

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
THE CLEVELAND CLINIC FOUNDATION
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 \$ 20,662,364,172

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)	3	677
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	451
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	71,093
6 Total number of volunteers (estimate if necessary)	6	6,579
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	63,861,687
b Net unrelated business taxable income from Form 990-T, line 39	7b	769,871

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	317,989,021	327,817,213
9 Program service revenue (Part VIII, line 2g)	9,207,430,066	10,229,466,263
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	243,520,402	537,229,549
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,503,075	464,025,353
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,007,442,564	11,558,538,378
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	138,597,529	139,835,146
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)	5,033,203,265	5,525,322,945
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,625,085	1,770,231
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,666,956		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,151,856,865	4,507,771,963
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,325,282,744	10,174,700,285
19 Revenue less expenses. Subtract line 18 from line 12	682,159,820	1,383,838,093
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,108,542,205	18,683,589,721
21 Total liabilities (Part X, line 26)	6,354,600,176	7,000,966,102
22 Net assets or fund balances. Subtract line 21 from line 20	9,753,942,029	11,682,623,619

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-10-30
STEVEN C GLASS CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P00089502
Firm's name ▶ ERNST & YOUNG LLP Firm's EIN ▶ 34-6565596
Firm's address ▶ 950 MAIN AVE 1800 CLEVELAND, OH 44113 Phone no. (216) 861-5000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 9,030,907,836 including grants of \$ 139,835,146) (Revenue \$ 10,229,466,263)
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 ▶ 9,030,907,836

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6,442	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 2	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 71,093
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Yes
b UK, SA, LU, IS, CJ, NO, HK, KS, SW, BR, CA, DA, If "Yes," enter the name of the foreign country: PO
5a Was the organization filing any reports to the IRS under the FATCA reporting requirements for foreign financial accounts (FBAR). 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Yes
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (677), 1b (451), 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. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ROBERT F WAITKUS 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 (216) 445-2526

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	18,628,419		
	d Related organizations	1d	22,203,130		
	e Government grants (contributions)	1e	124,079,521		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	162,906,143		
	g Noncash contributions included in lines 1a - 1f:\$	1g	13,565,601		
	h Total. Add lines 1a-1f		327,817,213		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a NET PATIENT SERVICES		612990	5,380,332,181	5,354,936,968	25,395,213	
b MEDICARE/MEDICAID PAYM		921990	4,151,917,864	4,151,917,864		
c OTHER PROGRAM SERVICES		900099	603,766,239	585,027,844	18,738,395	
d PARKING, PHONE & OTHER		900099	57,717,934		18,171,840	39,546,094
e MANAGEMENT FEES		561000	30,918,088	30,918,088		
f All other program service revenue.			4,813,957	4,739,800	74,157	
g Total. Add lines 2a-2f.			10,229,466,263			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		98,978,988			98,978,988	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		33,706,063			33,706,063	
	6a Gross rents	(i) Real	32,199,281				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	32,199,281				
	d Net rental income or (loss)		32,199,281		226,797	31,972,484	
	7a Gross amount from sales of assets other than inventory	(i) Securities	9,533,184,875	2,373,004			
		(ii) Other					
		b Less: cost or other basis and sales expenses	9,070,609,865	26,697,453			
		c Gain or (loss)	462,575,010	-24,324,449			
	d Net gain or (loss)		438,250,561			438,250,561	
	8a Gross income from fundraising events (not including \$ 18,628,419 of contributions reported on line 1c). See Part IV, line 18		2,129,229				
		b Less: direct expenses	6,475,744				
		c Net income or (loss) from fundraising events		-4,346,515			-4,346,515
	9a Gross income from gaming activities. See Part IV, line 19		15,210				
		b Less: direct expenses	42,732				
		c Net income or (loss) from gaming activities		-27,522			-27,522
	10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a INC ON HEDGE FUND INV		523000	279,307,436			279,307,436	
b INVESTMENT IN AFFILIAT		523000	158,355,944		1,255,285	157,100,659	
c FOREIGN CURRENCY		525990	286,197			286,197	
d All other revenue			-35,455,531			-35,455,531	
e Total. Add lines 11a-11d			402,494,046				
12 Total revenue. See instructions			11,558,538,378	10,127,540,564	63,861,687	1,039,318,914	

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	37,651,472	37,651,472		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	101,073,773	101,073,773		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,109,901	1,109,901		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	64,238,433	28,468,644	35,769,789	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	16,801,568	8,193,213	8,608,355	
7 Other salaries and wages	4,396,057,402	3,761,527,759	625,983,904	8,545,739
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	247,555,394	211,771,782	35,251,062	532,550
9 Other employee benefits	514,061,107	439,918,419	73,200,586	942,102
10 Payroll taxes	286,609,041	245,212,238	40,812,171	584,632
11 Fees for services (non-employees):				
a Management	8,542,108	7,325,740	1,216,368	
b Legal	5,691,667	4,881,193	810,474	
c Accounting	4,067,284		4,067,284	
d Lobbying	623,865	623,865		
e Professional fundraising services. See Part IV, line 17	1,770,231			1,770,231
f Investment management fees	26,959,355		26,959,355	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	461,211,985	393,673,380	65,675,047	1,863,558
12 Advertising and promotion	40,179,803	34,395,065	5,721,470	63,268
13 Office expenses	136,098,304	116,347,274	19,379,944	371,086
14 Information technology	125,660,548	107,765,042	17,893,643	1,863
15 Royalties	2,872,643	2,463,588	409,055	
16 Occupancy	175,820,084	150,781,803	25,036,193	2,088
17 Travel	30,507,341	25,613,416	4,344,143	549,782
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,905,713	11,644,999	1,980,127	280,587
20 Interest	130,328,528	111,770,181	18,558,347	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	531,789,706	456,034,432	75,725,079	30,195
23 Insurance	78,056,860	66,941,824	11,115,036	
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	2,105,708,012	2,105,697,173		10,839
b BAD DEBT EXPENSE	302,247,933	302,247,933		
c EQUIPMENT RENTAL & MAIN	159,477,778	136,732,074	22,709,103	36,601
d STATE FRANCHISE FEE	96,671,023	96,671,023		
e All other expenses	71,351,423	64,370,630	6,898,958	81,835
25 Total functional expenses. Add lines 1 through 24e	10,174,700,285	9,030,907,836	1,128,125,493	15,666,956
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	471,328,199	1	349,487,435
	2 Savings and temporary cash investments	8,798,503	2	204,824,448
	3 Pledges and grants receivable, net	256,146,814	3	255,234,495
	4 Accounts receivable, net	1,206,990,329	4	1,319,081,134
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	7,444,253	5	7,756,160
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	29,577,317	7	109,990,379
	8 Inventories for sale or use	161,698,677	8	179,507,850
	9 Prepaid expenses and deferred charges	71,010,579	9	81,384,011
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,124,279,879		
	b Less: accumulated depreciation	5,205,747,625		
	11 Investments—publicly traded securities	4,702,438,031	10c	4,918,532,254
	12 Investments—other securities. See Part IV, line 11	5,500,810,028	11	6,409,749,203
	13 Investments—program-related. See Part IV, line 11	2,666,755,619	12	3,577,321,949
	14 Intangible assets	260,173,925	13	301,191,921
	15 Other assets. See Part IV, line 11	94,494,376	14	95,229,354
16 Total assets. Add lines 1 through 15 (must equal line 34)	670,875,555	15	874,299,128	
	16,108,542,205	16	18,683,589,721	
Liabilities	17 Accounts payable and accrued expenses	1,133,378,819	17	1,210,615,064
	18 Grants payable	453,264	18	443,987
	19 Deferred revenue	92,550,936	19	81,485,067
	20 Tax-exempt bond liabilities	3,428,380,347	20	4,014,821,159
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	105,026,322	23	2,212,850
	24 Unsecured notes and loans payable to unrelated third parties	208,794,598	24	302,706,471
	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	1,386,015,890	25	1,388,681,504
	26 Total liabilities. Add lines 17 through 25	6,354,600,176	26	7,000,966,102
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,688,038,334	27	10,467,651,324
	28 Net assets with donor restrictions	1,065,903,695	28	1,214,972,295
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	9,753,942,029	32	11,682,623,619	
33 Total liabilities and net assets/fund balances	16,108,542,205	33	18,683,589,721	

