

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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

F Name and address of principal officer
TOMISLAV MIHALJEVIC
6801 BRECKSVILLE RD NO RK1-85
INDEPENDENCE, OH 44131

D Employer identification number
91-2153073

E Telephone number
(216) 444-2200

G Gross receipts \$ 11,580,149,431

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)	475
4 Number of independent voting members of the governing body (Part VI, line 1b)	284
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	61,861
6 Total number of volunteers (estimate if necessary)	5,139
7a Total unrelated business revenue from Part VIII, column (C), line 12	61,852,787
7b Net unrelated business taxable income from Form 990-T, line 34	-901,729

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	302,252,529	297,153,216
9 Program service revenue (Part VIII, line 2g)	8,255,444,611	8,665,194,663
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,689,489	255,687,526
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,570,172	181,027,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,907,956,801	9,399,062,405
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	142,207,648	143,274,860
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)	4,673,274,323	4,730,373,662
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,524,725	2,043,350
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,030,872		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,669,261,161	3,898,884,202
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,486,267,857	8,774,576,074
19 Revenue less expenses Subtract line 18 from line 12	421,688,944	624,486,331
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	14,409,054,021	15,770,696,785
21 Total liabilities (Part X, line 26)	6,210,940,595	6,251,069,660
22 Net assets or fund balances Subtract line 21 from line 20	8,198,113,426	9,519,627,125

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: 2018-11-15

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

Paid Preparer Use Only

Print/Type preparer's name: TERENCE M KENNEDY
Preparer's signature: TERENCE M KENNEDY
Date: _____
Check 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 \$ 7,722,117,990 including grants of \$ 143,274,860) (Revenue \$ 8,665,194,663)
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 ▶ 7,722,117,990

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	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>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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 number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and other IRS filings.

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 (475), 1b (284), 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

Table with 3 columns: Question, Yes, No. Rows include: 17 (OH, FL), 18 (Own website, Another's website, Upon request, Other), 19, 20 (ROBERT F WAITKUS 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 (216) 445-2526).

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)						73,854,323	0		10,212,133

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 ▶ 6,770

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
DONLEYSTURNER JOINT VENTURE 5430 WARNER RD CLEVELAND, OH 44125	CONSTRUCTION SERVICES	29,311,742
TURNER CONSTRUCTION CO 1422 EUCLID AVENUE SUITE 1400 CLEVELAND, OH 44115	CONSTRUCTION SERVICES	21,591,818
SIEMENS MEDICAL SOLUTIONS INC PO BOX 121102 DALLAS, TX 75312	HEALTHCARE IT & ENGINEERING SOLUTIONS	21,545,379
IBM CORP 500 FIRST AVENUE PITTSBURGH, PA 15219	INFORMATION TECHNOLOGY SYSTEMS	18,752,724
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 15251	LAUNDRY AND FOOD SERVICES	11,425,182

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 ▶ 595

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	23,333,917		
	d Related organizations	1d	18,543,201		
	e Government grants (contributions)	1e	117,809,289		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	137,466,809		
	g Noncash contributions included in lines 1a-1f \$ _____		16,625,015		
	h Total. Add lines 1a-1f		297,153,216		

Program Service Revenue			Business Code				
	2a NET PATIENT SERVICES		612990	4,738,081,463	4,738,081,463		
	b MEDICARE/MEDICAID PAYM		921990	3,281,898,792	3,281,898,792		
	c OTHER PROGRAM SERVICES		900099	511,277,024	502,240,804	9,036,220	
	d OTHER ANCILLARY SERVIC		900099	54,765,116			54,765,116
	e MANAGEMENT FEES		561000	29,698,044	21,868,426	7,829,618	
	f All other program service revenue			49,474,224	4,517,058	44,957,166	
	g Total. Add lines 2a-2f			8,665,194,663			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			102,085,209			102,085,209	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			29,022,957			29,022,957	
	6a Gross rents	(i) Real	(ii) Personal					
		29,712,690						
		b Less rental expenses	0					
		c Rental income or (loss)	29,712,690					
	d Net rental income or (loss)			29,712,690		383,914	29,328,776	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		2,326,522,007	1,167,284					
		b Less cost or other basis and sales expenses	2,171,307,360	2,779,614				
		c Gain or (loss)	155,214,647	-1,612,330				
	d Net gain or (loss)			153,602,317			153,602,317	
	8a Gross income from fundraising events (not including \$ 23,333,917 of contributions reported on line 1c) See Part IV, line 18	a	4,419,398					
		b Less direct expenses	b	6,960,952				
		c Net income or (loss) from fundraising events			-2,541,554			-2,541,554
	9a Gross income from gaming activities See Part IV, line 19	a	20,803					
		b Less direct expenses	b	39,100				
c Net income or (loss) from gaming activities				-18,297			-18,297	
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		126,762,607		-354,131	127,116,738		
b FOREIGN CURRENCY	525990		273,145			273,145		
c LIFE INSURANCE TRUST	525990		150,421			150,421		
d All other revenue			-2,334,969			-2,334,969		
e Total. Add lines 11a-11d			124,851,204					
12 Total revenue. See Instructions			9,399,062,405	8,548,606,543	61,852,787	491,449,859		

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	28,510,982	28,510,982		
2 Grants and other assistance to domestic individuals See Part IV, line 22	113,438,910	113,438,910		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,324,968	1,324,968		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	64,521,532	29,479,274	35,042,258	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,425,691	5,152,349	5,273,342	
7 Other salaries and wages	3,729,705,121	3,164,795,230	556,977,501	7,932,390
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	223,903,978	189,994,915	33,436,820	472,243
9 Other employee benefits	454,759,519	385,954,145	67,911,755	893,619
10 Payroll taxes	247,057,821	209,610,583	36,894,511	552,727
11 Fees for services (non-employees)				
a Management	8,000,865	6,806,052	1,194,813	
b Legal	9,265,183	7,881,562	1,383,621	
c Accounting	2,371,430		2,371,430	
d Lobbying	743,981	743,981		
e Professional fundraising services See Part IV, line 17	2,043,350			2,043,350
f Investment management fees	22,011,110		22,011,110	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	443,912,721	377,567,436	66,291,943	53,342
12 Advertising and promotion	35,466,192	29,805,600	5,296,363	364,229
13 Office expenses	121,044,016	102,926,970	18,076,173	40,873
14 Information technology	85,079,699	71,994,328	12,705,422	379,949
15 Royalties	2,962,965	2,520,489	442,476	
16 Occupancy	167,049,288	142,102,894	24,946,394	
17 Travel	28,944,836	24,394,874	4,322,493	227,469
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,504,766	10,607,165	1,867,406	30,195
20 Interest	134,776,408	114,649,501	20,126,907	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	478,871,919	407,359,276	71,512,593	50
23 Insurance	73,584,743	60,655,978	10,988,817	1,939,948
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	1,626,458,797	1,626,453,435		5,362
b BAD DEBT EXPENSE	296,033,339	296,033,339		
c EQUIPMENT RENTAL & MAIN	151,995,754	129,263,461	22,698,367	33,926
d STATE FRANCHISE FEE	76,003,074	76,003,074		
e All other expenses	121,803,116	106,087,219	15,654,697	61,200
25 Total functional expenses. Add lines 1 through 24e	8,774,576,074	7,722,117,990	1,037,427,212	15,030,872
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	503,088,491	1	239,024,747
	2 Savings and temporary cash investments	5,857,155	2	17,825,398
	3 Pledges and grants receivable, net	245,287,573	3	232,819,377
	4 Accounts receivable, net	1,174,544,805	4	1,103,257,045
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	6,571,698	5	7,103,879
	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	45,110,912	7	119,467,957
	8 Inventories for sale or use	132,542,926	8	142,845,475
	9 Prepaid expenses and deferred charges	50,916,112	9	54,433,244
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	9,161,482,800		
	b Less accumulated depreciation	4,809,732,565		
	11 Investments—publicly traded securities	4,905,171,723	11	5,891,749,409
	12 Investments—other securities See Part IV, line 11	2,259,200,987	12	2,666,755,619
	13 Investments—program-related See Part IV, line 11	221,984,305	13	235,035,977
	14 Intangible assets	92,574,429	14	92,910,123
	15 Other assets See Part IV, line 11	504,779,494	15	615,718,300
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,409,054,021	16	15,770,696,785	
Liabilities	17 Accounts payable and accrued expenses	1,013,112,555	17	1,042,651,965
	18 Grants payable	193,000	18	447,223
	19 Deferred revenue	108,596,945	19	103,158,113
	20 Tax-exempt bond liabilities	3,513,833,596	20	3,496,728,541
	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	13,847,683	23	1,442,126
	24 Unsecured notes and loans payable to unrelated third parties	175,558,418	24	266,053,099
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	1,385,798,398	25	1,340,588,593	
26 Total liabilities. Add lines 17 through 25	6,210,940,595	26	6,251,069,660	
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	7,245,363,016	27	8,507,784,082
	28 Temporarily restricted net assets	638,482,541	28	673,017,416
	29 Permanently restricted net assets	314,267,869	29	338,825,627
	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	8,198,113,426	33	9,519,627,125
	34 Total liabilities and net assets/fund balances	14,409,054,021	34	15,770,696,785

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	9,399,062,405
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,774,576,074
3	Revenue less expenses Subtract line 2 from line 1	3	624,486,331
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,198,113,426
5	Net unrealized gains (losses) on investments	5	509,902,730
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	187,124,638
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,519,627,125

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-2153073

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Form 990 (2017)

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
BANKS JOHN H TRUSTEE & TREASURER - MM	3 00	X		X				0	0	0
BARKHEIMER MARLENE DIRECTOR - AGMC, VP - LCH	5 00	X		X				0	0	0
BARRETT LISA DIR - AGP, SECRETARY - AGHS	50 00	X		X				221,105	0	15,125
BARSOUM WAEL TRUSTEE & HOSPITAL PRESIDENT - CCFHS	50 00	X		X				989,211	0	41,459
BEAN GREGORY R DIRECTOR & VICE CHAIR - AGF	3 00	X		X				0	0	0
BLANDON RUDOLFO J TRUSTEE & CHIEF OF STAFF	50 00	X		X				702,611	0	42,681
BOLOGNA MD RAYMOND DIRECTOR & VICE CHAIR - PPG	50 00	X		X				533,876	0	40,187
BRYZTWA ELLEN TRUSTEE, BD VICE CHAIR - LAKEWOOD	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			
BURNS KATHLEEN DIR & SEC - MEDINA HOSPITAL FDN	50 00	X		X				99,201	0	23,016
CARRINO FRANK DIRECTOR & VICE CHAIR - MEDINA FDN	3 00	X		X				0	0	0
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 DIRECTOR, PRES, CEO - CCF	50 00	X		X				7,662,783	0	-33,847
DAVIDSON MD ELLIOT DIRECTOR & CHAIR - PPG	50 00	X		X				284,569	0	57,591
DEL CASTILLO BARBARA DIR & ASST SEC - CC FLA PHARMACY	50 00	X		X				480,479	0	40,241
DELGADO OSMEL DIR & ADMINISTRATOR CLINICAL OPS	50 00	X		X				359,692	0	19,801
DONLEY BRIAN DIR & CHIEF OF STAFF - CCF	50 00	X		X				1,425,035	0	47,030
DUNN LISA A DIRECTOR & BD 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			
FRIGO DAVID DIRECTOR, TREASURER - AGHS	50 00	X		X				220,229	0	39,184
GABLE THOMAS TRUSTEE & BOARD CHAIR - LAKEWOOD	5 00	X		X				0	0	0
GLASS STEVEN C DIR, CFO & TREAS - CCF	50 00	X		X				1,605,788	0	52,930
HARRINGTON MICHAEL DIR, CAO & CONTROLLER - CCF	50 00	X		X				757,597	0	45,830
HARRIS RICHARD DIRECTOR & CHAIR - AGF	3 00	X		X				0	0	0
HARTE BRIAN DIRECTOR, PRES - AKRON GENERAL	50 00	X		X				657,864	0	46,268
JONES J STEPHEN DIR & PRES, REG HOSP & FHCS	50 00	X		X				797,458	0	46,518
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
LERNER MARK CHAIR, DIR - AGHS	5 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			
MCHUGH MICHAEL TRUSTEE & MED DIR - CCCHR	50 00	X		X				420,793	0	58,415
MODIC MICHAEL DIR & PRES - CCF NY MED SVCS	50 00	X		X				2,604,047	0	89,757
MORRIS JAMES TRUSTEE & PRESIDENT - LORD FDN	3 00	X		X				0	0	0
MULLEN RN MBA KAREN PRESIDENT- VNSA, DIRECTOR - VNS	50 00	X		X				234,080	0	15,489
NEVILLE JAMES R TRUSTEE & ASST SEC - CCCHR	3 00	X		X				0	0	0
NILSSON KEITH DIR & CFO - CC FLA PHARMACY SVCS	50 00	X		X				452,186	0	41,704
O'BRIEN TIMOTHY TRUSTEE & BOARD CHAIR - CCCHR	3 00	X		X				0	0	0
PAPA ALAN PRESIDENT, DIRECTOR - AGMC	50 00	X		X				443,702	0	50,355
PAPPAS RITA TRUSTEE, PRES - CCCHR (PART YR)	50 00	X		X				378,863	0	48,335
PARKER RICHARD TRUSTEE & PRESIDENT - MM	50 00	X		X				853,830	0	565,541

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			
PEACOCK WILLIAM DIR, CHIEF OF OPS - CC FLA	50 00	X		X				1,536,039	0	47,409
PIEDIMONTE GIOVANNI TRUSTEE, PRES - CCCHR (PART YR)	50 00	X		X				747,035	0	45,030
PLAZEK RON DIR & TREAS - MEDINA HOSP FDN	3 00	X		X				0	0	0
RICE JAMES DIRECTOR, PRESIDENT - LODI	3 00	X		X				0	0	0
RICH ROBERT E JR DIRECTOR & BOARD CHAIR - CCF	5 00	X		X				0	0	0
ROWAN DAVID DIR, SEC, CHIEF LEGAL OFF - CC FLA	50 00	X		X				1,479,412	0	46,182
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 & BOARD VICE CHAIR - MM	3 00	X		X				0	0	0
SCAMINACE JOSEPH M DIRECTOR & BOARD VICE CHAIR - CCF	5 00	X		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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
SELBY SANDRA DIRECTOR & CHAIR - VNS	3 00	X		X				972	0	0
TULISIAK THOMAS PRES - MEDINA HOSP, DIR - AGF	50 00	X		X				369,427	0	43,974
AMOS RET GEN DIRECTOR - LORD FDN	3 00	X						0	0	0
ANDERSON MICHAEL PHYSICIAN, TRUSTEE - MARYMOUNT	50 00	X						331,438	0	43,974
AULETTA PATRICK V DIRECTOR - CCF	5 00	X						0	0	0
BALLARD REV KAREN DIRECTOR - VNS	3 00	X						0	0	0
BARGER LARRY DIRECTOR - AGF	3 00	X						0	0	0
BAUER PAULA DIRECTOR - AGMC	3 00	X						0	0	0
BEKENY JAMES PHYSICIAN, TRUSTEE - LAKEWOOD HOSP	50 00	X						363,351	0	46,375
BENZ J MICHAEL DIRECTOR - EAST REGION	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			
BERNICK CHARLES PHYSICIAN, DIRECTOR - KMA	50 00	X						309,566	0	42,974
BILLOW CHARLES DIRECTOR - AGMC	5 00	X						0	0	0
BOGAR KEVIN PHYSICIAN, TRUSTEE - MARYMOUNT	50 00	X						667,087	0	45,218
BORDEN BRAD PHYSICIAN, TRUSTEE - CCCHR	50 00	X						833,046	0	43,540
BRADFORD JOHN DIRECTOR - PPG	3 00	X						0	0	0
BRAMAN KENNETH PHYSICIAN, DIRECTOR - PPG	50 00	X						275,018	0	36,362
BREAUX TODD PHYSICIAN, DIRECTOR - AGMC	50 00	X						471,635	0	40,091
BROCKMAN DAVID DIRECTOR - AGMC	3 00	X						0	0	0
BROOKS STEVE PHYSICIAN, DIR - AGMC, ESR, LODI	50 00	X						276,710	0	19,941
BROSKY CURTIS M 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BROWN STEPHEN TRUSTEE - CCCHR	3 00	X						0	0	0
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
CHERKALA BRIAN DIRECTOR - AGMC	3 00	X						0	0	0
CHHABRA ANKIT DIRECTOR - AGMC, EXEC DIR - REG FNCL OPS	50 00	X						265,648	0	22,922
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
CORPORA DON DIRECTOR - VNS, CHIEF HR	50 00	X						306,594	0	59,683

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COURY THOMAS J TRUSTEE - LAKEWOOD HOSP	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						174,642	0	33,181
CULP LAURA DIRECTOR - AGMC	3 00	X						0	0	0
CUMMINGS JEFFREY PHYSICIAN, DIRECTOR - KMA	50 00	X						472,445	0	43,131
DAVIS CAROL NURSE (PART YR), DIR - AGMC	5 00	X						1,321	0	0
DEYLING CYNTHIA CHIEF QUALITY OFF, TRUSTEE - MM	50 00	X						666,364	0	693,817
DOBRONOS KRISTA DIRECTOR - AGF	3 00	X						0	0	0
DOUGLASS AMY DIRECTOR - MEDINA HOSP FDN	3 00	X						0	0	0
DOWNING WILLIAM 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			
DYER KAREN DIRECTOR - AGMC & AGF	5 00	X						0	0	0
EBERT PHD ROBERT DIRECTOR - AVON HOSPITAL	5 00	X						0	0	0
FANCHER JON M TRUSTEE - LAKEWOOD HOSP	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						366,220	0	59,783
FETH WILLAM DIRECTOR - AGMC	3 00	X						0	0	0
FREEMAN RICHARD B PHYSICIAN, TRUSTEE - LAKEWOOD	50 00	X						300,613	0	44,272
GORDON DEBORAH DIRECTOR - AGF	3 00	X						42,481	0	3,709
GORTON WILLIAM R TRUSTEE - LAKEWOOD HOSP	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			
GROSSMAN MD JORDAN PHYSICIAN, DIRECTOR - PPG	50 00	X						665,218	0	33,375
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	110,836
HABER KENNETH TRUSTEE - LAKEWOOD HOSP	3 00	X						0	0	0
HARLEY DO DOUGLAS PHYSICIAN, DIRECTOR - AGMC	50 00	X						288,932	0	178,397
HAYEK MD ANTHONY PHYSICIAN, DIRECTOR - AGMC	50 00	X						155,999	0	23,393
HOLTHAUS THERESA V CHAIR-PHILANTHROPY INST, DIR	50 00	X						192,253	0	29,277
HOOVER CAROLE DIRECTOR - CCF	5 00	X						0	0	0
HORATTAS MD MARK PHYSICIAN, DIRECTOR - AGMC	50 00	X						344,901	0	53,007

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUNTER ELLEN DIRECTOR - MEDINA HOSP FDN	3 00	X						0	0	0
HUSTON WILLIAM 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
KALAFATIS LARA PHILANTHROPY CHAIR, DIR - KMA	50 00	X						488,843	0	42,369
KEATING CATHERINE PHYSICIAN, DIRECTOR - AGMC	50 00	X						686,544	0	9,590
KILLORAN SISTER CAROL TRUSTEE - MM	3 00	X						0	0	0
KOHLER DOUGLAS VP MED OPS, TRUSTEE - MM	50 00	X						731,689	0	45,040
KOVACH RONALD A TRUSTEE - MM	3 00	X						0	0	0
KURTZ GREGORY P TRUSTEE - MM	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KURTZ MD WILLIAM PHYSICIAN, DIRECTOR - PPG	5 00	X						568,535	0	17,456
LERNER NORMA DIRECTOR - CCF	5 00	X						0	0	0
LINDENBERG JUDAH PHYSICIAN, TRUSTEE - MM	3 00	X						45,500	0	0
LITMAN MD GEORGE PHYSICIAN, DIRECTOR - AGMC	50 00	X						127,775	0	13,912
LLOYD MARGARET DIRECTOR - AGF	3 00	X						0	0	0
LONG JARROD DIRECTOR - MEDINA HOSP FDN	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 CHAIR NEURO INST, DIRECTOR - KMA	50 00	X						931,002	0	47,808
MATTHEWS TJ DIRECTOR - KMA	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			
MCGORRAY KATHLEEN T TRUSTEE - LAKEWOOD HOSP	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 PAMELA TRUSTEE - MEDINA HOSP	5 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
MOORE JEFFREY PHYSICIAN, DIRECTOR - AGMC	50 00	X						359,403	0	54,984
MOORHEAD MD COLIN PHYSICIAN, DIRECTOR - PPG	50 00	X						407,979	0	32,180
MORINO MARIO 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			
MOSLEY MARK DIRECTOR - AGF	3 00	X						0	0	0
MULROY PATRICIA DIRECTOR - KMA	3 00	X						0	0	0
MURPHY JANICE DIRECTOR - AGMC, COO	50 00	X						640,364	0	90,581
NANCE FREDERICK DIRECTOR - CCF	5 00	X						0	0	0
O'LEARY BS MPA ANTHONY DIRECTOR - VNS	3 00	X						0	0	0
OMORI SUE DIRECTOR - AGF, MARKETING	50 00	X						216,264	0	32,583
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

