

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
THE CLEVELAND CLINIC FOUNDATION
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 RK1-85

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

D Employer identification number
91-2153073

E Telephone number
(216) 444-2200

G Gross receipts \$ 13,932,580,707

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

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

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

H(c) Group exemption number ▶ 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)	606
4 Number of independent voting members of the governing body (Part VI, line 1b)	409
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	64,785
6 Total number of volunteers (estimate if necessary)	5,271
7a Total unrelated business revenue from Part VIII, column (C), line 12	60,380,303
7b Net unrelated business taxable income from Form 990-T, line 34	1,686,203

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	297,153,216	317,989,021
9 Program service revenue (Part VIII, line 2g)	8,665,194,663	9,207,430,066
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	255,687,526	243,520,402
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	181,027,000	238,503,075
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,399,062,405	10,007,442,564
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	143,274,860	138,597,529
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)	4,730,373,662	5,033,203,265
16a Professional fundraising fees (Part IX, column (A), line 11e)	2,043,350	1,625,085
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,305,948		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,898,884,202	4,151,856,865
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,774,576,074	9,325,282,744
19 Revenue less expenses Subtract line 18 from line 12	624,486,331	682,159,820
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	15,770,696,785	16,108,542,205
21 Total liabilities (Part X, line 26)	6,251,069,660	6,354,600,176
22 Net assets or fund balances Subtract line 21 from line 20	9,519,627,125	9,753,942,029

Part II Signature Block

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

Sign Here Signature of officer: STEVEN C GLASS, CHIEF FINANCIAL OFFICER
Date: 2019-11-12

Paid Preparer Use Only
Print/Type preparer's name: ERNST & YOUNG LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P00089502
Firm's EIN: 34-6565596
Firm's address: 950 MAIN 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 \$ 8,262,270,719 including grants of \$ 138,597,529) (Revenue \$ 9,207,430,069)
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 ▶ 8,262,270,719

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements for Schedule A through Schedule I.

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5,935	<input type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	3	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	<input type="checkbox"/>

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	64,785			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	3b		Yes		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a		Yes		
<p>b If "Yes," enter the name of the foreign country ▶UK , CJ , PO , CA , DA , SW , LU , IS , KS , SA , NO See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a		Yes		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c		Yes		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d	2			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
8					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15		Yes		
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (606), 1b (409), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)						86,932,256	0		4,539,400

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 ▶ 6,149

	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	32,153,670
TURNER CONSTRUCTION 1422 EUCLID AVE STE 1400 CLEVELAND, OH 44115	CONSTRUCTION SERVICES	31,515,709
IBM CORP 500 FIRST AVENUE PITTSBURGH, PA 15219	INFORMATION TECHNOLOGY SYSTEMS	27,815,289
SIEMENS MEDICAL SOLUTIONS INC PO BOX 121102 DALLAS, TX 75312	HEALTHCARE IT & ENGINEERING SOLUTIONS	22,252,749
CARDINAL HEALTH PO BOX 70539 CHICAGO, IL 60673	INTEGRATED HEALTHCARE SOLUTIONS	16,590,537

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 ▶ 636

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	19,817,106		
	d Related organizations	1d	19,391,491		
	e Government grants (contributions)	1e	121,520,900		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	157,259,524		
	g Noncash contributions included in lines 1a - 1f \$ _____		17,275,566		
	h Total. Add lines 1a-1f		317,989,021		

Program Service Revenue			Business Code			
	2a NET PATIENT SERVICES		612990	4,943,775,295	4,943,775,295	
	b MEDICARE/MEDICAID PAYM		921990	3,628,464,474	3,628,464,474	
	c OTHER PROGRAM SERVICES		900099	505,328,936	498,755,707	6,573,229
	d OTHER ANCILLARY SERVIC		900099	57,655,002		57,655,002
	e MANAGEMENT FEES		561000	23,741,041	16,598,188	7,142,853
	f All other program service revenue			48,465,318	3,266,556	45,198,762
	g Total. Add lines 2a-2f			9,207,430,066		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			75,523,594		75,523,594	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			22,411,159		22,411,159	
	6a Gross rents	(i) Real	(ii) Personal				
		30,519,606					
		b Less rental expenses	0				
		c Rental income or (loss)	30,519,606				
	d Net rental income or (loss)			30,519,606	222,824	30,296,782	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		4,086,618,856	511,168				
		b Less cost or other basis and sales expenses	3,916,443,203	2,690,013			
		c Gain or (loss)	170,175,653	-2,178,845			
	d Net gain or (loss)			167,996,808		167,996,808	
	8a Gross income from fundraising events (not including \$ 19,817,106 of contributions reported on line 1c) See Part IV, line 18	a	4,122,932				
		b Less direct expenses	b	5,973,749			
		c Net income or (loss) from fundraising events			-1,850,817		-1,850,817
	9a Gross income from gaming activities See Part IV, line 19	a	44,775				
		b Less direct expenses	b	31,178			
c Net income or (loss) from gaming activities				13,597		13,597	
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 INC ON HEDGE FUND INV		523000	138,561,020		138,561,020		
b INVESTMENT IN AFFILIAT		523000	48,486,191	1,242,635	47,243,556		
c DERIVATIVE INCOME		525990	689,834		689,834		
d All other revenue			-327,515		-327,515		
e Total. Add lines 11a-11d			187,409,530				
12 Total revenue. See Instructions			10,007,442,564	9,090,860,220	60,380,303	538,213,020	

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.	27,392,489	27,392,489		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	110,310,412	110,310,412		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	894,628	894,628		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	64,866,499	32,565,528	32,300,971	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	11,753,727	6,556,191	5,197,536	
7 Other salaries and wages	3,989,645,509	3,409,813,038	571,702,767	8,129,704
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	235,852,347	201,551,487	33,796,847	504,013
9 Other employee benefits	467,089,136	399,254,937	66,932,300	901,899
10 Payroll taxes	263,996,047	225,603,763	37,829,745	562,539
11 Fees for services (non-employees)				
a Management	7,657,082	6,559,848	1,097,234	
b Legal	11,586,052	9,925,810	1,660,242	
c Accounting	2,667,541		2,667,541	
d Lobbying	756,539	756,539		
e Professional fundraising services. See Part IV, line 17.	1,625,085			1,625,085
f Investment management fees	29,216,930		29,216,930	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	454,579,438	388,011,939	65,139,703	1,427,796
12 Advertising and promotion	37,507,369	32,100,054	5,374,680	32,635
13 Office expenses	129,690,963	110,738,434	18,584,278	368,251
14 Information technology	103,145,571	88,363,558	14,780,413	1,600
15 Royalties	2,865,559	2,454,934	410,625	
16 Occupancy	177,720,734	152,253,951	25,466,783	
17 Travel	29,793,234	25,136,912	4,269,270	387,052
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,730,994	10,678,329	1,824,309	228,356
20 Interest	128,306,481	109,920,594	18,385,887	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	488,502,009	418,471,121	70,000,693	30,195
23 Insurance	75,923,554	65,043,964	10,879,590	
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	1,826,285,207	1,826,275,281		9,926
b BAD DEBT EXPENSE	298,676,788	298,676,788		
c EQUIPMENT RENTAL & MAIN	162,576,399	139,246,526	23,296,651	33,222
d STATE FRANCHISE FEE	83,111,634	83,111,634		
e All other expenses	88,556,787	80,602,030	7,891,082	63,675
25 Total functional expenses. Add lines 1 through 24e	9,325,282,744	8,262,270,719	1,048,706,077	14,305,948
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	239,024,747	1	471,328,199
	2	Savings and temporary cash investments	17,825,398	2	8,798,503
	3	Pledges and grants receivable, net	232,819,377	3	256,146,814
	4	Accounts receivable, net	1,103,257,045	4	1,206,990,329
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	7,103,879	5	7,444,253
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	119,467,957	7	29,577,317
	8	Inventories for sale or use	142,845,475	8	161,698,677
	9	Prepaid expenses and deferred charges	54,433,244	9	71,010,579
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,707,729,248		
	b	Less accumulated depreciation	10b 5,005,291,217	4,351,750,235	10c 4,702,438,031
	11	Investments—publicly traded securities	5,891,749,409	11	5,500,810,028
	12	Investments—other securities See Part IV, line 11	2,666,755,619	12	2,666,755,619
	13	Investments—program-related See Part IV, line 11	235,035,977	13	260,173,925
	14	Intangible assets	92,910,123	14	94,494,376
	15	Other assets See Part IV, line 11	615,718,300	15	670,875,555
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,770,696,785	16	16,108,542,205	
Liabilities	17	Accounts payable and accrued expenses	1,042,651,965	17	1,133,378,819
	18	Grants payable	447,223	18	453,264
	19	Deferred revenue	103,158,113	19	92,550,936
	20	Tax-exempt bond liabilities	3,496,728,541	20	3,428,380,347
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,442,126	23	105,026,322
	24	Unsecured notes and loans payable to unrelated third parties	266,053,099	24	208,794,598
	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	1,340,588,593	25	1,386,015,890
	26	Total liabilities. Add lines 17 through 25	6,251,069,660	26	6,354,600,176
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,507,784,082	27	8,688,038,334
	28	Temporarily restricted net assets	673,017,416	28	690,297,740
	29	Permanently restricted net assets	338,825,627	29	375,605,955
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,519,627,125	33	9,753,942,029	
34	Total liabilities and net assets/fund balances	15,770,696,785	34	16,108,542,205	

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	10,007,442,564
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,325,282,744
3	Revenue less expenses Subtract line 2 from line 1	3	682,159,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,519,627,125
5	Net unrealized gains (losses) on investments	5	-540,896,510
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	24,441
9	Other changes in net assets or fund balances (explain in Schedule O)	9	93,027,153
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,753,942,029

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-2153073

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE PROGRAM SERVICE STATEMENT IN SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABER ROBERTA DIRECTOR, VICE CHAIR - VNS	5 00	X		X				0	0	0
ALEMAGNO PHD SONIA VICE CHAIR - AGMC , LODI	5 00	X		X				0	0	0
ANDREAS LOIS DIRECTOR, BD CHAIR - UCHF	3 00	X		X				0	0	0
BANKS JOHN H TRUSTEE, TREASURER - MARYMOUNT	3 00	X		X				0	0	0
BARKHEIMER MARLENE DIRECTOR, VICE PRESIDENT - LODI	5 00	X		X				0	0	0
BARRETT LISA DIRECTOR, SECRETARY - AGP	50 00	X		X				227,412	0	15,821
BARSOUM MD WAEI TRUSTEE, HOSPITAL PRES - CC FLA	50 00	X		X				1,137,589	0	41,001
BEAN GREGORY DIRECTOR, CHAIR - AGF	3 00	X		X				0	0	0
BLANDON MD RODOLFO TRUSTEE, CHIEF OF STAFF - CC FLA	50 00	X		X				741,124	0	43,001
BOLOGNA MD RAYMOND DIRECTOR, CHAIR - PPG	50 00	X		X				662,170	0	44,928

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			
BRYZTWA ELLEN TRUSTEE, BD VICE CHAIR - LAKEWD	3 00	X		X				0	0	0
MAU KATHLEEN DIR, SEC-MEDINA, PHYSICIAN	50 00	X		X				125,049	0	10,057
CARRINO FRANK DIR, VICE CHAIR - MEDINA	3 00	X		X				0	0	0
CARTER THERESA DIRECTOR, CHAIR - AGMC	5 00	X		X				0	0	0
CHACK DENNIS M DIR-CCF, TRUSTEE, CHAIR - MARYMOUNT	5 00	X		X				0	0	0
DEL CASTILLO BARBARA DIR, SEC - CC FLA PHARMACY SVCS	50 00	X		X				495,656	0	40,768
DELGADO OSMEL DIR, ADM CLINICAL OPS - CC FLA PHARM SVC	50 00	X		X				377,083	0	12,700
DONLEY MD BRIAN DIR-CCF & REGIONALS, CHIEF OF STAFF	50 00	X		X				2,267,528	0	327,956
DUNN LISA A DIRECTOR, BD CHAIR - MEDINA	3 00	X		X				0	0	0
FENTON MD ANDREW DIRECTOR, VICE CHAIR - PPG	50 00	X		X				422,046	0	11,991

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(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 - AGP	50 00	X		X				202,360	0	14,786
GABLE THOMAS J TRUSTEE, BD CHAIR - LAKEWOOD	5 00	X		X				0	0	0
GLASS STEVEN C DIRECTOR, CFO & TREAS-CCF	50 00	X		X				1,654,712	0	42,994
HARRINGTON MICHAEL DIR, TREAS - KMA, CAO - CCF	50 00	X		X				828,209	0	46,693
HARTE MD BRIAN DIRECTOR, PRESIDENT - AGMC	50 00	X		X				685,417	0	47,011
HERZIG JOHN DIRECTOR, SECRETARY - UHCHF	5 00	X		X				0	0	0
HORN ROBERT A TRUSTEE, CHAIR - UNION	5 00	X		X				0	0	0
HUNTER ELLEN DIRECTOR, BD CHAIR - MEDINA	3 00	X		X				0	0	0
JAMES BRUCE TRUSTEE, PRESIDENT - UNION	50 00	X		X				450,092	0	37,450
JOHNSON CINDY DIRECTOR, VICE CHAIR - AGF	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			
JONES MD J STEPHEN DIR, PRES REG HOSPITALS	50 00	X		X				309,665	0	33,938
KAY HARVEY TRUSTEE, VICE CHAIR - CCCHR	3 00	X		X				0	0	0
LAUGHLIN CRAIG B TRUSTEE, VICE CHAIR - UNION	5 00	X		X				0	0	0
LEE SISTER SHAWN TRUSTEE, SEC - MARYMOUNT	3 00	X		X				0	0	0
LERNER MARK DIRECTOR - CCF, CHAIR - AGHS	5 00	X		X				0	0	0
MARKS DO MICHELLE TRUSTEE, MED DIR - CCCHR	50 00	X		X				266,980	0	47,702
MCHUGH MD MICHAEL TRUSTEE, MED DIR - CCCHR	50 00	X		X				472,403	0	-84,981
MIHALJEVIC MD TOMISLAV DIRECTOR, PRES & CEO - CCF	50 00	X		X				2,978,003	0	45,693
MODIC MICHAEL DIRECTOR, PRESIDENT - KMA	50 00	X		X				247,882	0	-67,142
MOONEY BETH E DIR, VICE CHAIR - CCF & REGS	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			
MORRIS JAMES PUBLIC TRUSTEE, PRES- LORD FDN	3 00	X		X				0	0	0
MULLEN RN KAREN PRESIDENT, DIRECTOR - VNS	50 00	X		X				240,626	0	224,689
NAPIERKOWSKI MD DANIEL TRUSTEE, PRES -MM & EUCLID	50 00	X		X				613,698	0	45,760
NEVILLE JAMES R TRUSTEE, ASST SEC - CCCHR	3 00	X		X				0	0	0
NILSSON KEITH DIRECTOR, CFO - CCFPS	50 00	X		X				468,700	0	16,232
O'BRIEN TIMOTHY TRUSTEE, BOARD CHAIR - CCCHR	3 00	X		X				0	0	0
PAPPAS MD RITA TRUSTEE, INTERIM PRES - CCCHR	50 00	X		X				404,000	0	43,728
PARKER MD RICHARD TRUSTEE, HOS PRES - HILLCREST	50 00	X		X				883,783	0	-15,436
PEACOCK WILLIAM DIR, COO-CCF, PRES -KMA, LRBI	50 00	X		X				1,770,449	0	45,706
PLAZEK RONALD DIRECTOR, TREAS - MEDINA	3 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	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RASMUSSEN MD PETER DIRECTOR, PRESIDENT - CCHSPA	50 00	X		X				832,428	0	45,455
RICE JAMES DIRECTOR, PRESIDENT - LODI	5 00	X		X				0	0	0
RICH ROBERT E JR DIRECTOR, BOARD CHAIR- CCF	5 00	X		X				0	0	0
ROWAN DAVID DIRECTOR, SECRETARY - CCF	50 00	X		X				1,631,352	0	46,847
RUVO LARRY DIRECTOR, CHAIRMAN - KMA	3 00	X		X				0	0	0
RUVO CAMILLE DIR, VICE CHAIRMAN - KMA	3 00	X		X				0	0	0
SABANEKH MD EDMUND DIR, PRES, CC MAIN & REGS - CCF	50 00	X		X				1,000,050	0	45,277
SALVATORE ALBERT N TRUSTEE, VICE CHAIR - MM	3 00	X		X				0	0	0
SCAMINACE JOSEPH M DIR, BD VICE CHAIR - CCF, REGS	5 00	X		X				0	0	0
SELBY SANDRA DIRECTOR, CHAIR (VNS)	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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
SWIGART AGNES K DIRECTOR, PRESIDENT - UHCHF	3 00	X		X				0	0	0
WIEDEMANN MD HERBERT DIR, CHIEF OF STAFF - CCF, REG	50 00	X		X				985,114	0	-164,321
AMOS RET GEN JAMES PUBLIC TRUSTEE - LORD FDN	3 00	X						0	0	0
ANDERSON MD MICHAEL TRUSTEE - MARYMOUNT, PHYSICIAN	50 00	X						343,911	0	45,233
AULETTA PATRICK V DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
BALLARD REV KAREN DIRECTOR - VNS	5 00	X						0	0	0
BARGER DO LARRY DIRECTOR - AGF	3 00	X						0	0	0
BEKENY MD JAMES TRUSTEE - LAKEWOOD, PHYSICIAN	50 00	X						349,914	0	47,309
BENNETT KRIS DIR - AGMC, LODI, EXEC DIR REG HOSP	50 00	X						284,050	0	24,841
BENZ MICHAEL DIRECTOR - CCF & REGIONALS	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			
BERAN JOSETTE TRUSTEE - UNION, CHIEF STRATEGY OFF	50 00	X						705,281	0	38,377
BERNICK MD CHARLES DIR - KMA, ASSOC MED DIR LOU RUVO CTR	50 00	X						317,992	0	190,889
BILLOW CHARLES DIR - AGMC, LODI	5 00	X						0	0	0
BOGAR MD KEVIN TRUSTEE - MARYMOUNT, PHYSICIAN	50 00	X						601,306	0	46,411
BORDEN MD BRAD TRUSTEE - CCCHR, PHYSICIAN	50 00	X						868,231	0	47,011
BRADFORD JOHN DIRECTOR - PPG	3 00	X						0	0	0
BRAMAN DO KENNETH DIRECTOR - PPG, PHYSICIAN	50 00	X						269,826	0	33,839
BREAUX MD TODD DIR - AGMC, LODI, PHYSICIAN	50 00	X						637,495	0	43,799
BROOKS MD STEVE DIR - AGMC, LODI, PHYSICIAN	50 00	X						382,042	0	30,830
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
CAPORALE MICHAEL DIR - AGMC, LODI	5 00	X						0	0	0
CARPAS JOHN DIRECTOR - AGF	3 00	X						0	0	0
CHANDURKAR DO ROHIT DIRECTOR - PPG, PHYSICIAN	50 00	X						320,639	0	35,212
CHERKALA BRIAN DIR - AGMC, LODI	5 00	X						0	0	0
CHHABRA ANKIT DIR-AGMC, LODI, EXEC DIR REG FIN OPS	50 00	X						290,430	0	25,254
CHIN JENNIFER TRUSTEE - CCCHR	3 00	X						0	0	0
COLE ALLISON TRUSTEE - CCCHR	3 00	X						0	0	0
CORWIN RUSSELL DIRECTOR - MED HOSP FDN	3 00	X						0	0	0
COURY THOMAS J TRUSTEE - LAKEWOOD	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAWFORD DEBORAH DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
CROUSE JAMES DIRECTOR - VNS	3 00	X						0	0	0
CULLEY MD CARL A JR TRUSTEE - LAKEWOOD, PHYSICIAN	50 00	X						179,893	0	32,807
CULP LAURA DIR - AGMC, LODI	5 00	X						0	0	0
CUMMINGS JEFFREY DIRECTOR - KMA, PHYSICIAN	50 00	X						424,713	0	37,011
DAVIS CAROL DIR - AGMC, LODI	5 00	X						0	0	0
DEEDS C JASON TRUSTEE - UNION	3 00	X						0	0	0
DEYLING MD CYNTHIA TRUSTEE - MM, CHIEF QUALITY OFF	50 00	X						688,654	0	-39,947
DOOLING JOHN E TRUSTEE - UNION	3 00	X						0	0	0
DOUGLASS AMY DIRECTOR - MEDINA	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOWNING WILLIAM DIRECTOR - AGF	3 00	X						0	0	0
EBERT PHD ROBERT DIRECTOR - REGIONAL HOSPITALS	5 00	X						0	0	0
ELLIOTT SARAH DIRECTOR - PPG	50 00	X						112,237	0	21,814
FALCONI RONALD DIRECTOR - MEDINA	3 00	X						0	0	0
FANCHER JON REV TRUSTEE - LAKEWOOD	3 00	X						0	0	0
FEDELI UMBERTO P DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
FEDOROVICH RICHARD DIR - AGMC, LODI	5 00	X						0	0	0
FETH WILLAM DIR - AGMC, LODI	5 00	X						0	0	0
FETTO JULIE TRUSTEE - UNION, CNO	50 00	X						213,122	0	15,028
FRANCO MD KATHLEEN DIR - CCF, REG HOSPS, PHYSICIAN	50 00	X						280,748	0	-79,067