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	11,558,538,378
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,174,700,285
3	Revenue less expenses. Subtract line 2 from line 1	3	1,383,838,093
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,753,942,029
5	Net unrealized gains (losses) on investments	5	399,419,688
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	68,673,030
9	Other changes in net assets or fund balances (explain in Schedule O)	9	76,750,779
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,682,623,619

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 (2019)

Form 990, Part III, Line 4a:

SEE PROGRAM SERVICE STATEMENT IN SCHEDULE O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONLEY MD BRIAN FORMER OFF - CCF, CC LONDON - CEO	0.00 50.00						X	0	2,909,811	812,727
MIHALJEVIC MD TOMISLAV DIRECTOR, PRES & CEO - CCF	50.00 0.00	X		X				3,263,418	0	45,449
KRANYAK MD MARGARET RETIRED PHYSICIAN (PART YR)	50.00 0.00					X		1,926,172	0	783,511
BROOKS MD PETER PHYSICIAN - CCF	50.00 0.00					X		1,468,472	0	827,538
SURI MD RAKESH CEO CCAD	50.00 0.00					X		1,933,075	0	161,121
PEACOCK WILLIAM DIRECTOR - CC FLA REG HS, COO - CCF	50.00 0.00	X		X				1,827,678	0	47,946
TUZCU MD E MURAT CHIEF ACADEMIC OFF-CCAD	50.00 0.00					X		1,660,634	0	149,972
GLASS STEVEN C DIRECTOR, CFO & TREAS-CCF	50.00 0.00	X		X				1,733,491	0	58,941
NAJM MD HANI PHYSICIAN -CCF	50.00 0.00					X		1,707,134	0	46,572
ROWAN DAVID DIR, SEC, CHIEF GOV OFF, CHIEF LEGAL OFF - CCF	50.00 0.00	X		X				1,684,851	0	47,508

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SVENSSON MD LARS CHAIR HVI - CCF	50.00 0.00				X			1,682,256	0	46,247
WIEDEMANN MD HERBERT DIR, CHIEF OF STAFF - CCF	50.00 0.00	X		X				1,081,037	0	601,881
BARSOUM MD WAEI DIR, CEO, PRES- CC FLA REG HOSPS	50.00 0.00	X		X				1,459,656	0	41,626
MARTIN MD DANIEL INST CHAIR - COLE EYE	50.00 0.00					X		1,441,943	0	46,247
ERZURUM MD SERPIL FORMER OFFICER	50.00 0.00						X	715,951	0	753,059
GUTIERREZ MD JAMES DIR-CCF, CCEF, REG HOSP, PHYSICIAN	50.00 0.00	X						1,168,948	0	223,061
IANNOTTI MD JOSEPH DIR-CC FLA REG, MARTIN, IRMH, CHIEF OF STAFF	50.00 0.00	X						1,275,403	0	41,410
LORD ROBERT DIRECTOR, PRESIDENT - MARTIN	5.00 50.00	X		X				0	1,177,899	131,858
PARKER MD RICHARD HOS PRES - HILLCREST & EAST REGION	50.00 0.00			X				898,826	0	397,975
CLEAVER CHARLES TREASURER/CFO/ ASST TREAS (MARTIN)	5.00 50.00			X				0	593,752	690,271

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MACHADO MD ANDRE DIRECTOR - KMA, PHYSICIAN	50.00 0.00	X						1,128,344	0	48,822
SABANEKH MD EDMUND DIR, PRES, CC MAIN, REG HOSPS, FHCS	50.00 0.00	X		X				1,087,264	0	45,938
MUAKKASSA MD FARID FORMER KEY EMPLOYEE	50.00 0.00						X	1,052,421	0	76,104
SMALL DEBORAH FORMER KEY EMPLOYEE - FAIRVIEW	50.00 0.00						X	963,978	0	155,205
YOUNG MD JAMES P CHIEF ACADEMIC OFF - CCF & CCEF	50.00 0.00			X				987,138	0	46,394
MCHUGH LINDA FORMER OFFICER	50.00 0.00						X	954,611	0	61,384
MILLER MD CHARLIE CHIEF MEDICAL OFFICER - CCMS	50.00 0.00			X				943,006	0	45,836
COSGROVE MD DELOS FORMER CCF CEO, EXEC ADVISOR	15.00 0.00						X	823,428	0	118,937
DEWS MD TERESA HOSPITAL PRESIDENT - EUCLID HOSP	50.00 0.00			X				594,165	0	360,070
BORDEN MD BRAD TRUSTEE - CCCHR, PHYSICIAN	50.00 0.00	X						902,494	0	45,072

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			
MALONE JR MD DONALD HOSPITAL PRESIDENT - LUTHERAN	50.00 0.00			X				483,152	0	457,711
RASMUSSEN MD PETER DIRECTOR, PRESIDENT - CCHSPA	50.00 0.00	X		X				883,013	0	46,458
BLANDON MD RODOLFO TRUSTEE, PRESIDENT - WESTON	50.00 0.00	X		X				851,482	0	44,126
NOGUERAS MD JUAN FORMER OFFICER	50.00 0.00						X	619,233	0	252,284
ROSENTHAL MD RAUL FORMER OFFICER	50.00 0.00						X	829,315	0	41,100
ABDENOUR STEPHEN FORMER KEY EMPLOYEE	50.00 0.00						X	746,059	0	110,726
BERAN JOSETTE DIR-CC FLA REG, UNION, STRATEGY OFF	50.00 0.00	X						758,388	0	72,352
HARTE MD BRIAN DIR, PRESIDENT - AGMC & SOUTH REG	50.00 0.00	X		X				712,206	0	47,722
ROSENCRANCE MD J GREGORY DIRECTOR, PRESIDENT - INDIAN RIVER	50.00 0.00	X		X				717,303	0	40,838
STARCK MD REBECCA HOSPITAL PRESIDENT - AVON	50.00 0.00			X				674,382	0	53,813

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			
ISAACSON MD J HARRY DIR-CCF, CCEF & REG HOSP, PHYSICIAN	50.00 0.00	X						358,127	0	367,527
BOLOGNA MD RAYMOND DIR, CHAIR - PPG, PHYSICIAN	50.00 0.00	X		X				669,037	0	44,589
HAMILTON THOMAS FORMER OFFICER	50.00 0.00						X	485,866	0	213,656
THOMAS RAMONA ASST SEC - MMHSI	5.00 50.00			X				0	335,584	359,042
FLIPPO LIBBY VP - COASTAL CARE	3.00 50.00			X				0	473,227	217,500
BREAUX MD TODD DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						643,086	0	44,460
PETRY DO FERNANDO SECRETARY - COASTAL CARE	3.00 50.00			X				0	624,452	58,471
NAPIERKOWSKI MD DANIEL PRES -MM & EUCLID (PART YR)	50.00 0.00			X				625,589	0	45,808
GROOFF MD PAUL DIR, PRES, SEC - CCF NY MED SVCS	50.00 0.00	X		X				598,537	0	46,247
HORATTAS MD MARK DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						578,031	0	51,730

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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			
STOLLER MD JAMES CCEF CHAIR, EDUCATION INST	50.00 0.00			X				572,438	0	52,723
KALAFATIS LARA DIR - KMA, PHILANTHROPY CHAIR	50.00 0.00	X						562,537	0	45,072
LONGVILLE TIMOTHY DIR- KMA, CAO & CONTROLLER - CCF	50.00 0.00	X		X				478,836	0	119,941
DEL CASTILLO BARBARA DIR, ASST SEC, GEN COUNSEL - WESTON	50.00 0.00	X		X				554,125	0	41,654
PIEDIMONTE MD GIOVANNI FORMER OFFICER	50.00 0.00						X	532,050	0	40,325
THOMPSON MD THOMAS DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						519,981	0	50,675
PAPA ALAN DIRECTOR - AGP, VNS, COO	50.00 0.00	X						506,874	0	56,435
PETER MD DAVID DIRECTOR IRHS, PHYSICIAN	50.00 0.00	X						515,406	0	44,225
LARCOMBE VALERIE DIRECTOR, SECRETARY - HSIRI	50.00 0.00	X		X				259,173	0	298,508
MCKENZIE MD MARGARET DIR, PRES - S POINTE HOSP	50.00 0.00	X		X				502,394	0	46,572