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			
PETRAS MICHAEL JR DIRECTOR - CCF	5 00	X						0	0	0
PETTIT DAN DIRECTOR - KMA	3 00	X						0	0	0
PFISTER MD EUGENE PHYSICIAN, DIRECTOR - AGMC & PPG	50 00	X						319,747	0	461,512
PHILLIPS MICHEAL MD PHYSICIAN, DIRECTOR - CCF (PART YR)	50 00	X						206,987	0	23,518
POHL PAUL M TRUSTEE - LORD FDN	3 00	X						0	0	0
POLLOCK LARRY DIRECTOR - CCF	5 00	X						0	0	0
POSK LORI PHYSICIAN, DIRECTOR - AGF	50 00	X						273,949	0	45,718
PRITTS GARY TRUSTEE - LAKEWOOD HOSP	3 00	X						0	0	0
RICE RONALD TRUSTEE - CCCHR	3 00	X						0	0	0
ROCHE DENNIS J TRUSTEE - LAKEWOOD HOSP	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			
ROGICH SIGMOND DIRECTOR - KMA	3 00	X						0	0	0
ROME ELLEN PHYSICIAN, DIRECTOR - CCCHR	50 00	X						211,060	0	39,137
ROSS RONALD J DIRECTOR - CCF	5 00	X						0	0	0
SALEK ANN DIRECTOR - MEDINA FDN	3 00	X						0	0	0
SEVERINO MICHAEL DIRECTOR - KMA	3 00	X						0	0	0
SHERIDAN CATHERINE PHYSICIAN, DIR - MEDINA HOSP FDN	50 00	X						205,805	0	37,028
SIBLEY STEPHANIE DIRECTOR - KMA	3 00	X						0	0	0
SNYDER JEROME F DIRECTOR - KMA	3 00	X						0	0	0
SNYDER VICKY DIRECTOR - MEDINA HOSP FDN	50 00	X						227,998	0	39,315
STAFFORD PHD KATHY DIRECTOR - AGF & AGMC	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			
STELMAN 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
TABBAA MOUSAB TRUSTEE - LAKEWOOD HOSP	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						507,917	0	36,390
TRUNDLE SYLVIA DIRECTOR - PPG	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

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			
WEISS MORRY DIRECTOR - CCF	5 00	X						0	0	0
WEXLER NANCY DIRECTOR- KMA	3 00	X						0	0	0
WHITE MD HAROLD PHYSICIAN, DIRECTOR - AGF	50 00	X						568,437	0	43,002
YERIAN LISA MD PHYSICIAN, DIRECTOR - CCF	50 00	X						351,914	0	47,782
ZEIN NIZAR MD PHYSICIAN, DIRECTOR - CCF	50 00	X						544,642	0	52,415
ALVAREZ MD BENITO PRESIDENT - PPG	50 00			X				374,876	0	29,716
ERZURUM SERPIL CHAIR OF LERNER INST	50 00			X				583,610	0	927,074
FITZWATER TIMOTHY VICE CHAIR, BOARD OF TRUSTEES	5 00			X				0	0	0
GARD PHILIP ADMINSTRATIVE DIRECTOR - CCEF	50 00			X				181,580	0	32,293
GROOFF PAUL SECRETARY - TN PC & NY MED SERV PC	50 00			X				583,098	0	44,455

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			
JUHASZ ROBERT HOSP PRES - S POINTE (PART YR)	50 00			X				313,641	0	43,137
MALONE DONALD HOSPITAL PRESIDENT - LUTHERAN	50 00			X				418,854	0	358,407
MCHUGH LINDA ASST SECRETARY - CCSS	50 00			X				803,240	0	55,802
MCKENZIE MARGARET MD HOSP PRES - S POINTE (PART YR)	50 00			X				436,158	0	45,690
MEEHAN MICHAEL J RECORDING SECRETARY - CCF	50 00			X				354,174	0	100,499
MILLER CHARLIE CHIEF MED OFF - CC MED SVCS	50 00			X				931,100	0	44,492
NAPIERKOWSKI DANIEL HOSPITAL PRESIDENT - EUCLID	50 00			X				588,149	0	43,152
OBLANDER JASON ASST SECRETARY - CCF	50 00			X				206,779	0	21,950
SHEWBRIDGE RICHARD CEO/HOSP PRESIDENT - MEDINA HOSP	50 00			X				277,128	0	44,625
SMITH BRIAN VICE PRES - CLINIC CARE, INC	50 00			X				250,671	0	51,829

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SMITH NEIL HOSPITAL PRESIDENT - FAIRVIEW	50 00			X				432,840	0	41,984
STARCK REBECCA HOSPITAL PRESIDENT - AVON	50 00			X				630,532	0	49,594
STOLLER JAMES CHAIR - EDUCATION INSTITUTE	50 00			X				539,679	0	182,007
ABDENOUR STEPHEN SR VP SYSTEM OPERATIONS - AGMC	50 00				X			269,320	0	41,296
BAILEY DAWN CNO - EUCLID HOSPITAL	50 00				X			185,994	0	45,519
BENNETT KRIS COO - S POINTE/HILLCREST	50 00				X			258,982	0	22,819
COLLIER SUSAN VP NURSING, CNO - HILLCREST	50 00				X			262,984	0	54,444
FISER DAVID VP INFORMATION SYSTEMS / CIO	50 00				X			262,999	0	51,184
GUSTER CHERIE SR VP AND CNO - AGMC	50 00				X			274,113	0	47,278
KOLONICK RENEE COO - MARYMOUNT HOSP	50 00				X			224,338	0	29,520

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
LEA RICHARD COO - EUCLID HOSPITAL	50 00				X				253,424	0	29,119
MAJOR KERRY CNO - CC FLA HEALTH SYS	50 00				X				243,894	0	24,422
MATTNER MATTHEW COO - LUTHERAN	50 00				X				228,915	0	20,993
MIHALJEVIC TOMISLAV CHIEF EXECUTIVE OFFICER - CCAD	50 00				X				2,085,267	0	135,916
MILLER SHEILA CNO - SOUTH POINTE HOSP	50 00				X				212,436	0	26,252
MILLS JOHN COO - FAIRVIEW	50 00				X				314,693	0	9,820
PETER MD DAVID VP MEDICAL AFFAIRS/CHIEF MEDICAL OFFICER	50 00				X				443,558	0	30,726
SAUER MARY CNO -AVON	50 00				X				210,225	0	35,619
SCHUSTER JANET CNO - LUTHERAN	50 00				X				187,451	0	24,337
SMALL DEBORAH CNO - FAIRVIEW	50 00				X				276,634	0	19,963

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VIDMAR ERICK ADMINISTRATIVE DIRECTOR - NEVADA	50 00				X			216,421	0	26,545
ZINNER BARBARA CNO - MARYMOUNT	50 00				X			215,997	0	33,994
EINSTEIN DAVID PHYSICIAN (2017 RETIREE)	50 00					X		1,801,076	0	224,262
NAJM HANI PHYSICIAN	50 00					X		1,758,657	0	49,274
SINGER ANNE PHYSICIAN (2017 RETIREE)	50 00					X		1,705,641	0	13,064
SURI RAKESH CHIEF OF STAFF - CCF	50 00					X		1,684,026	0	146,283
BARNES DAVID PHYSICIAN (2017 RETIREE)	50 00					X		1,553,726	0	137,027
FORD DONALD FORMER OFFICER	50 00						X	348,890	0	43,718
FUNK JONATHAN R FORMER OFFICER	50 00						X	244,937	0	40,890
HAMILTON THOMAS FORMER OFFICER	50 00						X	421,243	0	179,500

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NOGUERAS JUAN FORMER OFFICER	50 00						X	608,827	0	380,465
RODRIGUEZ RICARDO FORMER OFFICER	50 00						X	470,364	0	44,194
ROSENTHAL RAUL FORMER OFFICER	50 00						X	816,254	0	39,868
SLIFKO JESSICA FORMER OFFICER	50 00						X	360,677	0	45,942
STOVER MD THOMAS FORMER OFFICER (RETIRED)	0 00						X	360,500	0	219,459
VANHORN AMANDA FORMER OFFICER	50 00						X	198,523	0	27,985
ZEROSKE JOANNE FORMER OFFICER	50 00						X	390,447	0	495,293
CARROLL DONALD FORMER KEY EMPLOYEE	50 00						X	247,707	0	32,048
CHADWICK LARRY FORMER KEY EMPLOYEE	50 00						X	325,038	0	35,213
DONLEY KATHLEEN FORMER KEY EMPLOYEE	50 00						X	205,822	0	340,489

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EMMELHAINZ LARRY FORMER KEY EMPLOYEE	50 00						X	338,180	0	19,897
FOSTER SUSAN FORMER KEY EMPLOYEE	50 00						X	216,322	0	38,070
ICSMAN CAROL FORMER KEY EMPLOYEE	50 00						X	205,359	0	32,916
KEATON MD BRIAN FORMER KEY EMPLOYEE	50 00						X	329,420	0	32,342
KENNEDY MARY FORMER KEY EMPLOYEE	50 00						X	132,484	0	19,684
KOCSIS DANA FORMER KEY EMPLOYEE	50 00						X	181,235	0	13,978
MUAKKASSA MD FARID FORMER KEY EMPLOYEE	50 00						X	320,295	0	75,267
RIBLEY DOUGLAS FORMER KEY EMPLOYEE	50 00						X	255,903	0	39,653
SCHMIEDEL JUSTIN FORMER KEY EMPLOYEE	50 00						X	209,310	0	26,075
SHEERS MD TITUS FORMER KEY EMPLOYEE	50 00						X	325,038	0	61,184

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WRIGHT MD DENNIS FORMER KEY EMPLOYEE	50 00						X	592,948	0	35,838

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	272,897,610	301,428,141	284,947,202	302,252,529	297,153,216	1,458,678,698
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	272,897,610	301,428,141	284,947,202	302,252,529	297,153,216	1,458,678,698
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						1,458,678,698

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	272,897,610	301,428,141	284,947,202	302,252,529	297,153,216	1,458,678,698
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	112,692,470	108,430,890	109,699,336	124,406,638	160,820,856	616,050,190
9 Net income from unrelated business activities, whether or not the business is regularly carried on			398,836			398,836
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	217,228,171	103,974,870	115,282,299	104,055,964	127,186,173	667,727,477
11 Total support. Add lines 7 through 10						2,742,855,201
12 Gross receipts from related activities, etc (see instructions)					12	37,252,676,817

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 2017 (line 6, column (f) divided by line 11, column (f))	14	53.180 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	54.350 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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 - 2013 AMOUNT \$ 156,261,549 2014 AMOUNT \$ 103,825,473 2015 AMOUNT \$ 70,959,640 2016 AMOUNT \$ 103,453,582 2017 AMOUNT \$ 126,762,607 FOREIGN CURRENCY - 2015 AMOUNT \$ 610,292 2016 AMOUNT \$ 73,310 2017 AMOUNT \$ 273,145 INCOME FROM FUNDRAISING/GAMING EVENTS - 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 2017 AMOUNT \$ 150,421 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 I, LINE 12	PURSUANT TO THE INSTRUCTIONS FOR GROUP FILINGS, THE FOLLOWING INFORMATION FOR PARTS 12A-12G IS BEING PROVIDED LINE 12E 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 12F THE TOTAL NUMBER OF SUPPORTED ORGANIZATIONS 5 LINE 12G 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, \$383,344 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 IS 1 ORGANIZATION THAT SUPPORTS OTHER 509(A)(3) SUPPORTING ORGANIZATIONS WHOSE PURPOSE IS TO SUPPORT 509(A)(1) ORGANIZATIONS PART IV -SECTION A - LINE 6 - THERE ARE 7 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- 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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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		No	
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		9,160
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		627,075
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		73,088
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		34,658
i Other activities?		No	
j Total Add lines 1c through 1i			743,981
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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	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	324,551,580	295,878,858	279,608,818	260,375,637	221,765,392
b Contributions	22,185,007	20,199,629	25,049,027	11,532,981	18,890,200
c Net investment earnings, gains, and losses	40,398,300	15,766,204	-993,841	15,823,388	26,158,066
d Grants or scholarships					
e Other expenditures for facilities and programs	5,324,880	7,293,111	7,785,146	8,123,189	6,438,021
f Administrative expenses					
g End of year balance	381,810,007	324,551,580	295,878,858	279,608,818	260,375,637

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		264,224,793		264,224,793
b Buildings		5,216,957,496	2,574,724,776	2,642,232,720
c Leasehold improvements		167,811,503	115,434,713	52,376,790
d Equipment		2,730,047,932	1,981,436,975	748,610,957
e Other		782,441,076	138,136,101	644,304,975
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,351,750,235

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	1,328,128,291	F
(B) PRIVATE EQUITY	854,630,963	F
(C) REAL ESTATE	483,996,365	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	2,666,755,619	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	155,466
DEFERRED ANNUITY TRUST	1,103,688
OTHER LIABILITIES	216,815,983
FUTURE GIFT ANNUITY PAYMENTS	11,015,586
INTEREST RATE SWAPS	123,989,188
ACCRUED PENSION	711,709,206
ACCRUED BENEFITS	185,048,762
DUE TO AFFILIATES	90,750,714
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,340,588,593

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, 2017 AND 2016, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$0.6 MILLION AND \$2.3 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.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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	2	48			269,842,000
b Total from continuation sheets to Part I					858,479,000
c Totals (add lines 3a and 3b)	3	52			1,128,321,000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2017	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 17

3 Enter total number of other organizations or entities ▶ 3

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) See Add'l Data							
(2)							
(3)							
(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, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Part V Supplemental Information

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

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 CARIBBEAN	0	0	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	2,120,000
NORTH AMERICA	0	0	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	42,734,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	1	3	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	223,016,000
MIDDLE EAST & NORTH AFRICA	1	45	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	1,884,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	10,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	58,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	19,000
EUROPE	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	1,000

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	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	2,000
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	42,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	FUNDRAISING		
EAST ASIA & PACIFIC	0	0	FUNDRAISING		9,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	FUNDRAISING		21,000
MIDDLE EAST & NORTH AFRICA	0	0	FUNDRAISING		22,000

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		4,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	FUNDRAISING		11,000
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	INVESTING		461,072,000
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTING		395,033,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & NORTH AFRICA	1	4	UNRELATED BUSINESS		2,263,000

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	14,020	CHECK			
		EUROPE	RESEARCH	14,796	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	104,192	CHECK			
		EUROPE	RESEARCH	11,792	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	50,860	CHECK			
		EUROPE	RESEARCH	14,402	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	78,321	CHECK			
		EUROPE	RESEARCH	33,344	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 & THE CARIBBEAN	RESEARCH	28,900	CHECK			
		NORTH AMERICA	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	30,000	CHECK			
		NORTH AMERICA	RESEARCH	6,670	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	8,580	CHECK			
		NORTH AMERICA	RESEARCH	13,904	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	26,888	CHECK			
		EUROPE	RESEARCH	7,700	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)
		SUB SAHARAN AFRICA	RESEARCH	11,100	CHECK			
		EUROPE	RESEARCH	7,500	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	357,825	CHECK			
		NORTH AMERICA	RESEARCH	267,667	CHECK			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EAST ASIA & THE PACIFIC	1	7,500	CHECK			
RESEARCH	EUROPE	1	15,000	CHECK			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EUROPE	1	13,550	CHECK			
RESERACH	EUROPE	1	7,680	CHECK			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EAST ASIA & THE PACIFIC	1	7,260	CHECK			
RESEARCH	EUROPE	1	7,500	CHECK			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EUROPE	1	7,500	CHECK			
RESEARCH	NORTH AMERICA	1	16,065	CHECK			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	RUSSIA & NEIGHBORING STATES	1	5,932	CHECK			
RESEARCH	EUROPE	1	13,600	CHECK			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EUROPE	1	8,300	CHECK			
RESEARCH	EUROPE	1	12,500	CHECK			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EAST ASIA & THE PACIFIC	1	7,850	CHECK			
RESEARCH	EAST ASIA & THE PACIFIC	1	9,500	CHECK			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EAST ASIA & THE PACIFIC	1	7,500	CHECK			
RESEARCH	EAST ASIA & THE PACIFIC	1	9,050	CHECK			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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	3,958,211	278,863	3,679,348
2 RR DONNELLEY 111 S WACKER DR CHICAGO, IL 60606	DIRECT MAIL		No	1,845,960	1,056,322	789,638
3 TSM DONOR ENGAGEMENT TEAM INC 155 COMMERCE DRIVE FREEDOM, PA 15042	PHONE SOLICITATION		No	531,207	708,165	-176,958
4						
5						
6						
7						
8						
9						
10						
Total		▶		6,335,378	2,043,350	4,292,028

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		KEEP MEMORY ALIVE GALA (event type)	VELOSANO (event type)	13 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	15,725,600	5,955,705	6,072,010	27,753,315
	2 Less Contributions	12,569,950	5,718,854	5,045,113	23,333,917
	3 Gross income (line 1 minus line 2)	3,155,650	236,851	1,026,897	4,419,398
Direct Expenses	4 Cash prizes			11,581	11,581
	5 Noncash prizes	791,393		105,444	896,837
	6 Rent/facility costs	1,646,960	160,892	199,313	2,007,165
	7 Food and beverages	601,796	118,000	806,787	1,526,583
	8 Entertainment	213,914	43,479	393,205	650,598
	9 Other direct expenses	481,332	903,871	482,985	1,868,188
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				6,960,952
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-2,541,554	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			20,803
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			39,000	39,000
	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 checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				39,100	
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				-18,297	

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 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
2017
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 free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

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)			90,396,115	0	90,396,115	1 060 %
b Medicaid (from Worksheet 3, column a)			1,086,510,332	680,223,232	406,287,100	4 750 %
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			1,176,906,447	680,223,232	496,683,215	5 810 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			26,118,652	90,862	26,027,790	0 300 %
f Health professions education (from Worksheet 5)			345,128,939	64,178,971	280,949,968	3 290 %
g Subsidized health services (from Worksheet 6)			128,865,437	106,867,972	21,997,465	0 260 %
h Research (from Worksheet 7)			224,451,226	153,810,013	70,641,213	0 830 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			9,916,396	412,774	9,503,622	0 110 %
j Total. Other Benefits			734,480,650	325,360,592	409,120,058	4 790 %
k Total. Add lines 7d and 7j			1,911,387,097	1,005,583,824	905,803,273	10 600 %

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			13,273		13,273	0 %
2 Economic development			9,191	48	9,143	0 %
3 Community support			388,840		388,840	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			82,077		82,077	0 %
7 Community health improvement advocacy			28,543	140	28,403	0 %
8 Workforce development			6,421		6,421	0 %
9 Other						
10 Total			528,345	188	528,157	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 297,583,412	
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 1,208,757,400
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 1,272,184,880
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -63,427,480
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 AKRON SURGICAL ASSOCIATES	SURGICAL SERVICES	55 120 %		41 280 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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): _____

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>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 20 <u>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 nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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- AVON

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): _____ 17

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CLEVELAND CLINIC REHABILITATION- AVON

Name of hospital facility or letter of facility reporting group _____

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

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

CLEVELAND CLINIC REHABILITATION- AVON

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

CLEVELAND CLINIC REHABILITATION- AVON

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): _____ 7

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)		No
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The significant health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
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		
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		
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	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input 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?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input 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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input 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 nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

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

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input 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	21	No
a	<input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section 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 C

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)		No
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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) _____		
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP C

Name of hospital facility or letter of facility reporting group _____

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

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

REPORTING GROUP C

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

REPORTING GROUP C

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 184

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	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
PART I, LINE 7	THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM A COST ACCOUNTING SYSTEM IN OTHER CATEGORIES, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THAT CATEGORY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	CCHS EMPLOYS ITS PHYSICIANS, THEREFORE THE ASSOCIATED COSTS AND CHARGES RELATING TO THESE PHYSICIAN SERVICES ARE INCLUDED IN ALL RELEVANT CATEGORIES OF PART I
PART I, LN 7 COL(F)	ADDITIONAL BAD DEBT EXPENSE ADDED FOR PURPOSES OF CALCULATING THE PERCENTAGE, BUT NOT REPORTED ON FORM 990, IS \$1,550,074

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	SCH H PART I, LINE 6A - AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE, WHICH INCLUDES THE PARENT ORGANIZATION AND RELATED AFFILIATES
PART I, LINE 7	THE NET COMMUNITY BENEFIT EXPENSE FIGURE REPORTED FOR UNREIMBURSED MEDICAID IS INCLUSIVE OF CCHS'S HCAP ASSESSMENT OF \$8,255,605

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	NOTE THAT THE TOTAL AMOUNT OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS OF \$905,903,273 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
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

990 Schedule H, Supplemental Information

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
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

990 Schedule H, Supplemental Information

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
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

990 Schedule H, Supplemental Information

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 \$1,318,173,545 AND \$1,756,745,895 RESPECTIVELY THIS RESULTS IN MEDICARE SHORTFALL OF \$438,572,350 WHICH ADDED TO THE SHORTFALL OF \$63,427,480 AS REPORTED ON THE COST REPORTS, BRINGS THE TOTAL MEDICARE SHORTFALL TO \$501,999,830
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

990 Schedule H, Supplemental Information

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
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

990 Schedule H, Supplemental Information

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
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

Schedule H (Form 990) 2017

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 <small>(list in order of size from largest to smallest—see instructions)</small> How many hospital facilities did the organization operate during the tax year? 21		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195 WWW CLEVELANDCLINIC.ORG OH STATE ID 1151AHR	X	X	X	X		X	X			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

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? 21											
Name, address, primary website address, and state license number											
6	MARYMOUNT HOSPITAL 12300 MCCracken GARFIELD HEIGHTS, OH 44125 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1136AHR	X	X		X		X	X			A
7	CLEVELAND CLINIC AVON HOSPITAL 33300 CLEVELAND CLINIC BOULEVARD AVON, OH 44011 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1531	X	X		X		X	X			
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 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? 21											
Name, address, primary website address, and state license number		X									C
21	CLEVELAND CLINIC REHAB - BEACHWOOD 3025 SCIENCE PARK DRIVE BEACHWOOD, OH 44012 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1906										

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

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

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

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

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

Form and Line Reference	Explanation
CLEVELAND CLINIC AVON HOSPITAL	PART V, SECTION B, LINE 2 CLEVELAND CLINIC AVON HOSPITAL OPENED IN NOVEMBER 2016
CLEVELAND CLINIC REHABILITATION- AVON	<p>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, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT CLEVELAND CLINIC REHABILITATION - AVON CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) CLEVELAND CLINIC REHABILITATION - AVON CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH CLEVELAND CLINIC REHABILITATION -AVON IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC REHABILITATION - AVON SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE</p>

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

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

Form and Line Reference	Explanation
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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 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 11 SOUTH POINTE HOSPITAL, - FACILITY 9 LUTHERAN HOSPITAL, - FACILITY 10 MEDINA HOSPITAL, - FACILITY 8 EUCLID HOSPITAL, - FACILITY 12 CLEV CLINIC CHILDREN'S HOSP FOR REHAB, - FACILITY 13 LODI COMMUNITY HOSPITAL, - FACILITY 16 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION 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 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</p>
GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION PART V, SECTION B, LINE 13B	<p>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</p>

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- 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
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.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CLEVELAND CLINIC 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
GROUP A-FACILITY 5 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM 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 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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CLEVELAND CLINIC 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- CLEVELAND CLINIC 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- 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
GROUP A-FACILITY 11 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- 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
GROUP A-FACILITY 11 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- 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
GROUP A-FACILITY 11 -- 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.