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			
FREEMAN MD RICHARD B TRUSTEE - LAKEWOOD, PHYSICIAN	50 00	X						306,712	0	44,576
GEIB ANNE E TRUSTEE - UNION	3 00	X						0	0	0
GOLDSTEIN SHERRY DIRECTOR - KMA	3 00	X						0	0	0
GORTON WILLIAM R TRUSTEE - LAKEWOOD	5 00	X						0	0	0
GRAY KEVIN E TRUSTEE - UNION	3 00	X						0	0	0
GREENE MD KATHIE DIRECTOR - PPG, PHYSICIAN	50 00	X						276,349	0	15,646
GRICE TERRY DIRECTOR - MEDINA	3 00	X						0	0	0
GROSSMAN MD JORDAN DIRECTOR - PPG, PHYSICIAN	50 00	X						683,214	0	11,187
GRUBB MICHELLE DIRECTOR - PPG	50 00	X						171,294	0	19,684
GUNNING DAVID TRUSTEE - CCCHR	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GUTWALD DENNIS DIRECTOR - KMA	3 00	X						0	0	0
HABER KENNETH TRUSTEE - LAKEWOOD	3 00	X						0	0	0
HARLEY DO DOUGLAS DIR - AGMC, LODI, PHYSICIAN	50 00	X						276,843	0	28,539
HARRIS RICHARD DIR - AGMC, LODI	5 00	X						0	0	0
HAYEK MD ANTHONY DIR - AGMC, LODI	5 00	X						0	0	0
HERSHBERGER PERRY TRUSTEE - UNION	3 00	X						0	0	0
HOLTHAUS THERESA DIRECTOR - AGF	50 00	X						200,786	0	27,255
HOOVER CAROLE DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
HORATTAS MD MARK DIR - AGMC, LODI, PHYSICIAN	50 00	X						589,424	0	17,741
HUSTON WILLIAM DIRECTOR - MEDINA	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ILG ANN DIR - AGMC, LODI	5 00	X						0	0	0
JAROSZ SISTER MARY ALICE TRUSTEE - MARYMOUNT	3 00	X						0	0	0
KALAFATIS LARA DIR - KMA, CHAIR PHILANTHROPY INST	50 00	X						524,981	0	44,411
KILLORAN SISTER CAROL ANN TRUSTEE - MARYMOUNT	3 00	X						0	0	0
KNISELY JAMES E TRUSTEE - UNION	3 00	X						0	0	0
KOHL STEWART DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
KOHLER MD DOUGLAS TRUSTEE - MARYMOUNT, PHYSICIAN	50 00	X						651,678	0	46,833
KOVACH RONALD A TRUSTEE - MARYMOUNT	3 00	X						0	0	0
KRAMER RICHARD DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
KURTZ GREGORY P TRUSTEE - MARYMOUNT	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 DIRECTOR - PPG, PHYSICIAN	50 00	X						882,933	0	19,521
LASH-RITTER MD TERI TRUSTEE - UNION, PHYSICIAN	50 00	X						283,634	0	43,839
LERNER NORMA DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
LINDENBERG MD JUDAH TRUSTEE - MARYMOUNT	3 00	X						40,000	0	0
LITMAN MD GEORGE DIR - AGMC, LODI, PHYSICIAN	50 00	X						131,847	0	2,477
LLOYD MARGARET DIRECTOR - AGF	3 00	X						0	0	0
LONG JARROD DIRECTOR - MEDINA	3 00	X						0	0	0
LOWERY DEE DIRECTOR - AGF	3 00	X						0	0	0
MACDONALD WILLIAM III DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
MACHADO MD ANDRE DIRECTOR - KMA, PHYSICIAN	50 00	X						1,095,711	0	48,411

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARKOVICH MD RENEE DIRECTOR - PPG, PHYSICIAN	50 00	X						262,257	0	25,113
MARKS JEANNINE DIR - AGMC, LODI	5 00	X						0	0	0
MATT-AMARAL MD LAURIE DIRECTOR - PPG, PHYSICIAN	50 00	X						346,904	0	25,616
MATTHEWS THOMAS TJ DIRECTOR - KMA	3 00	X						0	0	0
MCGORRAY KATHLEEN T TRUSTEE - LAKEWOOD	3 00	X						0	0	0
MERRYWEATHER TIM DIRECTOR - AGF	3 00	X						0	0	0
MIKSCH DONALD DIRECTOR - MEDINA	3 00	X						0	0	0
MILLER PAMELA DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
MILLER SAMUEL H DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
MILLER-DAWSON DIANE DIR - AGMC, LODI	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOORE MD JEFFREY DIR - AGMC, LODI, PHYSICIAN	50 00	X						178,706	0	2,272
MOORHEAD MD COLIN DIRECTOR - PPG, PHYSICIAN	50 00	X						511,644	0	36,574
MORINO MARIO DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
MOSLEY MARK DIRECTOR - AGF	3 00	X						0	0	0
MUAKKASSA RIMA DIR - AGMC, LODI	5 00	X						0	0	0
MULROY PATRICIA DIRECTOR - KMA	3 00	X						0	0	0
MURPHY JANICE DIR - AGMC, LODI, COO	50 00	X						640,166	0	1,254
NANCE FREDERICK DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
NANN VICKY DIRECTOR - MEDINA	3 00	X						0	0	0
O'LEARY ANTHONY DIRECTOR - VNS	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OMORI SUE DIRECTOR - AGF	50 00	X						229,252	0	23,330
O'NEIL RORY DIRECTOR - AGF	3 00	X						0	0	0
O'NEILL JOHN TRUSTEE - LAKEWOOD	3 00	X						0	0	0
PAPA ALAN DIRECTOR - AGP, AGF, PPG	50 00	X						458,355	0	24,051
PARRY WILLIAM DIRECTOR - AGF	3 00	X						0	0	0
PATTON REBECCA TRUSTEE - LAKEWOOD	3 00	X						0	0	0
PETIT DAN DIRECTOR - KMA	3 00	X						0	0	0
PETRAS JR MICHAEL DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
PFISTER MD EUGENE DIR- PPG, AGMC, LODI, PHYSICIAN	50 00	X						332,532	0	-80,261
POHL PAUL M PUBLIC TRUSTEE - LORD FDN	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
POLLOCK LARRY DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
POSK MD LORI DIRECTOR - AGF, PHYSICIAN	50 00	X						283,478	0	47,011
PRINGLE JAMES J TRUSTEE - UNION	3 00	X						0	0	0
PRITTS GARY TRUSTEE - LAKEWOOD	3 00	X						0	0	0
RICE RONALD TRUSTEE - CCCHR	3 00	X						0	0	0
ROCHE DENNIS J TRUSTEE - LAKEWOOD	3 00	X						0	0	0
ROGICH SIGMOND DIRECTOR - KMA	3 00	X						0	0	0
ROME MD ELLEN TRUSTEE - CCCHR, PHYSICIAN	50 00	X						199,309	0	38,144
ROSE MD WARREN DIRECTOR - PPG, PHYSICIAN	50 00	X						434,391	0	46,686
ROSS MD RONALD J DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUSSELL MD REBECCA DIRECTOR - PPG, PHYSICIAN	50 00	X						408,400	0	44,017
SAHADI LEE DIRECTOR - PPG	50 00	X						127,575	0	22,244
SALEK ANN DIRECTOR - MEDINA	3 00	X						0	0	0
SCOTT HAROLD LEE DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
SEVERINO MICHAEL DIRECTOR - KMA	3 00	X						0	0	0
SHEERS MD TITUS DIR - AGMC, LODI, PHYSICIAN	50 00	X						334,180	0	15,164
SHERIDAN MD CATHERINE DIRECTOR AGF, MED HOSP FDN	50 00	X						211,325	0	37,773
SNYDER JEROME F DIRECTOR - KMA	3 00	X						0	0	0
SNYDER VICKY DIRECTOR - MED HOSP FDN	50 00	X						245,258	0	29,340
SOEHNLEN MD MICHAEL W TRUSTEE - UNION	3 00	X						6,400	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SPIRO MD TIMOTHY DIR - CCF & REGIONALS, PHYSICIAN	50 00	X						663,955	0	44,804
STAFFORD PHD KATHY DIR - AGMC, LODI	5 00	X						0	0	0
STEELMAN PAUL DIRECTOR - KMA	3 00	X						0	0	0
STEINBERG DAVID DIRECTOR - KMA	3 00	X						0	0	0
STEVENS MARK DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
STURM ROLAND DIRECTOR - KMA, LRBI	3 00	X						0	0	0
SWOGER DO WILLIAM V TRUSTEE - UNION, PHYSICIAN	50 00	X						302,105	0	20,352
TABBAA MOUSAB TRUSTEE - LAKEWOOD	3 00	X						0	0	0
TAFFER JON DIRECTOR - KMA	3 00	X						0	0	0
TALMAGE MD LANCE DIR - AGMC, LODI, PHYSICIAN	50 00	X						125,948	0	8,581

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMPSON MD THOMAS DIR - AGMC, LODI, PHYSICIAN	50 00	X						855,725	0	-20,465
TREIER J BRIET DIR - AGMC, LODI	5 00	X						0	0	0
TRUNDLE SYLVIA DIRECTOR - PPG	3 00	X						0	0	0
VEGA LORRAINE DIRECTOR - REGIONAL HOSPITALS	5 00	X						0	0	0
WARTHER PAT A TRUSTEE - UNION	3 00	X						0	0	0
WEBER ROBERT DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
WEINBERG RONALD DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
WEISS MORRY DIRECTOR - CCF & REGIONALS	5 00	X						0	0	0
WEXLER NANCY DIRECTOR - KMA	3 00	X						0	0	0
WHITE MD HAROLD DIRECTOR - AGF, PHYSICIAN	50 00	X						438,037	0	43,675

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ZEMIS MD JOSEPH TRUSTEE - UNION, PHYSICIAN	50 00	X						757,098	0	234,537
ALVAREZ MD BENITO PRESIDENT - PPG, PHYSICIAN	50 00			X				384,109	0	29,205
DAVIDSON MD ELLIOT CHAIR - PPG, PHYSICIAN	50 00			X				278,207	0	24,477
ERZURUM MD SERPIL CCF - CHAIR, LERNER RESEARCH INST	50 00			X				660,650	0	60,017
FITZWATER TIMOTHY VICE CHAIR - AGHS	5 00			X				0	0	0
GROOFF MD PAUL SECRETARY - CC NY MED SVCS PC	50 00			X				587,876	0	45,586
MALONE JR MD DONALD HOSPITAL PRESIDENT - LUTHERAN	50 00			X				429,997	0	-25,767
MCKENZIE MD MARGARET HOSPITAL PRES - SOUTH POINTE	50 00			X				485,722	0	45,911
MEEHAN MICHAEL J RECORDING SEC - CCF, REGIONALS	50 00			X				366,415	0	-50,187
MILLER MD CHARLIE CHIEF MEDICAL OFFICER - CCMS	50 00			X				940,437	0	45,175

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OBLANDER JASON ASST SEC - CCF & REGIONALS	50 00			X				213,359	0	21,244
SHEWBRIDGE MD RICHARD HOSPITAL PRESIDENT - MEDINA	50 00			X				314,065	0	44,411
SMITH BRIAN VICE PRESIDENT - CLINIC CARE	50 00			X				253,857	0	21,616
SMITH DO NEIL HOSPITAL PRESIDENT - FAIRVIEW	50 00			X				455,156	0	46,147
STARCK MD REBECCA HOSPITAL PRESIDENT - AVON	50 00			X				651,799	0	42,146
STOLLERMD JAMES CCEF CHAIR, EDUCATION INST	50 00			X				556,566	0	-159,487
YOUNG MD JAMES P CHIEF ACADEMIC OFF - CCF & CCEF	50 00			X				900,547	0	45,733
BAILEY DAWN CNO - EUCLID HOSPITAL	50 00				X			196,926	0	22,694
JOHN BRUYERE COO - SOUTH POINTE	50 00				X			199,534	0	15,632
COLLIER SUSAN VP NURSING, CNO - HILLCREST	50 00				X			267,985	0	-53,237

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GUSTER CHERIE SR VP AND CNO - AGMC	50 00				X			280,082	0	-19,172
KOC SIS DANA VP NURSING & OPS LODI	50 00				X			185,710	0	13,420
KOLONICK RENEE COO - MARYMOUNT HOSP	50 00				X			247,713	0	16,349
LEA RICHARD COO - EUCLID HOSPITAL	50 00				X			249,913	0	32,013
MAJOR KERRY CNO - CC FLA HEALTH SYS	50 00				X			252,735	0	21,749
MATTNER MATTHEW COO - LUTHERAN HOSPITAL	50 00				X			252,002	0	21,901
MILLER SHEILA CNO - SOUTH POINTE HOSP	50 00				X			221,648	0	21,184
MILLS JOHN COO - FAIRVIEW HOSPITAL	50 00				X			337,184	0	8,238
PETER MD DAVID VP MED AFFAIRS/CMO - AGHS	50 00				X			419,833	0	32,213
SABBAGH MARWAN DIR LR CTR BRAIN HEALTH - CC NV	50 00				X			289,781	0	38,134

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAUER MARY CNO -AVON	50 00				X			215,418	0	23,782
SCHUSTER JANET CNO - LUTHERAN HOSPITAL	50 00				X			209,736	0	24,119
SMALL DEBORAH CNO - FAIRVIEW HOSPITAL	50 00				X			599,964	0	85,958
SURI MD RAKESH CEO CCAD	50 00				X			2,083,302	0	180,202
SVENSSON MD LARS CHAIR HVI - CCF	50 00				X			1,638,790	0	45,586
THOBURN MARY BETH CNO - FAIRVIEW	50 00				X			206,850	0	21,969
VIDMAR ERICK ADMIN DIRECTOR - CC NV	50 00				X			190,901	0	18,324
ZINNER BARBARA CNO - MARYMOUNT	50 00				X			219,332	0	11,760
COSGROVE MD DELOS FORMER CEO - CCF	50 00					X		8,718,184	0	-29,873
NAJM MD HANI PHYSICIAN - CCF	50 00					X		1,664,215	0	45,911

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BROOKS MD PETER PHYSICIAN - CCF	50 00					X		1,378,954	0	224,619
HUSTON ANN CHIEF STRATEGY OFFICER - CCF	50 00					X		1,348,338	0	40,269
MARTIN MD DANIEL CHAIR COLE EYE INSTITUTE - CCF	50 00					X		1,415,256	0	45,553
BRONSON MD DAVID FORMER OFFICER (RETIRED)	0 00						X	176,254	0	-500
FORD MD DONALD FORMER OFFICER	50 00						X	315,676	0	45,165
FUNK MD JONATHAN R FORMER OFFICER	50 00						X	225,113	0	39,083
HAHN MD JOSEPH FORMER OFFICER (RETIRED)	0 00						X	148,394	0	0
HAMILTON THOMAS FORMER OFFICER	50 00						X	445,859	0	27,693
JUHASZ DO ROBERT FORMER OFFICER	50 00						X	302,209	0	43,804
MCHUGH LINDA FORMER OFFICER	50 00						X	885,652	0	44,526

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NOGUERAS MD JUAN FORMER OFFICER	50 00						X	614,240	0	-70,821
PIEDIMONTE MD GIOVANNI FORMER OFFICER	50 00						X	688,363	0	45,733
ROSENTHAL MD RAUL FORMER OFFICER	50 00						X	823,124	0	40,738
SLIFKO JESSICA FORMER OFFICER	50 00						X	408,447	0	41,444
STOVER MD THOMAS FORMER OFFICER (RETIRED)	0 00						X	152,519	0	-48,452
TULISIAK MD THOMAS FORMER OFFICER	50 00						X	302,950	0	45,089
VANHORN AMANDA FORMER OFFICER	50 00						X	193,624	0	24,634
ZEROSKE JOANNE FORMER OFFICER (RETIRED)	0 00						X	454,290	0	68,292
BECK CHRIS FORMER OFFICER	50 00						X	177,024	0	14,136
BOYD DIANA FORMER OFFICER	50 00						X	180,280	0	20,830

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			
CRAIG ROBERT FORMER OFFICER	50 00						X	190,974	0	24,816
MEYERHOEFER TODD FORMER OFFICER	50 00						X	305,699	0	36,876
SMITH DARWIN K FORMER OFFICER	50 00						X	177,991	0	26,585
THORN III EUGENE A FORMER OFFICER	50 00						X	269,770	0	19,789
ABDENOUR STEPHEN FORMER KE	50 00						X	602,496	0	21,407
CARROLL DONALD FORMER KE	50 00						X	261,258	0	24,737
EMMELHAINZ LARRY FORMER KE	50 00						X	350,634	0	41,208
FISER DAVID FORMER KE	50 00						X	177,920	0	7,360
FOSTER SUSAN FORMER KE	50 00						X	221,248	0	16,778
LYTLE MD BRUCE FORMER KE (RETIRED)	0 00						X	118,200	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				
MUAKKASSA MD FARID FORMER KE	50 00						X	932,308	0	31,574	
RIBLEY DOUGLAS FORMER KE	50 00						X	241,967	0	24,212	
SCHMIEDEL JUSTIN FORMER KE	50 00						X	215,281	0	18,067	
WRIGHT MD DENNIS FORMER KE	50 00						X	482,974	0	36,186	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number

91-2153073

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	301,428,141	284,947,202	302,252,529	297,153,216	317,989,021	1,503,770,109
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	301,428,141	284,947,202	302,252,529	297,153,216	317,989,021	1,503,770,109
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						1,503,770,109

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	301,428,141	284,947,202	302,252,529	297,153,216	317,989,021	1,503,770,109
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108,430,890	109,699,336	124,406,638	160,820,856	128,454,359	631,812,079
9 Net income from unrelated business activities, whether or not the business is regularly carried on		398,836			1,686,203	2,085,039
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	103,974,870	115,282,299	104,055,964	127,186,173	187,750,642	638,249,948
11 Total support. Add lines 7 through 10						2,775,917,175
12 Gross receipts from related activities, etc (see instructions)					12	9,090,860,220

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	54.170 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	53.180 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	INCOME LOSS ON INVESTMENTS - 2014 AMOUNT \$ 103,825,473 2015 AMOUNT \$ 70,959,640 2016 A MOUNT \$ 103,453,582 2017 AMOUNT \$ 126,762,607 2018 AMOUNT \$ 138,561,020 FOREIGN CURR ENCY - 2015 AMOUNT \$ 610,292 2016 AMOUNT \$ 73,310 2017 AMOUNT \$ 273,145 INCOME FROM FUNDRAISING/GAMING EVENTS - 2014 AMOUNT \$ 131,772 2016 AMOUNT \$ 397,995 2018 AMOUNT \$ 13,597 MISCELLANEOUS INCOME - 2014 AMOUNT \$ 17,625 DERIVATIVE INCOME - 2018 AMOUNT \$ 689,834 LIFE INSURANCE TRUST - 2015 AMOUNT \$ 183,292 2016 AMOUNT \$ 131,077 2017 AMOUN T \$ 150,421 INVESTMENT IN AFFILIATES - 2015 AMOUNT \$ 43,529,075 2018 AMOUNT \$ 48,486, 191

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 AKRON GENERAL MEDICAL CENTER, 34-0714478, 3, YES, \$0 THE UNION HOSPITAL ASSOCIATION, 34-0714771, 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 4 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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	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

OMB No 1545-0047
2018
Open to Public Inspection

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

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	3
b Total acreage restricted by conservation easements	2b	55.25
c Number of conservation easements on a certified historic structure included in (a)	2c	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	0

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0
- 4 Number of states where property subject to conservation easement is located ▶ 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	381,810,007	324,551,580	295,878,858	279,608,818	260,375,637
b Contributions	17,655,756	22,185,007	20,199,629	25,049,027	11,532,981
c Net investment earnings, gains, and losses	-5,582,019	40,398,300	15,766,204	-993,841	15,823,388
d Grants or scholarships					
e Other expenditures for facilities and programs	5,748,267	5,324,880	7,293,111	7,785,146	8,123,189
f Administrative expenses					
g End of year balance	388,135,477	381,810,007	324,551,580	295,878,858	279,608,818

- 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 | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		268,846,055		268,846,055
b Buildings		5,393,888,927	2,739,083,265	2,654,805,662
c Leasehold improvements		182,589,502	123,843,935	58,745,567
d Equipment		3,019,161,692	2,062,495,590	956,666,102
e Other		843,243,072	79,868,427	763,374,645
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,702,438,031

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	385,520
DEFERRED ANNUITY TRUST	1,033,697
OTHER LIABILITIES	301,780,441
FUTURE GIFT ANNUITY PAYMENTS	10,653,924
INTEREST RATE SWAPS	110,862,741
ACCRUED PENSION	684,098,394
ACCRUED BENEFITS	188,401,371
DUE TO AFFILIATES	88,799,802
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,386,015,890

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 ("THE SYSTEM") AUDITED FINANCIAL STATEMENTS ARE REPORTED ON A CONSOLIDATED BASIS, INCLUDING EXEMPT, TAXABLE, AND FOREIGN ENTITIES TO WHICH THE ASC 740-10 LIABILITY RELATES. THE ASC 740-10 FOOTNOTE ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE CLEVELAND CLINIC HEALTH SYSTEM READS AS FOLLOWS: AT DECEMBER 31, 2018 AND 2017, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$0.9 MILLION AND \$0.6 MILLION, RESPECTIVELY. THE SYSTEM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS. THE SYSTEM RECOGNIZES INTEREST AND PENALTIES ACCRUED RELATED TO THE LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE CONSOLIDATED 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
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.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	2	69			271,352,000
b Total from continuation sheets to Part I					2,162,066,000
c Totals (add lines 3a and 3b)	2	69			2,433,418,000

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)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 12

3 Enter total number of other organizations or entities ▶ 4

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)
See Add'l Data							

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

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	13	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	223,016,000
MIDDLE EAST & NORTH AFRICA	1	56	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	3,387,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	2,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	43,000

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 & THE PACIFIC	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	25,000
EUROPE	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	25,000

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	9,000
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	79,000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BLACKBAUD 11501 DOMAIN DR STE 200 AUSTIN, TX 78758	ONLINE GIVING		No	3,500,665	306,625	3,194,040
RR DONNELLEY 35 W WACKER DRIVE CHICAGO, IL 60601	DIRECT MAIL		No	1,515,911	547,804	968,107
CLASSY 350 TENTH AVENUE STE 1300 SAN DIEGO, CA 92101	ONLINE FUNDRAISING		No	748,574	21,268	727,306
TSM DONOR ENGAGEMENT TEAM INC 155 COMMERCE DRIVE FREEDOM, PA 15042	PHONE SOLICITATION		No	352,889	749,028	-396,139
Total				6,118,039	1,624,725	4,493,314

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

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		KEEP MEMORY ALIVE GALA (event type)	VELOSANO (event type)	14 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	12,774,647	5,685,293	5,480,098	23,940,038
2	Less Contributions	11,029,847	4,513,293	4,273,966	19,817,106
3	Gross income (line 1 minus line 2)	1,744,800	1,172,000	1,206,132	4,122,932
Direct Expenses	4 Cash prizes			989	989
	5 Noncash prizes			21,031	21,031
	6 Rent/facility costs	849,546	204,950	73,704	1,128,200
	7 Food and beverages	552,482	122,296	688,211	1,362,989
	8 Entertainment	119,966	59,908	102,901	282,775
	9 Other direct expenses	1,177,211	1,036,131	964,423	3,177,765
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					-1,850,817

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue			44,775
Direct Expenses	2 Cash prizes			10,000	10,000	
	3 Noncash prizes			21,178	21,178	
	4 Rent/facility costs					
	5 Other direct expenses					
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No		
7	Direct expense summary Add lines 2 through 5 in column (d) ▶					31,178
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶					13,597

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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in		
a	The organization's facility	13a	%
b	An outside facility	13b	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