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SMITH DO NEIL PRESIDENT - FAIRVIEW & WEST REG	50.00 0.00			X				494,320	0	43,275
NILSSON KEITH DIRECTOR (FLA PHARM), CFO - CCFPS	50.00 0.00	X		X				481,050	0	53,682
TALMAGE MD LANCE DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						505,788	0	26,898
FENTON MD ANDREW DIR, VICE CHAIR - PPG, PHYSICIAN	50.00 0.00	X		X				457,739	0	70,222
WRIGHT MD DENNIS FORMER KEY EMPLOYEE	50.00 0.00						X	483,493	0	25,596
DELGADO OSMEL DIRECTOR, COO - CC FLA REG	50.00 0.00	X		X				463,912	0	24,461
DAVIS MARLEINA ASST. SECRETARY - CCF, CCEF	50.00 0.00			X				416,912	0	62,679
VICKERS MD JEAN DIRECTOR - COASTAL CARE, PHYSICIAN	3.00 50.00	X						0	426,007	47,248
SLIFKO JESSICA FORMER OFFICER	50.00 0.00						X	417,382	0	50,208
JAMES BRUCE TRUSTEE, PRESIDENT - UNION	50.00 0.00	X		X				426,700	0	40,282

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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 0.00	X						415,111	0	47,722
BARRETT LISA DIRECTOR, SECRETARY - AGP	50.00 0.00	X		X				416,506	0	41,345
PAPPAS MD RITA TRUSTEE, INTERIM PRES - CCCHR	50.00 0.00	X		X				396,265	0	56,220
SABBAGH MD MARWAN DIR - KMA, PHYSICIAN	50.00 0.00	X						406,878	0	45,072
SMITH BRIAN VICE PRESIDENT - CLINIC CARE	50.00 0.00			X				257,119	0	187,366
ZINK MD JILL DIRECTOR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						410,949	0	21,963
MCLAIN JESSICA DIRECTOR, VP/CPO - MMFI	3.00 50.00	X		X				0	364,277	61,474
HARRINGTON MICHAEL DIR-LRBI, CAO/CONTROLLER, ASSOC CFO - CCF	50.00 0.00	X		X				369,216	0	37,474
SHEERS MD TITUS DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						335,763	0	68,117
CHHABRA ANKIT DIR - AGMC, LODI, UNION, OH REG CFO	50.00 0.00	X		X				358,527	0	40,054

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEEHAN MICHAEL J RECORDING SEC - CCF, REGIONALS	50.00 0.00			X				379,775	0	13,320
SHEWBRIDGE MD RICHARD HOSPITAL PRESIDENT - MEDINA	50.00 0.00			X				335,974	0	45,072
LASH-RITTER MD TERI TRUSTEE - UNION HOSP, PHYSICIAN	50.00 0.00	X						336,289	0	44,500
DAVIS DO DENNIS PRESIDENT - PPG	50.00 0.00			X				335,298	0	44,747
MATT-AMARAL MD LAURIE DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						355,371	0	24,613
CHANDURKAR DO ROHIT DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						341,872	0	30,927
KOLONICK RENEE COO - HILLCREST, MARYMOUNT HOSP	50.00 0.00				X			329,265	0	39,536
MAKETT MD CHARLES FORMER KEY EMPLOYEE	50.00 0.00						X	341,725	0	24,367
FORD MD DONALD FORMER OFFICER	50.00 0.00						X	318,149	0	46,116
BENNETT KRIS DIR - AGMC, LODI, EXEC DIR REG HOSP	50.00 0.00	X						336,684	0	24,292

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MURRAY MD KAREN TRUSTEE, PRESIDENT - CCCHR	50.00 0.00	X		X				323,306	0	36,599
BRUYERE JOHN COO - SOUTH POINTE	50.00 0.00				X			257,228	0	99,959
FREEMAN MD RICHARD B TRUSTEE - LAKEWOOD, PHYSICIAN	50.00 0.00	X						313,029	0	44,115
DAVIDSON MD ELLIOT FORMER OFFICER	50.00 0.00						X	293,169	0	59,358
JUHASZ DO ROBERT FORMER OFFICER	50.00 0.00						X	306,335	0	44,465
TURNER RALPH DIR- HEALTH SYS OF INDIAN RIVER, COO	50.00 0.00	X						327,362	0	21,429
MILLS JOHN COO - FAIRVIEW & AVON	50.00 0.00				X			333,535	0	13,328
SUSI JEFFREY FORMER OFFICER (RETIRED)	50.00 0.00						X	328,553	0	17,209
COLLIER SUSAN VP NURSING, CNO - HILLCREST	50.00 0.00				X			274,830	0	70,018
MAJOR KERRY CNO - CC FLA REGION	50.00 0.00				X			312,640	0	27,361

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEYERHOEFER TODD FORMER OFFICER	50.00 0.00						X	293,245	0	38,784
HARLEY DO DOUGLAS DIR - AGMC, LODI, PPG, PHYSICIAN	50.00 0.00	X						303,834	0	27,185
MARKS DO MICHELLE TRUSTEE, MED DIR - CCCHR, PHYSICIAN	50.00 0.00	X		X				279,638	0	48,828
MOEHRING MICHAEL DIRECTOR - MMFI, ASST TREAS - CCC	5.00 50.00	X		X				0	218,690	92,104
BRAMAN DO KENNETH DIRECTOR, CHIEF MED OFF - PPG	50.00 0.00	X		X				281,150	0	29,066
TULISIAK MD THOMAS FORMER OFFICER	50.00 0.00						X	263,369	0	44,125
MENDIOLA MD AMANDA DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						279,814	0	25,492
SNYDER VICKY DIRECTOR - MED HOSP FDN, COO	50.00 0.00	X						254,633	0	45,518
GREENE MD KATHIE DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						279,393	0	19,544
CARROLL DONALD FORMER KEY EMPLOYEE	50.00 0.00						X	259,629	0	34,347

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MILLER SHEILA CNO - AGHS	50.00 0.00				X			267,230	0	24,694
MARKOVICH MD RENEE DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						265,953	0	24,382
THORN III EUGENE A FORMER OFFICER	50.00 0.00						X	254,436	0	32,052
SHERIDAN MD CATHERINE DIRECTOR- MED HOSP FDN, PHYSICIAN	50.00 0.00	X						244,637	0	41,358
RIBLEY DOUGLAS FORMER KEY EMPLOYEE	50.00 0.00						X	250,029	0	30,955
BEKENY MD JAMES TRUSTEE - LAKEWOOD, PHYSICIAN	50.00 0.00	X						243,825	0	33,868
ZINNER BARBARA CNO - MARYMOUNT	50.00 0.00				X			226,357	0	47,980
CUMMINGS JEFFREY DIRECTOR - KMA, PHYSICIAN	50.00 0.00	X						269,100	0	0
FOSTER SUSAN FORMER KEY EMPLOYEE	50.00 0.00						X	225,320	0	41,910
VANLITH RICHARD FORMER KEY EMPLOYEE	50.00 0.00						X	235,784	0	31,062