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Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- 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
GROUP A-FACILITY 11 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 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>
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 13B	<p>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</p>

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 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
GROUP A-FACILITY 12 -- 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.

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Form and Line Reference	Explanation
GROUP A-FACILITY 12 -- 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
GROUP A-FACILITY 12 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB 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, 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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 12 -- 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
GROUP A-FACILITY 12 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 12 -- 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
GROUP A-FACILITY 12 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- 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
GROUP A-FACILITY 13 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- LODI COMMUNITY 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, 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</p>
GROUP A-FACILITY 13 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 13B	<p>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</p>

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- 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
GROUP A-FACILITY 13 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- 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
GROUP A-FACILITY 16 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 16 -- 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
GROUP A-FACILITY 16 -- EDWIN SHAW REHABILITATION INSTITUTE 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 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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 16 -- 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
GROUP A-FACILITY 16 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 16 -- 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
GROUP A-FACILITY 16 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER 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" 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- 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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 14 SELECT SPECIALTY - REGENCY WEST, - FACILITY 18 SELECT SPECIALTY - REGENCY EAST, - FACILITY 15 SELECT SPECIALTY - FAIRHILL, - FACILITY 19 SELECT SPECIALTY - GATEWAY
GROUP B-FACILITY 14 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 14 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA
GROUP B-FACILITY 14 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 6A	SELECT SPECIALTY - REGENCY WEST COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND CLEVELAND CLINIC REHABILITATION - AVON

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 14 -- SELECT SPECIALTY - REGENCY WEST 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, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - REGENCY WEST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - REGENCY WEST CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - REGENCY WEST IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY WEST SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE
GROUP B-FACILITY 18 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 18 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA
GROUP B-FACILITY 18 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 6A	SELECT SPECIALTY - REGENCY EAST COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND WEST, AND CLEVELAND CLINIC REHABILITATION - AVON

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 18 -- SELECT SPECIALTY - REGENCY EAST 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, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - REGENCY EAST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - REGENCY EAST CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - REGENCY EAST IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY EAST SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE
GROUP B-FACILITY 15 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 15 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA
GROUP B-FACILITY 15 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 6A	SELECT SPECIALTY - FAIRHILL COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, AND CLEVELAND CLINIC REHABILITATION - AVON

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 15 -- SELECT SPECIALTY - FAIRHILL 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, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - FAIRHILL CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - FAIRHILL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - FAIRHILL IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - FAIRHILL SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE
GROUP B-FACILITY 19 -- 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 19 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE RELEVANT HOSPITAL FACILITY'S CHNA
GROUP B-FACILITY 19 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 6A	SELECT SPECIALTY - GATEWAY COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, AND CLEVELAND CLINIC REHABILITATION - AVON

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 19 -- SELECT SPECIALTY - GATEWAY 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, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - GATEWAY CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE THE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - GATEWAY CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - GATEWAY IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - GATEWAY SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE
PART V, SECTION B	FACILITY REPORTING GROUP C

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP C CONSISTS OF	- FACILITY 20 CLEVELAND CLINIC REHABILITATION - ESR, - FACILITY 21 CLEVELAND CLINIC REHAB - BEACHWOOD
GROUP C-FACILITY 20 -- CLEVELAND CLINIC REHAB - ESR PART V, SECTION B, LINE 2	CLEVELAND CLINIC REHABILITATION - EDWIN SHAW OPENED IN NOVEMBER 2017

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

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

Form and Line Reference	Explanation
GROUP C-FACILITY 21 -- CLEVELAND CLINIC REHABILITATION-BEACHWOOD PART V, SECTION B, LINE 2	CLEVELAND CLINIC REHABILITATION - BEACHWOOD OPENED IN OCTOBER 2017

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - WESTON FAMILY HEALTH CENTER 1825 N CORPORATE LAKES BLVD WESTON, FL 33326	FAMILY HEALTH CENTER
1 2 - CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	FAMILY HEALTH CENTER
2 3 - TWINSBURG FAMILY HEALTH & SURGERY CENTER 8701 DARROW ROAD TWINSBURG, OH 44087	FAMILY HEALTH CENTER
3 4 - STRONGSVILLE FAMILY HEALTH & SURGERY CEN 16761 SOUTH PARK CENTER STRONGSVILLE, OH 44136	FAMILY HEALTH CENTER
4 5 - RICHARD E JACOBS HEALTH CENTER 33100 CLEVELAND CLINIC BOULEVARD AVON, OH 44011	FAMILY HEALTH CENTER
5 6 - INDEPENDENCE FAMILY HEALTH CENTER 5001 ROCKSIDE RD CROWN CENTRE II INDEPENDENCE, OH 44131	FAMILY HEALTH CENTER
6 7 - CLEVELAND CLINIC HOME CARE SERVICES 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HOME CARE SERVICES
7 8 - LORAIN FAMILY HEALTH & SURGERY CENTER 5700 COOPER FOSTER PARK ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
8 9 - WILLOUGHBY HILLS FAMILY HEALTH CENTER 2550 2570 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	FAMILY HEALTH CENTER
9 10 - WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND ROAD WOOSTER, OH 44691	FAMILY HEALTH CENTER
10 11 - AKRON GENERAL HEALTH & WELLNESS CENTER - 4125 MEDINA ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
11 12 - BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER ROAD BRUNSWICK, OH 44212	FAMILY HEALTH CENTER
12 13 - HILLCREST MEDICAL OFFICE I & II 6803 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
13 14 - CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DRIVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
14 15 - AKRON GENERAL HEALTH & WELLNESS CENTER 4300 ALLEN ROAD STOW, OH 44224	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 - AKRON GENERAL HEALTH & WELLNESS CENTER- 1940 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
1 17 - SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE ROAD SOLON, OH 44139	FAMILY HEALTH CENTER
2 18 - CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA COURT MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
3 19 - ELYRIA FAMILY HEALTH & SURGERY CENTER 303 CHESTNUT COMMONS DRIVE ELYRIA, OH 44035	FAMILY HEALTH CENTER
4 20 - TOMSICH HEALTH AND MEDICAL CENTER OF PAL 525 OKEECHOBEE BLVD CITY PLACE TOWER WEST PALM BEACH, FL 33401	FAMILY HEALTH CENTER
5 21 - WESTLAKE PHYSICIANS CENTER 805 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
6 22 - FAIRVIEW HOSPITAL MEDICAL OFFICE 24700 LORAIN AVENUE NORTH OLMSTED, OH 44070	OUTPATIENT PHYSICIAN CLINIC
7 23 - SUPERIOR MEDICAL SHEFFIELD FAMILY HEALTH 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	OUTPATIENT PHYSICIAN CLINIC
8 24 - LANDERBROOK OFFICE AND ENDOSCOPY CENTER 5900 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
9 25 - MARYMOUNT MEDICAL CENTER 2001 E ROYALTON ROAD BROADVIEW HTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
10 26 - CLEVELAND CLINIC LOU RUVO CENTER FOR BRA 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106	OUTPATIENT PHYSICIAN CLINIC
11 27 - CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022	FAMILY HEALTH CENTER
12 28 - AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER
13 29 - NORTH OHIO GASTROENTEROLOGY 30701 CLEMENS ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
14 30 - AKRON GENERAL JUSTIN T ROGERS HOSPICE C 3358 RIDGEWOOD ROAD AKRON, OH 44333	HOSPICE

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 - WESTERN RESERVE NEUROSURGERY 1900 23RD STREET CUYAHOGA FALLS, OH 44223	OUTPATIENT PHYSICIAN CLINIC
1 32 - AMHERST FAMILY HEALTH CENTER 5172 LEAVITT ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
2 33 - STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVENUE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
3 34 - CCF GASTROENTEROLOGY 7530 FREDLE DRIVE CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC
4 35 - AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN ROAD AVON LAKE, OH 44012	FAMILY HEALTH CENTER
5 36 - MADISON MEDICAL OFFICE 2999 MCMACKIN ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
6 37 - SPORTS HEALTH CENTER 5595 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
7 38 - COMMUNITY PEDIATRICS 8254 MAYFIELD ROAD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC
8 39 - MENTOR MEDICAL OFFICE 7060 WAYSIDE DRIVE MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
9 40 - AKRON GENERAL PHYSICIAN OFFICE 224 W EXCHANGE STREET AKRON, OH 44307	OUTPATIENT PHYSICIAN CLINIC
10 41 - CLEVELAND CLINIC SUMMIT OPHTHALMOLOGY 1 PARK WEST BOULEVARD STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
11 42 - CLEVELAND CLINIC ADMINISTRATIVE CAMPUS 3275 SCIENCE PARK DRIVE BLDG 5 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
12 43 - SLEEP DISORDER CENTER AT FAIRHILL 11203 STOKES BOULEVARD CLEVELAND, OH 44104	DIAGNOSTIC CENTER
13 44 - MENTOR REHABILITATION AND SPORTS THERAPY 7533 CENTER STREET MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
14 45 - CLEVELAND CLINIC CANCER CENTERS 509 W MCPHERSON HIGHWAY CLYDE, OH 43410	OUTPATIENT PHYSICIAN CLINIC

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

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(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 - MIDDLEBURG HEIGHTS ORTHOPAEDICS 7010 ENGLE ROAD STE 105 MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
1 47 - AKRON GENERAL TALLMADGE HEALTH CENTER 33 NORTH AVENUE TALLMADGE, OH 44278	OUTPATIENT PHYSICIAN CLINIC
2 48 - ASHLAND OPHTHALMOLOGYSUGARBUSH EYE AND 21 SUGARBUSH COURT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
3 49 - PALM BEACH GARDENS 4520 DONALD ROSS ROAD STE 200 PALM BEACH GARDENS, FL 33418	OUTPATIENT PHYSICIAN CLINIC
4 50 - LORAIN ORTHOPAEDICS 5275 NORTH ABBE ROAD ELYRIA, OH 44035	OUTPATIENT PHYSICIAN CLINIC
5 51 - CLEVELAND CLINIC FLORIDA - WEST PALM BEA 1401 FORUM WAY STE 300 WEST PALM BEACH, FL 33401	OUTPATIENT PHYSICIAN CLINIC
6 52 - PARKLAND 7857 N UNIVERSITY DRIVE STE 401 PARKLAND, FL 33067	OUTPATIENT PHYSICIAN CLINIC
7 53 - LAKEWOOD FAMILY HEALTH CENTER 16215 MADISON AVENUE LAKEWOOD, OH 44107	FAMILY HEALTH CENTER
8 54 - GEMINI RECREATION CENTER 21225 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
9 55 - SUMMIT GASTROENTEROLOGY ASSOCIATES 3939 S CLEVELAND MASSILLON ROAD BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
10 56 - CLEVELAND CLINIC SUPERIOR MEDICAL CARE 1959 COOPER FOSTER PARK ROAD LORAIN, OH 44053	DIAGNOSTIC CENTER
11 57 - BAINBRIDGE URGENT CARE 17747 CHILLICOTHE ROAD STE 100 BAINBRIDGE, OH 44023	OUTPATIENT PHYSICIAN CLINIC
12 58 - CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
13 59 - SAGAMORE HILLS MEDICAL CENTER I 863 WEST AURORA ROAD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
14 60 - COMMUNITY PEDIATRICS 2001 CROCKER 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)
61 61 - WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
1 62 - OHIO RENAL CARE GROUP WEST 14670 SNOW ROAD BROOKPARK, OH 44142	DIALYSIS CENTER
2 63 - SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD ROAD WARRENSVILLE HEIGHTS, OH 44122	OUTPATIENT PHYSICIAN CLINIC
3 64 - OHIO RENAL CARE GROUP WESTLAKE 26024 DETROIT AVENUE WESTLAKE, OH 44145	DIALYSIS CENTER
4 65 - SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE ROAD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
5 66 - BRUNSWICK EMERGENCY CARE 3724 CENTER ROAD BRUNSWICK, OH 44212	OUTPATIENT PHYSICIAN CLINIC
6 67 - OHIO RENAL CARE CLEVELAND EAST 2429 MARTIN LUTHER KING JR DR CLEVELAND, OH 44104	DIALYSIS CENTER
7 68 - OLMSTED TOWNSHIP PRIMARY CARE 27089 BAGLEY ROAD OLMSTED TOWNSHIP, OH 44138	OUTPATIENT PHYSICIAN CLINIC
8 69 - RIDGE PARK OBSTETRICS AND GYNECOLOGY 7575 NORTHCLIFF AVENUE 302 BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
9 70 - MAYFIELD VILLAGE PEDIATRICS 6559 WILSON MILLS RD STE101-D MAYFIELD VILLAGE, OH 44143	OUTPATIENT PHYSICIAN CLINIC
10 71 - EUCLID MEDICAL OFFICE 99 NORTHLINE CIRCLE EUCLID, OH 44119	OUTPATIENT PHYSICIAN CLINIC
11 72 - NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
12 73 - MARYMOUNT REHABILITATION AND SPORTS THER 2525 EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
13 74 - OHIO RENAL CARE GROUP OHIO ACUTES 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	DIALYSIS CENTER
14 75 - OHIO RENAL CARE GROUP EUCLID 26450 EUCLID AVENUE EUCLID, OH 44132	DIALYSIS CENTER

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

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

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

Name and address	Type of Facility (describe)
76 76 - OHIO RENAL CARE GROUP SOLON 6020 ENTERPRISE PARKWAY SOLON, OH 44139	DIALYSIS CENTER
1 77 - OHIO RENAL CARE GROUP OF NORTH RANDALL 4750 NORTHFIELD ROAD NORTH RANDALL, OH 44128	DIALYSIS CENTER
2 78 - NORTH COAST CANCER 272 BENEDICT AVENUE NORWALK, OH 44857	OUTPATIENT PHYSICIAN CLINIC
3 79 - BROOKPARK COMPREHENSIVE FAMILY CARE 14401 SNOW ROAD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC
4 80 - WADSWORTH PRIMARY CARE ONE PARK CENTER DRIVE WADSWORTH, OH 44281	OUTPATIENT PHYSICIAN CLINIC
5 81 - OHIO RENAL CARE GROUP FARNSWORTH 3764 PEARL RD CLEVELAND, OH 44109	DIALYSIS CENTER
6 82 - CHARDON REHABILITATION AND SPORTS THERAPY 325 CENTER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
7 83 - CANFIELD ORTHOPAEDICS AND REHABILITATION 3736 BOARDMAN CANFIELD ROAD CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC
8 84 - AKRON GENERAL REHABILITATION AND SPORTS 585 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT REHABILITATION
9 85 - CLEVELAND CLINIC DIABETES AND ENDOCRINOLOGY 3733 PARK EAST DRIVE STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
10 86 - LIFELINE SLEEP CENTERS GREEN 4880 S MAIN STREET AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC
11 87 - SEVERANCE MEDICAL ARTS 5 SEVERANCE CIRCLE CLEVELAND HEIGHTS, OH 44118	OUTPATIENT PHYSICIAN CLINIC
12 88 - OHIO RENAL CARE GROUP ELYRIA 1050 N ABBE RD N ELYRIA, OH 44035	DIALYSIS CENTER
13 89 - OHIO RENAL CARE GROUP MENTOR 8840 TYLER BLVD MENTOR, OH 44060	DIALYSIS CENTER
14 90 - MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906	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)
91 91 - OHIO RENAL CARE GROUP WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
1 92 - OHIO RENAL CARE GROUP LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44109	DIALYSIS CENTER
2 93 - WELLINGTON MEDICAL OFFICE 805 PATRIOT DRIVE UNIT E WELLINGTON, OH 44090	OUTPATIENT PHYSICIAN CLINIC
3 94 - EDWIN SHAW REHAB 577 GRANT ST AKRON, OH 44311	OUTPATIENT REHABILITATION
4 95 - AKRON GENERAL GAMMA KNIFE CENTER 762 S CLEVELAND-MASSILLON RD FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
5 96 - OBERLIN OPHTHALMOLOGY 309 WEST LORAIN STREET OBERLIN, OH 44074	OUTPATIENT PHYSICIAN CLINIC
6 97 - MADISON REHABILITATION AND SPORTS THERAP 2622 HUBBARD ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
7 98 - CLEVELAND CLINIC CHILDREN'S CENTER FOR A 21016 HILLIARD BOULEVARD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
8 99 - MARYMOUNTCCF PAIN MANAGEMENT CENTER 12000 MCCRACKEN RD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
9 100 - AKRON GENERAL EXPRESS CARE CLINIC 4494 STATE ROUTE 43 KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
10 101 - MOHICAN EYE CENTER 637 NORTH UNION STREET LOUDONVILLE, OH 44842	OUTPATIENT PHYSICIAN CLINIC
11 102 - PORTAGE HILLS FAMILY MEDICINE 754 S CLEVELAND AVE MOGADORE, OH 44260	OUTPATIENT PHYSICIAN CLINIC
12 103 - COLE EYE - TERMAN PRACTICE 32901 STATION STREET SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
13 104 - SAGAMORE HILLS MEDICAL OFFICE II 885 WEST AURORA RD NORTHFIELD, OH 44067	OUTPATIENT PHYSICIAN CLINIC
14 105 - LAKEWOOD MEDICAL BUILDING 1450 BELLE AVENUE LAKEWOOD, OH 44107	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

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(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 - THE LANGSTON HUGHES CENTER CLEVELAND CLI 2390 E 79TH ST CLEVELAND, OH 44104	OUTPATIENT PHYSICIAN CLINIC
1 107 - FAIRVIEW HOSPITAL WELLNESS CENTER 3035 WOOSTER ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
2 108 - LIBERTY FAMILY MEDICINE 571 E TURKEYFOOT LAKE RD AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC
3 109 - NPCS - BEACHWOOD 26110 EMERY ROAD WARRENSVILLE HEIGHTS, OH 44128	OUTPATIENT PHYSICIAN CLINIC
4 110 - INDEPENDENCE CANCER CENTER 6100 WEST CREEK ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
5 111 - MEDICAL OFFICE PAVILLION 1946 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
6 112 - NPCS - CANAL PLACE 520 SOUTH MAIN STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
7 113 - THERAPY SERVICES SOUTH 17800 JEFFERSON PARK DRIVE STE 101 MIDDLEBURG HTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
8 114 - THERAPY SERVICES WEST 826 WESTPOINT PKWY STE 1200 WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
9 115 - ACCESS TO CARE 29000 AURORA ROAD SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
10 116 - AKRON GENERAL HEALTH CENTER 676 S BROADWAY STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
11 117 - AKRON GENERAL NEUROLOGY 3562 RIDGE PARK DRIVE FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
12 118 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 3636 YELLOW CREEK ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
13 119 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1355 CORPORATE DRIVE HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
14 120 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1622 E TURKEYFOOT LAKE 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