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury

Name of the organization
 THE CLEVELAND CLINIC FOUNDATION
 GROUP RETURN

Employer identification number
 91-2153073

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			111,043,620	0	111,043,620	1 220 %
b Medicaid (from Worksheet 3, column a)			1,136,374,684	697,667,628	438,707,056	4 830 %
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			1,247,418,304	697,667,628	549,750,676	6 050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			25,739,519	207,315	25,532,204	0 280 %
f Health professions education (from Worksheet 5)			345,641,589	62,703,425	282,938,164	3 110 %
g Subsidized health services (from Worksheet 6)			113,410,990	91,684,155	21,726,835	0 240 %
h Research (from Worksheet 7)			243,460,355	165,736,110	77,724,245	0 860 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,446,667	446,377	12,000,290	0 130 %
j Total. Other Benefits			740,699,120	320,777,382	419,921,738	4 620 %
k Total. Add lines 7d and 7j			1,988,117,424	1,018,445,010	969,672,414	10 670 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0			0 %
2 Economic development			15,253		15,253	0 %
3 Community support			399,947		399,947	0 %
4 Environmental improvements			0			0 %
5 Leadership development and training for community members			16,776		16,776	0 %
6 Coalition building			31,831		31,831	0 %
7 Community health improvement advocacy			17,805		17,805	0 %
8 Workforce development			18,927	0	18,927	0 %
9 Other						0 %
10 Total			500,539		500,539	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	299,642,222
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	1,310,083,340
6 Enter Medicare allowable costs of care relating to payments on line 5	6	1,339,394,525
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-29,311,185
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 AKRON SURGICAL ASSOCIATES LLC	SURGICAL SERVICES	51 000 %		49 000 %
2 TUSCARAWAS AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	70 000 %		30 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

21

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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 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?		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>18</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 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW CLEVELANDCLINIC ORG</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CLEVELAND CLINIC AVON HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

CLEVELAND CLINIC AVON HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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): _____

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
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>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW CLEVELANDCLINIC ORG</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

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

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section 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 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?		
a	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 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 B. Facility Policies and Practices

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

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): _____ 8 _____

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	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>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
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)**

THE UNION HOSPITAL ASSOCIATION

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>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>200 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 type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW CLEVELANDCLINIC ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

THE UNION HOSPITAL ASSOCIATION

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	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

THE UNION HOSPITAL ASSOCIATION

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 203

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, IN GENERAL, CCHS PROVIDES FREE CARE TO INDIVIDUALS WITHOUT INSURANCE WITH INCOMES UP TO 250% OF THE FEDERAL POVERTY LEVEL AND DISCOUNTED CARE UP TO 400% OF THE FEDERAL POVERTY LEVEL IN ADDITION, THE POLICY CONTAINS ADDITIONAL WAYS TO QUALIFY BASED ON FINANCIAL 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)	THE PROPORTIONATE SHARE OF TOTAL JV EXPENSES AND BAD DEBT EXPENSES ARE FACTORED IN FOR PURPOSES OF CALCULATING THE PERCENTAGES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	SCH H PART I, LINE 6A - AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE, WHICH INCLUDES THE PARENT ORGANIZATION AND RELATED AFFILIATES
PART I, LINE 7	THE NET COMMUNITY BENEFIT EXPENSE FIGURE REPORTED FOR UNREIMBURSED MEDICAID IS INCLUSIVE OF CCHS'S HCAP ASSESSMENT OF \$6,237,505

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 \$969,972,424 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, AND2) THE PROPORTIONATE SHARE OF JOINT VENTURE COMMUNITY BENEFIT IS INCLUDED IN LINE 7
PART I, LINE 2	EFFECTIVE APRIL 2018, THE CLEVELAND CLINIC FOUNDATION, THROUGH A SUBSIDIARY BECAME THE SOLE MEMBER OF THE UNION HOSPITAL ASSOCIATION (UNION HOSPITAL") UNION HOSPITAL HAS ITS OWN FINANCIAL ASSISTANCE POLICY, WHICH COMPLIES WITH ALL 501(R) REGULATIONS SELECT FACILITIES ALSO HAVE THEIR OWN FINANCIAL ASSISTANCE POLICIES, WHICH COMPLY WITH ALL 501 (R) REGULATIONS

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	SEE EXPLANATION OF IMPLICIT PRICE CONCESSIONS IN FOOTNOTE #3 ON PG 13 OF THE AUDITED FINANCIAL STATEMENTS
PART III, LINE 8	MEDICARE ALLOWABLE COSTS ARE CALCULATED USING A COST-TO-CHARGE RATIO 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE PROGRAMS OR BEFORE REASONABLE EFFORTS HAVE BEEN MADE TO MAKE SUCH DETERMINATION IN CERTAIN CASES IT MAY NOT BE EASILY DETERMINED WHETHER OR NOT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, HOWEVER, IF AFTER COLLECTION PRACTICES HAVE BEGUN IT LATER BECOMES KNOWN THAT A PATIENT QUALIFIES, THE COLLECTION EFFORTS CEASE ADDITIONALLY, OUR EXTERNAL THIRD PARTY (COLLECTION) AGENCIES ARE TRAINED ON OUR FINANCIAL ASSISTANCE POLICY AND ASSIST A PATIENT IN NEED BY SUPPLYING OUR APPLICATION FOR FINANCIAL ASSISTANCE
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 \$1,518,987,324 AND \$1,961,612,303 RESPECTIVELY THIS RESULTS IN MEDICARE SHORTFALL OF \$442,624,979 WHICH ADDED TO THE SHORTFALL OF \$29,311,185 AS REPORTED ON THE COST REPORTS, BRINGS THE TOTAL MEDICARE SHORTFALL TO \$471,936,164

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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	THE UNION HOSPITAL ASSOCIATION 659 BOULEVARD DOVER, OH 44622 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1285AHR	X	X					X			
9	MEDINA HOSPITAL 1000 E WASHINGTON STREET MEDINA, OH 44256 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1236AHR	X	X		X		X	X			A
10	SOUTH POINTE HOSPITAL 20000 HARVARD ROAD WARRENSVILLE HTS, OH 44122 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1297AHR	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											
21	SELECT SPECIALTY - GATEWAY 2351 E 22ND STREET CLEVELAND, OH 44115 WWW.SELECTMEDICAL.COM OH STATE ID 1431	X									B

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

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

Form and Line Reference	Explanation
THE UNION HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 2 IN APRIL 2018, THE CLEVELAND CLINIC FOUNDATION THROUGH A SUBSIDIARY BECAME THE SOLE MEMBER OF THE UNION HOSPITAL ASSOCIATION (UNION HOSPITAL")
CLEVELAND CLINIC AVON HOSPITAL	PART V, SECTION B, LINE 5 INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS 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 GUIDED BY A STRUCTURED PROTOCOL THAT FOCUSED ON IDENTIFYING SIGNIFICANT COMMUNITY HEALTH NEEDS AND WHY SUCH NEEDS ARE PRESENT A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA

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

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

Form and Line Reference	Explanation
THE UNION HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 5 UNION HOSPITAL IS A MEMBER OF "HEALTHY TUSC," A COLLABORATION OF HEALTHCARE AND COMMUNITY BASED AGENCIES HEALTHY TUSC OVERSAW AND CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT THE RESULTS OF THAT ASSESSMENT PROVIDED THE DATA NECESSARY OF UNION HOSPITAL TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IT SERVES IN CONDUCTING THE CHNA, HEALTHY TUSC CREATED A PANEL WHICH INCLUDED REPRESENTATIVES FROM UNITED WAY, LOCAL FAMILY PHYSICIANS, DENTISTS, MENTAL HEALTH AND ADDICTION COUNSELORS FROM THE ALCOHOL, DRUG, ADDICTION AND MENTAL HEALTH SERVICES ("ADAMHS") BOARD, REPRESENTATIVES FROM THE LOCAL SCHOOL DISTRICTS, REPRESENTATIVES FROM COUNTY AND CITY HEALTH DEPARTMENTS, LOCAL YMCA LEADERS, AND HOSPITAL LEADERS BASED ON THESE DISCUSSIONS, A SURVEY WAS DEVELOPED AND SENT TO MEMBERS OF THE COMMUNITY, INCLUDING MINORITIES AND UNDERSERVED POPULATIONS THE PANEL MET TO DISCUSS AND RANK THE FINDINGS FROM THE SURVEY RESULTS THIS PANEL MET AND DISCUSSED THE SURVEY FINDINGS THROUGHOUT 2015
CLEVELAND CLINIC AVON HOSPITAL	PART V, SECTION B, LINE 6A CLEVELAND CLINIC AVON HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC HOSPITALS AND CLEVELAND CLINIC - SELECT MEDICAL HOSPITALS, INCLUDING CLEVELAND CLINIC MAIN CAMPUS, CLEVELAND CLINIC CHILDREN'S, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, AKRON GENERAL MEDICAL CENTER, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL INC , MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, THE UNION HOSPITAL ASSOCIATION, CLEVELAND CLINIC FLORIDA, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF EAST CLEVELAND, AND REGENCY HOSPITAL OF WEST CLEVELAND

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

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

Form and Line Reference	Explanation
THE UNION HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 6A THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED WITH TRINITY TWIN CITY HOSPITAL, AN UNRELATED ENTITY
THE UNION HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 6B HEALTHY TUSC, TUSCARAWAS COUNTY HEALTH DEPARTMENT, NEW PHILADELPHIA HEALTH DEPARTMENT, ADAMHS BOARD, TUSCARAWAS COUNTY SENIOR CENTER, UNITED WAY OF TUSCARAWAS COUNTY

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 11 IN GENERAL THE KEY NEEDS IDENTIFIED WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, WELLNESS, AND ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS CLEVELAND CLINIC AVON CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CLEVELAND CLINIC AVON HOSPITAL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC AVON HOSPITAL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, AND LOWER CRIME RATES) CLEVELAND CLINIC AVON HOSPITAL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH CLEVELAND CLINIC AVON 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
THE UNION HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 11 THE UNION HOSPITAL ASSOCIATION'S (UNION") COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED ADULT AND YOUTH OBESITY, ADULT AND YOUTH MENTAL HEALTH AND BULLYING, YOUTH SUBSTANCE ABUSE, AND ACCESS TO DENTAL CARE AS THE COMMUNITY TOP HEALTH NEEDS UNION'S IMPLEMENTATION STRATEGY FOR ADDRESSING THESE NEEDS CAN BE SUMMARIZED AS FOLLOWS DECREASE OBESITY 1) BY INCORPORATING OHIO HOSPITAL ASSOCIATION HEALTHY EATING GUIDELINES INTO UNION'S EXISTING NUTRITION OUTREACH PROGRAM 2) EXTEND UNION'S COMMUNITY HEALTH AND WELLNESS PROGRAM THROUGH COLLABORATION WITH COMMUNITY PARTNERS THE PROGRAM INCLUDES BLOOD SCREENING EVENTS MENTAL HEALTH AND BULLYING - UNION'S BEHAVIORAL HEALTH CENTER CONTINUES TO LEVERAGE ITS EFFORTS THROUGH THE USE OF SOCIAL WORKERS AND SUPPORTS SCHOOL BASED PROGRAMS TO STOP BULLYING SUCH SUPPORT INCLUDES CREDENTIALLED PERSONNEL WORKING WITH THESE PROGRAMS DECREASE SUBSTANCE ABUSE - UNION PROVIDES A SMOKING CESSATION PROGRAM WITH A CERTIFIED TOBACCO SPECIALIST UNION DOES NOT OFFER ANY OTHER SPECIFIC SUBSTANCE ABUSE PROGRAMS BUT DOES REFER THOSE IN NEED TO AREA PROVIDERS SPECIALIZING IN SUCH ASSISTANCE UNION DOES NOT HAVE A DENTAL PROGRAM BUT DOES SUPPORT AREA PROVIDERS SPECIALIZING IN SUCH ASSISTANCE

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 10 SOUTH POINTE HOSPITAL, - FACILITY 11 LUTHERAN HOSPITAL, - FACILITY 9 MEDINA HOSPITAL, - FACILITY 12 EUCLID HOSPITAL, - FACILITY 13 CLEV CLINIC CHILDREN'S HOSP FOR REHAB, - FACILITY 14 LODI COMMUNITY HOSPITAL, - 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 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	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT CLEVELAND CLINIC CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CLEVELAND CLINIC CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING BETTER EMPLOYMENT OPPORTUNITIES, LOWER CRIME RATES, ADEQUATE SOCIAL SERVICES, AND OTHER ENVIRONMENTAL CONDITIONS) CLEVELAND CLINIC CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH CLEVELAND CLINIC IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS
GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 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 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 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 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 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 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 ECONOMY 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 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 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 10 -- 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 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 10 -- 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 10 -- 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 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 10 -- 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 10 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 15E	IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION BY CCHS UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 -- 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 10 -- 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 12 -- 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 HOSPITAL FACILITY'S CHNA
GROUP A-FACILITY 12 -- 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 12 -- EUCLID 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 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 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</p>
GROUP A-FACILITY 12 -- EUCLID 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 12 -- 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 12 -- 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 12 -- 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 11 -- 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 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 -- 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 11 -- 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 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 11 -- 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 11 -- 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 11 -- 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 11 -- 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 9 -- 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 HOSPITAL FACILITY'S CHNA
GROUP A-FACILITY 9 -- 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 9 -- MEDINA 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 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 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
GROUP A-FACILITY 9 -- MEDINA HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 -- 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 9 -- 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 9 -- 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 13 -- 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 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 13 -- 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 13 -- 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 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 13 -- 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 13 -- 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 13 -- 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 13 -- 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 14 -- 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 14 -- 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 14 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTH PROFESSIONS EDUCATION AND RESEARCH, HEALTH CARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT LODI COMMUNITY HOSPITAL CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE 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
GROUP A-FACILITY 14 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 13B	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 14 -- 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 14 -- 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 14 -- 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 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

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 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
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 MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH AKRON GENERAL MEDICAL CENTER CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS AKRON GENERAL MEDICAL CENTER CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING IMPROVED SOCIAL SERVICES, BETTER EMPLOYMENT OPPORTUNITIES, DECREASED POVERTY, LOWER CRIME RATES, DECREASED UNEMPLOYMENT, AND OTHER ENVIRONMENTAL CONDITIONS) AKRON GENERAL MEDICAL CENTER CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH AKRON GENERAL MEDICAL CENTER IS NOT DIRECTLY INVOLVED WITH DEVELOPING COMMUNITY INFRASTRUCTURE AND IMPROVING THE ECONOMY BECAUSE ITS MISSION RELATES TO DELIVERY OF QUALITY HEALTHCARE, IT DOES AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 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 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 15E	IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION BY CCHS UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION

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

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 16J	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 20E	IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 20 CLEVELAND CLINIC REHABILITATION-AVON, - FACILITY 16 SELECT SPECIALTY - REGENCY WEST, - FACILITY 19 SELECT SPECIALTY - REGENCY EAST, - FACILITY 15 SELECT SPECIALTY - FAIRHILL, - FACILITY 21 SELECT SPECIALTY - GATEWAY

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

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Form and Line Reference	Explanation
GROUP B-FACILITY 20 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA
GROUP B-FACILITY 20 -- 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
<p>GROUP B-FACILITY 20 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 11</p>	<p>IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT CLEVELAND CLINIC REHABILITATION - AVON CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) CLEVELAND CLINIC REHABILITATION - AVON CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH CLEVELAND CLINIC REHABILITATION -AVON IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS CLEVELAND CLINIC REHABILITATION - AVON SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE</p>
<p>GROUP B-FACILITY 20 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 20D</p>	

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

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Form and Line Reference	Explanation
GROUP B-FACILITY 20 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 20D	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS
GROUP B-FACILITY 16 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 16 -- 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
GROUP B-FACILITY 16 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - REGENCY WEST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - REGENCY WEST CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - REGENCY WEST IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY WEST SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE

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

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Form and Line Reference	Explanation
GROUP B-FACILITY 16 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 20D	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS
GROUP B-FACILITY 19 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA

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

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Form and Line Reference	Explanation
GROUP B-FACILITY 19 -- 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
GROUP B-FACILITY 19 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - REGENCY EAST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - REGENCY EAST CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - REGENCY EAST IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - REGENCY EAST SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE

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

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Form and Line Reference	Explanation
GROUP B-FACILITY 19 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 20D	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS
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 HOSPITAL FACILITY'S CHNA

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Form and Line Reference	Explanation
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
GROUP B-FACILITY 15 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - FAIRHILL CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - FAIRHILL CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - FAIRHILL IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - FAIRHILL SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE

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

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Form and Line Reference	Explanation
GROUP B-FACILITY 15 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 20D	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS
GROUP B-FACILITY 21 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 5	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017 25 KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENTS, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY, REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA

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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 21 -- 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
GROUP B-FACILITY 21 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 11	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING ACCESS TO AFFORDABLE HEALTHCARE, CHRONIC DISEASE AND OTHER HEALTH CONDITIONS, ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS, HEALTHCARE FOR THE ELDERLY, AND WELLNESS HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT SELECT SPECIALTY - GATEWAY CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS ALTHOUGH SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ECONOMIC DEVELOPMENT AND COMMUNITY CONDITIONS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES) SELECT SPECIALTY - GATEWAY CANNOT FOCUS ON OR OTHERWISE ADDRESS THE NEED FOR COMMUNITY SERVICES UNRELATED TO THE DELIVERY OF HEALTHCARE ALTHOUGH SELECT SPECIALTY - GATEWAY IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS SELECT SPECIALTY - GATEWAY SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 21 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 20D	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS
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 17 CLEVELAND CLINIC REHABILITATION - ESR, - FACILITY 18 CLEVELAND CLINIC REHAB - BEACHWOOD
GROUP C-FACILITY 17 -- 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 17 -- CLEVELAND CLINIC REHAB - ESR PART V, SECTION B, LINE 20D	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS
GROUP C-FACILITY 18 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 2	CLEVELAND CLINIC REHABILITATION - BEACHWOOD OPENED IN OCTOBER 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 18 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 20D	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - AKRON GENERAL HEALTH CENTER 676 S BROADWAY ST AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
1 2 - WESTON FAMILY HEALTH CENTER 1825 N CORPORATE LAKES BLVD WESTON, FL 33326	FAMILY HEALTH CENTER
2 3 - CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	FAMILY HEALTH CENTER
3 4 - TWINSBURG FAMILY HEALTH & SURGERY CENTER 8701 DARROW RD TWINSBURG, OH 44087	FAMILY HEALTH CENTER
4 5 - BEACHWOOD FAMILY HEALTH & SURGERY CENTER 26900 CEDAR RD BEACHWOOD, OH 44122	FAMILY HEALTH CENTER
5 6 - STRONGSVILLE FAMILY HEALTH & SURGERY CEN 16761 SOUTH PARK CTR STRONGSVILLE, OH 44136	FAMILY HEALTH CENTER
6 7 - RICHARD E JACOBS HEALTH CENTER 33100 CLEVELAND CLINIC BLVD AVON, OH 44011	FAMILY HEALTH CENTER
7 8 - INDEPENDENCE FAMILY HEALTH CENTER 5001 ROCKSIDE RD CROWN CENTRE II INDEPENDENCE, OH 44131	FAMILY HEALTH CENTER
8 9 - CLEVELAND CLINIC HOME CARE SERVICES 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	HOME CARE SERVICES
9 10 - LORAIN FAMILY HEALTH & SURGERY CENTER 5700 COOPER FOSTER PARK RD LORAIN, OH 44053	FAMILY HEALTH CENTER
10 11 - WILLOUGHBY HILLS FAMILY HEALTH CENTER 2550 2570 SOM CENTER RD WILLOUGHBY HILLS, OH 44094	FAMILY HEALTH CENTER
11 12 - AKRON GENERAL HEALTH & WELLNESS CENTER - 4125 MEDINA RD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
12 13 - WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND RD WOOSTER, OH 44691	FAMILY HEALTH CENTER
13 14 - BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER RD BRUNSWICK, OH 44212	FAMILY HEALTH CENTER
14 15 - CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DR SANDUSKY, OH 44870	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 - HILLCREST MEDICAL OFFICE I & II 6803 MAYFIELD RD MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
1 17 - AKRON GENERAL HEALTH & WELLNESS CENTER- 1940 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
2 18 - AKRON GENERAL HEALTH & WELLNESS CENTER 4300 ALLEN RD STOW, OH 44224	OUTPATIENT PHYSICIAN CLINIC
3 19 - SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE RD SOLON, OH 44139	FAMILY HEALTH CENTER
4 20 - CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA CT MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
5 21 - ELYRIA FAMILY HEALTH & SURGERY CENTER 303 CHESTNUT COMMONS DR ELYRIA, OH 44035	FAMILY HEALTH CENTER
6 22 - CLEVELAND CLINIC FLORIDA - WEST PALM BEA 1401 FORUM WAY STE 300 WEST PALM BEACH, FL 33401	OUTPATIENT PHYSICIAN CLINIC
7 23 - WESTLAKE PHYSICIANS CENTER 805 COLUMBIA RD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
8 24 - FAIRVIEW HOSPITAL MEDICAL OFFICE 24700 LORAIN AVE NORTH OLMSTED, OH 44070	OUTPATIENT PHYSICIAN CLINIC
9 25 - MARYMOUNT MEDICAL CENTER 2001 E ROYALTON RD BROADVIEW HTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
10 26 - SUPERIOR MEDICAL SHEFFIELD FAMILY HEALTH 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	OUTPATIENT PHYSICIAN CLINIC
11 27 - LAKEWOOD FAMILY HEALTH CENTER 16215 MADISON AVE LAKEWOOD, OH 44107	FAMILY HEALTH CENTER
12 28 - LANDERBROOK OFFICE AND ENDOSCOPY CENTER 5900 LANDERBROOK DR MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
13 29 - CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON ST CHAGRIN FALLS, OH 44022	FAMILY HEALTH CENTER
14 30 - AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER

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

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

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

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

Name and address	Type of Facility (describe)
31 31 - NORTH OHIO GASTROENTEROLOGY 30701 CLEMENS RD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
1 32 - AMHERST FAMILY HEALTH CENTER 5172 LEAVITT RD LORAIN, OH 44053	FAMILY HEALTH CENTER
2 33 - CLEVELAND CLINIC LOU RUVO CENTER FOR BRA 888 WEST BONNEVILLE AVE LAS VEGAS, NV 89106	OUTPATIENT PHYSICIAN CLINIC
3 34 - STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
4 35 - AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN RD AVON LAKE, OH 44012	FAMILY HEALTH CENTER
5 36 - SUMMIT GASTROENTEROLOGY ASSOCIATES 3939 S CLEVELAND MASSILLON RD BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
6 37 - MENTOR MEDICAL OFFICE 7060 WAYSIDE DR MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
7 38 - CLEVELAND CLINIC SUMMIT OPHTHALMOLOGY 1 PARK WEST BLVD STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
8 39 - CLEVELAND CLINIC ADMINISTRATIVE CAMPUS 3275 SCIENCE PARK DR BLDG 5 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
9 40 - AKRON GENERAL PHYSICIAN OFFICE 224 W EXCHANGE ST AKRON, OH 44307	OUTPATIENT PHYSICIAN CLINIC
10 41 - AKRON GENERAL JUSTIN T ROGERS HOSPICE C 3358 RIDGEWOOD RD AKRON, OH 44333	HOSPICE
11 42 - SPORTS HEALTH CENTER 5595 TRANSPORTATION BLVD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
12 43 - OHIO RENAL CARE CLEVELAND EAST 2429 MARTIN LUTHER KING JR DR CLEVELAND, OH 44104	DIALYSIS CENTER
13 44 - COMMUNITY PEDIATRICS 8254 MAYFIELD RD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC
14 45 - OHIO RENAL CARE GROUP AMHERST 1168 CLEVELAND AVE AMHERST, OH 44001	DIALYSIS CENTER

