLEVELAND, OH 44106 26-3589643	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	506,462	1,022,267	100 000 %	Yes	
(13) 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 %		No
(14) PIVOT DRUG INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-2855062	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) SHIELD BIOTECH INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-2880975	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C		5,300,736	72 000 %		No
(1) VIVERE PHARMA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-5397125	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
(2) CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) PO BOX 340340 RIYADH 11333 SA	MEDICAL SERVICES	SA	THE CLEVELAND CLINIC FOUNDATION	C	11,700,277	727,855	100 000 %	Yes	
(3) CHARITABLE LEAD TRUST (1) C/O 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44132	CHARITABLE TRUST	PA	THE CLEVELAND CLINIC FOUNDATION	T					No
(4) CHARITABLE REMAINDER TRUSTS (14) C/O 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131		OH		T					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CLEVELAND CLINIC CANADA - TORONTO INC	A	100,000	FMV
(1)	CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	22,945,312	FMV
(2)	IVHR INC	B	15,648,542	FMV
(3)	CLEVELAND CLINIC CANADA - TORONTO INC	C	202,134	FMV
(4)	LAKEWOOD HOSPITAL ASSOCIATION	C	1,226,581	FMV
(5)	AKRON GENERAL MEDICAL CENTER	D	144,277,805	FMV
(6)	CCHS INDEMNITY COMPANY LTD	D	3,593,803	FMV
(7)	AKRON GENERAL HEALTH SYSTEM	E	7,617,087	FMV
(8)	CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	2,962,526	FMV
(9)	CLEVELAND CLINIC MEDICAL SERVICES INC	J	439,728	FMV
(10)	CLINIC MEDICAL SOLUTIONS INC	J	288,773	FMV
(11)	LAKEWOOD HOSPITAL ASSOCIATION	J	31,644	FMV
(12)	CLEVELAND CLINIC AVON HOSPITAL	K	937,000	FMV
(13)	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	3,061,365	FMV
(14)	FAIRVIEW HOSPITAL	K	653,721	FMV
(15)	LAKEWOOD HOSPITAL ASSOCIATION	K	22,456	FMV
(16)	MARYMOUNT HOSPITAL INC	K	662,280	FMV
(17)	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	L	3,231,859	FMV
(18)	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)	L	14,984,439	FMV
(19)	CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION	L	13,786,240	FMV
(20)	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	L	80,962,733	FMV
(21)	CLEVELAND CLINIC HOME CARE SERVICES	L	6,194,032	FMV
(22)	CLEVELAND CLINIC NEVADA	L	162,458	FMV
(23)	FAIRVIEW HOSPITAL	L	50,902,048	FMV
(24)	LAKEWOOD HOSPITAL ASSOCIATION	L	1,428,888	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount involved	(d) Method of determining amount involved
(26) LUTHERAN HOSPITAL	L	13,272,993	FMV
(1) MARYMOUNT HOSPITAL INC	L	23,315,493	FMV
(2) MEDINA HOSPITAL	L	14,573,094	FMV
(3) CLEVELAND CLINIC MEDICAL SERVICES INC	M	9,143,000	FMV
(4) IMAGEIQ INC	M	96,000	FMV
(5) PARTNERS PHYSICIAN GROUP	M	266,782	FMV
(6) CCHS INDEMNITY COMPANY LTD	P	40,685,000	FMV
(7) CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Q	1,248,814	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	B	1,226,581	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	C	22,945,312	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	C	15,648,542	FMV
(11) THE CLEVELAND CLINIC FOUNDATION	D	7,617,087	FMV
(12) THE CLEVELAND CLINIC FOUNDATION	E	144,277,805	FMV
(13) THE CLEVELAND CLINIC FOUNDATION	J	22,456	FMV
(14) THE CLEVELAND CLINIC FOUNDATION	J	3,061,365	FMV
(15) THE CLEVELAND CLINIC FOUNDATION	J	937,000	FMV
(16) THE CLEVELAND CLINIC FOUNDATION	J	653,721	FMV
(17) THE CLEVELAND CLINIC FOUNDATION	J	662,280	FMV
(18) THE CLEVELAND CLINIC FOUNDATION	K	31,644	FMV
(19) THE CLEVELAND CLINIC FOUNDATION	K	2,962,526	FMV
(20) THE CLEVELAND CLINIC FOUNDATION	K	288,773	FMV
(21) THE CLEVELAND CLINIC FOUNDATION	K	439,728	FMV
(22) THE CLEVELAND CLINIC FOUNDATION	L	9,143,000	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	L	266,782	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	M	80,962,733	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	THE CLEVELAND CLINIC FOUNDATION	M	50,902,048	FMV
(1)	THE CLEVELAND CLINIC FOUNDATION	M	13,272,993	FMV
(2)	THE CLEVELAND CLINIC FOUNDATION	M	23,315,493	FMV
(3)	THE CLEVELAND CLINIC FOUNDATION	M	14,573,094	FMV
(4)	THE CLEVELAND CLINIC FOUNDATION	M	162,458	FMV
(5)	THE CLEVELAND CLINIC FOUNDATION	M	14,984,439	FMV
(6)	THE CLEVELAND CLINIC FOUNDATION	M	13,786,240	FMV
(7)	THE CLEVELAND CLINIC FOUNDATION	M	6,194,032	FMV
(8)	THE CLEVELAND CLINIC FOUNDATION	M	3,231,859	FMV
(9)	THE CLEVELAND CLINIC FOUNDATION	M	1,428,888	FMV
(10)	THE CLEVELAND CLINIC FOUNDATION	P	1,248,814	FMV
(11)	CUSTOM ORTHOPAEDIC SOLUTIONS INC	D	421,317	FMV
(12)	NEUROTHERAPIA INC	D	939,500	FMV
(13)	OPTOQUEST CORPORATION	D	1,016,492	FMV
(14)	SHIELD BIOTECH INC	D	147,292	FMV
(15)	EXCELERATE STRATEGIC HEALTH SOURCING LLC	D	1,484,427	FMV
(16)	SHIELD BIOTECH INC	L	303,680	FMV
(17)	EXCELERATE STRATEGIC HEALTH SOURCING LLC	E	1,496,140	FMV
(18)	EXCELERATE STRATEGIC HEALTH SOURCING LLC	L	276,329	FMV