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(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 - AKRON GENERAL ORTHOPEDICS 43 SOUTH MAIN STREET MUNROE FALLS, OH 44262	OUTPATIENT PHYSICIAN CLINIC
1 122 - AKRON GENERAL REHABILITATION AND SPORTS 1500 CANTON RD AKRON, OH 44312	OUTPATIENT REHABILITATION
2 123 - AKRON GENERAL SPINE & PAIN INSTITUTE AND 2603 W MARKET ST 200-210 AKRON, OH 44313	OUTPATIENT PHYSICIAN CLINIC
3 124 - AKRON GENERAL URGENT CARE 3593 S ARLINGTON RD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
4 125 - ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
5 126 - BEACHWOOD FAMILY HEALTH & SURGERY CENTER 26900 CEDAR ROAD BEACHWOOD, OH 44122	FAMILY HEALTH CENTER
6 127 - BOARDMAN STAR IMAGING 7067 TIFFANY BOULEVARD BOARDMAN, OH 44512	DIAGNOSTIC CENTER
7 128 - CENTER FOR ARTHRITIS 1716 NORTH ROAD SE WARREN, OH 44484	OUTPATIENT PHYSICIAN CLINIC
8 129 - CENTER FOR UROLOGIC HEALTH 320 W EXCHANGE STREET AKRON, OH 44302	OUTPATIENT PHYSICIAN CLINIC
9 130 - CHARLESTON AREA MEDICAL CENTER 1201 WASHINGTON STREET EAST STE 100 CHARLESTON, WV 25301	OUTPATIENT PHYSICIAN CLINIC
10 131 - CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVENUE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
11 132 - CLEVELAND CLINIC FLORIDA WELLINGTON 2789 S STATE RD 7 STE 100/200 WELLINGTON, FL 33414	OUTPATIENT PHYSICIAN CLINIC
12 133 - CLEVELAND CLINIC HEART & VASCULAR 1400 WEST MAIN ST BELLEVUE HOSPITAL BELLEVUE, OH 44811	OUTPATIENT PHYSICIAN CLINIC
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

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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 BEECHER 425 BEECHER ROAD COLUMBUS, OH 43230	DIAGNOSTIC CENTER
6 142 - DAYTON STAR IMAGING 5529 FAR HILLS AVENUE DAYTON, OH 45429	OUTPATIENT PHYSICIAN CLINIC
7 143 - ERADIOLOGY (WESTON TOWN CENTER) 1792 BELL TOWER LANE WESTON, FL 33326	OUTPATIENT PHYSICIAN CLINIC
8 144 - EXPRESS CARE 313 EUCLID AVENUE CLEVELAND, OH 44114	OUTPATIENT PHYSICIAN CLINIC
9 145 - EXPRESS CARE 82 WEST STREETSBORO STREET HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
10 146 - EXPRESS CARE 739 GRAHAM ROAD CUYAHOGA FALLS, OH 44262	OUTPATIENT PHYSICIAN CLINIC
11 147 - FAIRLAWN UROLOGY 2651 W MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
12 148 - FORT LAUDERDALE CONCIERGE MEDICINE 1301 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33301	OUTPATIENT PHYSICIAN CLINIC
13 149 - HACKETT MEDICAL 8300 TYLER BOULEVARD MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
14 150 - KRUPA CENTER 3250 MERIDIAN PARKWAY WESTON, FL 33331	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)
151 151 - LAKEWEST MEDICAL BUILDING 36100 EUCLID AVENUE STE 280 WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
1 152 - LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
2 153 - LAKEWOOD PROFESSIONAL BUILDING 14601 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
3 154 - LAKEWOOD YMCA 16915 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
4 155 - LORAIN ORTHOPAEDICS 5800 COOPER FOSTER PARK ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
5 156 - LUTHERAN HOSPITAL MEDICAL OFFICES 6412 FRANKLIN BOULEVARD CLEVELAND, OH 44102	OUTPATIENT PHYSICIAN CLINIC
6 157 - MEDINA MEDICAL OFFICE 970 E WASHINGTON MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
7 158 - NILES STAR IMAGING 652 YOUNGSTOWN WARREN ROAD NILES, OH 44446	DIAGNOSTIC CENTER
8 159 - NORTHEASTERN OHIO MEDICAL SPECIALISTS 470 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
9 160 - OUTPATIENT PEDIATRIC CLINIC 1912 HAYES AVENUE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
10 161 - ROCKSIDE MEDICAL CENTER 6701 ROCKSIDE ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
11 162 - SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BOULEVARD NORTH OLMSTED, OH 44070	DIAGNOSTIC CENTER
12 163 - SLEEP DISORDERS CENTER 3750 ORANGE PLACE BEACHWOOD, OH 44122	DIAGNOSTIC CENTER
13 164 - SLEEP DISORDERS CENTER 8971 WILCOX DRIVE TWINSBURG, OH 44087	DIAGNOSTIC CENTER
14 165 - SLEEP DISORDERS CENTER 5051 WEST CREEK ROAD INDEPENDENCE, OH 44131	DIAGNOSTIC CENTER

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(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 - SLEEP DISORDERS CENTER 3122 EASTPOINTE DRIVE MEDINA, OH 44256	DIAGNOSTIC CENTER
1 167 - SPINE & PAIN INSTITUTE 307 W MAIN ST C KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
2 168 - SPINE & PAIN INSTITUTE 265 WEST MAIN STREET KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
3 169 - SPORTS HEALTH CENTER 5555 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
4 170 - STOW PROFESSIONAL BUILDING 3869 DARROW ROAD STOW, OH 44224	OUTPATIENT PHYSICIAN CLINIC
5 171 - STOW-FALLS MEDICAL OUTPATIENT CENTER 857 GRAHAM RD CUYAHOGA FALLS, OH 44221	OUTPATIENT PHYSICIAN CLINIC
6 172 - SUBURBAN HEALTH FAMILY PHYSICIANS 2818 S ARLINGTON ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
7 173 - SUMMIT MEDICAL 3600 WEST MARKET STREET AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
8 174 - SUMMIT OPHTHALMOLOGY 1587 BOETTLER ROAD GREEN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
9 175 - SUMMIT VASCULAR SPECIALISTS 1761 BEALL AVENUE WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
10 176 - TWINSBURG MEDICAL OFFICE 2365 EDISON BOULEVARD TWINSBURG, OH 44087	OUTPATIENT PHYSICIAN CLINIC
11 177 - VALLEY CITY FAMILY MEDICINE 6605 CENTER ROAD VALLEY CITY, OH 44280	OUTPATIENT PHYSICIAN CLINIC
12 178 - WEST PARK LEARNING CENTER 15531 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
13 179 - WEST VALLEY MEDICAL 20455 LORAIN ROAD 301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
14 180 - WESTLAKE MEDICAL CAMPUS A 850 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC & DIAGNOSTIC CTR

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

Name and address	Type of Facility (describe)
181 181 - WESTOWN PHYSICIAN CENTER 10654 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
1 182 - WILLOUGHBY HILLS REHABILITATION AND SPOR 29017 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
2 183 - WOOSTER MILLTOWN SPECIALTY & SURGERY CEN 721 EAST MILLTOWN ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
3 184 - 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

2017

**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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 110

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	252	8,024,228			
(2) FELLOWSHIPS	2337	104,826,662			
(3) STUDENT STIPENDS	34	588,020			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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

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
AATS GRAHAM FOUNDATION 800 CUMMINGS CENTER BEVERLY, MA 01915	23-7288866	501(C)(3)	100,000				HEALTHCARE RESEARCH & EDUCATION
ACCESS INC 230 W MARKET ST AKRON, OH 44303	34-1395246	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
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 44307	34-1087615	501(C)(3)	7,500				COMMUNITY SUPPORT
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

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
ALZHEIMERS ASSOCIATION 12200 FAIRHILL RD CLEVELAND, OH 44120	34-1311175	501(C)(3)	15,500				HEALTHCARE RESEARCH & EDUCATION
AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE 5550 FRIENDSHIP BLVD STE 310 CHEVY CHASE, MD 20815	23-7190271	501(C)(3)	25,000				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
AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	13-1788491	501(C)(3)	71,225				HEALTHCARE RESEARCH & EDUCATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	59-0637852	501(C)(3)	313,666				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 LIVER FOUNDATION 39 BROADWAY 27TH FL NEW YORK, NY 10006	36-2883000	501(C)(3)	54,000				HEALTHCARE RESEARCH & EDUCATION
AMERICAN LUNG ASSOCIATION 1740 BROADWAY NEW YORK, NY 10019	13-1632524	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000				COMMUNITY SUPPORT
AMERICAN RED CROSS 501 W MARKET ST AKRON, OH 44303	34-0714622	501(C)(3)	30,000				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
ANTIOCH BAPTIST CHURCH 8869 CEDAR AVE CLEVELAND, OH 44106	36-4497121	501(C)(3)	8,749				COMMUNITY SUPPORT
ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST NW ATLANTA, GA 30309	58-1341679	501(C)(3)	26,500				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
ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO 20600 CHAGRIN BLVD STE 701 SHAKER HTS, OH 44122	34-1407746	501(C)(3)	6,500				HEALTHCARE RESEARCH & EDUCATION
AXESSPOINTE COMMUNITY HEALTH CENTERS INC 1400 S ARLINGTON ST STE 38 AKRON, OH 44306	34-1735884	501(C)(3)	1,032,292				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
BEACHWOOD CHAMBER OF COMMERCE 23355 MERCANTILE RD BEACHWOOD, OH 44122	34-1684237	501(C)(6)	7,060				COMMUNITY SUPPORT
BENEDICTINE HIGH SCHOOL 2900 MARTIN LUTHER KING JR DR CLEVELAND, OH 44104	34-1619790	501(C)(3)	5,600				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
BLUECOATS INC 2330 MERCANTILE RD BEACHWOOD, OH 44122	34-6521108	501(C)(3)	10,000				COMMUNITY SUPPORT
BOYS AND GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVE CLEVELAND, OH 44127	34-0770686	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
BURTEN BELL CARR DEVELOPMENT INC 7201 KINSMAN RD CLEVELAND, OH 44104	34-1657533	501(C)(3)	10,500				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)	7,980				HEALTHCARE RESEARCH & EDUCATION
CARE ALLIANCE 1795 W 25TH ST CLEVELAND, OH 44113	34-1748776	501(C)(3)	15,000				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
CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT RD CLEVELAND, OH 44106	34-1018992	501(C)(3)	19,500				SUPPORT EDUCATIONAL ACTIVITIES
CENTERS FOR FAMILIES AND CHILDREN 601 LAKESIDE AVE CLEVELAND, OH 44114	23-7084455	501(C)(3)	15,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITIES AID FOUNDATION AMERICA 1800 DIAGONAL RD STE 150 ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	1,553,500				COMMUNITY SUPPORT
CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON 1 PERKINS SQUARE AKRON, OH 44308	34-0714357	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
CITY CLUB OF CLEVELAND 850 EUCLID AVE 2ND FL CLEVELAND, OH 44114	34-0144897	501(C)(3)	10,600				COMMUNITY SUPPORT
CITY OF AKRON 166 S HIGH ST AKRON, OH 44308	34-6000020	501(C)(1)	53,380				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
CLARK COUNTY MEDICAL SOCIETY INC 2590 E RUSSELL RD LAS VEGAS, NV 89120	88-6004317	501(C)(3)	15,000				HEALTHCARE RESEARCH & EDUCATION
CLEVELAND BOTANICAL GARDEN 11030 E BLVD CLEVELAND, OH 44106	34-0239538	501(C)(3)	5,104				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714553	501(C)(3)	18,337,058				HEALTHCARE RESEARCH & EDUCATION
CLEVELAND HEARING AND SPEECH CENTER 11635 EUCLID AVE CLEVELAND, OH 44106	34-0714648	501(C)(3)	16,600				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 INTERNATIONAL FILM FESTIVAL INC 2510 MARKET AVE CLEVELAND, OH 44113	34-1262368	501(C)(3)	10,000				COMMUNITY SUPPORT
CLEVELAND LEADERSHIP CENTER 1375 E 9TH ST CLEVELAND, OH 44114	34-1927317	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
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144	34-6000704	501(C)(1)	50,000				COMMUNITY SUPPORT
CLEVELAND METROPOLITAN SCHOOL DISTRICT 1380 E 6TH ST CLEVELAND, OH 44114	34-6000662	501(C)(1)	15,500				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
CLEVELAND MUSEUM OF ART 11150 EAST BLVD CLEVELAND, OH 44106	34-0714336	501(C)(3)	76,130				COMMUNITY SUPPORT
CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL DR CLEVELAND, OH 44106	34-0714338	501(C)(3)	19,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND SCHOOL OF SCIENCE & MEDICINE 2075 STOKES BLVD CLEVELAND, OH 44106	34-3740643	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	34-0966056	501(C)(3)	45,100				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
COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE STE 1800 CLEVELAND, OH 44113	34-6580096	501(C)(3)	12,000				SUPPORT EDUCATIONAL ACTIVITIES
COLON CANCER ALLIANCE 1025 VERMONT AVE NW STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	25,000				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY WEST FOUNDATION 800 SHARON DR STE C WESTLAKE, OH 44145	34-1456398	501(C)(3)	44,850				COMMUNITY SUPPORT
CROHNS & COLITIS FOUNDATION OF AMERICA 23366 COMMERCE PARK RD BEACHWOOD, OH 44122	13-6193105	501(C)(3)	18,000				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
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVE CLEVELAND, OH 44115	23-7320719	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD STE 6 PARMA, OH 44134	26-2300532	501(C)(3)	31,250				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEMOCRACY COLLABORATIVE FOUNDATION INC 1422 EUCLID AVE STE 1652 CLEVELAND, OH 44115	20-0387511	501(C)(3)	10,000				COMMUNITY SUPPORT
EARS TO YOU PO BOX 190 HINCKLEY, OH 44233	26-4131382	501(C)(3)	8,250				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
EMERIL LAGASSE FOUNDATION 829 SAINT CHARLES AVE NEW ORLEANS, LA 70130	42-1536915	501(C)(3)	300,000				COMMUNITY SUPPORT
EPILEPSY ASSOCIATION 2831 PROSPECT AVE CLEVELAND, OH 44115	23-7198807	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
ESPERANZA INC 4115 BRIDGE AVE CLEVELAND, OH 44113	34-1403492	501(C)(3)	20,000				SUPPORT EDUCATIONAL ACTIVITIES
FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION 8111 QUINCY AVE STE 100 CLEVELAND, OH 44104	34-1706856	501(C)(3)	324,562				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
FAMICOS FOUNDATION INC 1325 ANSEL RD CLEVELAND, OH 44106	34-1053534	501(C)(3)	20,000				COMMUNITY SUPPORT
FATIMA FAMILY CENTER 6600 LEXINGTON AVE CLEVELAND, OH 44103	26-1323950	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
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVE CLEVELAND, OH 44114	20-4948838	501(C)(3)	10,150				SUPPORT EDUCATIONAL ACTIVITIES
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	34-1879035	501(C)(3)	32,500				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF LAKE ERIE COUNCIL 19201 VILLAVIEW RD CLEVELAND, OH 44119	34-0714415	501(C)(3)	10,000				COMMUNITY SUPPORT
GREATER AKRON CHAMBER OF COMMERCE 1 CASCADE PLAZA 17TH FL AKRON, OH 44308	34-1156576	501(C)(6)	75,000				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
GREATER CLEVELAND FOOD BANK INC 15500 S WATERLOO RD CLEVELAND, OH 44110	34-1292848	501(C)(3)	15,000				COMMUNITY SUPPORT
GREATER CLEVELAND HABITAT FOR HUMANITY 2110 W 110TH ST CLEVELAND, OH 44102	31-1209423	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
GREATER DAVIE COOPER CITY CHAMBER OF COMMERCE 4801 S UNIVERSITY DR STE 229 DAVIE, FL 33328	59-0939271	501(C)(6)	5,100				COMMUNITY SUPPORT
GREATER FORT LAUDERDALE CHAMBER OF COMMERCE 512 NE 3 AVE FT LAUDERDALE, FL 33301	59-0250255	501(C)(6)	6,000				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
GROUP PLAN COMMISSION 50 PUBLIC SQUARE STE 803 CLEVELAND, OH 44113	46-1908475	501(C)(3)	10,000				COMMUNITY SUPPORT
HEREDITARY DISEASE FOUNDATION 3960 BROADWAY 6TH FL NEW YORK, NY 10032	23-7376197	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
HISPANIC ALLIANCE INC 3110 W 25TH ST CLEVELAND, OH 44109	26-2001603	501(C)(3)	7,000				COMMUNITY SUPPORT
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON ST HOLLYWOOD, FL 33021	59-2230272	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
JON BON JOVI SOUL FOUNDATION 1635 MARKET ST 17TH FL PHILADELPHIA, OH 19103	20-5036346	501(C)(3)	500,000				COMMUNITY SUPPORT
KAMMS CORNER DEVELOPMENT CORPORATION 17407 LORAIN AVE STE 200 CLEVELAND, OH 44111	34-1254542	501(C)(3)	14,000				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
KARAMU HOUSE 2355 E 89TH ST CLEVELAND, OH 44106	34-0714448	501(C)(3)	15,000				COMMUNITY SUPPORT
KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89106	88-0515534	501(C)(3)	50,500				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
KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	31-6402079	501(C)(3)	6,500				SUPPORT EDUCATIONAL ACTIVITIES
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	92,364				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
MAIN STREET MEDINA 23 PUBLIC SQUARE STE 220 MEDINA, OH 44256	26-1802645	501(C)(3)	17,500				COMMUNITY SUPPORT
MARCH OF DIMES FOUNDATION 614 SUPERIOR AVE NW CLEVELAND, OH 44113	13-1846366	501(C)(3)	17,250				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
MARTY HENNESSY INSPIRING CHILDREN FOUNDATION PO BOX 60953 BOULDER CITY, NV 89006	20-1638145	501(C)(3)	20,000				COMMUNITY SUPPORT
MAYFIELD CITY SCHOOLS 1101 SOM CENTER RD MAYFIELD HTS, OH 44124	34-6001843	501(C)(1)	5,500				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112	34-1903712	501(C)(3)	10,000	2,010,369	ESTIMATED VALUE	MEDICAL SUPPLIES	HEALTHCARE RESEARCH & EDUCATION
METRO HEALTH SYSTEM 2500 METROHEALTH DR CLEVELAND, OH 44109	34-6004382	501(C)(3)	135,597				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
MILESTONES ORGANIZATION 1888 SOUTH COMPTON RD CLEVELAND HTS, OH 44118	20-0721205	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION
NAMI GREATER CLEVELAND 2012 W 25TH ST STE 600 CLEVELAND, OH 44113	20-2254268	501(C)(3)	15,000				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
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1422 EUCLID AVE CLEVELAND, OH 44115	13-5661935	501(C)(3)	15,000				HEALTHCARE RESEARCH & EDUCATION
NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE RD CLEVELAND, OH 44102	34-1300581	501(C)(3)	15,403				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
NORTH COAST HEALTH MINISTRY 16110 DETROIT AVE LAKEWOOD, OH 44107	34-1536257	501(C)(3)	13,000				HEALTHCARE RESEARCH & EDUCATION
NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE STE 302 CLEVELAND, OH 44120	34-1812026	501(C)(3)	33,500				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES INC 4800 PAYNE AVE CLEVELAND, OH 44103	34-1014291	501(C)(3)	5,550				HEALTHCARE RESEARCH & EDUCATION
OHIO CITY INCORPORATED 2525 MARKET AVE STE A CLEVELAND, OH 44113	34-1372076	501(C)(3)	10,580				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	500,000				SUPPORT EDUCATIONAL ACTIVITIES
OPEN DOORS INC 3311 PERKINS AVE CLEVELAND, OH 44114	04-3697716	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
ORANGE BOWL COMMITTEE INC 14360 NW 77TH CT MIAMI LAKES, FL 33016	59-0384382	501(C)(3)	40,000				SUPPORT EDUCATIONAL ACTIVITIES
RAINEY INSTITUTE 1523 E 55TH ST CLEVELAND, OH 44144	34-6555952	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
REGIONAL TRANSIT AUTHORITY PO BOX 6566 CLEVELAND, OH 44101	34-1170830	501(C)(1)	125,000				COMMUNITY SUPPORT
RONALD MCDONALD HOUSE OF CLEVELAND INC 10415 EUCLID AVE CLEVELAND, OH 44106	34-1269123	501(C)(3)	43,625				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH ACADEMY 3470 ROCKY RIVER DR CLEVELAND, OH 44111	34-1618516	501(C)(3)	16,000				SUPPORT EDUCATIONAL ACTIVITIES
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103	52-2401852	501(C)(3)	90,232				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
SCHOLARSHIP AMERICA INC PO BOX 240 ST PETER, MN 56082	04-2296967	501(C)(3)	21,275				SUPPORT EDUCATIONAL ACTIVITIES
SENIOR TRANSPORTATION CONNECTION OF CUYAHOGA COUNTY 4735 W 150TH ST CLEVELAND, OH 44135	30-0319480	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
SISTERS OF ST JOSEPH THIRD ORDER OF ST FRANCIS 12425 GRANGER RD GARFIELD HTS, OH 44125	34-0943303	501(C)(3)	57,915				SUPPORT EDUCATIONAL ACTIVITIES
SOUTH EUCLID UNITED CHURCH OF CHRIST 4217 BLUESTONE RD SOUTH EUCLID, OH 44121	34-0714615	501(C)(3)	291,667				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
SOUTH FLORIDA HOSPITAL ASSOCIATION INC 1855 GRIFFIN RD STE A415 DANIA BEACH, FL 33004	59-0979494	501(C)(3)	31,355				HEALTHCARE RESEARCH & EDUCATION
SOUTH FLORIDA HOSPITAL RESEARCH & EDUCATION FOUNDATION INC 1855 GRIFFIN RD STE A415 DANIA BEACH, FL 33004	59-2732250	501(C)(3)	5,220				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)	24,000				HEALTHCARE RESEARCH & EDUCATION
TEAM NEO FOUNDATION 1111 SUPERIOR AVE CLEVELAND, OH 44114	34-1885407	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 CLEVELAND FOUNDATION 1422 EUCLID AVE STE 1300 CLEVELAND, OH 44115	34-0714588	501(C)(3)	252,500				COMMUNITY SUPPORT
THE FREE CLINIC OF GREATER CLEVELAND 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	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 SALVATION ARMY 440 W NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)(3)	15,000				COMMUNITY SUPPORT
THE VILLAGE AT MARYMOUNT 5200 MARYMOUNT VILLAGE DR GARFIELD HTS, OH 44125	20-5652595	501(C)(3)	25,000				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWARDS EMPLOYMENT INC 1255 EUCLID AVE STE 300 CLEVELAND, OH 44115	34-1578831	501(C)(3)	12,500				COMMUNITY SUPPORT
TRANSPLANT HOUSE OF CLEVELAND 2007 E 115TH ST APT 1 CLEVELAND, OH 44106	27-2834616	501(C)(3)	98,330				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
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)	6,550				COMMUNITY SUPPORT
UNIVERSITY CIRCLE INCORPORATED 10831 MAGNOLIA DR CLEVELAND, OH 44106	34-0823464	501(C)(3)	8,000				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 AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	501(C)(1)	5,500				SUPPORT EDUCATIONAL ACTIVITIES
UNIVERSITY OF AKRON FOUNDATION 302 BUCHTEL MALL AKRON, OH 44325	34-6575496	501(C)(3)	11,500				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
UNIVERSITY OF MIAMI GABLES ONE TOWER STE 300 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	11,200				SUPPORT EDUCATIONAL ACTIVITIES
URBAN LEAGUE OF CLEVELAND 12001 SHAKER BLVD CLEVELAND, OH 44120	34-0720563	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
WOMEN OF COLOR FOUNDATION 50 PUBLIC SQUARE CLEVELAND, OH 44113	02-0743542	501(C)(3)	7,500				COMMUNITY SUPPORT
YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVE STE 130 CLEVELAND, OH 44114	34-0714728	501(C)(3)	8,000				COMMUNITY SUPPORT