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

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

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

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

Name and address	Type of Facility (describe)
46 46 - AKRON GENERAL TALLMADGE HEALTH CENTER 33 NORTH AVE TALLMADGE, OH 44278	OUTPATIENT PHYSICIAN CLINIC
1 47 - CLEVELAND CLINIC CANCER CENTERS 509 W MCPHERSON HIGHWAY CLYDE, OH 43410	OUTPATIENT PHYSICIAN CLINIC
2 48 - MENTOR REHABILITATION AND SPORTS THERAPY 7533 CENTER ST MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
3 49 - MADISON MEDICAL OFFICE 2999 MCMACKIN RD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
4 50 - CCF GASTROENTEROLOGY 7530 FREDLE DR CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC
5 51 - PALM BEACH GARDENS 4520 DONALD ROSS RD STE 200 PALM BEACH GARDENS, FL 33418	OUTPATIENT PHYSICIAN CLINIC
6 52 - PARKLAND 7857 N UNIVERSITY DR STE 401 PARKLAND, FL 33067	OUTPATIENT PHYSICIAN CLINIC
7 53 - ASHLAND OPHTHALMOLOGYSUGARBUSH EYE AND 21 SUGARBUSH CT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
8 54 - BAINBRIDGE URGENT CARE 17747 CHILLICOTHE RD STE 100 BAINBRIDGE, OH 44023	OUTPATIENT PHYSICIAN CLINIC
9 55 - OLMSTED TOWNSHIP PRIMARY CARE 27089 BAGLEY RD OLMSTED TOWNSHIP, OH 44138	OUTPATIENT PHYSICIAN CLINIC
10 56 - CLEVELAND CLINIC SUPERIOR MEDICAL CARE 1959 COOPER FOSTER PARK RD AMHERST, OH 44053	DIAGNOSTIC CENTER
11 57 - COMMUNITY PEDIATRICS 2001 CROCKER RD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
12 58 - GEMINI RECREATION CENTER 21225 LORAIN RD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
13 59 - OHIO RENAL CARE GROUP WESTLAKE 26024 DETROIT AVE WESTLAKE, OH 44145	DIALYSIS CENTER
14 60 - MAYFIELD VILLAGE PEDIATRICS 6559 WILSON MILLS RD STE101-D MAYFIELD VILLAGE, OH 44143	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 RD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
1 62 - SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE RD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
2 63 - UNION MEDICAL OFFICE 3 400 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
3 64 - BRUNSWICK EMERGENCY CARE 3724 CENTER RD BRUNSWICK, OH 44212	OUTPATIENT PHYSICIAN CLINIC
4 65 - MARYMOUNT REHABILITATION AND SPORTS THER 2525 EAST ROYALTON RD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
5 66 - RIDGE PARK OBSTETRICS AND GYNECOLOGY 7575 NORTHCLIFF AVE 302 BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
6 67 - OHIO RENAL CARE GROUP WEST 14670 SNOW RD BROOKPARK, OH 44142	DIALYSIS CENTER
7 68 - SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD RD WARRENSVILLE HEIGHTS, OH 44122	OUTPATIENT PHYSICIAN CLINIC
8 69 - OHIO RENAL CARE GROUP HERITAGE 1160 E BROAD ST ELYRIA, OH 44035	DIALYSIS CENTER
9 70 - WADSWORTH PRIMARY CARE ONE PARK CENTER DR WADSWORTH, OH 44281	OUTPATIENT PHYSICIAN CLINIC
10 71 - EAST OHIO ORTHOPAEDICS 515 UNION AVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
11 72 - EUCLID MEDICAL OFFICE 99 NORTHLINE CIR EUCLID, OH 44119	OUTPATIENT PHYSICIAN CLINIC
12 73 - CLEVELAND CLINIC LYNTHURST CAMPUS 1950 RICHMOND RD LYNTHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
13 74 - BROOKPARK COMPREHENSIVE FAMILY CARE 14401 SNOW RD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC
14 75 - OHIO RENAL CARE GROUP EUCLID 26450 EUCLID AVE EUCLID, OH 44132	DIALYSIS 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)
76 76 - NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE RD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
1 77 - OHIO RENAL CARE GROUP OHIO ACUTES 2500 METROHEALTH DR CLEVELAND, OH 44109	DIALYSIS CENTER
2 78 - CHARDON REHABILITATION AND SPORTS THERAP 325 CENTER ST CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
3 79 - OHIO RENAL CARE GROUP SOLON 6020 ENTERPRISE PKWY SOLON, OH 44139	DIALYSIS CENTER
4 80 - UNION HOSPITAL FIRSTCARE URGENT CARE CEN 110 DUBLIN DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
5 81 - BEDFORD DIALYSIS CENTER 5035 RICHMOND RD BEDFORD HEIGHTS, OH 44146	DIALYSIS CENTER
6 82 - CLEVELAND CLINIC DIABETES AND ENDOCRINOL 3733 PARK EAST DR STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
7 83 - OHIO RENAL CARE GROUP FARNSWORTH 3764 PEARL RD CLEVELAND, OH 44109	DIALYSIS CENTER
8 84 - SUMMIT OPHTHALMOLOGY 1587 BOETTNER RD GREEN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
9 85 - SEVERANCE MEDICAL ARTS 5 SEVERANCE CIR CLEVELAND HEIGHTS, OH 44118	OUTPATIENT PHYSICIAN CLINIC
10 86 - CANFIELD ORTHOPAEDICS AND REHABILITATION 3736 BOARDMAN CANFIELD RD CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC
11 87 - UPS CENTRAL 205 HOSPITAL DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
12 88 - CLEVELAND CLINIC FLORIDA WELLINGTON 2789 S STATE RD 7 STE 100/200 WELLINGTON, FL 33414	OUTPATIENT PHYSICIAN CLINIC
13 89 - OHIO RENAL CARE GROUP MENTOR 8840 TYLER BLVD MENTOR, OH 44060	DIALYSIS CENTER
14 90 - MOHICAN EYE CENTER 484 PARK AVE 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 - AKRON GENERAL REHABILITATION AND SPORTS 585 WHITE POND DR AKRON, OH 44320	OUTPATIENT REHABILITATION
1 92 - SAGAMORE HILLS MEDICAL CENTER I 863 WEST AURORA RD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
2 93 - OHIO RENAL CARE GROUP ELYRIA 5316 HOAG DR SHEFFIELD, OH 44035	DIALYSIS CENTER
3 94 - CLEVELAND CLINIC COLE EYE OF STREETSBORO 9424 STATE RT 14 STREETSBORO, OH 44241	OUTPATIENT PHYSICIAN CLINIC
4 95 - NEWCOMERSTOWN UNION PHYSICIAN SERVICES 60881 COUNTY RD 9 1 NEWCOMERSTOWN, OH 43832	OUTPATIENT PHYSICIAN CLINIC
5 96 - OHIO RENAL CARE GROUP LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44109	DIALYSIS CENTER
6 97 - FAIRLAWN UROLOGY 2651 W MARKET ST FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
7 98 - OHIO RENAL CARE GROUP WHITE POND 690 WHITE POND DR AKRON, OH 44320	DIALYSIS CENTER
8 99 - MADISON REHABILITATION AND SPORTS THERAP 2622 HUBBARD RD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
9 100 - WELLINGTON MEDICAL OFFICE 805 PATRIOT DR UNIT E WELLINGTON, OH 44090	OUTPATIENT PHYSICIAN CLINIC
10 101 - OHIO RENAL CARE GROUP WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
11 102 - AKRON GENERAL EXPRESS CARE CLINIC 4494 STATE RT 43 KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
12 103 - CLEVELAND CLINIC CHILDREN'S CENTER FOR A 21016 HILLIARD BLVD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
13 104 - OBERLIN OPHTHALMOLOGY 309 WEST LORAIN ST OBERLIN, OH 44074	OUTPATIENT PHYSICIAN CLINIC
14 105 - MACEDONIA EXPRESS AND OUTPATIENT CARE 8210 MACEDONIA COMMONS BLVD MACEDONIA, OH 44056	OUTPATIENT PHYSICIAN CLINIC

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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)
106 106 - EXPRESS CARE 82 WEST STREETSBORO ST HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
1 107 - LIBERTY FAMILY MEDICINE 571 E TURKEYFOOT LAKE RD AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC
2 108 - MOHICAN EYE CENTER 637 NORTH UNION ST LOUDONVILLE, OH 44842	OUTPATIENT PHYSICIAN CLINIC
3 109 - COLE EYE - TERMAN PRACTICE 32901 STATION ST SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
4 110 - MARYMOUNTCCF PAIN MANAGEMENT CENTER 12000 MCCRACKEN RD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
5 111 - OHIO RENAL CARE GROUP GARFIELD HEIGHTS 9729 GRANGER RD GARFIELD HTS, OH 44125	DIALYSIS CENTER
6 112 - AKRON GENERAL URGENT CARE 3593 S ARLINGTON RD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
7 113 - ALPINE FAMILY MEDICINE 126 1/2 NORTH BROADWAY SUGARCREEK, OH 44681	OUTPATIENT PHYSICIAN CLINIC
8 114 - BELDEN CENTER 4677 FULTON DRIVE NW CANTON, OH 44718	OUTPATIENT PHYSICIAN CLINIC
9 115 - MEDICAL OFFICE PAVILION 1946 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
10 116 - OHIO RENAL CARE GROUP SOUTHPOINT DIALYS 4200 WARRENSVILLE CENTER RD STE 100 WARRENSVILLE HTS, OH 44122	DIALYSIS CENTER
11 117 - AKRON GENERAL GAMMA KNIFE CENTER 762 S CLEVELAND-MASSILLON RD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
12 118 - LAKEWOOD MEDICAL BUILDING 1450 BELLE AVE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
13 119 - OHIO RENAL CARE GROUP CUYAHOGA FALLS 320 BROADWAY ST E E CUYAHOGA FALLS, OH 44221	DIALYSIS CENTER
14 120 - FAIRVIEW HOSPITAL WELLNESS CENTER 3035 WOOSTER RD ROCKY RIVER, OH 44116	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)
121 121 - THE LANGSTON HUGHES CENTER CLEVELAND CLI 2390 E 79TH ST CLEVELAND, OH 44104	OUTPATIENT PHYSICIAN CLINIC
1 122 - MEDINA MEDICAL OFFICE 970 E WASHINGTON MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
2 123 - BRECKSVILLE EXPRESS CARE 8805 BRECKSVILLE RD BRECKSVILLE, OH 44141	OUTPATIENT PHYSICIAN CLINIC
3 124 - STOW-FALLS MEDICAL OUTPATIENT CENTER 857 GRAHAM RD STOW, OH 44221	OUTPATIENT PHYSICIAN CLINIC
4 125 - MONTROSE SLEEP CENTER 4880 S MAIN ST AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC
5 126 - SAGAMORE HILLS MEDICAL OFFICE II 885 WEST AURORA RD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
6 127 - PORTAGE HILLS FAMILY MEDICINE 754 S CLEVELAND AVE MOGADORE, OH 44260	OUTPATIENT PHYSICIAN CLINIC
7 128 - INDEPENDENCE CANCER CENTER 6100 WEST CREEK RD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
8 129 - NPCC - BEACHWOOD 26110 EMERY RD WARRENSVILLE HEIGHTS, OH 44128	OUTPATIENT PHYSICIAN CLINIC
9 130 - ACCESS TO CARE 29000 AURORA RD SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
10 131 - AGMC - PPG - CAMERON PRACTICE 551 WABASH AVE NW NEW PHILADELPHIA, OH 44663	OUTPATIENT PHYSICIAN CLINIC
11 132 - AGMC - PPG - STEINBERGER PRACTICE 2708 CRAWFIS BLVD FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
12 133 - AGMC - PPG - SUMMIT CENTER FOR BEHAVIORA 3200 W MARKET ST FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
13 134 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 3636 YELLOW CREEK RD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
14 135 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1355 CORPORATE DR HUDSON, OH 44236	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)
136 136 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1622 E TURKEYFOOT LAKE RD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
1 137 - AKRON GENERAL ORTHOPEDICS 43 SOUTH MAIN ST MUNROE FALLS, OH 44262	OUTPATIENT PHYSICIAN CLINIC
2 138 - AKRON GENERAL REHABILITATION AND SPORTS 1500 AKRON CANTON RD AKRON, OH 44312	OUTPATIENT REHABILITATION
3 139 - AKRON GENERAL SPINE & PAIN INSTITUTE AND 2603 W MARKET ST 200-210 AKRON, OH 44313	OUTPATIENT PHYSICIAN CLINIC
4 140 - ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
5 141 - BOARDMAN STAR IMAGING 7067 TIFFANY BLVD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
6 142 - CCF GASTROENTEROLOGY 3700 PARK EAST DR BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
7 143 - CENTER FOR ARTHRITIS 1716 NORTH RD SE WARREN, OH 44484	OUTPATIENT PHYSICIAN CLINIC
8 144 - CENTER FOR UROLOGIC HEALTH 320 W EXCHANGE ST AKRON, OH 44302	OUTPATIENT PHYSICIAN CLINIC
9 145 - CHARLESTON AREA MEDICAL CENTER 1201 WASHINGTON ST EAST STE 100 CHARLESTON, WV 25301	OUTPATIENT PHYSICIAN CLINIC
10 146 - CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
11 147 - CLEVELAND CLINIC HEART & VASCULAR 1400 WEST MAIN ST BELLEVUE HOSPITAL BELLEVUE, OH 44811	OUTPATIENT PHYSICIAN CLINIC
12 148 - CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD RD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
13 149 - CLUB VIEW VISION CENTER OPTOMETRIC 1650 E MANSFIELD ST BUCYRUS, OH 44820	OUTPATIENT PHYSICIAN CLINIC
14 150 - COLE EYE INSTITUTE 2000 AUBURN DRIVE STE 100 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
151 151 - COLUMBUS STAR IMAGING 1550 KENNY RD COLUMBUS, OH 43212	DIAGNOSTIC CENTER
1 152 - COLUMBUS STAR IMAGING 921 JASONWAY AVE COLUMBUS, OH 43214	DIAGNOSTIC CENTER
2 153 - COLUMBUS STAR IMAGING BEECHER 425 BEECHER RD COLUMBUS, OH 43230	DIAGNOSTIC CENTER
3 154 - COMMUNITY MENTAL HEALTH INC 201 HOSPITAL DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
4 155 - DAYTON STAR IMAGING 5529 FAR HILLS AVE DAYTON, OH 45429	DIAGNOSTIC CENTER
5 156 - DOWNTOWN EXPRESS CARE 315 EUCLID AVE STE 2 CLEVELAND, OH 44114	OUTPATIENT PHYSICIAN CLINIC
6 157 - ERADIOLOGY (WESTON TOWN CENTER) 1792 BELL TOWER LN WESTON, FL 33326	OUTPATIENT PHYSICIAN CLINIC
7 158 - FIRELANDS PEDIATRIC SUBSPECIALTY CLINIC 1111 HAYES AVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
8 159 - FORT LAUDERDALE CONCIERGE MEDICINE 1301 EAST BROWARD BLVD FORT LAUDERDALE, FL 33301	OUTPATIENT PHYSICIAN CLINIC
9 160 - HACKETT MEDICAL 8300 TYLER BLVD MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
10 161 - KINDRED HEALTH CARE CLEVELAND 11900 FAIRHILL RD CLEVELAND, OH 44120	OUTPATIENT PHYSICIAN CLINIC
11 162 - KRUPA CENTER 3250 MERIDIAN PKWY WESTON, FL 33331	OUTPATIENT PHYSICIAN CLINIC
12 163 - LAKEWEST MEDICAL BUILDING 36100 EUCLID AVE STE 280 WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
13 164 - LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
14 165 - LAKEWOOD PROFESSIONAL BUILDING 14601 DETROIT AVE 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

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

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

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

Name and address	Type of Facility (describe)
166 166 - LAKEWOOD YMCA 16915 DETROIT AVE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
1 167 - LORAIN ORTHOPAEDICS 5800 COOPER FOSTER PARK RD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
2 168 - UNION MEDICAL OFFICE 1 200 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
3 169 - NILES STAR IMAGING 652 YOUNGSTOWN WARREN RD NILES, OH 44446	DIAGNOSTIC CENTER
4 170 - NORTHEASTERN OHIO MEDICAL SPECIALISTS 470 WHITE POND DR AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
5 171 - ROCKSIDE MEDICAL CENTER 6701 ROCKSIDE RD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
6 172 - SLEEP DISORDER CENTER AT FAIRHILL 11203 STOKES BLVD CLEVELAND, OH 44104	DIAGNOSTIC CENTER
7 173 - SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BLVD NORTH OLMSTED, OH 44070	DIAGNOSTIC CENTER
8 174 - SLEEP DISORDERS CENTER 3750 ORANGE PL BEACHWOOD, OH 44122	DIAGNOSTIC CENTER
9 175 - SLEEP DISORDERS CENTER 8971 WILCOX DR TWINSBURG, OH 44087	DIAGNOSTIC CENTER
10 176 - SLEEP DISORDERS CENTER 1825 LORAIN BLVD ELYRIA, OH 44035	DIAGNOSTIC CENTER
11 177 - SLEEP DISORDERS CENTER 5051 WEST CREEK RD INDEPENDENCE, OH 44131	DIAGNOSTIC CENTER
12 178 - SLEEP DISORDERS CENTER 3122 EASTPOINTE DR MEDINA, OH 44256	DIAGNOSTIC CENTER
13 179 - SLEEP DISORDERS CENTER 5785 HEISLEY RD MENTOR, OH 44060	DIAGNOSTIC CENTER
14 180 - SOUTHEASTERN OHIO REGIONAL MEDICAL CENTE 1341 CLARK ST CAMBRIDGE, OH 43725	OUTPATIENT PHYSICIAN CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
181 181 - SPINE & PAIN INSTITUTE 307 W MAIN ST C KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
1 182 - SPINE & PAIN INSTITUTE 265 WEST MAIN ST KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
2 183 - SPORTS HEALTH CENTER 5555 TRANSPORTATION BLVD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
3 184 - SUBURBAN HEALTH FAMILY PHYSICIANS 2818 S ARLINGTON RD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
4 185 - SUMMIT MEDICAL 3600 WEST MARKET ST AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
5 186 - SUMMIT VASCULAR SPECIALISTS 1761 BEALL AVE WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
6 187 - THERAPY SERVICES SOUTH 17800 JEFFERSON PARK DR STE 101 MIDDLEBURG HTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
7 188 - THERAPY SERVICES WEST 826 WESTPOINT PKWY STE 1200 WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
8 189 - TOMSICH HEALTH AND MEDICAL CENTER OF PAL 525 OKEECHOBEE BLVD CITY PLACE TOWER WEST PALM BEACH, FL 33401	FAMILY HEALTH CENTER
9 190 - TUSCARAWAS VALLEY REGIONAL CANCER CENTER 659 BOULEVARD ST DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
10 191 - TWINSBURG MEDICAL OFFICE 2365 EDISON BLVD TWINSBURG, OH 44087	OUTPATIENT PHYSICIAN CLINIC
11 192 - UNION HOSPITAL HEALTHPLEX 500 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
12 193 - UNION HOSPITAL MAMMOGRAPHY 101 HOSPITAL DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
13 194 - UNION HOSPITAL REGIONAL CANCER CENTER 300 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
14 195 - UNION HOSPITAL TUSCARAWAS AMBULATORY SUR 320 OXFORD ST DOVER, OH 44622	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)
196 196 - UPS CARE COORDINATION CENTER 301 WEST THIRD ST DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
1 197 - VALLEY CITY FAMILY MEDICINE 6605 CENTER RD VALLEY CITY, OH 44280	OUTPATIENT PHYSICIAN CLINIC
2 198 - WEST PARK LEARNING CENTER 15531 LORAIN AVE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
3 199 - WEST VALLEY MEDICAL 20455 LORAIN RD 301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
4 200 - WESTLAKE MEDICAL CAMPUS A 850 COLUMBIA RD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC & DIAGNOSTIC CTR
5 201 - WILLOUGHBY HILLS REHABILITATION AND SPOR 29017 CHARDON RD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
6 202 - WOOSTER MILLTOWN SPECIALTY & SURGERY CEN 721 EAST MILLTOWN RD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
7 203 - WOOSTER WOMEN'S HEALTH CENTER 1739 CLEVELAND RD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE CLEVELAND CLINIC FOUNDATION 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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 90
3 Enter total number of other organizations listed in the line 1 table 9

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	248	8,309,308			
(2) FELLOWSHIPS	2291	102,001,104			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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 AND FELLOWSHIPS 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
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 44307	34-1087615	501(C)(3)	6,820				COMMUNITY SUPPORT
AKRON COMMUNITY SERVICE CENTER AND URBAN LEAGUE INC 440 VERNON ODOM BLVD AKRON, OH 44307	34-0714520	501(C)(3)	8,833				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALICE FLAHERTY EXCELLENCE IN NURSING SCHOLARSHIP FUND INC 24179 AMBOUR DR NORTH OLMSTED, OH 44070	47-0974372	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES
AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	13-1788491	501(C)(3)	612,525				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	265,163				HEALTHCARE RESEARCH & EDUCATION
AMERICAN LIVER FOUNDATION 39 BROADWAY 27TH FL NEW YORK, NY 10006	36-2883000	501(C)(3)	20,000				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 1740 BROADWAY NEW YORK, NY 10019	13-1632524	501(C)(3)	27,500				HEALTHCARE RESEARCH & EDUCATION
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST NW ATLANTA, GA 30309	58-1341679	501(C)(3)	22,750				HEALTHCARE RESEARCH & EDUCATION
BEACHWOOD CHAMBER OF COMMERCE 23355 MERCANTILE RD BEACHWOOD, OH 44122	34-1684237	501(C)(6)	7,000				COMMUNITY SUPPORT