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			
BIBENS TODD FORMER KEY EMPLOYEE	50.00 0.00						X	236,971	0	8,034
OBLANDER JASON ASST. SEC - CCF & REGIONALS	50.00 0.00			X				220,413	0	23,119
WALTON LINDA CNO - INDIAN RIVER	50.00 0.00				X			233,247	0	8,150
WILLIAMS EMILY DIRECTOR, SECRETARY - AGP	50.00 0.00	X		X				232,719	0	8,276
SCHUSTER JANET CNO - LUTHERAN HOSPITAL	50.00 0.00				X			217,762	0	23,423
FETTO JULIE TRUSTEE - UNION, CNO - MEDINA	50.00 0.00	X						221,543	0	17,389
STEPP LEONARD COO - EUCLID	50.00 0.00				X			212,896	0	22,582
ROME MD ELLEN TRUSTEE - CCCHR, PHYSICIAN	50.00 0.00	X						195,868	0	38,085
KOCISIS DANA CNO - UNION	50.00 0.00				X			208,324	0	14,833
VIDMAR ERICK ADMIN DIRECTOR - CC NV	50.00 0.00				X			195,461	0	27,231

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VANHORN AMANDA FORMER OFFICER	50.00 0.00						X	198,819	0	19,609
KANE PERCIVAL COO - MARYMOUNT HOSP	50.00 0.00				X			197,973	0	16,074
CRAIG ROBERT FORMER OFFICER	50.00 0.00						X	182,406	0	26,008
FULLER WARREN FORMER KEY EMPLOYEE	50.00 0.00						X	168,011	0	38,746
SCHMIEDEL JUSTIN FORMER KEY EMPLOYEE	50.00 0.00						X	185,023	0	16,324
SMITH DARWIN K FORMER OFFICER	50.00 0.00						X	168,283	0	29,093
GRUBB MICHELLE DIRECTOR - PPG,FHC ADMIN	50.00 0.00	X						176,031	0	20,111
MODIC MD MICHAEL DIRECTOR, VP KMA	50.00 0.00	X		X				109,916	0	81,992
MADASZ MD JIM DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						165,288	0	21,452
BECK CHRIS FORMER OFFICER	50.00 0.00						X	164,946	0	17,815

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTNER MATTHEW COO - LUTHERAN HOSPITAL	50.00 0.00				X			167,429	0	14,667
BAKER JOHN T VP NURSING & OPS LODI	50.00 0.00				X			156,983	0	26,272
SAHADI LEE DIRECTOR - PPG, MEDICAL STAFF ADMIN	50.00 0.00	X						131,362	0	49,544
MORRIS DELESA SR. DIRECTOR OF PHILANTHROPY	3.00 50.00			X				0	125,836	53,373
ALVAREZ MD BENITO PRESIDENT - PPG	50.00 0.00			X				159,773	0	8,926
CULLEY MD CARL A JR TRUSTEE - LAKEWOOD, PHYSICIAN	50.00 0.00	X						143,328	0	22,358
BRUNER LISBETH FORMER OFFICER - IR	50.00 0.00						X	154,249	0	10,490
MAU KATHLEEN DIRECTOR, SECRETARY - MEDINA	50.00 0.00	X		X				128,626	0	35,259
LYTLE MD BRUCE W FORMER KEY EMPLOYEE (RETIRED)	0.00 0.00						X	118,200	0	44,110
FINDING MSN MBA DONIELLE DIRECTOR, SEC - MEDINA HOSP FD.	50.00 0.00	X		X				122,046	0	35,998

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLIOTT SARAH DIRECTOR - PPG, ADMINISTRATOR	50.00 0.00	X						131,957	0	20,061
HAHN MD JOSEPH FORMER OFFICER (RETIRED)	0.00 0.00						X	148,394	0	-375
BOYD DIANA FORMER OFFICER	50.00 0.00						X	116,803	0	18,615
EMMELHAINZ LARRY FORMER KEY EMPLOYEE (RETIRED)	0.00 0.00						X	134,213	0	1,175
LITMAN MD GEORGE DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						119,640	0	10,298
EDELMAN DO DAN DIR - COASTAL CARE, PHYSICIAN	3.00 50.00	X						0	94,606	23,991
BERNICK MD CHARLES DIRECTOR-KMA, PHYSICIAN	50.00 0.00	X						97,206	0	12,035
BROWN MD HAL DIRECTOR- IRMHI, PHYSICIAN	3.00 0.00	X						63,988	0	0
RAMDEV MD PRANAY DIRECTOR - IRMHI, PHYSICIAN	3.00 0.00	X						9,000	0	0
SOEHNLEN MD MICHAEL W TRUSTEE-UNION HOSP ASSOC, PHYSICIAN	3.00 0.00	X						8,625	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TABBAA MOUSAB TRUSTEE - LAKEWOOD, PHYSICIAN	3.00 0.00	X						1,850	0	0
ABER ROBERTA DIRECTOR, VICE CHAIR - VNS	3.00 0.00	X		X				0	0	0
ALEMAGNO PHD SONIA DIR, VICE CHAIR - AGMC, LODI	5.00 0.00	X		X				0	0	0
ANDREAS LOIS DIRECTOR, BD CHAIR - UHCHF	3.00 0.00	X		X				0	0	0
BRYZTWA ELLEN TRUSTEE, BD CHAIR - LAKEWD	3.00 0.00	X		X				0	0	0
CARRINO FRANK DIR, VICE CHAIR - MEDINA HOSP FD	3.00 0.00	X		X				0	0	0
CARTER THERESA DIRECTOR, CHAIR - AGMC	5.00 0.00	X		X				0	0	0
GABLE THOMAS J TRUSTEE, BOARD CHAIR - LKWD	5.00 0.00	X		X				0	0	0
HERZIG JOHN DIRECTOR, SECRETARY - UHCHF	3.00 0.00	X		X				0	0	0
HORN ROBERT A TRUSTEE, CHAIR - UNION	5.00 0.00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUNTER ELLEN DIRECTOR, BD CHAIR - MEDINA HOSP FD	3.00 0.00	X		X				0	0	0
KAY HARVEY TRUSTEE, VICE CHAIR - CCCHR	3.00 0.00	X		X				0	0	0
LAUGHLIN CRAIG B TRUSTEE, VICE CHAIR, TREAS - UNION	5.00 0.00	X		X				0	0	0
MOONEY BETH E DIR, BD CHAIR - CCF, CCEF, REG HOSPS	5.00 0.00	X		X				0	0	0
MORRIS JAMES PUBLIC TRUSTEE, PRES- LORD FDN	3.00 0.00	X		X				0	0	0
NEVILLE JAMES R TRUSTEE, ASST SEC - CCCHR	3.00 0.00	X		X				0	0	0
O'BRIEN TIMOTHY TRUSTEE, BOARD CHAIR - CCCHR	3.00 0.00	X		X				0	0	0
PLAZEK RONALD DIRECTOR, TREAS - MEDINA	3.00 0.00	X		X				0	0	0
RICE JAMES DIRECTOR, PRESIDENT - LODI	5.00 0.00	X		X				0	0	0
RICH ROBERT E JR DIRECTOR, BOARD CHAIR- CCF	5.00 0.00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUVO LARRY DIRECTOR, CHAIRMAN - KMA	5.00 0.00	X		X				0	0	0
RUVO CAMILLE DIR, VICE CHAIRMAN - KMA	3.00 0.00	X		X				0	0	0
SCAMINACE JOSEPH M DIR, BD VICE CHAIR - CCF, CCEF, REG HOSP	5.00 0.00	X		X				0	0	0
SELBY SANDRA DIRECTOR, CHAIR - VNS	3.00 0.00	X		X				0	0	0
SWIGART AGNES K DIRECTOR, PRESIDENT - UHCHF	3.00 0.00	X		X				0	0	0
BAREFOOT BRIAN DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0	0	0
BAUCHMAN ROBERT W DIRECTOR, ASST SEC - IRHFI	3.00 0.00	X		X				0	0	0
CLIFFORD J CHRISTOPHER DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0	0	0
CROWDER-MCCOY NANCY DIRECTOR, SECRETARY - MMFI	3.00 0.00	X		X				0	0	0
DALY JAMES J DIRECTOR, ASST SECRETARY - IRHFI	3.00 0.00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GRAY KEVIN DIRECTOR, CHAIR OF BD (UNION)	5.00 0.00	X		X				0	0	0
GULLQUIST HERBERT DIRECTOR, ASST TREASURER - IRHFI	3.00 0.00	X		X				0	0	0
HAMMES MICHAEL J DIRECTOR, VICE CHAIR - IRMHI	3.00 0.00	X		X				0	0	0
HOCKMEYER PHD WAYNE DIRECTOR, CHAIR - IRMHI	5.00 0.00	X		X				0	0	0
HUSTON WILLIAM DIR, VICE CHAIR - MED HOSP FD	3.00 0.00	X		X				0	0	0
KELLER JOHN DIRECTOR, CHAIRMAN - MMFI	3.00 0.00	X		X				0	0	0
LAFAGE JUDITH DIRECTOR, SECRETARY - IRHFI	3.00 0.00	X		X				0	0	0
LICHTENBERGER WILLIAM DIRECTOR, VICE CHAIR (MARTIN)	5.00 0.00	X		X				0	0	0
MAROONE MICHAEL DIR, CHAIR - CC FLA REG HEALTH SYS	5.00 0.00	X		X				0	0	0
MONDELLO JAMES DIRECTOR, VICE CHAIR - MMFI	3.00 0.00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROGERS JR CB DIR, CHAIRMAN EMERITUS- IRHFI	3.00 0.00	X		X				0	0	0
SALERNO FREDERIC DIRECTOR, CHAIR - MMHSI	5.00 0.00	X		X				0	0	0
SCULLY WILLIAM P DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0	0	0
TANSILL DOUGLAS T DIRECTOR, ASST TREASURER - IRHFI	3.00 0.00	X		X				0	0	0
TREIER J BRIET DIR, VICE CHAIR - AGMC, LODI	5.00 0.00	X		X				0	0	0
WEBB THEORA DIRECTOR, SECRETARY - MMHSI	5.00 0.00	X		X				0	0	0
WOODRUFF ANTHONY C DIRECTOR, CHAIR - IRHFI	5.00 0.00	X		X				0	0	0
ZIELSDORF ROBERT L DIRECTOR, TREASURER - IRHFI	3.00 0.00	X		X				0	0	0
AMOS RET GEN JAMES PUBLIC TRUSTEE - LORD FDN	3.00 0.00	X						0	0	0
AULETTA PATRICK V DIRECTOR - CCF, CCEF & REGIONALS	5.00 0.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENZ MICHAEL DIRECTOR - CCF, CCEF & REG HOSP	5.00 0.00	X						0	0	0
BILLOW CHARLES DIR - AGMC, LODI, VNS	5.00 0.00	X						0	0	0
BRADFORD JOHN DIRECTOR - PPG	3.00 0.00	X						0	0	0
BROSKY CURTIS M TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
BROWN KATHRYN DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
BROWN STEPHEN TRUSTEE - CCCHR	3.00 0.00	X						0	0	0
CAPORALE MICHAEL DIR - AGMC, LODI	5.00 0.00	X						0	0	0
CHACK DENNIS M DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0	0	0
CHERKALA BRIAN DIR - AGMC, LODI	5.00 0.00	X						0	0	0
CHIN JENNIFER TRUSTEE - CCCHR	3.00 0.00	X						0	0	0