Schedule J
(Form 990)

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

2017

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 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 checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" 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 checked="" 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 checked="" type="checkbox"/> First-class or charter travel	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> First-class or charter travel	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes									
	4b Yes									
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part 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 KATHLEEN DONLEY \$9,432 THOMAS STOVER \$360,500 SEVERANCE PAYMENTS ACCRUED IN 2017 BUT NOT YET PAID ARE REPORTED IN PART VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS KATHLEEN DONLEY \$54,414 THOMAS STOVER \$152,519 JOANNE ZEROSKE \$431,520 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DAVID BARNES - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$1,166,790 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN DAVID EINSTEIN - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$1,353,959 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN MICHAEL MODIC - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$1,514,049 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN ANNE SINGER - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$1,591,884 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HER 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 2017 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 DAVID BARNES - \$88,386 INCREASE, DELOS COSGROVE - \$78,339 DECREASE, CYNTHIA DEYLING - \$650,815 INCREASE, DAVID EINSTEIN - \$187,326 INCREASE, SERPIL ERZURUM - \$898,584 INCREASE, THOMAS HAMILTON - \$133,426 INCREASE, DONALD MALONE - \$313,577 INCREASE, MICHAEL MCHUGH - \$13,048 INCREASE, MICHAEL MEEHAN - \$56,007 INCREASE, MICHAEL MODIC - \$42,715 INCREASE, JUAN NOGUERAS - \$341,095 INCREASE, RICHARD PARKER - \$518,499 INCREASE, JAMES STOLLER - \$136,872 INCREASE 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 - \$23,729 INCREASE, DAWN BAILEY - \$21,833 INCREASE, LISA BARRETT - \$190 INCREASE, JAMES BEKENY - \$1,650 INCREASE, KATHLEEN BURNS - \$9,211 INCREASE, DONALD CARROLL - \$10,402 INCREASE, ANKIT CHHABRA - \$304 INCREASE, SUSAN COLLIER - \$35,046 INCREASE, DONALD CORPORA - \$15,384 INCREASE, ELLIOT DAVIDSON - \$20,017 INCREASE, BARBARA DEL CASTILLO - \$176 INCREASE, OSMEL DELGADO - \$4,186 INCREASE, KATHLEEN DONLEY - \$264,990 INCREASE, ANDREW FENTON - \$30,597 INCREASE, DAVID FISER - \$22,746 INCREASE, SUSAN FOSTER - \$12,789 INCREASE, DAVID FRIGO - \$14,451 INCREASE, PHILLIP R GARD - \$806 INCREASE, STEVEN C GLASS - \$7,900 INCREASE, DEBORAH GORDON - \$215 INCREASE, CHERYL GUSTER - \$23,756 INCREASE, DANIEL GUYTON (ONLY LISTED ON PART VII) - \$110,836 INCREASE, THERESA HOLTHAUS - \$2,610 INCREASE, MARK HORATTAS - \$19,774 INCREASE, CAROL ICSMAN - \$9,349 INCREASE, MARY KENNEDY - \$6,551 INCREASE, RENEE KOLONICK \$9,127 INCREASE, RICHARD LEA - \$5,256 INCREASE, GEORGE LITMAN - \$1,191 DECREASE, KERRY MAJOR - \$2,361 INCREASE, LINDA MCHUGH - \$11,705 INCREASE, SHEILA MILLER - \$4,581 INCREASE, JOHN MILLS - \$1,720 INCREASE, JEFFREY MOORE - \$28,897 INCREASE, FARID MUAKKASSA - \$30,832 INCREASE, KAREN MULLEN - \$2,223 INCREASE, JANICE MURPHY - \$47,951 INCREASE, KEITH NILSSON - \$17,307 INCREASE, JASON OBLANDER - \$1,007 INCREASE, SUE OMORI - \$9,762 INCREASE, ALAN PAPA - \$19,942 INCREASE, RITA PAPPAS - \$3,758 INCREASE, WILLIAM PEACOCK - \$2,201 INCREASE, EUGENE PFISTER - \$436,885 INCREASE, DOUGLAS RIBLEY - \$5,288 INCREASE, MARY SAUER - \$10,253 INCREASE, TITUS SHEERS - \$25,971 INCREASE, JESSICA SLIFKO - \$3,321 INCREASE, DEBORAH SMALL - \$207 INCREASE, BRIAN SMITH - \$28,035 INCREASE, VICKY SNYDER - \$8,316 INCREASE, REBECCA STARCK - \$5,476 INCREASE, THOMAS STOVER - \$66,940 INCREASE, THOMAS THOMPSON - \$12,728 INCREASE, ERICK VIDMAR - \$3,252 INCREASE, JOANNE ZEROSKE - \$19,653 INCREASE, AND BARBARA ZINNER - \$14,718 INCREASE

Additional Data

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

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				
1BARRETT LISA DIR - AGP, SECRETARY - AGHS	(i)	219,547	0	1,558	190	14,935	236,230	0
	(ii)	0	0	0	0	0	0	0
1BARSOU WAEEL TRUSTEE & HOSPITAL PRESIDENT - CCFHS	(i)	904,187	0	85,024	27,000	14,459	1,030,670	0
	(ii)	0	0	0	0	0	0	0
2BLANDON RUDOLFO J TRUSTEE & CHIEF OF STAFF	(i)	644,672	0	57,939	27,000	15,681	745,292	0
	(ii)	0	0	0	0	0	0	0
3BOLOGNA MD RAYMOND DIRECTOR & VICE CHAIR - PPG	(i)	495,704	0	38,172	27,000	13,187	574,063	0
	(ii)	0	0	0	0	0	0	0
4COSGROVE DELOS M DIRECTOR, PRES, CEO - CCF	(i)	7,194,679	0	468,104	-51,339	17,492	7,628,936	0
	(ii)	0	0	0	0	0	0	0
5DAVIDSON MD ELLIOT DIRECTOR & CHAIR - PPG	(i)	267,239	8,699	8,631	31,222	26,369	342,160	0
	(ii)	0	0	0	0	0	0	0
6DEL CASTILLO BARBARA DIR & ASST SEC - CC FLA PHARMACY	(i)	458,581	0	21,898	27,176	13,065	520,720	0
	(ii)	0	0	0	0	0	0	0
7DELGADO OSMEL DIR & ADMINISTRATOR CLINICAL OPS	(i)	351,741	0	7,951	5,981	13,820	379,493	0
	(ii)	0	0	0	0	0	0	0
8DONLEY BRIAN DIR & CHIEF OF STAFF - CCF	(i)	1,299,141	0	125,894	27,000	20,030	1,472,065	0
	(ii)	0	0	0	0	0	0	0
9FRIGO DAVID DIRECTOR, TREASURER - AGHS	(i)	216,163	0	4,066	23,292	15,892	259,413	0
	(ii)	0	0	0	0	0	0	0
10GLASS STEVEN C DIR, CFO & TREAS - CCF	(i)	1,464,141	0	141,647	34,900	18,030	1,658,718	0
	(ii)	0	0	0	0	0	0	0
11HARRINGTON MICHAEL DIR, CAO & CONTROLLER - CCF	(i)	693,381	0	64,216	27,000	18,830	803,427	0
	(ii)	0	0	0	0	0	0	0
12HARTE BRIAN DIRECTOR, PRES - AKRON GENERAL	(i)	602,903	0	54,961	27,000	19,268	704,132	0
	(ii)	0	0	0	0	0	0	0
13JONES J STEPHEN DIR & PRES, REG HOSP & FHCS	(i)	727,653	0	69,805	27,000	19,518	843,976	0
	(ii)	0	0	0	0	0	0	0
14MCHUGH MICHAEL TRUSTEE & MED DIR - CCCHR	(i)	398,818	0	21,975	40,048	18,367	479,208	0
	(ii)	0	0	0	0	0	0	0
15MODIC MICHAEL DIR & PRES - CCF NY MED SVCS	(i)	986,744	0	1,617,303	69,715	20,042	2,693,804	0
	(ii)	0	0	0	0	0	0	0
16MULLEN RN MBA KAREN PRESIDENT- VNSA, DIRECTOR - VNS	(i)	198,330	0	35,750	11,121	4,368	249,569	0
	(ii)	0	0	0	0	0	0	0
17NILSSON KEITH DIR & CFO - CC FLA PHARMACY SVCS	(i)	443,737	0	8,449	25,407	16,297	493,890	0
	(ii)	0	0	0	0	0	0	0
18PAPA ALAN PRESIDENT, DIRECTOR - AGMC	(i)	414,541	0	29,161	30,742	19,613	494,057	0
	(ii)	0	0	0	0	0	0	0
19PAPPAS RITA TRUSTEE, PRES - CCCHR (PART YR)	(i)	367,571	0	11,292	30,758	17,577	427,198	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				
21PARKER RICHARD TRUSTEE & PRESIDENT - MM	(i)	777,129	0	76,701	545,499	20,042	1,419,371	0
	(ii)	0	0	0	0	0	0	0
1PEACOCK WILLIAM DIR, CHIEF OF OPS - CC FLA	(i)	1,416,963	0	119,076	29,201	18,208	1,583,448	0
	(ii)	0	0	0	0	0	0	0
2PIEDIMONTE GIOVANNI TRUSTEE, PRES - CCCHR (PART YR)	(i)	700,266	0	46,769	27,000	18,030	792,065	0
	(ii)	0	0	0	0	0	0	0
3ROWAN DAVID DIR, SEC, CHIEF LEGAL OFF - CC FLA	(i)	1,343,989	0	135,423	27,000	19,182	1,525,594	0
	(ii)	0	0	0	0	0	0	0
4TULISIAK THOMAS PRES - MEDINA HOSP, DIR - AGF	(i)	344,623	0	24,804	27,000	16,974	413,401	0
	(ii)	0	0	0	0	0	0	0
5ANDERSON MICHAEL PHYSICIAN, TRUSTEE - MARYMOUNT	(i)	304,810	0	26,628	27,000	16,974	375,412	0
	(ii)	0	0	0	0	0	0	0
6BEKENY JAMES PHYSICIAN, TRUSTEE - LAKEWOOD HOSP	(i)	329,676	0	33,675	28,650	17,725	409,726	0
	(ii)	0	0	0	0	0	0	0
7BERNICK CHARLES PHYSICIAN, DIRECTOR - KMA	(i)	302,010	0	7,556	27,000	15,974	352,540	0
	(ii)	0	0	0	0	0	0	0
8BOGAR KEVIN PHYSICIAN, TRUSTEE - MARYMOUNT	(i)	494,258	0	172,829	27,000	18,218	712,305	0
	(ii)	0	0	0	0	0	0	0
9BORDEN BRAD PHYSICIAN, TRUSTEE - CCCHR	(i)	758,156	0	74,890	27,000	16,540	876,586	0
	(ii)	0	0	0	0	0	0	0
10BRAMAN KENNETH PHYSICIAN, DIRECTOR - PPG	(i)	261,569	5,000	8,449	10,800	25,562	311,380	0
	(ii)	0	0	0	0	0	0	0
11BREAUX TODD PHYSICIAN, DIRECTOR - AGMC	(i)	434,037	0	37,598	27,000	13,091	511,726	0
	(ii)	0	0	0	0	0	0	0
12BROOKS STEVE PHYSICIAN, DIR - AGMC, ESR, LODI	(i)	275,833	0	877	6,454	13,487	296,651	0
	(ii)	0	0	0	0	0	0	0
13CHHABRA ANKIT DIRECTOR - AGMC, EXEC DIR - REG FNCL	(i)	263,599	0	2,049	8,380	14,542	288,570	0
	(ii)	0	0	0	0	0	0	0
14CORPORA DON DIRECTOR - VNS, CHIEF HR	(i)	283,634	0	22,960	42,384	17,299	366,277	0
	(ii)	0	0	0	0	0	0	0
15CULLEY CARL A JR PHYSICIAN, TRUSTEE - LAKEWOOD	(i)	168,631	0	6,011	17,000	16,181	207,823	0
	(ii)	0	0	0	0	0	0	0
16CUMMINGS JEFFREY PHYSICIAN, DIRECTOR - KMA	(i)	426,040	0	46,405	27,000	16,131	515,576	0
	(ii)	0	0	0	0	0	0	0
17DEYLING CYNTHIA CHIEF QUALITY OFF, TRUSTEE - MM	(i)	608,169	0	58,195	677,815	16,002	1,360,181	0
	(ii)	0	0	0	0	0	0	0
18FENTON MD ANDREW PHYSICIAN, DIRECTOR - PPG & AGF	(i)	344,528	0	21,692	41,397	18,386	426,003	0
	(ii)	0	0	0	0	0	0	0
19FREEMAN RICHARD B PHYSICIAN, TRUSTEE - LAKEWOOD	(i)	273,135	0	27,478	27,000	17,272	344,885	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 GROSSMAN MD JORDAN PHYSICIAN, DIRECTOR - PPG	(i)	644,978	0	20,240	10,800	22,575	698,593	0
	(ii)	0	0	0	0	0	0	0
1 HARLEY DO DOUGLAS PHYSICIAN, DIRECTOR - AGMC	(i)	252,625	34,653	1,654	10,752	167,645	467,329	0
	(ii)	0	0	0	0	0	0	0
2 HAYEK MD ANTHONY PHYSICIAN, DIRECTOR - AGMC	(i)	154,619	0	1,380	4,870	18,523	179,392	0
	(ii)	0	0	0	0	0	0	0
3 HOLTHAUS THERESA V CHAIR-PHILANTHROPY INST, DIR	(i)	186,474	0	5,779	8,552	20,725	221,530	0
	(ii)	0	0	0	0	0	0	0
4 HORATTAS MD MARK PHYSICIAN, DIRECTOR - AGMC	(i)	323,108	0	21,793	30,574	22,433	397,908	0
	(ii)	0	0	0	0	0	0	0
5 KALAFATIS LARA PHILANTHROPY CHAIR, DIR - KMA	(i)	469,363	0	19,480	27,000	15,369	531,212	0
	(ii)	0	0	0	0	0	0	0
6 KEATING CATHERINE PHYSICIAN, DIRECTOR - AGMC	(i)	622,625	0	63,919	8,100	1,490	696,134	0
	(ii)	0	0	0	0	0	0	0
7 KOHLER DOUGLAS VP MED OPS, TRUSTEE - MM	(i)	547,131	0	184,558	27,000	18,040	776,729	0
	(ii)	0	0	0	0	0	0	0
8 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
9 MACHADO ANDRE CHAIR NEURO INST, DIRECTOR - KMA	(i)	851,363	0	79,639	27,000	20,808	978,810	0
	(ii)	0	0	0	0	0	0	0
10 MOORE JEFFREY PHYSICIAN, DIRECTOR - AGMC	(i)	353,779	0	5,624	39,697	15,287	414,387	0
	(ii)	0	0	0	0	0	0	0
11 MOORHEAD MD COLIN PHYSICIAN, DIRECTOR - PPG	(i)	406,489	0	1,490	10,800	21,380	440,159	0
	(ii)	0	0	0	0	0	0	0
12 MURPHY JANICE DIRECTOR - AGMC, COO	(i)	581,541	0	58,823	74,951	15,630	730,945	0
	(ii)	0	0	0	0	0	0	0
13 OMORI SUE DIRECTOR - AGF, MARKETING	(i)	215,377	0	887	16,434	16,149	248,847	0
	(ii)	0	0	0	0	0	0	0
14 PFISTER MD EUGENE PHYSICIAN, DIRECTOR - AGMC & PPG	(i)	242,623	27,372	49,752	446,225	15,287	781,259	0
	(ii)	0	0	0	0	0	0	0
15 PHILLIPS MICHEAL MD PHYSICIAN, DIRECTOR - CCF (PART YR)	(i)	198,260	0	8,727	19,036	4,482	230,505	0
	(ii)	0	0	0	0	0	0	0
16 POSK LORI PHYSICIAN, DIRECTOR - AGF	(i)	271,992	0	1,957	27,000	18,718	319,667	0
	(ii)	0	0	0	0	0	0	0
17 ROME ELLEN PHYSICIAN, DIRECTOR - CCCHR	(i)	209,240	0	1,820	21,200	17,937	250,197	0
	(ii)	0	0	0	0	0	0	0
18 SHERIDAN CATHERINE PHYSICIAN, DIR - MEDINA HOSP FDN	(i)	205,128	0	677	20,635	16,393	242,833	0
	(ii)	0	0	0	0	0	0	0
19 SNYDER VICKY DIRECTOR - MEDINA HOSP FDN	(i)	224,241	0	3,757	15,273	24,042	267,313	0
	(ii)	0	0	0	0	0	0	0