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITIES AID FOUNDATION AMERICA 1800 DIAGONAL RD STE 150 ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	300,000				COMMUNITY SUPPORT
CITY CLUB OF CLEVELAND 850 EUCLID AVE 2ND FL CLEVELAND, OH 44114	34-0144897	501(C)(3)	26,898				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF AKRON 166 S HIGH ST AKRON, OH 44308	34-6000020	501(C)(1)	10,317	56,983	COST	SOFTWARE	COMMUNITY SUPPORT
CITY OF AVON 36080 CHESTER RD AVON, OH 44011	34-6000165	501(C)(1)	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
CITY OF CLEVELAND 601 LAKESIDE AVE CLEVELAND, OH 44114	34-6000646	501(C)(1)	28,019				COMMUNITY SUPPORT
CITY OF CORAL SPRINGS 9500 W SAMPLE RD CORAL SPRINGS, FL 33065	59-1113462	501(C)(1)	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
CITY OF LAKEWOOD 12650 DETROIT AVE LAKEWOOD, OH 44107	34-6001633	501(C)(1)	500,000				COMMUNITY SUPPORT
CLEVELAND CENTER FOR ARTS AND TECHNOLOGY 3634 EUCLID AVE NO 100 CLEVELAND, OH 44115	27-1193704	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES

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

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

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

(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
COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE STE 1800 CLEVELAND, OH 44113	34-6580096	501(C)(3)	10,500				SUPPORT EDUCATIONAL ACTIVITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY WEST FOUNDATION 800 SHARON DR STE C WESTLAKE, OH 44145	34-1456398	501(C)(3)	66,000				COMMUNITY SUPPORT
CORAL SPRINGS FESTIVAL OF THE ARTS INC 5703 NW 109TH LN CORAL SPRINGS, FL 33076	20-1152326	501(C)(3)	7,500				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORAL SPRINGS YOUTH SOCCER INC PO BOX 8014 CORAL SPRINGS, FL 33075	65-0203021	501(C)(3)	6,000				COMMUNITY SUPPORT
CROHNS & COLITIS FOUNDATION OF AMERICA 23366 COMMERCE PARK RD BEACHWOOD, OH 44122	13-6193105	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
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVE CLEVELAND, OH 44115	23-7320719	501(C)(3)	11,000				SUPPORT EDUCATIONAL ACTIVITIES
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD STE 6 PARMA, OH 44134	26-2300532	501(C)(3)	23,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEMOCRACY COLLABORATIVE FOUNDATION INC 1422 EUCLID AVE STE 1652 CLEVELAND, OH 44115	20-0387511	501(C)(3)	10,000				COMMUNITY SUPPORT
EPILEPSY FOUNDATION OF FLORIDA INC 7300 N KENDALL DR NO 760 MIAMI, FL 33156	59-2164525	501(C)(3)	19,000				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
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)	237,715				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)	22,000				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
FIRE CHIEFS ASSOCIATION OF BROWARD COUNTY 6919 W BROWARD BLVD PLANTATION, FL 33317	91-1909626	501(C)(3)	5,125				COMMUNITY SUPPORT
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	34-1879035	501(C)(3)	32,500				COMMUNITY SUPPORT

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CLEVELAND HABITAT FOR HUMANITY 2110 W 110TH ST CLEVELAND, OH 44102	31-1209423	501(C)(3)	15,000				COMMUNITY SUPPORT
GREATER FORT LAUDERDALE CHAMBER OF COMMERCE 512 NE 3 AVE FT LAUDERDALE, FL 33301	59-0250255	501(C)(6)	7,420				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
HEREDITARY DISEASE FOUNDATION 3960 BROADWAY 6TH FL NEW YORK, NY 10032	23-7376197	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION
HISPANIC ALLIANCE INC 3110 W 25TH ST CLEVELAND, OH 44109	26-2001603	501(C)(3)	7,000				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
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON ST HOLLYWOOD, FL 33021	59-2230272	501(C)(3)	20,000				COMMUNITY SUPPORT
JDRF INTERNATIONAL 26 BROADWAY 15TH FL NEW YORK, NY 10004	23-1907729	501(C)(3)	5,750				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89106	88-0515534	501(C)(3)	80,500				HEALTHCARE RESEARCH & EDUCATION
KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	31-6402079	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
KIDNEY FOUNDATION OF OHIO INC 2831 PROSPECT AVE CLEVELAND, OH 44115	34-0827748	501(C)(3)	5,700				HEALTHCARE RESEARCH & EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	90,500				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
LORAIN COUNTY FREE CLINIC INC 5040 OBERLIN AVE LORAIN, OH 44053	34-1506180	501(C)(3)	6,000				HEALTHCARE RESEARCH & EDUCATION
MARCH OF DIMES FOUNDATION 614 SUPERIOR AVE NW CLEVELAND, OH 44113	13-1846366	501(C)(3)	37,250				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
MARTIN HEALTH FOUNDATION INC PO BOX 9033 STUART, FL 34995	59-2343938	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION
MEDINA HOSPITAL FOUNDATION 1000 E WASHINGTON ST MEDINA, OH 44256	34-1657989	501(C)(3)	5,375				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
MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112	34-1903712	501(C)(3)	10,000	3,090,522	ESTIMATED VALUE	MEDICAL SUPPLIES	PATIENT CARE
MEDWORKS 1950 RICHMOND RD LYNDHURST, OH 44124	26-3858369	501(C)(3)	30,000				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI GREATER CLEVELAND 2012 W 25TH ST STE 600 CLEVELAND, OH 44113	20-2254268	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION
NATIONAL ASSOCIATION OF HISPANIC NURSES INV 1500 SUNDAY DR STE 102 RALEIGH, NC 27607	91-1010677	501(C)(3)	10,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	20,000				HEALTHCARE RESEARCH & EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1422 EUCLID AVE CLEVELAND, OH 44115	13-5661935	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION

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)	251,500				HEALTHCARE RESEARCH & EDUCATION
NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE STE 302 CLEVELAND, OH 44120	34-1812026	501(C)(3)	18,500				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO & ERIE CANALWAY COALITION 47 W EXCHANGE ST AKRON, OH 44308	34-1636766	501(C)(3)	7,500				COMMUNITY SUPPORT
OHIO CITY INCORPORATED 2525 MARKET AVE STE A CLEVELAND, OH 44113	34-1372076	501(C)(3)	11,315				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 GROSVENOR W ATHENS, OH 45701	31-6402113	501(C)(3)	8,000				SUPPORT EDUCATIONAL ACTIVITIES
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	585,805				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
OPEN DOORS INC 3311 PERKINS AVE CLEVELAND, OH 44114	04-3697716	501(C)(3)	20,000				COMMUNITY SUPPORT
OPERATION EXODUS USA PO BOX 568 LANCASTER, NY 14086	20-2076659	501(C)(3)	99,800				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
OUTRUN OVARIAN CANCER PO BOX 40332 BAY VILLAGE, OH 44140	80-0093560	501(C)(3)	17,500				HEALTHCARE RESEARCH & EDUCATION
PALMS WEST CHAMBER OF COMMERCE INC 12794 W FOREST HILL BLVD STE 19 WELLINGTON, FL 33414	59-2372417	501(C)(6)	6,035				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
PROJECT GRAD AKRON 400 W MARKET ST AKRON, OH 44303	16-1639511	501(C)(3)	7,500				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)	17,000				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103	52-2401852	501(C)(3)	63,833				SUPPORT EDUCATIONAL ACTIVITIES
SCHOLARSHIP AMERICA INC PO BOX 240 ST PETER, MN 56082	04-2296967	501(C)(3)	24,091				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
SISTERS OF ST JOSEPH THIRD ORDER OF ST FRANCIS 12425 GRANGER RD GARFIELD HTS, OH 44125	34-0943303	501(C)(3)	8,572				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
SPIRIT OF CLEVELAND INC 334 EUCLID AVE CLEVELAND, OH 44114	34-1823509	501(C)(3)	7,620				COMMUNITY SUPPORT
ST EDWARD HIGH SCHOOL 13500 DETROIT AVE LAKEWOOD, OH 44107	34-0737808	501(C)(3)	7,500				SUPPORT EDUCATIONAL ACTIVITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 26210 EMERY RD STE 307 CLEVELAND, OH 44128	34-1793460	501(C)(3)	17,500				HEALTHCARE RESEARCH & EDUCATION
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714553	501(C)(3)	19,298,390				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 CLEVELAND FOUNDATION 1422 EUCLID AVE STE 1300 CLEVELAND, OH 44115	34-0714588	501(C)(3)	250,000				COMMUNITY SUPPORT
THE CLEVELAND ORCHESTRA 11001 EUCLID AVE CLEVELAND, OH 44106	34-0714468	501(C)(3)	12,500				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
THE DIVERSITY CENTER OF NORTHEAST OHIO 3659 GREEN RD STE 220 CLEVELAND, OH 44122	20-1968761	501(C)(3)	5,700				COMMUNITY SUPPORT
THE GREATER CLEVELAND HEALTHCARE ASSOCIATION 1226 HURON RD CLEVELAND, OH 44115	34-0714649	501(C)(3)	25,014				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)	21,000				COMMUNITY SUPPORT
THE VILLAGE AT MARYMOUNT 5200 MARYMOUNT VILLAGE DR GARFIELD HTS, OH 44125	20-5652595	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
TOWARDS EMPLOYMENT INC 1255 EUCLID AVE STE 300 CLEVELAND, OH 44115	34-1578831	501(C)(3)	10,000				COMMUNITY SUPPORT
TRANSPLANT HOUSE OF CLEVELAND 2007 E 115TH ST APT 1 CLEVELAND, OH 44106	27-2834616	501(C)(3)	12,000				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
TRINITY SUPPORT SERVICES 12425 GRANGER RD GARFIELD HTS, OH 44125	26-3804435	501(C)(3)	21,428				SUPPORT EDUCATIONAL ACTIVITIES
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	11,250				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
UNITED WAY OF SUMMIT COUNTY 90 N PROSPECT ST AKRON, OH 44304	34-1169257	501(C)(3)	10,550				COMMUNITY SUPPORT
UNIVERSITY CIRCLE INCORPORATED 10831 MAGNOLIA DR CLEVELAND, OH 44106	34-0823464	501(C)(3)	7,500				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URSULINE PIAZZA 7801 DETROIT AVE CLEVELAND, OH 44102	37-1655740	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION
YMCA OF BROWARD COUNTY FLORIDA 20201 SADDLE CLUB RD WESTON, FL 33327	59-0624463	501(C)(3)	13,000				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVE CLEVELAND, OH 44115	34-1381135	501(C)(3)	10,500				COMMUNITY SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <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 III Supplemental Information

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

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

Return Reference	Explanation
PART I, LINES 4A-B	<p>SCHEDULE J, PART I, LINE 4A, SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS LARRY EMMELHAINZ \$170,632 ANN HUSTON \$1,156,000 KAREN MULLEN \$8,777 THOMAS STOVER \$152,519 JOANNE ZEROSKE \$372,000 SEVERANCE PAYMENTS ACCRUED IN 2018 BUT NOT YET PAID ARE REPORTED IN PART VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS LARRY EMMELHAINZ \$31,952 KAREN MULLEN \$219,423 SCHEDULE J, PART I, LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DELOS COSGOVE - PARTICIPATED IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS FOR MEDICARE TAX PURPOSES \$3,926,119 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLANS MICHAEL MCHUGH - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR MEDICARE TAX PURPOSES \$207,231 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND/OR A QUALIFIED DEFINED BENEFIT 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 STEPHEN ABDENOUR - \$12,854 DECREASE, DAWN BAILEY - \$1,315 DECREASE, LISA BARRETT - \$79 DECREASE, JAMES BEKENY - \$1,733 INCREASE, KATHLEEN (BURNS) MAU - \$6,617 DECREASE, DONALD CARROLL - \$1,786 INCREASE, ANKIT CHHABRA - \$204 DECREASE, SUSAN COLLIER - \$72,607 DECREASE, DELOS COSGROVE - \$60,319 DECREASE, ELLIOT DAVIDSON - \$9,820 DECREASE, BARBARA DEL CASTILLO - \$17 DECREASE, OSMEL DELGADO - \$2,652 DECREASE, CYNTHIA DEYLING - \$83,622 DECREASE, SERPIL ERZURUM - \$31,017 INCREASE, ANDREW FENTON - \$17,838 DECREASE, DAVID FISER - \$5,424 DECREASE, SUSAN FOSTER - \$6,836 DECREASE, KATHLEEN FRANCO - \$124,092 DECREASE, DAVID FRIGO - \$9,595 DECREASE, STEVE GLASS - \$2,917 DECREASE, CHERIE GUSTER - \$39,939 DECREASE, THOMAS HAMILTON - \$18,047 DECREASE, THERESA HOLTHAUS - \$336 INCREASE, MARK HORATTAS - \$10,924 DECREASE, RENEE KOLONICK - \$5,429 DECREASE, RICHARD LEA - \$9,195 INCREASE, GEORGE LITMAN - \$11,600 DECREASE, KERRY MAJOR - \$1,185 DECREASE, DONALD MALONE - \$71,293 DECREASE, MICHAEL MCHUGH - \$123,741 DECREASE, LINDA MCHUGH - \$432 DECREASE, MICHAEL MEEHAN - \$95,209 DECREASE, JOHN MILLS - \$12 DECREASE, MICHAEL MODIC - \$67,142 DECREASE, JEFFREY MOORE - \$11,685 DECREASE, FARID MUAKKASSA - \$12,564 DECREASE, KAREN MULLEN - \$7,779 DECREASE, JANICE MURPHY - \$40,718 DECREASE, KEITH NILSSON - \$7,755 DECREASE, JUAN NOGUERAS - \$110,891 DECREASE, JASON OBLANDER - \$638 DECREASE, SUE OMORI - \$204 DECREASE, ALAN PAPA - \$9,947 DECREASE, RITA PAPPAS - \$1,549 DECREASE, RICHARD PARKER - \$60,611 DECREASE, WILLIAM PEACOCK - \$45 INCREASE, EUGENE PFISTER - \$106,761 DECREASE, DOUGLAS RIBLEY - \$2,735 DECREASE, LEE SAHADI - \$7,632 DECREASE, MARY SAUER - \$3,470 INCREASE, TITUS SHEERS - \$15,768 DECREASE, JESSICA SLIFKO - \$1,996 DECREASE, DEBORAH SMALL - \$72 DECREASE, BRIAN SMITH - \$3,040 DECREASE, VICKY SNYDER - \$2,663 DECREASE, REBECCA STARCK - \$2,265 DECREASE, JAMES STOLLER - \$205,320 DECREASE, THOMAS STOVER - \$48,452 DECREASE, MARYBETH THOBURN - \$128 INCREASE, THOMAS THOMPSON - \$47,940 DECREASE, ERICK VIDMAR - \$2,469 DECREASE, HERBERT WIEDEMANN \$210,471 DECREASE, JOANNE ZEROSKE - \$23,504 INCREASE, BARBARA ZINNER - \$9,116 DECREASE</p>