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COLE ALLISON TRUSTEE - CCHR	3.00 0.00	X						0	0	0
CORWIN RUSSELL DIRECTOR - MED HOSP FDN	3.00 0.00	X						0	0	0
COURY THOMAS J TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
CRAWFORD DEBORAH DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0	0	0
CROUSE JAMES DIRECTOR - VNS	3.00 0.00	X						0	0	0
CULP LAURA DIR - AGMC, LODI	5.00 0.00	X						0	0	0
DAVIS CAROL DIR - AGMC, LODI	5.00 0.00	X						0	0	0
DAVIS MARK DIRECTOR - KMA	3.00 0.00	X						0	0	0
DUNN LISA A DIRECTOR - MEDINA	3.00 0.00	X						0	0	0
EBERT PHD ROBERT DIRECTOR - REGIONAL HOSPITALS	5.00 0.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FALCONI RONALD DIRECTOR - MEDINA	3.00 0.00	X						0	0	0
FANCHER JON M REV TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
FEDELI UMBERTO P DIRECTOR - CCF, CCEF & REGIONALS	5.00 0.00	X						0	0	0
FEDOROVICH RICHARD DIR - AGMC, LODI	5.00 0.00	X						0	0	0
FETH WILLAM DIR - AGMC, LODI	5.00 0.00	X						0	0	0
GEIB ANNE E TRUSTEE - UNION	3.00 0.00	X						0	0	0
GOLDSTEIN SHERRY DIRECTOR - KMA	3.00 0.00	X						0	0	0
GORTON WILLIAM R TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
GRICE TERRY DIRECTOR - MEDINA	3.00 0.00	X						0	0	0
GUNNING DAVID TRUSTEE - CCCHR	3.00 0.00	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 0.00	X						0	0	0
HABER KENNETH TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
HARRIS RICHARD DIR - AGMC, LODI	5.00 0.00	X						0	0	0
HAYEK MD ANTHONY DIR - AGMC, LODI	5.00 0.00	X						0	0	0
HERSHBERGER PERRY TRUSTEE - UNION	3.00 0.00	X						0	0	0
HOOVER CAROLE DIRECTOR - CCF	5.00 0.00	X						0	0	0
JOHNSON CINDY DIRECTOR - AGMC, LODI	5.00 0.00	X						0	0	0
KNISELY JAMES E TRUSTEE - UNION HOSP ASSOC	3.00 0.00	X						0	0	0
KOHL STEWART DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
KRAMER RICHARD DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LERNER MARK DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
LERNER NORMA DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
LONG JARROD DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0	0	0
MACDONALD WILLIAM III DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
MARKS JEANNINE DIR - AGMC, LODI	5.00 0.00	X						0	0	0
MATTHEWS THOMAS TJ DIRECTOR - KMA	3.00 0.00	X						0	0	0
MCGORRAY KATHLEEN T TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
MIKSCH DONALD DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0	0	0
MILLER PAMELA DIRECTOR - REG HOSPITALS	5.00 0.00	X						0	0	0
MILLER SAMUEL H DIR-CCF, CCEF & REG HOSP (PART YR)	5.00 0.00	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, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
PRITTS GARY TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
RATCLIFFE GEORGE DIRECTOR - MMFI	3.00 0.00	X						0	0	0
REISER MATTHEW DIRECTOR - IRMHI	3.00 0.00	X						0	0	0
RICE RONALD TRUSTEE - CCCHR	3.00 0.00	X						0	0	0
ROCHE DENNIS J TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
ROGICH SIGMOND DIRECTOR - KMA	3.00 0.00	X						0	0	0
ROSS MD RONALD J DIRECTOR - REGIONAL HOSPS	5.00 0.00	X						0	0	0
SALEK ANN DIRECTOR - MEDINA	3.00 0.00	X						0	0	0
SCOTT HAROLD LEE DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SEVERINO MICHAEL DIRECTOR - KMA	3.00 0.00	X						0	0	0
SNYDER JEROME F DIRECTOR - KMA	3.00 0.00	X						0	0	0
STEELMAN PAUL DIRECTOR - KMA	3.00 0.00	X						0	0	0
STEINBERG DAVID DIRECTOR - KMA	3.00 0.00	X						0	0	0
STEVENS MARK DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
STURM ROLAND DIRECTOR - KMA, LRBI	5.00 0.00	X						0	0	0
TAFFER JON DIRECTOR - KMA	3.00 0.00	X						0	0	0
TRUNDLE SYLVIA DIRECTOR - PPG	3.00 0.00	X						0	0	0
VEGA LORRAINE DIRECTOR - REGIONAL HOSPITALS	5.00 0.00	X						0	0	0
WARTHER PAT A TRUSTEE - UNION HOSP ASSOC	3.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WEBER ROBERT DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
WEINBERG RONALD DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
WEISS MORRY DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
WEXLER NANCY DIRECTOR - KMA	3.00 0.00	X						0	0	0
ALDEN JOHN W DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
BALLARD REV KAREN DIRECTOR - VNS	3.00 0.00	X						0	0	0
BARROW CHRISOPHER T DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
BERES STEVEN DIRECTOR - MMFI	3.00 0.00	X						0	0	0
BOUSQUETTE MARGARET DIRECTOR - MMFI	3.00 0.00	X						0	0	0
BOYLE RICHARD DIRECTOR - MMFI	3.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CROCE KAREN DIRECTOR - MMFI	3.00 0.00	X						0	0	0
CUNNINGHAM MARYBETH DIRECTOR - IRMHI	3.00 0.00	X						0	0	0
DAKERS KAREN DIRECTOR - MMFI	3.00 0.00	X						0	0	0
DOCKERY JOSEPH DIRECTOR - MMFI	3.00 0.00	X						0	0	0
DOODY JOHN DIRECTOR - MMFI	3.00 0.00	X						0	0	0
DOOLING JOHN E JACK TRUSTEE - UNION	3.00 0.00	X						0	0	0
FEINOUR EUGENE P DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
FORDE JOHN DIRECTOR - MMFI	3.00 0.00	X						0	0	0
GINSBURG MERLE DIRECTOR - MMFI	3.00 0.00	X						0	0	0
GRIMM PETER DIRECTOR - MMFI	3.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAYES SAMUEL DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
HEIDENREICH PER DIRECTOR - MMFI	3.00 0.00	X						0	0	0
JOHNSON MD NATHAN TRUSTEE - UNION HOSP ASSOC	3.00 0.00	X						0	0	0
KEMP III JOHN B DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
KILBANE CATHERINE DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0	0	0
KNAPP JULES DIRECTOR- MMFI	3.00 0.00	X						0	0	0
LAMBERT WILLIAM DIRECTOR - MMFI	3.00 0.00	X						0	0	0
LEVITT MARYLIN DIRECTOR - MMFI	3.00 0.00	X						0	0	0
LOMAX-HOMIER MD JULIETTE DIRECTOR - IRMHI	3.00 0.00	X						0	0	0
LYTLE TOM DIRECTOR - MMFI	3.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEYER ROSEMARY DIRECTOR - MMFI	3.00 0.00	X						0	0	0
MILSTEN MD RICHARD DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
MUNN WILLIAM H DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
NICHOLS ANNA P DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
O'NEILL JOHN TRUSTEE - LAKEWOOD	3.00 0.00	X						0	0	0
PALOMBI MARK DIRECTOR - MMFI	3.00 0.00	X						0	0	0
PFEIFFER MD ERIC DIRECTOR - MMFI	3.00 0.00	X						0	0	0
ROHRBACH N JACK DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
SAMETH RICHARD E DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
SARNER GEORGE DIRECTOR - MMFI	3.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCHEER RUTH C DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
SHERWOOD EMILY DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
SHROPSHIRE DONALD DIRECTOR - IRHFI	3.00 0.00	X						0	0	0
TAYLOR NANCYANN DIRECTOR - MMFI	3.00 0.00	X						0	0	0
WEISSMAN ROBERT DIRECTOR - MMFI	3.00 0.00	X						0	0	0
WONG NANCY DIRECTOR - MMFI	3.00 0.00	X						0	0	0
WRIGHT RITA MAY DIRECTOR - MMFI	3.00 0.00	X						0	0	0
BARKHEIMER MARLENE VICE PRESIDENT - LODI	3.00 0.00			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	284,947,202	302,252,529	297,153,216	317,989,021	327,817,213	1,530,159,181
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	284,947,202	302,252,529	297,153,216	317,989,021	327,817,213	1,530,159,181
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.						1,530,159,181