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61THOMPSON THOMAS PHYSICIAN, DIRECTOR - AGMC	(i)	479,169	0	28,748	21,287	15,103	544,307	0
	(ii)	0	0	0	0	0	0	0
1WHITE MD HAROLD PHYSICIAN, DIRECTOR - AGF	(i)	513,569	0	54,868	27,000	16,002	611,439	0
	(ii)	0	0	0	0	0	0	0
2YERIAN LISA MD PHYSICIAN, DIRECTOR - CCF	(i)	343,739	0	8,175	27,000	20,782	399,696	0
	(ii)	0	0	0	0	0	0	0
3ZEIN NIZAR MD PHYSICIAN, DIRECTOR - CCF	(i)	517,288	0	27,354	27,000	25,415	597,057	0
	(ii)	0	0	0	0	0	0	0
4ALVAREZ MD BENITO PRESIDENT - PPG	(i)	363,302	0	11,574	10,800	18,916	404,592	0
	(ii)	0	0	0	0	0	0	0
5ERZURUM SERPIL CHAIR OF LERNER INST	(i)	551,010	0	32,600	925,584	1,490	1,510,684	0
	(ii)	0	0	0	0	0	0	0
6GARD PHILIP ADMINISTRATIVE DIRECTOR - CCEF	(i)	177,244	0	4,336	18,969	13,324	213,873	0
	(ii)	0	0	0	0	0	0	0
7GROOFF PAUL SECRETARY - TN PC & NY MED SERV PC	(i)	534,715	0	48,383	27,000	17,455	627,553	0
	(ii)	0	0	0	0	0	0	0
8JUHASZ ROBERT HOSP PRES - S POINTE (PART YR)	(i)	287,762	0	25,879	27,000	16,137	356,778	0
	(ii)	0	0	0	0	0	0	0
9MALONE DONALD HOSPITAL PRESIDENT - LUTHERAN	(i)	395,590	0	23,264	340,577	17,830	777,261	0
	(ii)	0	0	0	0	0	0	0
10MCHUGH LINDA ASST SECRETARY - CCSS	(i)	732,887	0	70,353	38,705	17,097	859,042	0
	(ii)	0	0	0	0	0	0	0
11 MCKENZIE MARGARET MD HOSP PRES - S POINTE (PART YR)	(i)	399,771	0	36,387	27,000	18,690	481,848	0
	(ii)	0	0	0	0	0	0	0
12MEEHAN MICHAEL J RECORDING SECRETARY - CCF	(i)	320,679	0	33,495	83,007	17,492	454,673	0
	(ii)	0	0	0	0	0	0	0
13MILLER CHARLIE CHIEF MED OFF - CC MED SVCS	(i)	844,679	0	86,421	27,000	17,492	975,592	0
	(ii)	0	0	0	0	0	0	0
14NAPIERKOWSKI DANIEL HOSPITAL PRESIDENT - EUCLID	(i)	535,897	28,511	23,741	27,000	16,152	631,301	0
	(ii)	0	0	0	0	0	0	0
15OBLANDER JASON ASST SECRETARY - CCF	(i)	204,933	0	1,846	7,337	14,613	228,729	0
	(ii)	0	0	0	0	0	0	0
16SHEWBRIDGE RICHARD CEO/HOSP PRESIDENT - MEDINA HOSP	(i)	275,036	0	2,092	27,000	17,625	321,753	0
	(ii)	0	0	0	0	0	0	0
17SMITH BRIAN VICE PRES - CLINIC CARE, INC	(i)	239,068	0	11,603	35,430	16,399	302,500	0
	(ii)	0	0	0	0	0	0	0
18SMITH NEIL HOSPITAL PRESIDENT - FAIRVIEW	(i)	397,000	0	35,840	27,000	14,984	474,824	0
	(ii)	0	0	0	0	0	0	0
19STARCK REBECCA HOSPITAL PRESIDENT - AVON	(i)	577,753	0	52,779	32,476	17,118	680,126	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				
1 STOLLER JAMES CHAIR - EDUCATION INSTITUTE	(i)	507,886	0	31,793	163,872	18,135	721,686	0
	(ii)	0	0	0	0	0	0	0
1A BDENOUR STEPHEN SR VP SYSTEM OPERATIONS - AGMC	(i)	244,429	0	24,891	34,529	6,767	310,616	0
	(ii)	0	0	0	0	0	0	0
2 BAILEY DAWN CNO - EUCLID HOSPITAL	(i)	178,956	0	7,038	27,474	18,045	231,513	0
	(ii)	0	0	0	0	0	0	0
3 BENNETT KRIS COO - S POINTE/HILLCREST	(i)	250,878	0	8,104	7,711	15,108	281,801	0
	(ii)	0	0	0	0	0	0	0
4 COLLIER SUSAN VP NURSING, CNO - HILLCREST	(i)	258,216	0	4,768	42,868	11,576	317,428	0
	(ii)	0	0	0	0	0	0	0
5 FISER DAVID VP INFORMATION SYSTEMS / CIO	(i)	238,157	0	24,842	33,546	17,638	314,183	0
	(ii)	0	0	0	0	0	0	0
6 GUSTER CHERIE SR VP AND CNO - AGMC	(i)	223,917	0	50,196	31,691	15,587	321,391	0
	(ii)	0	0	0	0	0	0	0
7 KOLONICK RENEE COO - MARYMOUNT HOSP	(i)	220,071	0	4,267	15,864	13,656	253,858	0
	(ii)	0	0	0	0	0	0	0
8 LEA RICHARD COO - EUCLID HOSPITAL	(i)	250,034	0	3,390	12,986	16,133	282,543	0
	(ii)	0	0	0	0	0	0	0
9 MAJOR KERRY CNO - CC FLA HEALTH SYS	(i)	242,206	0	1,688	9,864	14,558	268,316	0
	(ii)	0	0	0	0	0	0	0
10 MATTNER MATTHEW COO - LUTHERAN	(i)	225,926	0	2,989	6,926	14,067	249,908	0
	(ii)	0	0	0	0	0	0	0
11 MIHALJEVIC TOMISLAV CHIEF EXECUTIVE OFFICER - CCAD	(i)	1,321,758	0	763,509	27,000	108,916	2,221,183	0
	(ii)	0	0	0	0	0	0	0
12 MILLER SHEILA CNO - SOUTH POINTE HOSP	(i)	211,404	0	1,032	11,103	15,149	238,688	0
	(ii)	0	0	0	0	0	0	0
13 MILLS JOHN COO - FAIRVIEW	(i)	307,354	0	7,339	9,820	0	324,513	0
	(ii)	0	0	0	0	0	0	0
14 PETER MD DAVID VP MEDICAL AFFAIRS/CHIEF MEDICAL OFF	(i)	382,658	31,208	29,692	10,600	20,126	474,284	0
	(ii)	0	0	0	0	0	0	0
15 SAUER MARY CNO -AVON	(i)	202,845	0	7,380	16,486	19,133	245,844	0
	(ii)	0	0	0	0	0	0	0
16 SCHUSTER JANET CNO - LUTHERAN	(i)	181,859	0	5,592	5,745	18,592	211,788	0
	(ii)	0	0	0	0	0	0	0
17 SMALL DEBORAH CNO - FAIRVIEW	(i)	257,586	0	19,048	8,024	11,939	296,597	0
	(ii)	0	0	0	0	0	0	0
18 VIDMAR ERICK ADMINISTRATIVE DIRECTOR - NEVADA	(i)	187,314	0	29,107	9,005	17,540	242,966	0
	(ii)	0	0	0	0	0	0	0
19 ZINNER BARBARA CNO - MARYMOUNT	(i)	210,098	0	5,899	18,570	15,424	249,991	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 EINSTEIN DAVID PHYSICIAN (2017 RETIREE)	(i)	415,327	0	1,385,749	214,326	9,936	2,025,338	0
	(ii)	0	0	0	0	0	0	0
1A NJM HANI PHYSICIAN	(i)	1,486,463	0	272,194	27,000	22,274	1,807,931	0
	(ii)	0	0	0	0	0	0	0
2 SINGER ANNE PHYSICIAN (2017 RETIREE)	(i)	95,118	0	1,610,523	11,340	1,724	1,718,705	0
	(ii)	0	0	0	0	0	0	0
3 SURI RAKESH CHIEF OF STAFF - CCF	(i)	1,217,651	0	466,375	27,000	119,283	1,830,309	0
	(ii)	0	0	0	0	0	0	0
4 BARNES DAVID PHYSICIAN (2017 RETIREE)	(i)	360,657	0	1,193,069	115,386	21,641	1,690,753	0
	(ii)	0	0	0	0	0	0	0
5 FORD DONALD FORMER OFFICER	(i)	321,015	0	27,875	27,000	16,718	392,608	0
	(ii)	0	0	0	0	0	0	0
6 FUNK JONATHAN R FORMER OFFICER	(i)	242,131	0	2,806	24,350	16,540	285,827	0
	(ii)	0	0	0	0	0	0	0
7 HAMILTON THOMAS FORMER OFFICER	(i)	399,457	0	21,786	159,971	19,529	600,743	0
	(ii)	0	0	0	0	0	0	0
8 NOGUERAS JUAN FORMER OFFICER	(i)	554,776	0	54,051	368,095	12,370	989,292	0
	(ii)	0	0	0	0	0	0	0
9 RODRIGUEZ RICARDO FORMER OFFICER	(i)	447,877	0	22,487	27,000	17,194	514,558	0
	(ii)	0	0	0	0	0	0	0
10 ROSENTHAL RAUL FORMER OFFICER	(i)	762,778	0	53,476	27,000	12,868	856,122	0
	(ii)	0	0	0	0	0	0	0
11 SLIFKO JESSICA FORMER OFFICER	(i)	351,831	0	8,846	30,321	15,621	406,619	0
	(ii)	0	0	0	0	0	0	0
12 STOVER MD THOMAS FORMER OFFICER (RETIRED)	(i)	0	0	360,500	219,459	0	579,959	0
	(ii)	0	0	0	0	0	0	0
13 VANHORN AMANDA FORMER OFFICER	(i)	197,236	0	1,287	8,537	19,448	226,508	0
	(ii)	0	0	0	0	0	0	0
14 ZEROSKE JOANNE FORMER OFFICER	(i)	352,196	0	38,251	478,173	17,120	885,740	0
	(ii)	0	0	0	0	0	0	0
15 CARROLL DONALD FORMER KEY EMPLOYEE	(i)	239,146	0	8,561	17,737	14,311	279,755	0
	(ii)	0	0	0	0	0	0	0
16 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
17 DONLEY KATHLEEN FORMER KEY EMPLOYEE	(i)	195,305	0	10,517	325,386	15,103	546,311	0
	(ii)	0	0	0	0	0	0	0
18 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
19 FOSTER SUSAN FORMER KEY EMPLOYEE	(i)	210,905	0	5,417	21,447	16,623	254,392	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				
1 ICSMAN CAROL FORMER KEY EMPLOYEE	(i)	192,548	9,015	3,796	17,340	15,576	238,275	0
	(ii)	0	0	0	0	0	0	0
1 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
2 KENNEDY MARY FORMER KEY EMPLOYEE	(i)	125,507	0	6,977	10,486	9,198	152,168	0
	(ii)	0	0	0	0	0	0	0
3 KOCSIS DANA FORMER KEY EMPLOYEE	(i)	178,528	0	2,707	7,211	6,767	195,213	0
	(ii)	0	0	0	0	0	0	0
4 MUAKKASSA MD FARID FORMER KEY EMPLOYEE	(i)	310,918	0	9,377	43,898	31,369	395,562	0
	(ii)	0	0	0	0	0	0	0
5 RIBLEY DOUGLAS FORMER KEY EMPLOYEE	(i)	231,708	17,845	6,350	15,103	24,550	295,556	0
	(ii)	0	0	0	0	0	0	0
6 SCHMIEDEL JUSTIN FORMER KEY EMPLOYEE	(i)	207,428	0	1,882	6,279	19,796	235,385	0
	(ii)	0	0	0	0	0	0	0
7 SHEERS MD TITUS FORMER KEY EMPLOYEE	(i)	319,387	0	5,651	37,412	23,772	386,222	0
	(ii)	0	0	0	0	0	0	0
8 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

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

**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

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	32,748,777		31,646,205		39,150,565		13,335,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	309,434,914		519,383,182		208,951,439		41,120,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds							2,302,465	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,129,301		3,825,815		2,003,385		735,249	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	20,001,498		411,300,530					
11	Other spent proceeds	287,304,115		104,256,837		206,948,054		38,082,286	
12	Other unspent proceeds								
13	Year of substantial completion	2013		2012		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 350 %		1 050 %		1 140 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 080 %		0 %		0 %	
6 Total of lines 4 and 5	0 350 %		1 130 %		1 140 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 05/09/2017 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 11/01/2016 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 11/02/2016 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 08/25/2014 ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 10/15/2013 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
 ▶ 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
2017
 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	677561FV9	08-25-2009	807,007,320	BONDS 2009A&B REFUND 2008B, FACILITY CONSTRUCTION, EQUIPPING AND IMPROVING		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AG22	10-15-2008	451,686,386	BOND 2008A REFUND 06A, 04A, AND 01A, FACILITY IMPROVEMENTS		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AJ37	10-15-2008	670,000,000	BOND 2008B REFUND 06A, 04A, AND 01A, FACILITY IMPROVEMENTS		X		X		X
D	COLLIER COUNTY HEALTH FACILITIES AUTHORITY	59-2351395	19463LAB9	04-16-2003	118,200,000	BOND 2003C REFUND FL SERIES 1999, FINANCING WESTON CLINIC		X		X		X

Part II Proceeds

		A		B		C		D		
1	Amount of bonds retired		775,051,463		443,321,386		342,425,000		76,295,000	
2	Amount of bonds legally defeased		70,000		435,000					
3	Total proceeds of issue		807,007,320		451,686,386		670,000,000		118,200,000	
4	Gross proceeds in reserve funds									
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds		1,099,225		800,000		1,200,000		412,525	
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds		501,164,781		218,639,952		324,315,217		13,520,714	
11	Other spent proceeds		304,743,315		251,263,651		372,706,929		104,266,761	
12	Other unspent proceeds									
13	Year of substantial completion		2011		2008		2008		2003	
			Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?			X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 830 %		0 600 %		0 600 %		1 140 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 010 %		0 020 %		0 020 %		0 %	
6 Total of lines 4 and 5	0 840 %		0 620 %		0 620 %		1 140 %	
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 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.

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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	NONEAVAIL	12-21-2017	9,305,000	BOND 2017C REFUND 2002 SERIES		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561KS0	08-29-2017	939,576,748	BOND 2017A REFUND 2008A, 2008B, 2009A, 2009B, 2012A SERIES		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired				1,609,497				
2	Amount of bonds legally defeased								
3	Total proceeds of issue		9,305,000		939,576,748				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds		9,305,000		939,576,748				
12	Other unspent proceeds								
13	Year of substantial completion	2017		2017					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		2 120 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 010 %				
6 Total of lines 4 and 5		0 %		2 130 %				
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**

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THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) D COSGROVE	CEO/PRES	INSURANCE PREMIUM PAYMENTS TREATED AS A LOAN		X	229,247	7,103,879		No	Yes		Yes	
Total						▶ \$	7,103,879					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SOPHIA HORATTAS	FAMILY MEMBER OF MARK HORATTAS	54,082	EMPLOYMENT AGREEMENT WITH AKRON GENERAL MEDICAL CENTER		No
(2) ELENI HORATTAS	FAMILY MEMBER OF MARK HORATTAS	52,002	EMPLOYMENT AGREEMENT WITH AKRON GENERAL MEDICAL CENTER		No
(3) ALISON ALEMAGNO	FAMILY MEMBER OF SONIA ALEMAGNO	39,258	EMPLOYMENT AGREEMENT WITH AKRON GENERAL MEDICAL CENTER		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

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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	28	183,955	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		3,140	SALE COMPARABLE GOODS
5 Clothing and household goods	X		382,730	SALE COMPARABLE GOODS
6 Cars and other vehicles	X	1	28,334	COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	180	13,090,686	AVERAGE HIGH/LOW
10 Securities—Closely held stock	X	1	1,977,534	COST
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	430,000	APPRAISAL
17 Real estate—Other				
18 Collectibles	X	2	321,500	APPRAISAL
19 Food inventory	X	33	63,783	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT TICKETS)	X	33	71,845	COST
26 Other ▶ (MEDICAL EQUIPMENT)	X	10	71,508	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** 6

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 32B	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)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

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.