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				
BARRETT LISA DIRECTOR, SECRETARY - AGP	(i)	225,654	0	1,758	-79	15,900	243,233	0
	(ii)	0	0	0	0	0	0	0
BARSOUM MD WAEEL TRUSTEE, HOSPITAL PRES - CC FLA	(i)	1,039,904	0	97,685	27,500	13,501	1,178,590	0
	(ii)	0	0	0	0	0	0	0
BLANDON MD RODOLFO TRUSTEE, CHIEF OF STAFF - CC FLA	(i)	677,816	0	63,308	27,500	15,501	784,125	0
	(ii)	0	0	0	0	0	0	0
BOLOGNA MD RAYMOND DIRECTOR, CHAIR - PPG	(i)	615,016	0	47,154	27,500	17,428	707,098	0
	(ii)	0	0	0	0	0	0	0
DEL CASTILLO BARBARA DIR, SEC - CC FLA PHARMACY SVCS	(i)	472,572	0	23,084	27,483	13,285	536,424	0
	(ii)	0	0	0	0	0	0	0
DELGADO OSMEL DIR, ADM CLINICAL OPS - CC FLA PHARM	(i)	369,906	0	7,177	-771	13,471	389,783	0
	(ii)	0	0	0	0	0	0	0
DONLEY MD BRIAN DIR-CCF & REGIONALS, CHIEF OF STAFF	(i)	1,364,489	0	903,039	27,500	300,456	2,595,484	0
	(ii)	0	0	0	0	0	0	0
FENTON MD ANDREW DIRECTOR, VICE CHAIR - PPG	(i)	395,922	0	26,124	-6,687	18,678	434,037	0
	(ii)	0	0	0	0	0	0	0
FRIGO DAVID DIRECTOR, TREASURER - AGP	(i)	197,685	0	4,675	-1,472	16,258	217,146	0
	(ii)	0	0	0	0	0	0	0
GLASS STEVEN C DIRECTOR, CFO & TREAS-CCF	(i)	1,508,404	0	146,308	24,583	18,411	1,697,706	0
	(ii)	0	0	0	0	0	0	0
HARRINGTON MICHAEL DIR, TREAS - KMA, CAO - CCF	(i)	757,222	0	70,987	27,500	19,193	874,902	0
	(ii)	0	0	0	0	0	0	0
HARTE MD BRIAN DIRECTOR, PRESIDENT - AGMC	(i)	627,304	389	57,724	27,500	19,511	732,428	0
	(ii)	0	0	0	0	0	0	0
JAMES BRUCE TRUSTEE, PRESIDENT - UNION	(i)	359,298	90,002	792	15,000	22,450	487,542	0
	(ii)	0	0	0	0	0	0	0
JONES MD J STEPHEN DIR, PRES REG HOSPITALS	(i)	291,558	0	18,107	27,500	6,438	343,603	0
	(ii)	0	0	0	0	0	0	0
MARKS DO MICHELLE TRUSTEE, MED DIR - CCCHR	(i)	265,548	0	1,432	27,085	20,617	314,682	0
	(ii)	0	0	0	0	0	0	0
MCHUGH MD MICHAEL TRUSTEE, MED DIR - CCCHR	(i)	258,663	0	213,740	-98,146	13,165	387,422	0
	(ii)	0	0	0	0	0	0	0
MIHALJEVIC MD TOMISLAV DIRECTOR, PRES & CEO - CCF	(i)	2,678,622	0	299,381	27,500	18,193	3,023,696	0
	(ii)	0	0	0	0	0	0	0
MODIC MICHAEL DIRECTOR, PRESIDENT - KMA	(i)	247,882	0	0	-67,142	0	180,740	105,336
	(ii)	0	0	0	0	0	0	0
MULLEN RN KAREN PRESIDENT, DIRECTOR - VNS	(i)	194,440	0	46,186	219,985	4,704	465,315	0
	(ii)	0	0	0	0	0	0	0
NAPIERKOWSKI MD DANIEL TRUSTEE, PRES - MM & EUCLID	(i)	558,555	0	55,143	27,500	18,260	659,458	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				
NILSSON KEITH DIRECTOR, CFO - CCFPS	(i)	458,428	0	10,272	495	15,737	484,932	0
	(ii)	0	0	0	0	0	0	0
PAPPAS MD RITA TRUSTEE, INTERIM PRES - CCCHR	(i)	390,038	0	13,962	25,951	17,777	447,728	0
	(ii)	0	0	0	0	0	0	0
PARKER MD RICHARD TRUSTEE, HOS PRES - HILLCREST	(i)	804,140	0	79,643	-33,111	17,675	868,347	0
	(ii)	0	0	0	0	0	0	0
PEACOCK WILLIAM DIR, COO-CCF, PRES -KMA, LRBI	(i)	1,630,154	0	140,295	27,545	18,161	1,816,155	0
	(ii)	0	0	0	0	0	0	0
RASMUSSEN MD PETER DIRECTOR, PRESIDENT - CCHSPA	(i)	760,700	0	71,728	27,500	17,955	877,883	0
	(ii)	0	0	0	0	0	0	0
ROWAN DAVID DIRECTOR, SECRETARY - CCF	(i)	1,480,468	0	150,884	27,500	19,347	1,678,199	0
	(ii)	0	0	0	0	0	0	0
SABANEKH MD EDMUND DIR, PRES, CC MAIN & REGS - CCF	(i)	910,582	0	89,468	27,500	17,777	1,045,327	0
	(ii)	0	0	0	0	0	0	0
WIEDEMANN MD HERBERT DIR, CHIEF OF STAFF - CCF, REG	(i)	910,877	0	74,237	-182,971	18,650	820,793	0
	(ii)	0	0	0	0	0	0	0
ANDERSON MD MICHAEL TRUSTEE - MARYMOUNT, PHYSICIAN	(i)	315,382	0	28,529	27,500	17,733	389,144	0
	(ii)	0	0	0	0	0	0	0
BEKENY MD JAMES TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	317,489	0	32,425	29,233	18,076	397,223	0
	(ii)	0	0	0	0	0	0	0
BENNETT KRIS DIR - AGMC, LODI, EXEC DIR REG HOSP	(i)	281,719	0	2,331	8,250	16,591	308,891	0
	(ii)	0	0	0	0	0	0	0
BERAN JOSETTE TRUSTEE - UNION, CHIEF STRATEGY OFF	(i)	635,347	0	69,934	19,400	18,977	743,658	0
	(ii)	0	0	0	0	0	0	0
BERNICK MD CHARLES DIR - KMA, ASSOC MED DIR LOU RUVO CT	(i)	309,976	0	8,016	27,500	163,389	508,881	0
	(ii)	0	0	0	0	0	0	0
BOGAR MD KEVIN TRUSTEE - MARYMOUNT, PHYSICIAN	(i)	481,904	0	119,402	27,500	18,911	647,717	0
	(ii)	0	0	0	0	0	0	0
BORDEN MD BRAD TRUSTEE - CCCHR, PHYSICIAN	(i)	789,341	0	78,890	27,500	19,511	915,242	0
	(ii)	0	0	0	0	0	0	0
BRAMAN DO KENNETH DIRECTOR - PPG, PHYSICIAN	(i)	263,634	0	6,192	10,963	22,876	303,665	0
	(ii)	0	0	0	0	0	0	0
BREAUX MD TODD DIR - AGMC, LODI, PHYSICIAN	(i)	591,145	0	46,350	27,500	16,299	681,294	0
	(ii)	0	0	0	0	0	0	0
BROOKS MD STEVE DIR - AGMC, LODI, PHYSICIAN	(i)	377,033	0	5,009	10,280	20,550	412,872	0
	(ii)	0	0	0	0	0	0	0
CHANDURKAR DO ROHIT DIRECTOR - PPG, PHYSICIAN	(i)	316,248	0	4,391	11,839	23,373	355,851	0
	(ii)	0	0	0	0	0	0	0
CHHABRA ANKIT DIR-AGMC, LODI, EXEC DIR REG FIN OPS	(i)	288,354	0	2,076	8,046	17,208	315,684	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				
CULLEY MD CARL A JR TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	172,218	0	7,675	17,313	15,494	212,700	0
	(ii)	0	0	0	0	0	0	0
CUMMINGS JEFFREY DIRECTOR - KMA, PHYSICIAN	(i)	390,967	0	33,746	27,500	9,511	461,724	0
	(ii)	0	0	0	0	0	0	0
DEYLING MD CYNTHIA TRUSTEE - MM, CHIEF QUALITY OFF	(i)	627,640	0	61,014	-56,122	16,175	648,707	0
	(ii)	0	0	0	0	0	0	0
FETTO JULIE TRUSTEE - UNION, CNO	(i)	210,542	0	2,580	1,051	13,977	228,150	0
	(ii)	0	0	0	0	0	0	0
FRANCO MD KATHLEEN DIR - CCF, REG HOSPS, PHYSICIAN	(i)	271,140	0	9,608	-96,742	17,675	201,681	0
	(ii)	0	0	0	0	0	0	0
FREEMAN MD RICHARD B TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	278,521	0	28,191	27,500	17,076	351,288	0
	(ii)	0	0	0	0	0	0	0
GREENE MD KATHIE DIRECTOR - PPG, PHYSICIAN	(i)	243,487	0	32,862	8,401	7,245	291,995	0
	(ii)	0	0	0	0	0	0	0
GROSSMAN MD JORDAN DIRECTOR - PPG, PHYSICIAN	(i)	664,402	0	18,812	11,187	0	694,401	0
	(ii)	0	0	0	0	0	0	0
GRUBB MICHELLE DIRECTOR - PPG	(i)	167,488	0	3,806	5,184	14,500	190,978	0
	(ii)	0	0	0	0	0	0	0
HARLEY DO DOUGLAS DIR - AGMC, LODI, PHYSICIAN	(i)	266,504	9,500	839	9,504	19,035	305,382	0
	(ii)	0	0	0	0	0	0	0
HOLTHAUS THERESA DIRECTOR - AGF	(i)	191,678	0	9,108	6,435	20,820	228,041	0
	(ii)	0	0	0	0	0	0	0
HORATTAS MD MARK DIR - AGMC, LODI, PHYSICIAN	(i)	524,857	0	64,567	-5,766	23,507	607,165	0
	(ii)	0	0	0	0	0	0	0
KALAFATIS LARA DIR - KMA, CHAIR PHILANTHROPY INST	(i)	504,904	0	20,077	27,500	16,911	569,392	0
	(ii)	0	0	0	0	0	0	0
KOHLER MD DOUGLAS TRUSTEE - MARYMOUNT, PHYSICIAN	(i)	545,982	0	105,696	27,500	19,333	698,511	0
	(ii)	0	0	0	0	0	0	0
KURTZ MD WILLIAM DIRECTOR - PPG, PHYSICIAN	(i)	862,109	0	20,824	13,018	6,503	902,454	0
	(ii)	0	0	0	0	0	0	0
LASH-RITTER MD TERI TRUSTEE - UNION, PHYSICIAN	(i)	281,903	0	1,731	27,500	16,339	327,473	0
	(ii)	0	0	0	0	0	0	0
MACHADO MD ANDRE DIRECTOR - KMA, PHYSICIAN	(i)	1,000,904	0	94,807	27,500	20,911	1,144,122	0
	(ii)	0	0	0	0	0	0	0
MARKOVICH MD RENEE DIRECTOR - PPG, PHYSICIAN	(i)	258,197	0	4,060	9,341	15,772	287,370	0
	(ii)	0	0	0	0	0	0	0
MATT-AMARAL MD LAURIE DIRECTOR - PPG, PHYSICIAN	(i)	326,806	0	20,098	7,538	18,078	372,520	0
	(ii)	0	0	0	0	0	0	0
MOORE MD JEFFREY DIR - AGMC, LODI, PHYSICIAN	(i)	153,609	0	25,097	-6,088	8,360	180,978	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				
MOORHEAD MD COLIN DIRECTOR - PPG, PHYSICIAN	(i)	510,384	0	1,260	14,851	21,723	548,218	0
	(ii)	0	0	0	0	0	0	0
MURPHY JANICE DIR - AGMC, LODI, COO	(i)	580,542	0	59,624	-13,218	14,472	641,420	0
	(ii)	0	0	0	0	0	0	0
OMORI SUE DIRECTOR - AGF	(i)	228,364	0	888	6,865	16,465	252,582	0
	(ii)	0	0	0	0	0	0	0
PAPA ALAN DIRECTOR - AGP, AGF, PPG	(i)	424,672	0	33,683	4,138	19,913	482,406	0
	(ii)	0	0	0	0	0	0	0
PFISTER MD EUGENE DIR- PPG, AGMC, LODI, PHYSICIAN	(i)	273,557	8,500	50,475	-95,783	15,522	252,271	0
	(ii)	0	0	0	0	0	0	0
POSK MD LORI DIRECTOR - AGF, PHYSICIAN	(i)	280,904	0	2,574	27,500	19,511	330,489	0
	(ii)	0	0	0	0	0	0	0
ROME MD ELLEN TRUSTEE - CCCHR, PHYSICIAN	(i)	197,267	0	2,042	20,004	18,140	237,453	0
	(ii)	0	0	0	0	0	0	0
ROSE MD WARREN DIRECTOR - PPG, PHYSICIAN	(i)	391,129	0	43,262	27,500	19,186	481,077	0
	(ii)	0	0	0	0	0	0	0
RUSSELL MD REBECCA DIRECTOR - PPG, PHYSICIAN	(i)	395,548	0	12,852	27,500	16,517	452,417	0
	(ii)	0	0	0	0	0	0	0
SHEERS MD TITUS DIR - AGMC, LODI, PHYSICIAN	(i)	325,777	0	8,403	-3,914	19,078	349,344	0
	(ii)	0	0	0	0	0	0	0
SHERIDAN MD CATHERINE DIRECTOR AGF, MED HOSP FDN	(i)	210,574	0	751	21,187	16,586	249,098	0
	(ii)	0	0	0	0	0	0	0
SNYDER VICKY DIRECTOR - MED HOSP FDN	(i)	239,351	0	5,907	4,840	24,500	274,598	0
	(ii)	0	0	0	0	0	0	0
SPIRO MD TIMOTHY DIR - CCF & REGIONALS, PHYSICIAN	(i)	598,511	0	65,444	27,500	17,304	708,759	0
	(ii)	0	0	0	0	0	0	0
SWOGER DO WILLIAM V TRUSTEE - UNION, PHYSICIAN	(i)	302,031	0	74	4,312	16,040	322,457	0
	(ii)	0	0	0	0	0	0	0
THOMPSON MD THOMAS DIR - AGMC, LODI, PHYSICIAN	(i)	826,557	0	29,168	-36,816	16,351	835,260	0
	(ii)	0	0	0	0	0	0	0
WHITE MD HAROLD DIRECTOR - AGF, PHYSICIAN	(i)	415,140	0	22,897	27,500	16,175	481,712	0
	(ii)	0	0	0	0	0	0	0
ZEMIS MD JOSEPH TRUSTEEE - UNION, PHYSICIAN	(i)	586,748	151,574	18,776	15,000	219,537	991,635	0
	(ii)	0	0	0	0	0	0	0
ALVAREZ MD BENITO PRESIDENT - PPG, PHYSICIAN	(i)	372,127	0	11,982	10,000	19,205	413,314	0
	(ii)	0	0	0	0	0	0	0
DAVIDSON MD ELLIOT CHAIR - PPG, PHYSICIAN	(i)	256,903	8,500	12,804	1,180	23,297	302,684	0
	(ii)	0	0	0	0	0	0	0
ERZURUM MD SERPIL CCF - CHAIR, LERNER RESEARCH INST	(i)	621,000	0	39,650	58,517	1,500	720,667	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				
GROOFF MD PAUL SECRETARY - CC NY MED SVCS PC	(i)	538,749	0	49,127	27,500	18,086	633,462	0
	(ii)	0	0	0	0	0	0	0
MALONE JR MD DONALD HOSPITAL PRESIDENT - LUTHERAN	(i)	400,869	389	28,739	-43,793	18,026	404,230	0
	(ii)	0	0	0	0	0	0	0
MCKENZIE MD MARGARET HOSPITAL PRES - SOUTH POINTE	(i)	443,404	0	42,318	27,500	18,411	531,633	0
	(ii)	0	0	0	0	0	0	0
MEEHAN MICHAEL J RECORDING SEC - CCF, REGIONALS	(i)	330,793	0	35,622	-67,709	17,522	316,228	0
	(ii)	0	0	0	0	0	0	0
MILLER MD CHARLIE CHIEF MEDICAL OFFICER - CCMS	(i)	852,515	0	87,922	27,500	17,675	985,612	0
	(ii)	0	0	0	0	0	0	0
OBLANDER JASON ASST SEC - CCF & REGIONALS	(i)	209,595	0	3,764	5,837	15,407	234,603	0
	(ii)	0	0	0	0	0	0	0
SHEWBRIDGE MD RICHARD HOSPITAL PRESIDENT - MEDINA	(i)	308,404	0	5,661	27,500	16,911	358,476	0
	(ii)	0	0	0	0	0	0	0
SMITH BRIAN VICE PRESIDENT - CLINIC CARE	(i)	243,975	0	9,882	4,517	17,099	275,473	0
	(ii)	0	0	0	0	0	0	0
SMITH DO NEIL HOSPITAL PRESIDENT - FAIRVIEW	(i)	416,500	0	38,656	27,500	18,647	501,303	0
	(ii)	0	0	0	0	0	0	0
STARCK MD REBECCA HOSPITAL PRESIDENT - AVON	(i)	596,954	0	54,845	25,235	16,911	693,945	0
	(ii)	0	0	0	0	0	0	0
STOLLERMD JAMES CCEF CHAIR, EDUCATION INST	(i)	521,982	0	34,584	-177,820	18,333	397,079	0
	(ii)	0	0	0	0	0	0	0
YOUNG MD JAMES P CHIEF ACADEMIC OFF - CCF & CCEF	(i)	812,284	0	88,263	27,500	18,233	946,280	0
	(ii)	0	0	0	0	0	0	0
BAILEY DAWN CNO - EUCLID HOSPITAL	(i)	189,671	0	7,255	4,647	18,047	219,620	0
	(ii)	0	0	0	0	0	0	0
JOHN BRUYERE COO - SOUTH POINTE	(i)	192,723	0	6,811	-831	16,463	215,166	0
	(ii)	0	0	0	0	0	0	0
COLLIER SUSAN VP NURSING, CNO - HILLCREST	(i)	263,392	0	4,593	-64,639	11,402	214,748	0
	(ii)	0	0	0	0	0	0	0
GUSTER CHERIE SR VP AND CNO - AGMC	(i)	241,329	0	38,753	-34,718	15,546	260,910	0
	(ii)	0	0	0	0	0	0	0
KOC SIS DANA VP NURSING & OPS LODI	(i)	178,814	0	6,896	6,543	6,877	199,130	0
	(ii)	0	0	0	0	0	0	0
KOLONICK RENEE COO - MARYMOUNT HOSP	(i)	242,583	0	5,130	1,988	14,361	264,062	0
	(ii)	0	0	0	0	0	0	0
LEA RICHARD COO - EUCLID HOSPITAL	(i)	246,363	0	3,550	16,812	15,201	281,926	0
	(ii)	0	0	0	0	0	0	0
MAJOR KERRY CNO - CC FLA HEALTH SYS	(i)	251,003	0	1,732	6,587	15,162	274,484	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				
MATTNER MATTHEW COO - LUTHERAN HOSPITAL	(i)	234,440	0	17,562	7,199	14,702	273,903	0
	(ii)	0	0	0	0	0	0	0
MILLER SHEILA CNO - SOUTH POINTE HOSP	(i)	206,181	778	14,689	5,954	15,230	242,832	0
	(ii)	0	0	0	0	0	0	0
MILLS JOHN COO - FAIRVIEW HOSPITAL	(i)	326,278	0	10,906	8,238	0	345,422	0
	(ii)	0	0	0	0	0	0	0
PETER MD DAVID VP MED AFFAIRS/CMO - AGHS	(i)	387,047	0	32,786	14,009	18,204	452,046	0
	(ii)	0	0	0	0	0	0	0
SABBAGH MARWAN DIR LR CTR BRAIN HEALTH - CC NV	(i)	248,936	0	40,845	26,860	11,274	327,915	0
	(ii)	0	0	0	0	0	0	0
SAUER MARY CNO -AVON	(i)	210,126	0	5,292	9,914	13,868	239,200	0
	(ii)	0	0	0	0	0	0	0
SCHUSTER JANET CNO - LUTHERAN HOSPITAL	(i)	204,018	0	5,718	6,383	17,736	233,855	0
	(ii)	0	0	0	0	0	0	0
SMALL DEBORAH CNO - FAIRVIEW HOSPITAL	(i)	229,455	5,208	365,301	27,572	58,386	685,922	0
	(ii)	0	0	0	0	0	0	0
SURI MD RAKESH CEO CCAD	(i)	1,255,255	0	828,047	27,500	152,702	2,263,504	0
	(ii)	0	0	0	0	0	0	0
SVENSSON MD LARS CHAIR HVI - CCF	(i)	1,489,979	0	148,811	27,500	18,086	1,684,376	0
	(ii)	0	0	0	0	0	0	0
THOBURN MARY BETH CNO - FAIRVIEW	(i)	206,074	0	776	6,456	15,513	228,819	0
	(ii)	0	0	0	0	0	0	0
VIDMAR ERICK ADMIN DIRECTOR - CC NV	(i)	190,746	0	155	3,425	14,899	209,225	0
	(ii)	0	0	0	0	0	0	0
ZINNER BARBARA CNO - MARYMOUNT	(i)	213,692	0	5,640	-4,095	15,855	231,092	0
	(ii)	0	0	0	0	0	0	0
COSGROVE MD DELOS FORMER CEO - CCF	(i)	4,601,492	0	4,116,692	-32,819	2,946	8,688,311	0
	(ii)	0	0	0	0	0	0	0
NAJM MD HANI PHYSICIAN - CCF	(i)	1,515,904	0	148,311	27,500	18,411	1,710,126	0
	(ii)	0	0	0	0	0	0	0
BROOKS MD PETER PHYSICIAN - CCF	(i)	1,254,311	0	124,643	207,115	17,504	1,603,573	0
	(ii)	0	0	0	0	0	0	0
HUSTON ANN CHIEF STRATEGY OFFICER - CCF	(i)	183,479	0	1,164,859	23,992	16,277	1,388,607	0
	(ii)	0	0	0	0	0	0	0
MARTIN MD DANIEL CHAIR COLE EYE INSTITUTE - CCF	(i)	1,288,761	0	126,495	27,500	18,053	1,460,809	0
	(ii)	0	0	0	0	0	0	0
BRONSON MD DAVID FORMER OFFICER (RETIRED)	(i)	176,254	0	0	0	-500	175,754	176,254
	(ii)	0	0	0	0	0	0	0
FORD MD DONALD FORMER OFFICER	(i)	291,394	0	24,282	27,500	17,665	360,841	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				
FUNK MD JONATHAN R FORMER OFFICER	(i)	222,132	0	2,981	22,350	16,733	264,196	0
	(ii)	0	0	0	0	0	0	0
HAHN MD JOSEPH FORMER OFFICER (RETIRED)	(i)	148,394	0	0	0	0	148,394	148,394
	(ii)	0	0	0	0	0	0	0
HAMILTON THOMAS FORMER OFFICER	(i)	421,075	0	24,784	9,453	18,240	473,552	0
	(ii)	0	0	0	0	0	0	0
JUHASZ DO ROBERT FORMER OFFICER	(i)	277,011	0	25,198	27,500	16,304	346,013	0
	(ii)	0	0	0	0	0	0	0
MCHUGH LINDA FORMER OFFICER	(i)	807,357	0	78,295	27,068	17,458	930,178	0
	(ii)	0	0	0	0	0	0	0
NOGUERAS MD JUAN FORMER OFFICER	(i)	559,247	0	54,993	-83,391	12,570	543,419	0
	(ii)	0	0	0	0	0	0	0
PIEDIMONTE MD GIOVANNI FORMER OFFICER	(i)	647,082	0	41,281	27,500	18,233	734,096	0
	(ii)	0	0	0	0	0	0	0
ROSENTHAL MD RAUL FORMER OFFICER	(i)	769,079	0	54,045	27,500	13,238	863,862	0
	(ii)	0	0	0	0	0	0	0
SLIFKO JESSICA FORMER OFFICER	(i)	395,469	0	12,978	25,504	15,940	449,891	0
	(ii)	0	0	0	0	0	0	0
STOVER MD THOMAS FORMER OFFICER (RETIRED)	(i)	0	0	152,519	-48,452	0	104,067	152,519
	(ii)	0	0	0	0	0	0	0
TULISIAK MD THOMAS FORMER OFFICER	(i)	289,955	0	12,995	27,500	17,589	348,039	0
	(ii)	0	0	0	0	0	0	0
VANHORN AMANDA FORMER OFFICER	(i)	191,838	0	1,786	5,463	19,171	218,258	0
	(ii)	0	0	0	0	0	0	0
ZEROSKE JOANNE FORMER OFFICER (RETIRED)	(i)	40,378	0	413,912	51,004	17,288	522,582	372,000
	(ii)	0	0	0	0	0	0	0
BECK CHRIS FORMER OFFICER	(i)	144,720	31,468	836	8,960	5,176	191,160	0
	(ii)	0	0	0	0	0	0	0
BOYD DIANA FORMER OFFICER	(i)	151,475	28,013	792	9,400	11,430	201,110	0
	(ii)	0	0	0	0	0	0	0
CRAIG ROBERT FORMER OFFICER	(i)	160,556	28,792	1,626	9,801	15,015	215,790	0
	(ii)	0	0	0	0	0	0	0
MEYERHOEFER TODD FORMER OFFICER	(i)	237,247	48,396	20,056	15,000	21,876	342,575	0
	(ii)	0	0	0	0	0	0	0
SMITH DARWIN K FORMER OFFICER	(i)	148,866	28,333	792	9,283	17,302	204,576	0
	(ii)	0	0	0	0	0	0	0
THORN III EUGENE A FORMER OFFICER	(i)	215,179	53,799	792	13,300	6,489	289,559	0
	(ii)	0	0	0	0	0	0	0
ABDENOUR STEPHEN FORMER KE	(i)	232,759	0	369,737	-7,104	28,511	623,903	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
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		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CARROLL DONALD FORMER KE	(i)	245,618	0	15,640	9,341	15,396	285,995	0
	(ii)	0	0	0	0	0	0	0
EMMELHAINZ LARRY FORMER KE	(i)	154,675	0	195,959	34,290	6,918	391,842	0
	(ii)	0	0	0	0	0	0	0
FISER DAVID FORMER KE	(i)	164,269	0	13,651	-43	7,403	185,280	0
	(ii)	0	0	0	0	0	0	0
FOSTER SUSAN FORMER KE	(i)	215,463	0	5,785	-253	17,031	238,026	0
	(ii)	0	0	0	0	0	0	0
LYTLE MD BRUCE FORMER KE (RETIRED)	(i)	118,200	0	0	0	0	118,200	118,200
	(ii)	0	0	0	0	0	0	0
MUAKKASSA MD FARID FORMER KE	(i)	916,452	0	15,856	1,436	30,138	963,882	0
	(ii)	0	0	0	0	0	0	0
RIBLEY DOUGLAS FORMER KE	(i)	235,659	0	6,308	5,417	18,795	266,179	0
	(ii)	0	0	0	0	0	0	0
SCHMIEDEL JUSTIN FORMER KE	(i)	213,203	0	2,078	6,469	11,598	233,348	0
	(ii)	0	0	0	0	0	0	0
WRIGHT MD DENNIS FORMER KE	(i)	472,946	0	10,028	17,415	18,771	519,160	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 220 %		0 680 %		1 050 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 080 %		0 %			
6 Total of lines 4 and 5	0 220 %		0 760 %		1 050 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Additional Data

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

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

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

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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	67756AJ37	10-15-2008	670,000,000	BOND 2008B REFUND 06A, 04A, AND 01A, FACILITY IMPROVEMENTS		X		X		X
C	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
D	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	NONEAVAIL	12-21-2017	9,305,000	BOND 2017C REFUND 2002 SERIES		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	790,802,320		342,425,000		76,295,000		360,000	
2	Amount of bonds legally defeased	70,000							
3	Total proceeds of issue	807,007,320		670,000,000		118,200,000		9,305,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,099,225		1,200,000		412,525			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	501,164,781		324,315,217		13,520,714			
11	Other spent proceeds	304,743,315		372,706,929		104,266,761		9,305,000	
12	Other unspent proceeds								
13	Year of substantial completion	2011		2008		2003		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
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	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	6,357,987			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	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	939,576,748			
12 Other unspent proceeds				
13 Year of substantial completion	2017			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?	X			
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	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							
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							
c Are there any research agreements that may result in private business use of bond-financed property?	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							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 740 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 010 %							
6 Total of lines 4 and 5	1 750 %							
7 Does the bond issue meet the private security or payment test?		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						
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							

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

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

Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number

91-2153073

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

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 91-2153073

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PANZICA REALTY INC	ENTITY PARTLY OWNED BY FAMILY MEMBER OF CYNTHIA DEYLING, MARYMOUNT DIRECTOR	135,939	LEASE AGREEMENT		No
AMANDA IGEL	FAMILY MEMBER OF TIMOTHY SPIRO, CCF DIRECTOR	58,143	EMPLOYMENT AGREEMENT WITH CCF		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHAD BRONSON	FAMILY MEMBER OF KATHLEEN FRANCO, CCF DIRECTOR	48,300	EMPLOYMENT AGREEMENT WITH CCF		No
CASEY NILSSON	FAMILY MEMBER OF KEITH NILSSON, CC FLORIDA CC FLORIDA HEALTH SYSTEM OFFICER	13,964	EMPLOYMENT AGREEMENT WITH CC FLORIDA AND CC FLORIDA HEALTH SYSTEM		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JESSICA SHEERS	FAMILY MEMBER OF TITUS SHEERS, AGMC DIRECTOR	38,958	EMPLOYMENT AGREEMENT WITH AGMC		No
RYAN OAKLEY	FAMILY MEMBER OF WILLIAM PEACOCK, CCF OFFICER	26,365	EMPLOYMENT AGREEMENT WITH CCF		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AMBER BRADFORD-SAFFLES	FAMILY MEMBER OF JOHN BRADFORD, PPG DIRECTOR	357,449	EMPLOYMENT AGREEMENT WITH PPG		No
ALISON ALEMAGNO	FAMILY MEMBER OF SONIA ALEMAGNO, AGMC DIRECTOR & TRUSTEE	38,208	EMPLOYMENT AGREEMENT WITH AGMC		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FARID MUAKKASSA	FAMILY MEMBER OF RIMA MUAKKASSA, AGMC DIRECTOR	150,637	EMPLOYMENT AGREEMENT WITH AGMC		No
SOPHIA HORATTAS	FAMILY MEMBER OF MARK HORATTAS, AGMC DIRECTOR	57,151	EMPLOYMENT AGREEMENT WITH AGMC		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ELENI HORATTAS	FAMILY MEMBER OF MARK HORATTAS, AGMC DIRECTOR	56,677	EMPLOYMENT AGREEMENT WITH AGMC		No
ERICK LOPEZ	FAMILY MEMBER OF JANICE MURPHY, FORMER FAIRVIEW OFFICER	27,014	EMPLOYMENT AGREEMENT WITH FAIRVIEW		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KATHERINE MCHUGH	FAMILY MEMBER OF LINDA MCHUGH, FORMER CCF OFFICER	40,501	EMPLOYMENT AGREEMENT WITH CCF		No
DENISE ANGERSTIEN	FAMILY MEMBER OF DENNIS CHACK, AGMC DIRECTOR	61,771	EMPLOYMENT AGREEMENT WITH AGMC		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	30	332,794	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,600	SALE COMPARABLE GOODS
5 Clothing and household goods	X		385,720	SALE COMPARABLE GOODS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	222	15,161,505	AVERAGE HIGH/LOW
10 Securities—Closely held stock	X	2	44,545	COST
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	2	1,041,500	APPRAISAL
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	11	59,054	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL EQUIPMENT)	X	26	247,848	SALE COMPARABLE GOOD
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