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	284,947,202	302,252,529	297,153,216	317,989,021	327,817,213	1,530,159,181
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,699,336	124,406,638	160,820,856	128,454,359	164,884,332	688,265,521
9	Net income from unrelated business activities, whether or not the business is regularly carried on	398,836			1,686,203	769,871	2,854,910
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	115,282,299	104,055,964	127,186,173	187,750,642	437,964,438	972,239,516
11	Total support. Add lines 7 through 10						3,193,519,128
12	Gross receipts from related activities, etc. (see instructions)					12	10,127,540,564

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	47.910 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	54.170 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	INCOME LOSS ON INVESTMENTS - 2015 AMOUNT: \$ 70,959,640. 2016 AMOUNT: \$ 103,453,582. 2017 AMOUNT: \$ 126,762,607. 2018 AMOUNT: \$ 138,561,020. 2019 AMOUNT: \$ 279,307,436. FOREIGN CURRENCY - 2015 AMOUNT: \$ 610,292. 2016 AMOUNT: \$ 73,310. 2017 AMOUNT: \$ 273,145. 2019 AMOUNT: \$ 286,197. INCOME FROM FUNDRAISING/GAMING EVENTS - 2016 AMOUNT: \$ 397,995. 2018 AMOUNT: \$ 13,597. DERIVATIVE INCOME - 2018 AMOUNT: \$ 689,834. LIFE INSURANCE TRUST - 2015 AMOUNT: \$ 183,292. 2016 AMOUNT: \$ 131,077. 2017 AMOUNT: \$ 150,421. 2019 AMOUNT: \$ 14,861. INVESTMENT IN AFFILIATES - 2015 AMOUNT: \$ 43,529,075. 2018 AMOUNT: \$ 48,486,191. 2019 AMOUNT: \$ 158,355,944.

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 1, LINE 12	<p>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: 9 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, AMOUNT OF MONETARY SUPPORT AND SUPPORTING ORGANIZATION. THE CLEVELAND CLINIC FOUNDATION, 34-0714585, 3, YES, PLEASE SEE NARRATIVE IN PART VI, SECTION A, LINE 1 FOR EXCEPTIONS, \$0, CCF LYNDHURST PROPERTY CORP., CCF LYNDHURST PROPERTY II CORP., CCF NEW YORK MEDICAL SERVICES, P.C., CCF TENNESSEE MEDICAL SERVICES, P.C., CLEVELAND CLINIC FLORIDA, CLEVELAND CLINIC FLORIDA HOSPITAL, CLEVELAND CLINIC HOME CARE SERVICES, INC., CLEVELAND CLINIC MEDICAL SERVICES DBA ALLOGEN LABORATORIES, CLEVELAND CLINIC NEVADA, CLEVELAND CLINIC SUPPORT SERVICES, CLINIC CARE, INC., LORD FOUNDATION OF OHIO, LOU RUVO BRAIN INSTITUTE, THE CORONARY CLUB, KEEP MEMORY ALIVE, CLEVELAND CLINIC HEALTH SERVICES PROFESSIONAL ASSOCIATION, CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM AND THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION. CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, 34-0714570, 3, YES, \$0, PEDIATRIC MEDICAL MANAGEMENT, INC. CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION, 34-0714593, 3, YES, \$0, CLEVELAND CLINIC HOME CARE, INC. AKRON GENERAL MEDICAL CENTER, 34-0714478, 3, YES, \$0, AKRON GENERAL HEALTH SYSTEM, AKRON GENERAL PARTNERS AND PARTNERS PHYSICIAN GROUP. THE UNION HOSPITAL ASSOCIATION, 34-0714771, 3, YES, \$0, UNION HEALTH SYSTEM. CLEVELAND CLINIC FLORIDA, 65-0003177, 12A, YES, \$0, CLEVELAND CLINIC FLORIDA PHARMACY SERVICES. INDIAN RIVER MEMORIAL HOSPITAL, INC., 59-2496294, 3, YES, \$0, INDIAN RIVER HEALTH SERVICES, INC. AND HEALTH SYSTEMS OF INDIAN RIVER, INC. MARTIN MEMORIAL HEALTH SYSTEM, INC., 59-2307522, 12A, YES, \$0, COASTAL CARE CORPORATION. CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION, 83-2249666, 12A, YES, \$0, MARTIN MEMORIAL HEALTH SYSTEM, INC.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A AND SECTION B	PURSUANT TO THE INSTRUCTIONS, THE FOLLOWING INFORMATION FOR SECTIONS A AND B IS BEING PROVIDED: PART IV -SECTION A - LINE 1 - THERE ARE 2 SUPPORTING ORGANIZATIONS THAT DO NOT LIST THE SUPPORTED ORGANIZATION IN IT'S GOVERNING DOCUMENTS. INSTEAD, THE GOVERNING DOCUMENTS INDICATE THAT IF THE ENTITY WERE TO DISSOLVE, THE SUPPORTED ORGANIZATION WOULD CONTROL THE ASSETS OF THE SUPPORTING ORGANIZATION. PART IV -SECTION A - LINE 2 - THERE ARE 3 ORGANIZATIONS THAT SUPPORT OTHER 509(A)(3) SUPPORTING ORGANIZATIONS WHOSE PURPOSE IS TO SUPPORT 509(A)(1) ORGANIZATIONS. PART IV -SECTION A - LINE 6 - THERE ARE 3 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
2019
Open to Public Inspection