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990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT</p>	<p>CLEVELAND CLINIC, LOCATED IN CLEVELAND, OHIO, IS A NONPROFIT, TAX-EXEMPT ACADEMIC MEDICAL CENTER THAT INTEGRATES CLINICAL AND HOSPITAL CARE WITH RESEARCH AND EDUCATION THE CLEVELAND CLINIC 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 2017 CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$906.5 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 2017 COMMUNITY CONNECTIONS, BASED ON THE CHA REPORTING METHODOLOGY SEE FORM 990, SCHEDULE H FOR A RECONCILIATION OF SCHEDULE H TO COMMUNITY BENEFIT REPORTING)) 1 PATIENT CARE IN 2017, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDED AN ACADEMIC MEDICAL CENTER AND 10 COMMUNITY HOSPITALS (AKRON GENERAL MEDICAL CENTER, AVON, EUCLID, FAIRVIEW, HILL CREST, 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 2017, THE CLEVELAND CLINIC HEALTH SYSTEM RECORDED 3,847 TOTAL STAFFED BEDS, 644,575 EMERGENCY VISITS, 207,354 SURGICAL CASES, 180,948 ADMISSIONS, AND MO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE STATEMENT	<p>RE THAN 7 6 MILLION TOTAL CLINIC VISITS IT IS THE POLICY OF CLEVELAND CLINIC HEALTH SYSTEM TO TREAT ALL PATIENTS WITH COMPASSION, DIGNITY AND RESPECT, REGARDLESS OF THEIR RACE, 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 DISEASE THE INSTITUTES FACILITATE A MULTIDISCIPLINARY APPROACH, AND ARE DESIGNED TO ENHANCE CONVENIENCE FOR PATIENTS AND THE EXCHANGE OF KNOWLEDGE, RESEARCH AND EDUCATIONAL COLLABORATION FOR BETTER PATIENT OUTCOMES SOME OF THE INSTITUTES ARE ANESTHESIOLOGY, COLE EYE, COMMUNITY CARE, DERMATOLOGY & PLASTIC SURGERY, DIGESTIVE DISEASE & SURGERY, EMERGENCY SERVICES, ENDOCRINOLOGY & METABOLISM, GLICKMAN UROLOGICAL & KIDNEY, HEAD & NECK, MILLER FAMILY HEART & VASCULAR, IMAGING, MEDICINE, NEUROLOGICAL, NURSING, OB/GYN & WOMEN'S HEALTH, ORTHOPAEDIC & RHEUMATOLOGY, PATHOLOGY & LABORATORY MEDICINE, PEDIATRIC & CHILDREN'S HOSPITAL, RESPIRATORY, AND TAUSSIG CANCER 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 2017 OVERALL, CLEVELAND CLINIC WAS AMONG THE NATION'S BEST HOSPITALS, EARNING THE NO. 2 RANKING FOR THE 23RD 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. 1 DISTINCTION IN UROLOGY AND NO. 2 IN NEPHROLOGY TWELVE OTHER CLEVELAND CLINIC SPECIALTIES ALSO RANKED IN THE TOP 10 AMONG CLEVELAND CLINIC'S HIGHLY RANKED PROGRAMS, TEN PLACED IN THE TOP 5 AND FIVE - CARDIOLOGY & HEART SURGERY, GASTROENTEROLOGY & GI SURGERY, NEPHROLOGY, RHEUMATOLOGY, AND UROLOGY - PLACED AMONG THE TOP 2 CLEVELAND CLINIC WAS ALSO RATED "TOP PERFORMING" IN ONE ADULT SPECIALTY AND EIGHT PROCEDURES & CONDITIONS CLEVELAND CLINIC HAS ACHIEVED THE DISTINGUISHED MAGNET RECOGNITION MAGNET STATUS IS THE HIGHEST NATIONAL RECOGNITION AWARDED TO A HOSPITAL OR MEDICAL CENTER FOR EXCELLENCE IN NURSING ANCC, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, 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 PRESTIGIOUS HONOR CLEVELAND CLINIC RECEIVED SEVERAL AWARDS FROM PRACTICE GREENHEALTH PRACTICE GREENHEALTH RECOGNIZES ORGANIZATIONS WITHIN THE HEALTHCARE SECTOR THAT SUPPORT AND CREATE BETTER, SAFER, AND GREENER WORKPLACES AND COMMUNITIES IN 2017, CLEVELAND CLINIC AND ITS FACILITIES RECEIVED THE ENVIRONMENTAL EXCELLENCE AWARD, PARTNER FOR CHANGE AWARD, GREENING THE OR LEADERSHIP AWARD, LEADERSHIP CIRCLE AWARD, LESS WASTE CIRCLE AWARD, GREENING THE CIRCLE AWARD, ENVIRONMENTAL PREFERABLE PURCHASING CIRCLE AWARD, AND THE GREEN BUILDING CIRCLE AWARD THE LEAPFROG GROUP RELEASED ITS SEMI-ANNUAL SAFETY SCORES, REFLECTING A COMPPOSITE OF SAFETY PRACTICES, STR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE STATEMENT	<p>LECTURES, INFECTIONS, COMPLICATIONS AND PATIENT EXPERIENCE PERFORMANCE ALL CLEVELAND CLINIC HOSPITALS MAINTAINED OR IMPROVED PATIENT SAFETY SCORES DURING THIS PERIOD FOUNDED IN 1914, AKRON GENERAL IS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT SERVES AS THE HUB FOR CLEVELAND CLINIC'S SOUTHERN REGION THE 470 STAFFED BED TEACHING AND RESEARCH MEDICAL CENTER, AKRON GENERAL INCLUDES LODI HOSPITAL, VISITING NURSE SERVICE, AND HEALTH & WELLNESS CENTERS U.S. NEWS & WORLD REPORT RECENTLY RANKED AKRON GENERAL AS THE TENTH BEST HOSPITAL IN OHIO AKRON GENERAL RANKED 31ST NATIONALLY IN PULMONOLOGY AND RANKED AS "HIGH PERFORMING" IN GASTROENTEROLOGY AND GI SURGERY, GERIATRICS, NEPHROLOGY, AND UROLOGY AKRON WAS ALSO RANKED AS "HIGH PERFORMING" IN 5 ADULT PROCEDURES AND CONDITIONS THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS "MAGNET" STATUS DESIGNATION TO AKRON GENERAL AKRON GENERAL IS ACCREDITED BY JOINT COMMISSION, ALSO RECEIVING ITS GOLD SEAL OF APPROVAL FOR STROKE CARE IT IS SUMMIT COUNTY'S FIRST ACCREDITED CHEST PAIN CENTER, MEETING STRICT CRITERIA FROM THE SOCIETY OF CHEST PAIN CENTERS AND PROVIDERS AKRON GENERAL HAS BEEN REPEATEDLY NAMED AMONG AMERICA'S MOST WIRED & MOST WIRELESS HOSPITALS BY HOSPITALS & HEALTH NETWORKS MAGAZINE AKRON GENERAL'S MCDOWELL CANCER INSTITUTE IS THE ONLY AKRON CANCER HOSPITAL TO RECEIVE AN OUTSTANDING ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER AKRON GENERAL PARTICIPATES IN NATIONAL CANCER INSTITUTE (NCI) SPONSORED CLINICAL TRIALS, AS WELL AS PHARMACEUTICAL INDUSTRY SPONSORED TRIALS MEMBERSHIP IN SIX NCI COOPERATIVE GROUPS PROVIDES PATIENTS WITH ACCESS TO A WIDE MENU OF CLINICAL TRIALS IN 2017, AKRON GENERAL ALSO RECEIVED THE MAKING MEDICINE MERCURY FREE AWARD FROM PRACTICE GREENHEALTH OPENED IN NOVEMBER 2016, AVON HOSPITAL HAS 126 STAFFED BEDS AND PROVIDES INPATIENT AND OUTPATIENT SERVICES THE FIVE STORY HOSPITAL WAS DESIGNED TO ACCOMMODATE FUTURE ADVANCES IN MEDICAL CARE AVON HOSPITAL'S FEATURES INCLUDE TWO 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>FOUNDED IN 1907, EUCLID HOSPITAL HAS BECOME ONE OF THE REGION'S LEADING SUB-ACUTE CARE, OUTPATIENT REHABILITATION AND ORTHOPAEDIC CENTERS. THE HOSPITAL, WITH 165 STAFFED BEDS, OFFERS A COMPLETE CONTINUUM OF CARE WITH NATIONALLY RENOWNED SPECIALTIES THAT INCLUDE SUB-ACUTE CARE, CLEVELAND CLINIC NEURO-REHABILITATION PROGRAM, EMERGENCY DEPARTMENT, GERIATRIC ASSESSMENT PROGRAM, HEALING GARDEN WITH LAKEFRONT VIEWS, ORTHOPAEDICS, AND OUTPATIENT REHABILITATION. IT WAS RECOGNIZED IN 2017 BY U.S. NEWS & WORLD REPORT FOR ACHIEVING THE "HIGHEST PERFORMING" RATING IN ONE ADULT PROCEDURE OR CONDITION: KNEE REPLACEMENT. IN 2017, 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. THE HOSPITAL ALSO MAINTAINS A PATHWAYS TO EXCELLENCE DESIGNATION FROM THE AMERICAN NURSES CREDENTIALING CENTER. FOUNDED IN 1892, FAIRVIEW HOSPITAL IS A FAITH-BASED COMMUNITY HOSPITAL WITH 460 STAFFED BEDS. IT IS A FULLY ACCREDITED HOSPITAL BY THE JOINT COMMISSION, WITH A CERTIFIED LEVEL II TRAUMA CENTER. CLEVELAND CLINIC CANCER CENTER AT FAIRVIEW HOSPITAL, HAS BEEN AWARDED THE OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS, COMMISSION ON CANCER. FAIRVIEW HOSPITAL'S ADDITIONAL STRONG CLINICAL CENTERS OF EXCELLENCE INCLUDE BIRTHING CENTER, HEART SURGERY, AND SURGERY. IN 2017, U.S. NEWS & WORLD REPORT RECOGNIZED FAIRVIEW HOSPITAL AS THE NUMBER THREE HOSPITAL IN THE CLEVELAND METRO AREA AND NUMBER SIX IN OHIO. FAIRVIEW HOSPITAL WAS NATIONALLY RANKED FOR RADIOLOGY & HEART SURGERY, GASTROENTEROLOGY & GI SURGERY, AND PULMONOLOGY AND THE "HIGHEST PERFORMING" IN SIX OTHER SPECIALTIES. THE HOSPITAL ALSO ACHIEVED THE "HIGHEST PERFORMING" RATING IN FIVE COMMON ADULT PROCEDURES AND CONDITIONS. THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS "MAGNET" STATUS TO FAIRVIEW HOSPITAL. 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 PRESTIGIOUS HONOR. IN 2017, FAIRVIEW HOSPITAL RECEIVED SEVERAL AWARDS FROM PRACTICE GREENHEALTH, INCLUDING THE PARTNER FOR CHANGE AWARD AND GREENING THE OR RECOGNITION AWARD. OPENED IN NOVEMBER 1968, HILLCREST HOSPITAL HAS 440 STAFFED HOSPITAL BEDS. HILLCREST HOSPITAL HAS BEEN NATIONALLY RECOGNIZED 11 TIMES AS ONE OF AMERICA'S 100 TOP HOSPITALS, A DESIGNATION BASED ON EXTENSIVE RESEARCH OF U.S. HOSPITALS, AS CONDUCTED BY THOMSON REUTERS. THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS "MAGNET" STATUS TO HILLCREST HOSPITAL.</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>TAL 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 PRESTIGIOUS HONOR IN 2017, U S NEWS & WORLD REPORT RECOGNIZED HILLCREST HOSPITAL IN THE NATIONAL RANKINGS FOR DIABETES & ENDOCRINOLOGY AND THE "HIGHEST PERFORMING" IN 7 OTHER SPECIALTIES THE HOSPITAL ALSO ACHIEVED "HIGHEST PERFORMING" IN SIX COMMON ADULT PROCEDURES AND CONDITIONS THE HOSPITAL IS ALSO RANKED WITHIN THE TOP 5 AMONG CLEVELAND -AREA HOSPITALS AND THE TOP 10 IN THE STATE HILLCREST HOSPITAL HOLDS ACCREDITATION FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTH ORGANIZATIONS AND FULL ACCREDITATION WITH PCI FROM THE SOCIETY OF CHEST PAIN CENTERS IN THE CONSUMER GUIDE TO OHIO HOSPITAL QUALITY, HILLCREST RECEIVED THE HIGHEST POSSIBLE RANKING IN FIVE CARDIAC CATEGORIES, INCLUDING ANGIOPLASTY, CARDIAC CATHETERIZATION, CAROTID (NECK) ARTERY SURGERY, CONGESTIVE HEART FAILURE AND CORONARY ARTERY BYPASS GRAFT OPENED IN 1896, LUTHERAN HOSPITAL IS A 194 STAFFED BED HOSPITAL OFFERING QUALITY MEDICAL CARE, CUTTING-EDGE TECHNOLOGY AND ADVANCED RESEARCH AND SURGERY LUTHERAN OFFERS EXPERT CARE IN AREAS SUCH AS ORTHOPAEDICS, SPINE, PAIN MANAGEMENT, GENERAL SURGERY, BEHAVIORAL HEALTH, ALCOHOL AND DRUG RECOVERY, WOUND CARE, LAB AND IMAGING SERVICES, AND EMERGENCY MEDICINE AMONG THE 124 COMMUNITY HOSPITALS NATIONWIDE, LUTHERAN HOSPITAL HAS PLACED #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, THE LEADING ACCREDITOR OF HEALTHCARE ORGANIZATIONS IN THE UNITED STATES, HAS ALSO RECOGNIZED LUTHERAN HOSPITAL AS A TOP PERFORMER ON KEY QUALITY MEASURES LUTHERAN HAS AWARDED THE PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) THIS DESIGNATION IS EARNED BY HEALTHCARE ORGANIZATIONS THAT DEMONSTRATE COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES STAFF FOUNDED IN 1949, MARYMOUNT HOSPITAL IS A 277 STAFFED BED ACUTE CARE HOSPITAL PROVIDING ADVANCED HEALTH CARE, GUIDED BY THE VALUES OF SERVICE, COMPASSION, DIGNITY, AND RESPECT IN 2017, U S NEWS & WORLD REPORT RECOGNIZED MARYMOUNT HOSPITAL AS ONE OF THE TOP TEN HOSPITALS IN THE CLEVELAND METRO AREA MARYMOUNT ACHIEVED "HIGHEST PERFORMING" IN THREE COMMON ADULT PROCEDURES HEART FAILURE, COLON CANCER SURGERY, AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE MARYMOUNT HOSPITAL WAS RECOGNIZED WITH THE GREENHEALTH EMERALD AWARD BY PRACTICE GREENHEALTH, THE NATION'S LEADING HEALTHCARE COMMUNITY THAT EMPOWERS ITS MEMBERS TO INCREASE THE 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 GI</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>VEN EACH YEAR TO INCREASE ENVIRONMENTAL SUSTAINABILITY ACHIEVEMENTS IN THE HEALTHCARE SECT OR MARYMOUNT WAS AWARDED THE PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES CRE DENTIALING CENTER (ANCC) THIS DESIGNATION IS EARNED BY HEALTHCARE ORGANIZATIONS THAT DEMO NSTRATE COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES S TAFF FOUNDED IN 1944, MEDINA HOSPITAL IS A 121 STAFFED BED ACUTE CARE FACILITY MEDINA'S STRONG CLINICAL CENTERS OF EXCELLENCE INCLUDE EMERGENCY DEPARTMENT, ORTHOPAEDICS, AND SURG ERY THE HOSPITAL FEATURES MORE THAN 300 PHYSICIANS COVERING MORE THAN 30 AREAS OF SPECIAL IZATION MEDINA HAS WON THE VIZIENT BERNARD A BIRNBAUM, MD, QUALITY LEADERSHIP AWARD FOR EXCELLENCE IN DELIVERING SAFE, PATIENT-CENTERED CARE THAT IS TIMELY, EFFECTIVE, EFFICIENT, AND EQUITABLE IN 2017, IT WAS ALSO AWARDED THE PRACTICE GREENHEALTH PARTNER FOR CHANGE A WARD SOUTH POINTE HOSPITAL, IS A 139 STAFFED BED ACUTE CARE, COMMUNITY TEACHING HOSPITAL WHICH HAS BEEN SERVICING THE HEALTHCARE NEEDS OF ITS COMMUNITY SINCE 1957 SOUTH POINTE DE LIVERS A PATIENT CENTERED MODEL OF CARE WHICH PROMOTES THE HEALING OF THE MIND, BODY AND S PIRIT U S NEWS & WORLD REPORT RECOGNIZED SOUTH POINTE HOSPITAL IN ACHIEVING THE "HIGHEST PERFORMING" RATING IN GASTROENTEROLOGY & GI SURGERY AND NEUROLOGY & NEUROSURGERY AND TWO COMMON ADULT PROCEDURES HEART FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE THE HOSP ITAL WAS ALSO RANKED WITHIN THE TOP 10 AMONG CLEVELAND AREA HOSPITALS THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS "MAGNET" STATUS TO SOUTH POINTE ANCC, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION RE FLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE FEWER THAN 400 O F THE COUNTRY'S 6,000- PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR THE CANCER PROGRA M AT SOUTH POINTE HOSPITAL HAS A FOUR YEAR ACCREDITATION BY THE COMMISSION ON CANCER FOR T HE AMERICAN COLLEGE OF SURGEONS THIS HONOR IS ONLY GRANTED TO 20% OF THE HOSPITALS IN THE UNITED STATES CLEVELAND CLINIC FLORIDA IS A WORLD-RENOWNED ACADEMIC MEDICAL CENTER WITH ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN SOUTH FLORIDA FOR THE EIGHTH YE AR IN A ROW, CLEVELAND CLINIC FLORIDA RANKED HIGHEST AMONG HOSPITALS IN BROWARD COUNTRY IN REGIONAL RANKINGS IN U S NEWS & WORLD REPORT'S RANKING OF BEST HOSPITALS 2017-2018 CLEV ELAND CLINIC FLORIDA IS RANKED 2ND IN THE MIAMI-FT LAUDERDALE METRO REGION AND 8TH IN THE STATE OF FLORIDA</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>THE HEALTH SYSTEM INCLUDES A 155 STAFFED BED HOSPITAL, DIAGNOSTIC CENTERS, OUTPATIENT SURGERY, AND A 24-HOUR EMERGENCY DEPARTMENT IN WESTON, FLORIDA. CLEVELAND CLINIC FLORIDA HAS LOCATIONS IN WESTON, PALM BEACH, PALM BEACH GARDENS AND PARKLAND. THE WESTON CAMPUS IS CURRENTLY UNDERGOING AN EXPANSION THAT WILL INCLUDE EXPANSION OF THE EMERGENCY DEPARTMENT, IMAGING AND LABORATORY FACILITIES, ADDITIONAL OPERATING ROOMS AND IN-PATIENT HOSPITAL BEDS. IN ADDITION, TWO NEW LOCATIONS ARE SCHEDULED TO OPEN IN 2018, A CLINIC AND AMBULATORY SURGERY CENTER IN CORAL SPRINGS AND A NEW CLINIC IN WELLINGTON, FLORIDA. THE ADDITION OF THE CORAL SPRINGS AND WELLINGTON FACILITIES WILL BRING THE NUMBER OF LOCATIONS IN FLORIDA TO NINE. IN 2017, CLEVELAND CLINIC FLORIDA HAD 482,100 PATIENT VISITS, 13,138 INTERNATIONAL PATIENT VISITS, AND MORE THAN 250 STAFF PHYSICIAN AND 114 RESIDENTS AND FELLOWS IN 11 ACCREDITED TRAINING PROGRAMS. IN 2017, U.S. NEWS & WORLD REPORT NATIONALLY RANKED TWO OF FLORIDA'S ADULT SPECIALTIES: GASTROENTEROLOGY & GI SURGERY, AND ORTHOPEDICS. IT WAS ALSO "HIGHEST PERFORMING" RATING IN TWO ADULT SPECIALTIES AND FOUR ADULT PROCEDURES & CONDITIONS. CLEVELAND CLINIC FLORIDA WAS AWARDED THE PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC). THIS DESIGNATION IS EARNED BY HEALTHCARE ORGANIZATIONS THAT DEMONSTRATE COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES STAFF. IN ADDITION, PRACTICE GREENHEALTH AWARDED IT WITH THE PARTNER RECOGNITION AWARD. IN JUNE 2017, CLEVELAND CLINIC FLORIDA CELEBRATED A MAJOR MILESTONE, COMPLETING ITS 500TH SOLID ORGAN TRANSPLANT PROCEDURE, FOUR YEARS AFTER ESTABLISHING A LIVER AND KIDNEY TRANSPLANT PROGRAM AND THREE YEARS AFTER ESTABLISHING A HEART TRANSPLANT PROGRAM. THE CLEVELAND CLINIC LOU 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 SUPPORT FOR THEIR FAMILIES. PHYSICIANS AND STAFF FOCUS ON EARLY INTERVENTION FOR MILD COGNITIVE DISORDERS THROUGH PHYSICAL EXERCISE, COGNITIVE REHABILITATION, AND MEDICATION. THE CENTER ALSO ENGAGES IN EDUCATION AND RESEARCH ACTIVITIES: KEEP MEMORY ALIVE ("KMA") RAISES FUNDS TO OPERATE THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH TO ADVANCE THE RESEARCH AND TREATMENT OF PATIENTS WITH NEUROCOGNITIVE DISORDERS THAT RESULT FROM NEUROLOGICAL DISEASES INCLUDING ALZHEIMER'S, HUNTINGTON'S, PARKINSON'S, AND AMYOTROPHIC LATERAL SCLEROSIS (ALS). KMA STRIVES TO CREATE GREATER AWARENESS OF NEUROCOGNITIVE DISORDERS, EDUCATE FAMILIES ABOUT TREATMENTS, RESEARCH EFFORTS, AND AVAILABLE CAREGIVER SERVICES, AND PROMOTE LIFESTYLE CHANGES TO ENCOURAGE HEALTHY BRAIN AGING. 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.</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>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 \$90 MILLION IN 2017</p> <p>II 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 OF THE LEADING NIH-FUNDED RESEARCH INSTITUTES IN THE UNITED STATES AND HAS SPEARHEADED NUMEROUS ADVANCES IN THE DIAGNOSIS AND TREATMENT OF COMPLEX MEDICAL PROBLEMS SCIENTISTS AND THEIR TEAMS ARE PURSUING A WIDE RANGE OF BIOMEDICAL QUESTIONS AT LRI, INCLUDING THOSE RELATED TO CARDIOVASCULAR, CANCER, NEUROLOGICAL, MUSCULOSKELETAL, AND METABOLIC DISEASES ALTOGETHER, NEARLY 1,500 SCIENTISTS AND SUPPORT PERSONNEL WORK AT LRI THIS INCLUDES APPROXIMATELY 240 RESEARCH FELLOWS, 160 GRADUATE STUDENTS AND 200 UNDERGRADUATE STUDENTS 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 2017, CLEVELAND CLINIC WAS INVOLVED IN APPROXIMATELY 4,000 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 2017, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$224.5 MILLION, WHICH INCLUDED EXTERNALLY-SPONSORED FUNDING OF \$153.8 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</p> <p>III EDUCATION ON ITS MAIN CAMPUS, CLEVELAND CLINIC OPERATES A MEDICAL SCHOOL AND RELATE</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>D 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 2017, PROVIDED A NET COMMUNITY BENEFIT OF \$280.9 MILLION THESE EDUCATIONAL ACTIVITIES ENSURE RESIDENTS AND PATIENTS IN ALL OF THE CLEVELAND CLINIC HEALTH SYSTEM'S COMMUNITIES ARE RECEIVING THE HIGHEST STANDARD OF MEDICAL CARE AND HAVE TRAINED HEALTH PROFESSIONALS TO CARE FOR THEM IN THE FUTURE SOME OF THESE EDUCATION PROGRAMS INCLUDE -GRADUATE MEDICAL EDUCATION CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN THE COUNTRY IN 2017, 1,965 RESIDENTS AND FELLOWS TRAINED IN 107 ACCREDITED TRAINING PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), INCLUDING 157 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 2017-18 ACADEMIC YEAR THE PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 150 PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON 2017 CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT SUBMISSIONS), AND 46 STUDENTS PARTICIPATED IN LOCAL AND NATIONAL MEETINGS WITH PRESENTATIONS AND POSTERS -VISITING MEDICAL STUDENTS VISITING MEDICAL STUDENT EDUCATION REPRESENTS A MAJOR ACADEMIC COMMITMENT BY CLEVELAND CLINIC IN 2017, 595 MEDICAL STUDENTS FROM 160 MEDICAL SCHOOLS AROUND THE WORLD ROTATED THROUGH CLEVELAND CLINIC</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>-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 "AC CREDITATION WITH COMMENDATION " IN 2017, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 1,939 CME ACTIVITIES THAT OFFERED OVER 12,000 CME CREDITS TO 182,550 PARTICIPANTS OF THAT NUMBER, 1,396 WERE LIVE COURSES THAT ATTRACTED 82,637 PARTICIPANTS CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL CENTERS THE CENTER'S WEBSITE HAD 336 ACTIVITIES THAT ATTRACTED 47,745 ACTIVITY VIEWERS JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, AWARDING MORE THAN 74,000 CERTIFICATES TO CLEVELAND CLINIC JOURNAL OF MEDICINE (CCJM) PARTICIPANTS IN 2017, THE CENTER ISSUED 182,550 CERTIFICATES FOR ALL ACTIVITIES COMBINED -THE CCJM ENJOYED A CIRCULATION OF MORE THAN 124,000 COPIES AND RANKED NO 2 IN READERSHIP AMONG JOURNALS DIRECTED TO OFFICE-BASED INTERNISTS AND CARDIOLOGISTS EACH YEAR, THE PRINT AND ONLINE VERSIONS ARE READ OR ACCESSED BY APPROXIMATELY 2.4 MILLION PEOPLE AROUND THE WORLD IN 2017 THE CCJM WEBSITE RECORDED 4,815,868 PAGE VIEWS FROM 1,635,689 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 15 IN-HOUSE ALLIED HEALTH PROGRAMS AND HAS 56 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS IN 2017, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 660,000 CLINICAL ROTATION HOURS FOR OVER 2,500 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 2017, 682 INTERNATIONAL PHYSICIANS AND MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN OBSERVERSHIPS, 190 PHYSICIANS ATTENDED SYMPOSIA HELD AT CLEVELAND CLINIC IN PATIENT EXPERIENCE, CARDIOLOGY, COLORECTAL SURGERY, SPINE SURGERY, GASTROENTEROLOGY, LEUKEMIA, UROLOGY, CONGENITAL HEART DISEASE, BREAST CANCER, AND OBESITY, AND STAFF TRAVELED TO MORE THAN 19 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 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</p>

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Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>PROGRAMS OFFERED DURING 2017 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 2017, THE CENTER FULFILLED 8,517 REQUESTS HEALTH TALKS AND CCTV THE CENTER FOR CONSUMER HEALTH INFORMATION HOSTED 22 COMMUNITY HEALTH TALKS/HEALTH EXCHANGE PROGRAMS AND PODCASTS WERE DOWNLOADED 36,164 TIMES IN 2017 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 2017, WE HELD 5,042 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 2017, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS WERE \$406.9 MILLION (THIS FIGURE IS INCLUSIVE OF AN HCAP ASSESSMENT OF \$8.3 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 2017 AT A COST OF \$22 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 \$26 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, ALIGN WITH OUR COMMUNITY HEALTH NEEDS ASSESSMENTS AND FALL INTO THREE MAIN CATEGORIES COMMUNITY HEALTH SERVICES, CASH AND IN-KIND DONATIONS, AND COMMUNITY BUILDING IN 2017, SOME HIGHLIGHTS INCLUDED -WELLNESS INITIATIVES IN THE AREAS OF DISEASE/INJURY PREVENTION AND BEHAVIORAL CHANGE, INCLUDING TOBACCO CESSATION, NUTRITION IMPROVEMENT, EXERCISE, HELP WITH SUBSTANCE ABUSE, INFANT AND 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	CLINIC MINORITY MEN'S HEALTH FAIR, CELEBRATING SISTERHOOD, TU FAMILIA, VICTORY IN PINK AND NEIGHBORHOOD FAIRS EDUCATED COMMUNITY MEMBERS ON THE BENEFITS OF PREVENTATIVE CARE -CLEVELAND CLINIC PROVIDED NO-COST CLINICAL CARE TO UNDER- AND UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH & EDUCATION CENTER AND THE PEDIATRIC MOBILE UNIT, WHICH PROVIDED WELLNESS SERVICES TO 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 -HEALTHY COMMUNITY INITIATIVES 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 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