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

SCHEDULE O
(Form 990 or 990-
EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018**Open to Public
Inspection**

Department of the Treasury

Name of the organization

THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number

91-2153073

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT</p>	<p>CLEVELAND CLINIC, LOCATED IN CLEVELAND, OHIO, IS A NONPROFIT, TAX-EXEMPT ACADEMIC MEDICAL CENTER THAT INTEGRATES CLINICAL AND HOSPITAL CARE WITH RESEARCH AND EDUCATION THE CLEVELAND CLINIC FOUNDATION IS THE PARENT OF THE CLEVELAND CLINIC HEALTH SYSTEM CLEVELAND CLINIC WAS ESTABLISHED IN 1921 WITH THE SAME MISSION THAT CONTINUES TODAY BETTER CARE FOR THE SICK, INVESTIGATION OF THEIR PROBLEMS, AND FURTHER EDUCATION OF THOSE WHO SERVE CONSISTENT WITH ITS TRIPARTITE MISSION, CLEVELAND CLINIC'S PRIMARY PROGRAM SERVICES ARE FOCUSED ON PATIENT CARE PROVIDED ON A CHARITABLE BASIS, MEDICAL RESEARCH, AND EDUCATION OF BOTH MEDICAL PROFESSIONALS AND THE COMMUNITY THE FOUNDERS RECOGNIZED THAT IT IS IN THE BEST INTEREST OF PATIENTS TO POOL THE TALENTS OF MEDICAL SPECIALISTS TO DEVELOP, TEACH AND APPLY THE BEST MEDICAL TECHNIQUES THIS STATEMENT IS NOT INTENDED TO IDENTIFY ALL THE ACTIVITIES BY WHICH CLEVELAND CLINIC HEALTH SYSTEM FULFILLS ITS CHARITABLE PURPOSES, BUT RATHER IS A SUMMARY OF ITS PRIMARY PROGRAM SERVICES AND CONTRIBUTIONS TO THE COMMUNITY THE CLEVELAND CLINIC HEALTH SYSTEM DEFINES AND MEASURES COMMUNITY BENEFIT (INCLUDING FINANCIAL ASSISTANCE) USING THE CATHOLIC HEALTH ASSOCIATION ("CHA") COMMUNITY BENEFIT MODEL, WHICH RECOMMENDS REPORTING FINANCIAL ASSISTANCE ON A COST BASIS USING THIS MODEL, IN 2018 CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$969.3 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 2018 COMMUNITY CONNECTIONS, BASED ON THE CHA REPORTING METHODOLOGY (SEE FORM 990, SCHEDULE H FOR A RECONCILIATION OF SCHEDULE H TO COMMUNITY BENEFIT REPORTING))</p> <p>PATIENT CARE IN 2018, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDED AN ACADEMIC MEDICAL CENTER AND 11 COMMUNITY HOSPITALS (AKRON GENERAL MEDICAL CENTER, AVON, EUCLID, FAIRVIEW, HILLCREST, LODI, LUTHERAN, MARYMOUNT, MEDINA, SOUTH POINTE, AND UNION HOSPITALS), AND A SPECIALTY HOSPITAL (CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION) IN NORTH EAST OHIO, ONE HOSPITAL AND ONE HEALTH AND WELLNESS CENTER IN FLORIDA, AND A CENTER FOR 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 2018, THE CLEVELAND CLINIC HEALTH SYSTEM RECORDED 4,143 TOTAL STAFFED BEDS, 686,652 EMERGENCY VISITS, 221,672 SURGICAL CASES, 186,439</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT</p>	<p>ADMISSIONS, AND MORE THAN 7.9 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 & PAIN MANAGEMENT, BARIATRIC & METABOLIC, COLE EYE, DERMATOLOGY & PLASTIC SURGERY, DIGESTIVE DISEASE & SURGERY, EMERGENCY SERVICES, ENDOCRINOLOGY & METABOLISM, GENOMICS, 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, TAUSSIG CANCER, & WELLNESS & PREVENTATIVE MEDICINE. 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 2018. OVERALL, CLEVELAND CLINIC WAS AMONG THE NATION'S BEST HOSPITALS, EARNING THE NO. 2 RANKING FOR THE 24TH 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. TEN OTHER CLEVELAND CLINIC SPECIALTIES ALSO RANKED IN THE TOP 10. NINE OTHER CLEVELAND CLINIC SPECIALTIES PLACED IN THE TOP 5 INCLUDING CANCER, DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY & GI SURGERY, GERIATRICS, GYNECOLOGY, NEUROLOGY & NEUROSURGERY, ORTHOPEDICS, PULMONOLOGY, AND RHEUMATOLOGY. CLEVELAND CLINIC WAS ALSO RATED "HIGH PERFORMING" IN NINE PROCEDURES AND CONDITIONS. CLEVELAND CLINIC HAS ACHIEVED 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 2018, CLEVELAND CLINIC AND ITS FACILITIES RECEIVED THE ENVIRONMENTAL EXCELLENCE AWARD, PARTNER FOR CHANGE AWARD, GREENING THE OR LEADERSHIP AWARD, LEADERSHIP CIRCLE AWARD, CLIMATE CIRCLE, PARTNER RECOGNITION AWARD, SYSTEM FOR CHANGE AWARD, AND THE GREEN BUILDING CIRCLE AWARD. FOUNDED IN 1914, AKRON GENERAL IS A NOT-FOR-PROFIT HEALTHCARE</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT	<p>THE ORGANIZATION THAT SERVES AS THE HUB FOR CLEVELAND CLINIC'S SOUTHERN REGION THE 502 STAFFED BED TEACHING AND RESEARCH MEDICAL CENTER INCLUDES LODI HOSPITAL, VISITING NURSE SERVICE, AND HEALTH & WELLNESS CENTERS THE A LEVEL 1 TRAUMA CENTER, AS DESIGNATED BY THE AMERICAN COLLEGE OF SURGEONS, OFFERS THE TECHNOLOGY, EXPERTISE, AND STAFFING TO TREAT ALL INJURIES REGARDLESS OF SEVERITY IN 2018 U S NEWS & WORLD REPORT RANKED AKRON GENERAL AS THE ELEVENTH BEST HOSPITAL IN OHIO AND THE BEST HOSPITAL IN AKRON AKRON GENERAL RANKED 47TH 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 THREE 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'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 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 SIX OPERATING ROOMS, AN 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 DECEMBER 9, 2016</p>

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<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. IN 2018, EUCLID HOSPITAL WAS RECOGNIZED WITH THE GREENHEALTH EMERALD, 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. EUCLID WAS ALSO AWARDED THE GREENHEALTH LESS WASTE CIRCLE AWARD. 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. THE HOSPITAL ALSO RECEIVED THE AMERICAN DIABETES ASSOCIATION EDUCATION RECOGNITION CERTIFICATE FOR ITS QUALITY DIABETES SELF-MANAGEMENT EDUCATION PROGRAM. FAIRVIEW HOSPITAL'S ADDITIONAL STRONG CLINICAL CENTERS OF EXCELLENCE INCLUDE BIRTHING CENTER, HEART SURGERY, CANCER, AND SURGERY. FAIRVIEW IS ALSO DEVELOPING A NATIONAL REPUTATION IN BLOOD CONSERVATION, EDUCATION AND RESEARCH THROUGH ITS CENTER FOR BLOOD CONSERVATION. FAIRVIEW HAS BEEN RANKED A 100 TOP HOSPITAL BY THOMSON REUTERS. IN 2018, U.S. NEWS & WORLD REPORT RECOGNIZED FAIRVIEW HOSPITAL AS THE NUMBER THREE HOSPITAL IN THE CLEVELAND METRO AREA AND NUMBER FIVE IN OHIO. FAIRVIEW HOSPITAL WAS NATIONALLY RANKED FOR CARDIOLOGY & HEART SURGERY, GAS TROENTEROLOGY & GI SURGERY, GERIATRICS AND PULMONOLOGY AND "HIGHEST PERFORMING" IN SIX OTHER SPECIALTIES. THE HOSPITAL ALSO ACHIEVED THE "HIGH 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, TEAM WORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR. IN 2018, 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 NAT</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>IONALLY 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 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 2018, U S NEWS & WORLD REPORT RECOGNIZED HILLCREST HOSPITAL AS "HIGH PERFORMING" IN SEVEN ADULT SPECIALTIES THE HOSPITAL ALSO ACHIEVED "HIGH PERFORMING" RATINGS IN SIX COMMON ADULT PROCEDURES AND CONDITIONS THE HOSPITAL IS ALSO RANKED FOURTH AMONG CLEVELAND -AREA HOSPITALS AND SIXTH IN THE STATE OF OHIO 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 IN 2018, HILLCREST WAS AWARDED THE GREENHEALTH PARTNER FOR CHANGE AWARD 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 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 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 2018, LUTHERAN WAS AWARDED THE PRACTICE GREENHEALTH PARTNER FOR CHANGE AWARD 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 2018, U S NEWS & WORLD REPORT RECOGNIZED MARYMOUNT HOSPITAL AS "HIGH PERFORMING" IN TWO COMMON ADULT PROCEDURES MARYMOUNT HOSPITAL WAS RECOGNIZED WITH THE PARTNERS IN CHANGE AWARD BY PRACTICE GREENHEALTH, THE NATION'S LEADING HEALTHCARE COMMUNITY THAT EMPOWERS ITS MEMBERS TO INCREASE THEIR EFFICIENCIES AND ENVIRONMENT</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>AL STEWARDSHIP WHILE IMPROVING PATIENT SAFETY AND CARE THROUGH TOOLS, BEST PRACTICES AND KNOWLEDGE MARYMOUNT 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 MARYMOUNT HOLDS A NUMBER OF CERTIFICATIONS AND ACCREDITATIONS INCLUDING CERTIFICATION FROM AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER, CERTIFIED AS A PRIMARY STROKE CENTER BY THE JOINT COMMISSION FOR HOSPITAL ACCREDITATION, AN ACCREDITED HOSPITAL PROGRAM BY THE JOINT COMMISSION, AND A BEHAVIORAL HEALTH PROGRAM ACCREDITED BY THE JOINT COMMISSION FOUNDED IN 1944, MEDINA HOSPITAL IS A 143 STAFFED BED ACUTE CARE FACILITY MEDINA'S STRONG CLINICAL CENTERS OF EXCELLENCE INCLUDE EMERGENCY DEPARTMENT, ORTHOPAEDICS, AND SURGERY THE HOSPITAL FEATURES MORE THAN 300 PHYSICIANS COVERING MORE THAN 30 AREAS OF SPECIALIZATION IN 2018, IT WAS ALSO AWARDED THE PRACTICE GREENHEALTH PARTNER FOR CHANGE AWARD AND GREENING THE OR AWARD SOUTH POINTE HOSPITAL, IS A 172 STAFFED BED ACUTE CARE, COMMUNITY TEACHING HOSPITAL WHICH HAS BEEN SERVICING THE HEALTHCARE NEEDS OF ITS COMMUNITY SINCE 1957 SOUTH POINTE DELIVERS A PATIENT CENTERED MODEL OF CARE WHICH PROMOTES THE HEALING OF THE MIND, BODY AND SPIRIT IN 2018 U S NEWS & WORLD REPORT RECOGNIZED SOUTH POINTE HOSPITAL AS "HIGH PERFORMING" IN FIVE CLINICAL SPECIALTIES AND TWO COMMON ADULT PROCEDURES AND CONDITIONS THE HOSPITAL WAS ALSO RANKED FIFTH 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 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 THE CANCER PROGRAM AT SOUTH POINTE HOSPITAL HAS A FOUR YEAR ACCREDITATION BY THE COMMISSION ON CANCER FOR THE AMERICAN COLLEGE OF SURGEONS THIS HONOR IS ONLY GRANTED TO 20% OF THE HOSPITALS IN THE UNITED STATES ADDITIONALLY, THE HOSPITAL IS DUALY ACCREDITED BY THE JOINT COMMISSION AND THE AMERICAN OSTEOPATHIC ASSOCIATION</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>FOUNDED IN 1906, UNION HOSPITAL IS A 139 STAFFED BED HOSPITAL. IN APRIL 2018, THE CLEVELAND CLINIC, THROUGH A SUBSIDIARY, BECAME THE SOLE MEMBER OF THE UNION HOSPITAL. THE HOSPITAL'S 25 ACRE MEDICAL CAMPUS INCLUDES PHYSICIAN OFFICE BUILDINGS, OUTPATIENT REHABILITATION AND SPORTS MEDICINE CENTER, AND A MENTAL HEALTHCARE AGENCY. OFF-CAMPUS FACILITIES INCLUDE AN AMBULATORY SURGERY CENTER, OCCUPATIONAL MEDICINE AND AN URGENT CARE CENTER. UNION HOSPITAL HAS BEEN NAMED TO THE LIST OF THE "100 GREAT COMMUNITY HOSPITALS" BY BECKER'S HOSPITAL REVIEW, A MONTHLY PUBLICATION OF BUSINESS AND LEGAL NEWS FOR HOSPITAL EXECUTIVES. IT IS ONE OF SIX HOSPITALS NATIONWIDE RECOGNIZED AS A TOP PERFORMING HOSPITAL IN THE MIDAS+ PLATINUM QUALITY AWARD PROGRAM. IN ADDITION, IT ACHIEVED CERTIFICATION AS A PRIMARY STROKE CENTER. UNION HOSPITAL HAS ALSO BEEN DESIGNATED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY, INDICATING THAT BREAST IMAGING AT UNION MEETS THE HIGHEST STANDARDS OF THE RADIOLOGY PROFESSION. CLEVELAND CLINIC FLORIDA INCLUDES A 206 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. TWO NEW LOCATIONS OPENED 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 2018, CLEVELAND CLINIC FLORIDA HAD 525,093 PATIENT VISITS, 15,372 INTERNATIONAL PATIENT VISITS, AND MORE THAN 260 STAFF PHYSICIAN AND 120 RESIDENTS AND FELLOWS IN 11 ACCREDITED TRAINING PROGRAMS. IN 2018, U.S. NEWS & WORLD REPORT NATIONALLY RANKED TWO OF FLORIDA'S ADULT SPECIALTIES: GASTROENTEROLOGY & GI SURGERY, AND ORTHOPEDICS. IT WAS ALSO "HIGH PERFORMING" IN FOUR ADULT SPECIALTIES AND ALL NINE 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. CLEVELAND CLINIC FLORIDA IS A WORLD-RENOWNED ACADEMIC MEDICAL CENTER WITH ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN SOUTH FLORIDA. FOR THE NINTH YEAR IN A ROW, CLEVELAND CLINIC FLORIDA RANKED HIGHEST AMONG HOSPITALS IN BROWARD COUNTY IN REGIONAL RANKINGS IN U.S. NEWS & WORLD REPORT'S RANKING OF BEST HOSPITALS 2018-2019. CLEVELAND CLINIC FLORIDA IS RANKED FIRST IN THE MIAMI-FT. LAUDERDALE METRO REGION AND FOURTH IN THE STATE OF FLORIDA. 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 TH</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>EIR FAMILIES PHYSICIANS AND STAFF FOCUS ON EARLY INTERVENTION FOR MILD COGNITIVE DISORDER S THROUGH PHYSICAL EXERCISE, COGNITIVE REHABILITATION, AND MEDICATION THE CENTER ALSO ENG AGES IN EDUCATION AND RESEARCH ACTIVITIES THE LOU RUVO CENTER FOR BRAIN HEALTH WAS NAMED A RESEARCH CENTER OF EXCELLENCE BY THE LEWY BODY DEMENTIA ASSOCIATION IT HAS BEEN NAMED O NE OF THE FIRST FIVE CUREPSP CENTERS OF CARE IN THE UNITED STATES IT IS ALSO THE ONLY PRO GRAM IN SOUTHERN NEVADA TO RECEIVE THE PARTNERS IN CARE DESIGNATION FROM THE NATIONAL MULT IPLE SCLEROSIS SOCIETY KEEP MEMORY ALIVE ("KMA") RAISES FUNDS TO OPERATE THE CLEVELAND CL INIC LOU RUVO CENTER FOR BRAIN HEALTH TO ADVANCE THE RESEARCH AND TREATMENT OF PATIENTS WI TH 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 PROMOTES LIFESTYLE CHANGES TO ENCOURAGE HE ALTHY BRAIN AGING FINANCIAL ASSISTANCE THE CLEVELAND CLINIC FINANCIAL ASSISTANCE POLICY A SSISTS POOR AND INDIGENT PATIENTS BY PROVIDING FREE CARE FOR EMERGENCY AND MEDICALLY NECES SARY SERVICES TO UNINSURED PATIENTS WITH INCOMES UP TO 250 PERCENT OF THE FEDERAL POVERTY LEVEL AND ALSO OFFERS DISCOUNTS ON EMERGENCY AND MEDICALLY NECESSARY SERVICES FOR UNINSURE D PATIENTS WHOSE INCOME IS UP TO 400 PERCENT OF THE POVERTY LEVEL PATIENTS WITH EXCEPTION AL 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 CLEV ELAND CLINIC HEALTH SYSTEM PROVIDED FINANCIAL ASSISTANCE AT A COST OF \$110 8 MILLION IN 20 18 II RESEARCH CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE BIOMED ICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT DISEASE, AND FIND CURES FOR MEDI CAL 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 ORGANIZE D IN THE FOLLOWING DEPARTMENTS BIOMEDICAL ENGINEERING, CANCER BIOLOGY, CARDIOVASCULAR AND METABOLIC SCIENCES, GENOMIC MEDICINE, INFLAMMATION AND IMMUNITY, NEUROSCIENCES, OPHTHALMI C RESEARCH, PATHOBIOLOGY, QUANTITATIVE HEALTH SCIENCES, AND TRANSLATIONAL HEMATOLOGY AND O NCOLOGY RESEARCH LRI IS ONE OF THE LEADING NIH-FUNDED RESEARCH INSTITUTES IN THE UNITED S TATES AND HAS SPEARHEADED NUMEROUS ADVANCES IN THE DIAGNOSIS AND TREATMENT OF COMPLEX MEDI CAL 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 APPROXIMAT</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	ELY 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 2018, CLEVELAND CLINIC WAS INVOLVED IN APPROXIMATELY 4,000 ACTIVE IRB APPROVED HUMAN SUBJECTS' RESEARCH STUDIES THE ONGOING COLLABORATION BETWEEN PHYSICIAN INVESTIGATORS AND STUDY VOLUNTEERS IS CENTRAL TO TESTING THE SAFETY AND EFFECTIVENESS OF DRUGS AND MEDICAL PROCEDURES AND HELPS TO SET THE STANDARDS FOR PATIENT CARE RESEARCH AT CLEVELAND CLINIC IS FUNDED BY EXTERNAL SOURCES, SUCH AS FEDERAL GRANTS, BUT IS ALSO SUBSTANTIALLY SUPPORTED BY THE CLINIC'S OWN INTERNAL RESOURCES IN 2018, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$243.4 MILLION, WHICH INCLUDED EXTERNALLY-SPONSORED FUNDING OF \$165.7 MILLION THE CLEVELAND CLINIC HEALTH SYSTEM'S RESEARCH ACTIVITIES ARE INTENDED TO IMPROVE PATIENT CARE AND THE HEALTH OF THE PUBLIC AT LARGE, BY PROVIDING THE LATEST ADVANCES IN MEDICINE DIRECTLY TO PATIENTS AND BY REFINING THE PRACTICE OF MEDICINE THROUGH THE DEVELOPMENT AND PROMULGATION OF NEW TECHNIQUES, DEVICES, AND TREATMENT PROTOCOLS