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____


3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C - PART II-A	THE TAXPAYER ACQUIRED MARTIN MEMORIAL MEDICAL CENTER, INC., EIN 59-0637874, IN 2019. MARTIN MEMORIAL MEDICAL CENTER, INC. FILES A SEPARATE FORM 990, IS A 501(C)(3) ORGANIZATION AND FILED FORM 5768 (ELECTION UNDER 501(H)).

TY 2019 AffiliatedGroupAttachment

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

EIN: 91-2153073

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

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and 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... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for conservation easements held at the end of the year. Rows 2a-2d for total number, acreage, certified historic structures, and acquired after 7/25/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	388,135,477	381,810,007	324,551,580	295,878,858	279,608,818
b Contributions	40,929,881	17,655,756	22,185,007	20,199,629	25,049,027
c Net investment earnings, gains, and losses	46,870,849	-5,582,019	40,398,300	15,766,204	-993,841
d Grants or scholarships					
e Other expenditures for facilities and programs	8,087,054	5,748,267	5,324,880	7,293,111	7,785,146
f Administrative expenses					
g End of year balance	467,849,153	388,135,477	381,810,007	324,551,580	295,878,858

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		281,369,517		281,369,517
b Buildings		6,300,961,118	2,990,388,126	3,310,572,992
c Leasehold improvements		226,899,590	134,808,886	92,090,704
d Equipment		3,028,002,744	1,992,657,418	1,035,345,326
e Other		287,046,910	87,893,195	199,153,715
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,918,532,254

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	2,017,844,680	C
(B) PRIVATE EQUITY	1,259,139,712	C
(C) REAL ESTATE	300,337,557	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,577,321,949	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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	1,008,894
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,388,681,504

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 FIVE WETLANDS LOCATED ON THE CLEVELAND CLINIC HEALTH SYSTEM'S PROPERTY IN TWINSBURG, OHIO; AVON, OHIO; AKRON, OH; 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, 2019 AND 2018, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$1.0 MILLION AND \$0.9 MILLION, RESPECTIVELY. THE SYSTEM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS. THE SYSTEM RECOGNIZES INTEREST AND PENALTIES ACCRUED RELATED TO THE LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE CONSOLIDATED 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

2019

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** 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 the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	5	76			276,978,000
b Total from continuation sheets to Part I	0	0			2,671,426,000
c Totals (add lines 3a and 3b)	5	76			2,948,404,000

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	2	16	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	223,016,000
MIDDLE EAST & NORTH AFRICA	1	59	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	5,151,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	8,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	67,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	40,000
EUROPE	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	17,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	42,000
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	31,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	277,000
EUROPE	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,267,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,038,000
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	438,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	136,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	86,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	6,000

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	FUNDRAISING		70,000
MIDDLE EAST & NORTH AFRICA	0	0	FUNDRAISING		17,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	FUNDRAISING		5,000
SOUTH AMERICA	0	0	FUNDRAISING		

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	INVESTING		283,862,000
SUB-SAHARAN AFRICA	0	0	INVESTING		33,766,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & NORTH AFRICA	0	0	INVESTING		2,419,000
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTING		2,347,943,000

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	35,800	CHECK	0		
		NORTH AMERICA	RESEARCH	21,792	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	56,473	CHECK	0		
		NORTH AMERICA	RESEARCH	10,000	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	23,712	CHECK	0		
		EUROPE	RESEARCH	325,141	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	6,002	CHECK	0		
		NORTH AMERICA	RESEARCH	9,375	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	5,819	CHECK	0		
		EAST ASIA AND THE PACIFIC	RESEARCH	55,000	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH	91,548	CHECK	0		
		NORTH AMERICA	RESEARCH	9,934	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH	45,912	CHECK	0		
		SUB-SAHARAN AFRICA	RESEARCH	5,600	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	267,529	CHECK	0		
		NORTH AMERICA	RESEARCH	162,055	CHECK	0		

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EUROPE	1	12,500	CHECK	0		
RESEARCH	EAST ASIA AND THE PACIFIC	1	6,000	CHECK	0		

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EAST ASIA AND THE PACIFIC	1	5,115	CHECK	0		
RESERACH	EUROPE	1	34,000	CHECK	0		

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	NORTH AMERICA	1	11,991	CHECK	0		
RESEARCH	RUSSIA & NEIGHBORING STATES	1	5,728	CHECK	0		

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EUROPE	1	8,000	CHECK	0		
RESEARCH	EUROPE	1	9,921	CHECK	0		

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EAST ASIA AND THE PACIFIC	1	8,025	CHECK	0		
RESEARCH	EAST ASIA AND THE PACIFIC	1	9,200	CHECK	0		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CLASSY 350 TENTH AVE STE 1300 SAN DIEGO, CA 92101	ONLINE SOLICITATION		No	4,677,592	134,145	4,543,447
RR DONNELLEY 35 W WACKER DR CHICAGO, IL 60601	DIRECT MAIL		No	1,130,560	525,752	604,808
TSM DONOR ENGAGEMENT TEAM 155 COMMERCE DR FREEDOM, PA 15042	PHONE SOLICITATION		No	478,286	1,110,334	-632,048
Total				6,286,438	1,770,231	4,516,207

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		KEEP MEMORY ALIVE GALA (event type)	VELOSANO (event type)	17 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	9,303,229	4,987,548	6,466,871	20,757,648
	2 Less: Contributions	8,089,889	4,873,569	5,664,961	18,628,419
	3 Gross income (line 1 minus line 2)	1,213,340	113,979	801,910	2,129,229
Direct Expenses	4 Cash prizes			8,868	8,868
	5 Noncash prizes			11,218	11,218
	6 Rent/facility costs	390,466	142,163	339,127	871,756
	7 Food and beverages	509,785	138,116	690,238	1,338,139
	8 Entertainment	1,476,785	78,837	463,929	2,019,551
	9 Other direct expenses	316,560	978,272	931,380	2,226,212
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				6,475,744
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-4,346,515	

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			15,210
Direct Expenses	2 Cash prizes			10,000	10,000
	3 Noncash prizes			1,735	1,735
	4 Rent/facility costs			7,100	7,100
	5 Other direct expenses			23,897	23,897
	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) ▶				42,732	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				-27,522	

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

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. THE STATE OF NEVADA ALSO DOES NOT REQUIRE A LICENSE, PROVIDED THE ORGANIZATION REGISTERS WITH THE NEVADA GAMING CONTROL BOARD AND THE PRIZES DO NOT EXCEED \$500,000. BOTH PROVISIONS REQUIRED BY THE STATE OF NEVADA HAVE BEEN MET BY THE ORGANIZATION.