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 AKRON GENERAL HEALTH SYSTEM, 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 DIRECTOR, AND MICHAEL SEVERINO, KMA DIRECTOR - BUSINESS ROBERTA ABER, VNS DIRECTOR, AND TONY O'LEARY, VNS DIRECTOR - BUSINESS ROBERTA ABER, VNS DIRECTOR, AND SANDRA SELBY, VNS DIRECTOR - BUSINESS RONALD WEINBERG, CCF DIRECTOR, AND WILLIAM PEACOCK, CCF OFFICER - BUSINESS RONALD WEINBERG, CCF DIRECTOR, AND PATRICK AULETTA, CCF DIRECTOR - BUSINESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	CCF HOTEL SERVICES, LLC, A SINGLE MEMBER DISREGARDED ENTITY OF CCF, HAS ENTERED INTO A MANAGEMENT AGREEMENT WITH INTERCONTINENTAL HOTELS CORPORATION TO MANAGE THE TWO HOTELS OWNED BY CCF HOTEL SERVICES, LLC THE CLEVELAND CLINIC FOUNDATION ("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 4	THE CODE OF REGULATIONS FOR THE CLEVELAND CLINIC FOUNDATION AND THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION WERE REVISED IN DECEMBER 2017 TO INCREASE THE MAXIMUM NUMBER OF DIRECTORS TO FROM 25 TO 30

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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 XI, LINE 9	DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTION FOR CAPITAL PURPOSES -1,691,198 GIFTS AND BEQUESTS 120,098,873 TRANSFERS OF NET ASSETS 49,805,437 NET INVESTMENT INCOME 55,111,172 NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS -40,083,469 RETIREMENT BENEFITS ADJUSTMENT -3,372,953 NET CHANGE IN UNREALIZED GAINS ON NON-TRADING INVESTMENTS 4,184,533 EQUITY AND OTHER TRANSFERS 2,833,383 CURRENT YEAR ELIMINATION ADJUSTMENTS 238,860

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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 800 SHARON DRIVE STE C WESTLAKE, OH 44145 34-1456398	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OH	501(C)(3)	LINE 7	N/A		No
(2) LAKWOOD HOSPITAL FOUNDATION INC 14601 DETROIT AVENUE STE 240 LAKEWOOD, OH 44107 34-6519834	SUPPORT LAKEWOOD HOSPITAL ASSOCIATION	OH	501(C)(3)	LINE 12D, III-O	N/A		No
(3) MEDINA COUNTY HEALTH CORPORATION 1000 E WASHINGTON ST MEDINA, OH 44256 27-0756266	SUPPORT MEDINA HOSPITAL	OH	501(C)(3)	LINE 12D, III-O	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 12D, III-O	N/A		No
(5) WO WALKER CENTER INC 10700 EUCLID AVENUE CLEVELAND, OH 44106 91-1818256	HEALTHCARE SERVICES	OH	501(C)(3)	LINE 12D, III-O	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)	PF	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	3,632,560	15,434,564		No		Yes		60 000 %
(2) CLEVELAND HEALTH NETWORK MSO LLC 4700 ROCKSIDE ROAD STE 200 INDEPENDENCE, OH 44131 31-1566180	MEDICAL SERVICES	OH	N/A	RELATED		16,541		No		Yes		100 000 %
(3) PROGNOSTIX LLC 10000 CEDAR AVENUE CLEVELAND, OH 44106 30-0624422	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	340,996	377,118		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	-665,850	4,802,873		No		No		51 000 %
(5) AKRON SURGICAL ASSOC LLC 4125 MEDINA ROAD AKRON, OH 44333 01-0672877	AMBULATORY SURGERY CENTER	OH	N/A	N/A	7,992,971	1,465,604		No		No		55 120 %
(6) MEDISTRY LLC 3029 PROSPECT AVENUE CLEVELAND, OH 44115 45-4880352	DATA HOSTING & RELATED SVCS	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED	-290,190	42,173		No		Yes		55 000 %

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

(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
See Additional Data Table									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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 VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

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
ADEO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-5704174	TECHNOLOGY SERVICES	OH	2,128	207,641	THE CLEVELAND CLINIC FOUNDATION
ADVANCED INFUSION SERVICES LTD 1 HOME CARE PLACE AKRON, OH 44320 34-1847339	HOME INFUSION SERVICES	OH	960,815	290,628	VISITING NURSE SERVICE INC
CC CHINA LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 20-5776477	INACTIVE	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CC WEB SOLUTIONS LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 26-3222020	DOMAIN HOLDING COMPANY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CCF AMBULATORY SURGERY CENTERS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1939710	HEALTHCARE SERVICES	OH	19,256,817	577,916	THE CLEVELAND CLINIC FOUNDATION
CCF HOTEL SERVICES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-0666034	HOTEL OPERATIONS	OH	32,544,683	136,175,345	THE CLEVELAND CLINIC FOUNDATION
CHV HOME MEDICAL EQUIPMENT CO LLC 1 HOME CARE PLACE AKRON, OH 44320 20-4760456	DURABLE MEDICAL EQUIPMENT	OH	3,188,409	0	VISITING NURSE SERVICE INC
CLEVELAND CLINIC CARE COORDINATION LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 45-5282492	HEALTHCARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC FLORIDA CONCIERGE MEDICINE LLC 1301 EAST BROWARD BLVD STE 330 FT LAUDERDALE, FL 33301 82-3186835	MEDICAL SERVICES	FL	0	0	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC FLORIDA NAPLES LLC 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 31-1741150	HEALTHCARE SERVICES	FL	0	0	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC GLOBAL SOLUTIONS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-3666730	HEALTHCARE SERVICES & IP LICENSING	OH	4,531,774	21,587,196	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC MEDICARE ACO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 47-1281189	HEALTHCARE SERVICES	OH	0	2,882,031	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC OBGYN SPECIALTIES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1938153	HEALTHCARE SERVICES	OH	5,777,492	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC WELLNESS ENTERPRISE LLC 1950 RICHMOND ROAD LYNDHURST, OH 44124 26-3859233	HEALTHCARE SERVICES	OH	4,185,483	0	THE CLEVELAND CLINIC FOUNDATION
CLINIC MEDICAL SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1932969	HEALTHCARE SERVICES	OH	57,802,830	0	THE CLEVELAND CLINIC FOUNDATION
CLINIC PHYSICIAN SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1907574	HEALTHCARE SERVICES	OH	27,688,238	0	THE CLEVELAND CLINIC FOUNDATION
CLINIC REGIONAL PHYSICIANS LLC 25875 SCIENCE PARK DR BEACHWOOD, OH 44122 26-2636530	HEALTHCARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
EDWIN SHAW REHAB LLC 330 BROADWAY STREET EAST CUYAHOGA FALLS, OH 44221 27-0119182	REHABILITATION FACILITY	OH	12,156,687	3,625,679	AKRON GENERAL MEDICAL CENTER
INTELLIS EPM LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 27-0645368	MEDICAL TECHNOLOGY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
MEDINA HEALTH VENTURES LLC 1000 E WASHINGTON STREET MEDINA, OH 44256	INACTIVE	OH	0	0	MEDINA HOSPITAL

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
MERIDIA MEDICAL GROUP LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 34-1898545	INACTIVE	OH	0	0	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
MONTROSE SLEEP CENTER LLC 4125 MEDINA ROAD AKRON, OH 44333 20-0494491	HEALTHCARE SERVICES	OH	1,451,333	758,897	AKRON GENERAL PARTNERS
NEUROOPERATIVE MONITORING LLC 1 AKRON GENERAL AVENUE AKRON, OH 44307 30-0746215	INACTIVE	OH	0	0	AKRON GENERAL PARTNERS
NORTHEAST OHIO NEUROLOGICAL ASSOCIATES LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 20-0442351	HEALTHCARE SERVICES	OH	0	0	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
OHIO STAR IMAGING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
PSVW LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-1614376	REAL ESTATE HOLDINGS	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
REJ HOLDINGS LLC 3050 SCIENCE PARK DRIVE BEACHWOOD, OH 44122 27-3245990	REAL ESTATE HOLDINGS	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
TATARA VASCULAR LLC 10000 CEDAR AVE CLEVELAND, OH 44106 47-4282964	MEDICAL TECHNOLOGY	DE	0	0	THE CLEVELAND CLINIC FOUNDATION
THE BRENTWOOD CENTER OF EXCELLENCE LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 20-1476092	HEALTHCARE SERVICES	OH	0	0	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
WOOSTER CLINIC LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1855775	HEALTHCARE SERVICES	OH	48,087,078	104,573	THE CLEVELAND CLINIC FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
800 SHARON DRIVE STE C WESTLAKE, OH 44145 34-1456398	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OH	501(C)(3)	LINE 7	N/A		No
14601 DETROIT AVENUE STE 240 LAKEWOOD, OH 44107 34-6519834	SUPPORT LAKEWOOD HOSPITAL ASSOCIATION	OH	501(C)(3)	LINE 12D, III-O	N/A		No
1000 E WASHINGTON ST MEDINA, OH 44256 27-0756266	SUPPORT MEDINA HOSPITAL	OH	501(C)(3)	LINE 12D, III-O	MEDINA HOSPITAL		No
2001 ROSS AVENUE DALLAS, TX 75201 31-1707979	SUPPORT CHARITABLE PURPOSES OF HOSPITALS & UNIVERSITIES	TX	501(C)(3)	LINE 12D, III-O	N/A		No
10700 EUCLID AVENUE CLEVELAND, OH 44106 91-1818256	HEALTHCARE SERVICES	OH	501(C)(3)	LINE 12D, III-O	N/A		No
18101 LORAIN AVENUE CLEVELAND, OH 44111 23-7108198	SUPPORT FAIRVIEW HOSPITAL	OH	501(C)(3)	PF	N/A		No

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
10507377 CANADA INC 181 BAY STREET BOX818 TORONTO M5J 2T3 CA	HOLDING COMPANY	CA	CLEVELAND CLINIC CANADA - TORONTO INC	C					No
33 GROSVENOR PLACE LTD 1 WAVERLEY PLACE UNION STREET ST HELIER JE1 1SG JE	LEASE HOLDING COMPANY	JE	CLEVELAND CLINIC UK HOLDINGS LTD	C	29,826	363,427,065	100 000 %	Yes	
AKRON GENERAL INNOVATIONS INC 1 AKRON GENERAL AVENUE AKRON, OH 44307 38-3928798	PARTNERSHIP INVESTMENTS	OH	AKRON GENERAL PARTNERS	C	26		100 000 %	Yes	
AKRON GENERAL MANAGED CARE ASSOCIATION INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1784985	SUPPORTING SERVICES	OH	AKRON GENERAL MEDICAL CENTER	C				Yes	
CCF BOLTON INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4596571	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
CCHS INDEMNITY CO LTD 23 LIME TREE BAY BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0207086	INSURANCE COMPANY	CJ	THE CLEVELAND CLINIC FOUNDATION	C	84,151,123	213,345,960	100 000 %	Yes	
CELLX TECHNOLOGIES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-2405500	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
CLEVELAND CLINIC CANADA-TORONTO INC 181 BAY STREET BOX818 TORONTO M5J 2T3 CA	HEALTH CARE SERVICES	CA	THE CLEVELAND CLINIC FOUNDATION	C	9,659,991	12,820,237	100 000 %	Yes	
CLEVELAND CLINIC EMR INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4856025	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C		1,126,796		Yes	
CLEVELAND CLINIC FLORIDA HEALTH PLAN INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 65-0338016	BUSINESS SERVICES	FL	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1877409	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C	15,600,038	12,343,908		Yes	
CLEVELAND CLINIC LONDON LTD 20-22 BEDFORD ROW LONDON CW1R 4JS UK	HOSPITAL OPERATING COMPANY	UK	CLEVELAND CLINIC UK HOLDINGS LTD	C		6,560,048	100 000 %	Yes	
CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) PO BOX 340340 RIYADH 11333 SA	MEDICAL SERVICES	SA	THE CLEVELAND CLINIC FOUNDATION	C	25,259,916	22,676,405	100 000 %	Yes	
CLEVELAND CLINIC UK HOLDINGS LTD 20-22 BEDFORD ROW LONDON CW1R 4JS UK	HOLDING COMPANY	UK	THE CLEVELAND CLINIC FOUNDATION	C		594,279,835	100 000 %	Yes	
CLEVELAND HEALTH NETWORK 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1770780	MEDICAL SERVICES	OH	N/A	C	3,894	1,385,505		Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CLEVELAND HEALTH NETWORK MANAGED CARE ORGANIZATION 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1808138	HEALTH CARE SERVICES	OH	CLEVELAND HEALTH NETWORK	C	36,862	4,199,706		Yes	
CLINIC MEDICAL SOLUTIONS INC 18101 LORAIN AVENUE CLEVELAND, OH 44111 34-1695388	HEALTH CARE SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	C	11,469,307	6,035,460		Yes	
CMCD INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256599	REAL ESTATE	OH	MEDINA HOSPITAL	C		311,040	100 000 %	Yes	
CORA SENTA TECHNOLOGIES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-4335548	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
CUSTOM ORTHOPAEDIC SOLUTIONS INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 27-4838981	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	808,944	583,975	100 000 %	Yes	
ENHALE MEDICAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-1613340	SLEEP APNEA TREATMENT	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
IMAGEIQ INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 27-4427530	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C					No
INFUSEON THERAPEUTICS INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1776182	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	49,158	213,671	100 000 %	Yes	
ION-VAC INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1560044	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	82,217	83,251	100 000 %	Yes	
IVHR INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 45-4657632	MEDICAL TECHNOLOGY	OH	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
LAKEWOOD HEALTHCARE FOUNDATION 14519 DETROIT AVENUE LAKEWOOD, OH 44107 34-1574608	HEALTH CARE SERVICES	OH	LAKEWOOD HOSPITAL ASSOCIATION	C				Yes	
MCZ INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256598	LEASING	OH	MEDINA HOSPITAL	C	7,807	500	100 000 %	Yes	
MEDINVEST INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-3978297	HOLDING COMPANY	OH	CLINIC MEDICAL SOLUTIONS INC	C	3,899		100 000 %	Yes	
MERIDIA HEALTH VENTURES INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1533871	HEALTH CARE SERVICES	OH	CLEVELAND CLINIC HOME CARE	C			100 000 %	Yes	
MERLOT ORTHOPEDIX INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 11-3779414	MEDICAL DEVICE MANUFACTURING	DE	THE CLEVELAND CLINIC FOUNDATION	C		134,758	55 120 %	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
NEOMEDICS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 02-0656818	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C			100 000 %	Yes	
NEUROTERAPIA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-3977513	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C		266,568	100 000 %	Yes	
OPTOQUEST CORPORATION 10000 CEDAR AVENUE CLEVELAND, OH 44106 26-3589643	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	155,641	547,794	100 000 %	Yes	
PINE FALLS CONDOMINIUM ASSOCIATES INC 6100 WEST CREEK SUITE 25 INDEPENDENCE, OH 44131 34-1617589	CONDO RENTALS	OH	THE CLEVELAND CLINIC FOUNDATION	C			75 000 %	Yes	
RENOVO BIOSCIENCES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 34-1956569	MEDICAL TECHNOLOGY	DE	RENOVO BIOSCIENCES INC	C	2,011,085	1,611,742	100 000 %	Yes	
RENOVO NEURAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 80-0185146	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	100,047	566,117	100 000 %	Yes	
SHIELD BIOTECH INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-2880975	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C		7,004,903	72 000 %	Yes	
SPORTS MEDICINE SPECIALISTS 181 BAY STREET BOX818 TORONTO M5J 2T3 CA	HEALTH CARE SERVICES	CA	CLEVELAND CLINIC CANADA - TORONTO INC	C	1,070,312	13,246,895	100 000 %		No
VIVERE PHARMA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-5397125	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
CHARITABLE REMAINDER TRUSTS (15) C/O 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	CHARITABLE TRUST	OH	THE CLEVELAND CLINIC FOUNDATION	T				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CLEVELAND CLINIC CANADA - TORONTO INC	A	100,000	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	18,335,558	FMV
THE CLEVELAND CLINIC FOUNDATION	C	18,335,558	FMV
CCHS INDEMNITY COMPANY LTD	D	53,269,000	FMV
CLEVELAND CLINIC LONDON LTD	D	122,000	FMV
CUSTOM ORTHOPAEDIC SOLUTIONS INC	D	706,038	FMV
ENHALE MEDICAL INC	D	232,794	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	D	2,489,000	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	D	872,243	FMV
MEDISTRY LLC	D	71,500	FMV
NEUROTHERAPIA INC	D	1,453,304	FMV
OPTOQUERST CORPORATION	D	80,029	FMV
SHIELD BIOTECH INC	D	95,949	FMV
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	J	189,214	FMV
CLEVELAND CLINIC MEDICAL SERVICES INC	J	439,728	FMV
FAIRVIEW HOSPITAL	J	508,199	FMV
PARTNERS PHYSICIAN GROUP	J	116,817	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	2,710,404	FMV
THE CLEVELAND CLINIC FOUNDATION	J	141,610	FMV
THE CLEVELAND CLINIC FOUNDATION	J	2,714,836	FMV
THE CLEVELAND CLINIC FOUNDATION	J	379,474	FMV
THE CLEVELAND CLINIC FOUNDATION	J	1,322,203	FMV
THE CLEVELAND CLINIC FOUNDATION	J	602,194	FMV
THE CLEVELAND CLINIC FOUNDATION	J	849,832	FMV
THE CLEVELAND CLINIC FOUNDATION	J	779,677	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
THE CLEVELAND CLINIC FOUNDATION	J	4,592,035	FMV
AKRON GENERAL MEDICAL CENTER	K	141,610	FMV
CLEVELAND CLINIC AVON HOSPITAL	K	4,592,035	FMV
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	2,714,836	FMV
CLINIC MEDICAL SOLUTIONS INC	K	379,474	FMV
FAIRVIEW HOSPITAL	K	1,322,203	FMV
LUTHERAN HOSPITAL	K	602,194	FMV
MARYMOUNT HOSPITALINC	K	849,832	FMV
MEDINA HOSPITAL	K	779,677	FMV
THE CLEVELAND CLINIC FOUNDATION	K	2,710,404	FMV
THE CLEVELAND CLINIC FOUNDATION	K	189,214	FMV
THE CLEVELAND CLINIC FOUNDATION	K	508,199	FMV
THE CLEVELAND CLINIC FOUNDATION	K	116,817	FMV
THE CLEVELAND CLINIC FOUNDATION	K	439,728	FMV
AKRON GENERAL MEDICAL CENTER	L	1,910,000	FMV
CLEVELAND CLINIC AVON HOSPITAL	L	924,000	FMV
CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION	L	4,432,000	FMV
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	L	6,569,256	FMV
CLEVELAND CLINIC NEVADA	L	212,897	FMV
CLEVELAND CLINIC SAUDI ARABIA LLC	L	12,258,000	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	L	5,300,490	FMV
FAIRVIEW HOSPITAL	L	4,185,000	FMV
LUTHERAN HOSPITAL	L	1,182,000	FMV
MARYMOUNT HOSPITALINC	L	1,554,643	FMV
MEDINA HOSPITAL	L	1,663,204	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
THE CLEVELAND CLINIC FOUNDATION	L	9,483,000	FMV
CLEVELAND CLINIC MEDICAL SERVICES INC	M	9,483,000	FMV
THE CLEVELAND CLINIC FOUNDATION	M	4,185,000	FMV
THE CLEVELAND CLINIC FOUNDATION	M	6,569,256	FMV
THE CLEVELAND CLINIC FOUNDATION	M	1,554,643	FMV
THE CLEVELAND CLINIC FOUNDATION	M	1,663,204	FMV
THE CLEVELAND CLINIC FOUNDATION	M	1,910,000	FMV
THE CLEVELAND CLINIC FOUNDATION	M	1,182,000	FMV
THE CLEVELAND CLINIC FOUNDATION	M	4,432,000	FMV
THE CLEVELAND CLINIC FOUNDATION	M	942,000	FMV
THE CLEVELAND CLINIC FOUNDATION	M	212,897	FMV
CCHS INDEMNITY COMPANY LTD	P	40,660,082	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	P	1,225,968	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	Q	295,475	FMV
THE CLEVELAND CLINIC FOUNDATION	Q	1,225,968	FMV