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>III EDUCATION ON ITS MAIN CAMPUS, CLEVELAND CLINIC OPERATES A MEDICAL SCHOOL AND RELATED RESEARCH INSTITUTE THE PRIMARY FOCUS OF CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE OF CASE WESTERN RESERVE UNIVERSITY (THE "LERNER COLLEGE OF MEDICINE") IS THE TEACHING AND TRAINING OF MEDICAL STUDENTS WHO HAVE A PARTICULAR INTEREST IN RESEARCH MANY CLEVELAND CLINIC PHYSICIANS SERVE AS FACULTY FOR THE LERNER COLLEGE OF MEDICINE, FURTHERING THE INTEGRATION OF CLINICAL CARE WITH RESEARCH AND EDUCATION THE LERNER COLLEGE OF MEDICINE CURRENTLY PROVIDES ALL STUDENTS WITH FULL TUITION SCHOLARSHIPS IN ADDITION TO TRAINING THIS NATION'S FUTURE DOCTORS, CLEVELAND CLINIC SPONSORS A WIDE RANGE OF HIGH QUALITY MEDICAL EDUCATION TRAINING THROUGHOUT THE HEALTH SYSTEM INCLUDING ACCREDITED TRAINING PROGRAMS FOR NURSES AND HEALTH SCIENCE PROFESSIONALS CLEVELAND CLINIC HEALTH SYSTEM DEVOTES SUBSTANTIAL RESOURCES TO EDUCATION PROGRAMS, WHICH, IN 2018, PROVIDED A NET COMMUNITY BENEFIT OF \$282.9 MILLION THESE EDUCATIONAL ACTIVITIES ENSURE RESIDENTS AND PATIENTS IN ALL OF THE CLEVELAND CLINIC HEALTH SYSTEM'S COMMUNITIES ARE RECEIVING THE HIGHEST STANDARD OF MEDICAL CARE AND HAVE TRAINED HEALTH PROFESSIONALS TO CARE FOR THEM IN THE FUTURE SOME OF THESE EDUCATION PROGRAMS INCLUDE -GRADUATE MEDICAL EDUCATION CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN THE COUNTRY IN 2018, 1,363 RESIDENTS AND FELLOWS TRAINED IN 109 ACCREDITED TRAINING PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), INCLUDING 152 ADVANCED FELLOWS IN 100 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 1,900 APPLICANTS FOR 32 POSITIONS FOR THE 2018-19 ACADEMIC YEAR THE PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 117 PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON 2018 CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT SUBMISSIONS), AND 69 STUDENTS PARTICIPATED IN LOCAL AND NATIONAL MEETINGS WITH PRESENTATIONS AND POSTERS -VISITING MEDICAL STUDENTS VISITING MEDICAL STUDENT EDUCATION REPRESENTS A MAJOR ACADEMIC COMMITMENT BY CLEVELAND CLINIC IN 2018, 326 MEDICAL STUDENTS FROM 168 MEDICAL SCHOOLS AROUND THE WORLD ROTATED THROUGH CLEVELAND CLINIC -CENTER FOR CONTINUING EDUCATION CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST CONTINUING MEDICAL EDUCATION (CME) PROGRAMS IN THE COUNTRY AND ENJOYS THE HIGHEST ACCME RANKING "ACCREDITATION WITH COMMENDATION" IN 2018, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 1,738 CME ACTIVITIES THAT OFFERED OVER 13,000 CME CREDITS TO 194,008 PARTICIPANTS OF THAT NUMBER, 1,344 WERE LIVE COURSES THAT ATTRACTED 80,006 PARTICIPANTS CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS OF ONLINE CME AMONG THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>NATION'S ACADEMIC MEDICAL CENTERS THE CENTER'S WEBSITE HAD 171 ACTIVITIES THAT ATTRACTED 29,148 ACTIVITY VIEWERS JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, AWARDING MORE THAN 85,000 CERTIFICATES TO CLEVELAND CLINIC JOURNAL OF MEDICINE (CCJM) PARTICIPANTS IN 2018, THE CENTER ISSUED 182,832 CERTIFICATES FOR ALL ACTIVITIES COMBINED -THE CCJM ENJOYED A CIRCULATION OF MORE THAN 123,000 COPIES AND RANKED NO. 2 IN READERSHIP AMONG JOURNALS DIRECTED TO OFFICE-BASED INTERNISTS AND CARDIOLOGISTS EACH YEAR, THE PRINT AND ONLINE VERSIONS ARE READ OR ACCESSED BY APPROXIMATELY 3.5 MILLION PEOPLE AROUND THE WORLD IN 2018 THE CCJM WEBSITE RECORDED 7,123,661 PAGE VIEWS FROM 5,200,985 UNIQUE VISITORS -CENTER FOR HEALTH SCIENCES EDUCATION CLEVELAND CLINIC IS A MAJOR EDUCATION AND TRAINING SITE FOR A NUMBER OF ALLIED HEALTH STUDENTS FROM VARIOUS ACADEMIC PROGRAMS THROUGHOUT THE REGION THE CLEVELAND CLINIC HEALTH SYSTEM CURRENTLY OFFERS 14 IN-HOUSE ALLIED HEALTH PROGRAMS AND HAS 51 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS IN 2018, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 680,000 CLINICAL ROTATION HOURS FOR OVER 2,600 HEALTH SCIENCE STUDENTS -CENTER FOR INTERNATIONAL MEDICAL EDUCATION THE CENTER FOR INTERNATIONAL MEDICAL EDUCATION (CIME) IS RESPONSIBLE FOR COORDINATING CLEVELAND CLINIC'S INTERNATIONAL EDUCATIONAL INITIATIVES AND FOR ENSURING THE PROVISION OF HIGH QUALITY EDUCATIONAL EXPERIENCES FOR THE GLOBAL MEDICAL COMMUNITY IN 2018, 918 INTERNATIONAL PHYSICIANS AND MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN OBSERVERSHIPS, 245 PHYSICIANS ATTENDED SYMPOSIA HELD AT CLEVELAND CLINIC PATIENT EXPERIENCE, CARDIOLOGY, COLORECTAL SURGERY, SPINE SURGERY, GASTROENTEROLOGY, LEUKEMIA, UROLOGY, CONGENITAL HEART DISEASE, BREAST CANCER, AND OBESITY, AND STAFF TRAVELED TO MORE THAN 15 COUNTRIES TO SHARE CLINICAL AND SURGICAL INNOVATIONS</p> <p>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 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 2018, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS WERE \$438.1 MILLION (THIS FIGURE IS INCLUSIVE OF AN HCAP ASSESSMENT OF \$6.2 MILLION) SUBSIDIZED HEALTH SERVICES IN ADDITION TO FINANCIAL ASSISTANCE AND 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 2018 AT A COST OF \$21.7 MILLION COMMUNITY OUTREACH PROGRAMS THE CLEVELAND CLINIC HEALTH SYSTEM IS ACTIVELY ENGAGED</p>

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Return Reference	Explanation
<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>IN A BROAD ARRAY OF COMMUNITY OUTREACH PROGRAMS, PROVIDING A TOTAL NET COMMUNITY BENEFIT OF \$37.5 MILLION. THESE PROGRAMS ARE DESIGNED TO SERVE THE VULNERABLE AND AT-RISK 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 2018, SOME HIGHLIGHTS INCLUDED:</p> <ul style="list-style-type: none"> - WELLNESS INITIATIVES IN THE AREAS OF DISEASE/INJURY PREVENTION AND HEALTHY BEHAVIORAL CHANGE, INCLUDING TOBACCO CESSATION, NUTRITION IMPROVEMENT AND EXERCISE - COMMUNITY CLASSES OFFERED HEALTH EDUCATION ON CHRONIC DISEASE MANAGEMENT IN THE AREAS OF HEART DISEASE, STROKE, CANCER, DIABETES, ASTHMA AND BRAIN HEALTH - OUR HOSPITALS AND FAMILY HEALTH CENTERS PROVIDED CLASSES FOR HEALTHY SENIOR AND YOUTH LIFESTYLES - NAVIGATORS WORKED WITH COMMUNITY RESIDENTS TO OBTAIN NEEDED RESOURCES - EDUCATION AND COMMUNITY SERVICES ADDRESSED AREAS OF INFANT MORTALITY, TEEN PARENTING, LEAD POISONING, DOMESTIC VIOLENCE AND TRAUMA - PROGRAMS WERE PROVIDED TO SCHOOLS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, COLLABORATING CITIES AND COUNTIES - OPIOID EPIDEMIC COMMUNITY COLLABORATIONS PROVIDED UNIFIED RESPONSES AND RESOURCE ALLOCATION IN AN EFFORT TO REDUCE OVERDOSES - HEALTH FAIRS PROVIDED THOUSANDS OF PEOPLE WITH FREE HEALTH SCREENINGS - THE CLEVELAND CLINIC MINORITY MEN'S HEALTH FAIR, CELEBRATING SISTERHOOD, TU FAMILIA, PINK AND BEYOND AND NEIGHBORHOOD FAIRS EDUCATED COMMUNITY MEMBERS ON THE BENEFITS OF PREVENTATIVE CARE - CLEVELAND CLINIC PROVIDED NO-COST CLINICAL CARE TO UNDER- AND UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH & EDUCATION CENTER AND THE PEDIATRIC MOBILE UNIT, WHICH PROVIDED WELLNESS SERVICES TO OUR COMMUNITIES - IN ADDITION, LABORATORY AND VISION SERVICES WERE DONATED TO CLEVELAND-AREA ORGANIZATIONS - HEALTHY COMMUNITY INITIATIVES CONTINUED TO CONNECT RESIDENTS WITH LOCAL RESOURCES IN A COLLABORATION TO STRENGTHEN COMMUNITIES THROUGH NEIGHBORHOOD WELLNESS ACTIVITIES, COMPETITIONS, ACADEMIC ACHIEVEMENT AND CAREER PREPAREDNESS - COMMUNITY FARMERS MARKETS, URBAN GARDENS AND A MOBILE FOOD PANTRY PROVIDED ACCESS TO FRESH LOCAL PRODUCTS AND SUPPLEMENTAL FOOD PROGRAMS TO ADDRESS FOOD INSECURITY ISSUES <p>CONCLUSION: THE PURPOSE OF THE CLEVELAND CLINIC HEALTH SYSTEM IS TO BENEFIT HUMANITY THROUGH THE EFFICIENT, EFFECTIVE, AND ETHICAL PRACTICE OF MEDICINE, BY ADVANCING SCIENTIFIC INVESTIGATION AND MEDICAL EDUCATION, BY MAINTAINING THE HIGHEST STANDARDS OF QUALITY, AND BY FOSTERING CREATIVITY AND INNOVATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	LAKEWOOD HOSPITAL ASSOCIATION'S BOARD OF TRUSTEES HAS DELEGATED AUTHORITY TO THREE OF ITS BOARD MEMBERS TO ACT ON BEHALF OF THE BOARD AND OVERSEE THE WIND DOWN OF THE ORGANIZATION AS IT CARRIES OUT REMAINING FUNCTIONS SINCE INPATIENTS OPERATIONS HAVE CEASED EACH OF THE BOARDS OF DIRECTORS OF AKRON GENERAL HEALTH SYSTEM, CLEVELAND CLINIC AVON HOSPITAL, FAIRVIEW HOSPITAL, LUTHERAN HOSPITAL, MEDINA HOSPITAL, CLEVELAND CLINIC HEALTH SYSTEM EAST REGION, AND UNION HEALTH SYSTEM HAVE DELEGATED FULL AUTHORITY TO A JOINT EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD OF DIRECTORS IN BETWEEN BOARD MEETINGS THESE COMMITTEES HAVE THE SAME COMPOSITION AND ARE 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	RONALD WEINBERG, CCF DIRECTOR & WILLIAM PEACOCK, CCF OFFICER - BUSINESS CAMILLE RUVO, KMA DIRECTOR & LARRY RUVO, KMA DIRECTOR - FAMILY DEBORAH CRAWFORD, CCF DIRECTOR & PATRICK AULETTA, CCF DIRECTOR - BUSINESS RONALD WEINBERG, CCF DIRECTOR & PATRICK AULETTA, CCF DIRECTOR - BUSINESS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE UNION HOSPITAL ASSOCIATION HAD A FULL REPLACEMENT OF ITS GOVERNING DOCUMENTS IN CONNECTION WITH THE MEMBER SUBSTITUTION THAT WAS EFFECTIVE APRIL 1, 2018 PARTNERS PHYSICIAN GROUP AMENDED ITS CODE OF REGULATIONS TO REFLECT THE FOLLOWING MATERIAL CHANGES GENERAL CLEANUP TO ALIGN WITH CLEVELAND CLINIC BOARD LANGUAGE ON CONFLICT OF INTEREST, INDEMNIFICATION OF DIRECTORS, ETC, CLARIFICATION OF SCOPE OF THE ENTITY, SIMPLIFIED MEETING REQUIREMENTS, ADDITION OF ELECTED REPRESENTATIVES FOR HOSPITAL BASED SPECIALTIES, CLARIFIED ROLE OF THE JOINT POLICY COMMITTEE, ELIMINATED DEFUNCT COMMITTEES AND POSITIONS, AND SIMPLIFIED THE DESCRIPTION OF THE CMO ROLE MARYMOUNT HOSPITAL INC AMENDED ITS CODE OF REGULATIONS TO REFLECT THE FOLLOWING MATERIAL CHANGES THE FIDUCIARY GOVERNING BOARD OF THE ENTITY WAS REPLACED WITH THE JOINT REGIONAL HOSPITALS BOARD OF DIRECTORS, WHICH INCLUDES ALL THE CLEVELAND CLINIC DIRECTORS THE FORMER GOVERNING BOARD BECAME AN ADVISORY BOARD THE SPECIAL MEMBER RETAINS THE AUTHORITY TO REMOVE ANY DIRECTOR OR TRUSTEE FROM HIS OR HER ROLE REGARDING THE HOSPITAL THE CHAIR AND VICE CHAIR OF THE BOARD OF TRUSTEES WILL NOW BE APPOINTED BY A MUTUAL AGREEMENT OF THE CLINIC, MHCS, AND THE BOARD OF TRUSTEES THE PROCEDURES FOR CATHOLIC OVERSIGHT WERE STRENGTHENED TO OFFSET THE LOSS OF CATHOLIC-APPOINTED MEMBERS TO THE FIDUCIARY BOARD

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, AND MEMBERS OF THE AUDIT COMMITTEE THE PAID PREPARER (BIG 4 PUBLIC ACCOUNTING FIRM) CONDUCTS AN IN DEPTH REVIEW OF THE FORM ANNUALLY, THE 990 FILING IS REVIEWED AND DISCUSSED WITH THE ENTIRE AUDIT COMMITTEE UPON CONFIRMATION OF SUCCESSFUL E-FILING FROM THE IRS, A COPY OF THE FINAL E-FILED RETURN WILL BE MADE AVAILABLE TO APPROPRIATE MEMBERS OF THE GOVERNING BODY IN ADDITION TO POSTING ON GUIDESTAR, THE FINAL E-FILED RETURN WILL BE POSTED ON THE ORGANIZATION'S WEBSITE AT WWW CLEVELANDCLINIC ORG

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 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>

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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 RESTRICTIONS FOR CAPITAL PURPOSES 775,499 GIFTS AND BEQUESTS 116,839,831 TRANSFERS OF NET ASSETS -1,720,247 NET INVESTMENT INCOME -9,004,616 NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS -62,714,970 RETIREMENT BENEFITS ADJUSTMENT 24,589,300 NET CHANGE IN UNREALIZED GAINS ON NON-TRADING INVESTMENTS -2,693,666 EQUITY TRANSFERS & OTHER TRANSFERS 9,894,465 TRANSFER THE UNION HOSPITAL ASSOCIATION BEGINNING FUND BALANCES 17,061,557

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

See Additional Data Table

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

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 Yes	

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

See Additional Data Table

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

Part 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)

Return Reference	Explanation

Additional Data

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) 33 GROSVENOR PLACE LTD 47 ESPLANADE ST HELIER JE1 0BD JE	LEASE HOLDING COMPANY	JE	CLEVELAND CLINIC UK HOLDINGS LTD	C	-365,948,542		100 000 %	Yes	
(1) AKRON GENERAL INNOVATIONS INC 1 AKRON GENERAL AVENUE AKRON, OH 44307 38-3928798	PARTNERSHIP INVESTMENTS	OH	AKRON GENERAL PARTNERS	C					No
(2) AKRON GENERAL MANAGED CARE ASSOCIATION INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1784985	SUPPORTING SERVICES	OH	AKRON GENERAL MEDICAL CENTER	C				Yes	
(3) CCF BOLTON INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4596571	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
(4) CCHS INDEMNITY CO LTD 23 LIME TREE BAY BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0207086	INSURANCE COMPANY	CJ	THE CLEVELAND CLINIC FOUNDATION	C	59,458,379	161,211,932	100 000 %	Yes	
(5) CELLX TECHNOLOGIES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-2405500	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
(6) CLEVELAND CLINIC CANADA-TORONTO INC 181 BAY STREET BOX818 TORONTO M5J 2T3 CA	HEALTH CARE SERVICES	CA	THE CLEVELAND CLINIC FOUNDATION	C	13,366,909	13,445,532	100 000 %	Yes	
(7) CLEVELAND CLINIC EMR INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4856025	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C		1,121,837		Yes	
(8) CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1877409	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C	12,508,988	11,549,645		Yes	
(9) CLEVELAND CLINIC LONDON LTD 11-12 ST JAMESS SQUARE STE1 3RD LONDON SW1Y 4LB UK	HOSPITAL OPERATING COMPANY	UK	CLEVELAND CLINIC UK HOLDINGS LTD	C	-30,560	30,079,471	100 000 %	Yes	
(10) CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) PO BOX 340340 RIYADH 11333 SA	MEDICAL SERVICES	SA	THE CLEVELAND CLINIC FOUNDATION	C	27,061,943	44,047,256	100 000 %	Yes	
(11) CLEVELAND CLINIC UK HOLDINGS LTD 11-12 ST JAMESS SQUARE STE1 3RD LONDON SW1Y 4LB UK	HOLDING COMPANY	UK	THE CLEVELAND CLINIC FOUNDATION	C	-250,817	729,438,861	100 000 %	Yes	
(12) CLEVELAND HEALTH NETWORK 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1770780	MEDICAL SERVICES	OH	N/A	C				Yes	
(13) CLEVELAND HEALTH NETWORK MANAGED CARE ORGANIZATION 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1808138	HEALTH CARE SERVICES	OH	CLEVELAND HEALTH NETWORK	C				Yes	
(14) CLINIC MEDICAL SOLUTIONS INC 18101 LORAIN AVENUE CLEVELAND, OH 44111 34-1695388	HEALTH CARE SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	C	13,943,952	4,981,757		Yes	

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) RENOVO BIOSCIENCES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 34-1956569	MEDICAL TECHNOLOGY	DE	RENOVO BIOSCIENCES INC	C	1,003,531	148,755	100 000 %	Yes	
(1) RENOVO NEURAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 80-0185146	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	148,193		100 000 %	Yes	
(2) SHIELD BIOTECH INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-2880975	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C			72 000 %	Yes	
(3) VIVERE PHARMA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-5397125	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
(4) CLEVELAND CLINIC FINANCING PLC 11-12 ST JAMESS SQUARE STE1 3RD LONDON SW1Y 4LB UK	FINANCING	UK	CLEVELAND CLINIC UK HOLDINGS LTD	C		524,516,847	100 000 %	Yes	
(5) UNION CARE CORPORATION 659 BOULEVARD DOVER, OH 44622 34-1556177	INACTIVE	OH	THE UNION HOSPITAL ASSOCIATION	C			100 000 %	Yes	
(6) UNION PHARMACEUTICAL CARE INC 659 BOULEVARD DOVER, OH 44622 04-3588229	HEALTH CARE SERVICES	OH	THE UNION HOSPITAL ASSOCIATION	C	15,157	42,127	100 000 %	Yes	
(7) CASHEL NEURAL INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4625105	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
(8) NEW COS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4828042	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	1,263,741	519,193	100 000 %	Yes	
(9) TMAO INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4850194	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C			100 000 %	Yes	
(10) CHARITABLE REMAINDER TRUSTS (14) 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
(1)	CLEVELAND CLINIC CANADA - TORONTO INC	A	100,000	FMV
(1)	THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	19,298,390	FMV
(2)	EXCELERATE STRATEGIC HEALTH SOURCING LLC	B	765,000	FMV
(3)	MEDISTRY LLC	B	82,500	FMV
(4)	NEW COS INC	B	104,733	FMV
(5)	ENHALE MEDICAL INC	D	2,070,833	FMV
(6)	INFUSEON THERAPEUTICS INC	D	196,417	FMV
(7)	NEUROTERAPIA INC	D	209,944	FMV
(8)	OPTOQUEST CORPORATION	D	83,964	FMV
(9)	RENOVO BIOSCIENCES INC	D	467,492	FMV
(10)	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	J	293,633	FMV
(11)	THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	2,256,745	FMV
(12)	CLEVELAND CLINIC MEDICAL SERVICES INC	J	439,728	FMV
(13)	FAIRVIEW HOSPITAL	J	483,831	FMV
(14)	PARTNERS PHYSICIAN GROUP	J	127,622	FMV
(15)	AKRON GENERAL MEDICAL CENTER	K	141,610	FMV
(16)	CLEVELAND CLINIC AVON HOSPITAL	K	4,670,941	FMV
(17)	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	3,278,597	FMV
(18)	CLINIC MEDICAL SOLUTIONS INC	K	395,956	FMV
(19)	FAIRVIEW HOSPITAL	K	1,390,413	FMV
(20)	LUTHERAN HOSPITAL	K	585,639	FMV
(21)	MARYMOUNT HOSPITAL INC	K	886,369	FMV
(22)	MEDINA HOSPITAL	K	1,319,245	FMV
(23)	AKRON GENERAL MEDICAL CENTER	L	3,262,802	FMV
(24)	CLEVELAND CLINIC AVON HOSPITAL	L	1,101,855	FMV

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

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

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	SHIELD BIOTECH INC	S	10,081,248	FMV
(1)	THE CLEVELAND CLINIC FOUNDATION	C	19,298,390	FMV
(2)	THE CLEVELAND CLINIC FOUNDATION	J	141,610	FMV
(3)	THE CLEVELAND CLINIC FOUNDATION	J	4,670,941	FMV
(4)	THE CLEVELAND CLINIC FOUNDATION	J	3,278,597	FMV
(5)	THE CLEVELAND CLINIC FOUNDATION	J	395,956	FMV
(6)	THE CLEVELAND CLINIC FOUNDATION	J	1,390,413	FMV
(7)	THE CLEVELAND CLINIC FOUNDATION	J	585,639	FMV
(8)	THE CLEVELAND CLINIC FOUNDATION	J	886,369	FMV
(9)	THE CLEVELAND CLINIC FOUNDATION	J	1,319,245	FMV
(10)	THE CLEVELAND CLINIC FOUNDATION	K	293,633	FMV
(11)	THE CLEVELAND CLINIC FOUNDATION	K	2,256,745	FMV
(12)	THE CLEVELAND CLINIC FOUNDATION	K	439,728	FMV
(13)	THE CLEVELAND CLINIC FOUNDATION	K	483,831	FMV
(14)	THE CLEVELAND CLINIC FOUNDATION	K	127,622	FMV
(15)	THE CLEVELAND CLINIC FOUNDATION	L	277,724	FMV
(16)	THE CLEVELAND CLINIC FOUNDATION	L	552,172	FMV
(17)	THE CLEVELAND CLINIC FOUNDATION	L	242,444	FMV
(18)	THE CLEVELAND CLINIC FOUNDATION	L	10,759,000	FMV
(19)	THE CLEVELAND CLINIC FOUNDATION	L	433,935	FMV
(20)	THE CLEVELAND CLINIC FOUNDATION	L	60,302	FMV
(21)	THE CLEVELAND CLINIC FOUNDATION	L	121,675	FMV
(22)	THE CLEVELAND CLINIC FOUNDATION	L	411,736	FMV
(23)	THE CLEVELAND CLINIC FOUNDATION	L	878,992	FMV
(24)	THE CLEVELAND CLINIC FOUNDATION	M	3,262,802	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
(76)	THE CLEVELAND CLINIC FOUNDATION	M	1,101,855	FMV
(1)	THE CLEVELAND CLINIC FOUNDATION	M	4,957,000	FMV
(2)	THE CLEVELAND CLINIC FOUNDATION	M	232,971	FMV
(3)	THE CLEVELAND CLINIC FOUNDATION	M	161,268	FMV
(4)	THE CLEVELAND CLINIC FOUNDATION	M	6,813,914	FMV
(5)	THE CLEVELAND CLINIC FOUNDATION	M	4,032,008	FMV
(6)	THE CLEVELAND CLINIC FOUNDATION	M	1,154,261	FMV
(7)	THE CLEVELAND CLINIC FOUNDATION	M	1,414,146	FMV
(8)	THE CLEVELAND CLINIC FOUNDATION	M	1,392,188	FMV
(9)	THE CLEVELAND CLINIC FOUNDATION	P	1,127,054	FMV
(10)	THE CLEVELAND CLINIC FOUNDATION	Q	40,225,680	FMV