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	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 ▶ NA

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

Hospitals

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

Name of the organization
 THE CLEVELAND CLINIC FOUNDATION
 GROUP RETURN

Employer identification number
 91-2153073

OMB No. 1545-0047

2019

Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			147,148,063	6,000,000	141,148,063	1.420 %
b Medicaid (from Worksheet 3, column a)			1,271,816,199	764,432,313	507,383,886	5.110 %
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			1,418,964,262	770,432,313	648,531,949	6.530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			27,081,505	126,152	26,955,353	0.270 %
f Health professions education (from Worksheet 5)			365,622,510	65,157,396	300,465,114	3.020 %
g Subsidized health services (from Worksheet 6)			130,149,317	105,285,518	24,863,799	0.250 %
h Research (from Worksheet 7)			258,074,299	169,265,332	88,808,967	0.890 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,912,032	412,328	12,499,704	0.130 %
j Total. Other Benefits			793,839,663	340,246,726	453,592,937	4.560 %
k Total. Add lines 7d and 7j			2,212,803,925	1,110,679,039	1,102,124,886	11.090 %

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			6,421	0	6,421	0 %
2 Economic development			3,686	50	3,636	0 %
3 Community support			333,429		333,429	0 %
4 Environmental improvements			0			0 %
5 Leadership development and training for community members			227		227	0 %
6 Coalition building			41,608		41,608	0 %
7 Community health improvement advocacy			18,088		18,088	0 %
8 Workforce development			80,562	119	80,443	0 %
9 Other						
10 Total			484,021	169	483,852	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.	2 302,788,727	
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 1,465,258,674
6 Enter Medicare allowable costs of care relating to payments on line 5	6 1,488,696,301
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -23,437,627
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 AKRON SURGICAL ASSOCIATES LLC	SURGICAL SERVICES	51.000 %		49.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

22

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): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>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
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

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)
REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>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
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP 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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section 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): _____ 12

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	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>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

THE 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:	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?	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

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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

THE 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 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)
 INDIAN RIVER MEMORIAL 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): _____ 6 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
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.INDIANRIVERMEDICALCENTER.COM</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.INDIANRIVERMEDICALCENTER.COM</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)

INDIAN RIVER MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

INDIAN RIVER MEMORIAL 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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 219

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 NET OF CCHS'S HCAP BENEFIT OF \$5,085,745.

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 \$1,102,124,886 AS REPORTED ON PART I, LINE 7 DIFFERS FROM THE TOTAL COMMUNITY BENEFIT FOR CLEVELAND CLINIC HEALTH SYSTEM AS REPORTED IN THE SYSTEM'S COMMUNITY BENEFIT REPORT. THE AMOUNT DIFFERS IN TWO RESPECTS: 1) IRS DOES NOT CONSIDER COMMUNITY BUILDING ACTIVITIES AS REPORTED IN PART II TO BE COMMUNITY BENEFIT WHERE THESE ACTIVITIES ARE INCLUDED IN COMMUNITY BENEFIT PER CHA GUIDELINES, AND 2) THE PROPORTIONATE SHARE OF JOINT VENTURE COMMUNITY BENEFIT IS INCLUDED IN LINE 7.
PART 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. CLEVELAND CLINIC REHABILITATION AND SELECT FACILITIES HAVE THEIR OWN FINANCIAL ASSISTANCE POLICIES, WHICH COMPLY WITH ALL 501(R) REGULATIONS.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	SEE EXPLANATION OF IMPLICIT PRICE CONCESSIONS IN FOOTNOTE #3 ON PG. 13 OF THE AUDITED FINANCIAL STATEMENTS.
PART III, LINE 8:	MEDICARE ALLOWABLE COSTS ARE CALCULATED USING A COST-TO-CHARGE RATIO.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 \$1,656,638,762 AND \$2,152,965,340 RESPECTIVELY. THIS RESULTS IN MEDICARE SHORTFALL OF \$496,326,578 WHICH ADDED TO THE SHORTFALL OF \$23,437,627 AS REPORTED ON THE COST REPORTS, BRINGS THE TOTAL MEDICARE SHORTFALL TO \$519,764,205.

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. ADDITIONAL DETAIL DESCRIBING THE COMMUNITY THE ORGANIZATION SERVES CAN BE FOUND IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.
PART VI, LINE 5:	ONE OF THE HALLMARKS OF A CHARITABLE ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS. ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS. CCF AND ITS NORTHEAST OHIO REGIONAL HOSPITAL GOVERNING BOARDS ARE MADE UP OF MEMBERS OF THE COMMUNITY WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT THE MISSION OF CCF AND ITS SUBORDINATES. TRUSTEES/DIRECTORS ARE SELECTED ON THE BASIS OF THEIR EXPERTISE AND EXPERIENCE IN A VARIETY OF AREAS BENEFICIAL TO THE CLEVELAND CLINIC AND THE HEALTH SYSTEM AND ARE NOT COMPENSATED FOR THEIR SERVICES. ANOTHER HALLMARK OF A CHARITABLE ORGANIZATION IS THAT SURPLUS FUNDS ARE USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES. SURPLUS FUNDS FOR CCF AND ITS SUBORDINATES ARE REINVESTED AND USED TO CARRY OUT THE ORGANIZATION'S EXEMPT MISSION -- PATIENT CARE, RESEARCH, AND EDUCATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	CLEVELAND CLINIC IS THE PARENT ORGANIZATION OF THE HEALTH SYSTEM, AN INTEGRATED HEALTH SYSTEM CONSISTING OF AN ACADEMIC MEDICAL CENTER, MEDICAL SCHOOL, COMMUNITY HOSPITALS, FAMILY HEALTH CENTERS, VARIOUS ANCILLARY SERVICES, AND A LARGE GROUP OF EMPLOYED PHYSICIANS AND PHYSICIAN RESEARCHERS.
PART VI, LINE 7	AFTER FILING THE FORM 990, A COPY OF THE 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? 22		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 WESTON HOSPITAL 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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 22		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
6	INDIAN RIVER MEMORIAL HOSPITAL 1000 36TH STREET VERO BEACH, FL 32960 WWW.CLEVELANDCLINIC.ORG FL LICENSE 4029	X	X					X			
7	CLEVELAND CLINIC AVON HOSPITAL 33300 CLEVELAND CLINIC BOULEVARD AVON, OH 44011 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1531AHR	X	X		X		X	X			A
8	MARYMOUNT HOSPITAL 12300 MCCracken GARFIELD HEIGHTS, OH 44125 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1136AHR	X	X		X		X	X			A
9	SOUTH POINTE HOSPITAL 20000 HARVARD ROAD WARRENSVILLE HTS, OH 44122 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1297AHR	X	X		X		X	X			A
10	MEDINA HOSPITAL 1000 E WASHINGTON STREET MEDINA, OH 44256 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1236AHR	X	X		X		X	X			A

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 22		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
11	LUTHERAN HOSPITAL 1730 WEST 25TH STREET CLEVELAND, OH 44113 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1149AHR	X	X		X		X	X			A
12	THE UNION HOSPITAL ASSOCIATION 659 BOULEVARD DOVER, OH 44622 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1285AHR	X	X					X			
13	EUCLID HOSPITAL 18901 LAKESHORE BOULVARD EUCLID, OH 44119 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1133AHR	X	X		X		X	X			A
14	CLEV CLINIC CHILDREN'S HOSP FOR REHAB 2801 MARTIN LUTHER KING DRIVE CLEVELAND, OH 44104 WWW.CLEVELANDCLINIC.ORG OH STATE ID 0153RF	X	X	X	X		X				A
15	LODI COMMUNITY HOSPITAL 225 ELYRIA STREET LODI, OH 44254 WWW.CLEVELANDCLINIC.ORG OHIO STATE ID 1234AHR	X	X			X		X			A

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 22		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
21	SELECT SPECIALTY - REGENCY EAST 4200 INTERCHANGE CORPORATE CENTER RD WARRENSVILLE HEIGHTS, OH 44128 WWW.SELECTMEDICAL.COM OH STATE ID 1479	X									B
22	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").
INDIAN RIVER MEMORIAL HOSPITAL	PART V, SECTION B, LINE 2: IN JANUARY 2019, THE CLEVELAND CLINIC FOUNDATION THROUGH A SUBSIDIARY BECAME THE SOLE MEMBER OF INDIAN RIVER MEMORIAL 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
THE UNION HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 5: UNION HOSPITAL IS A MEMBER OF ACCESS TUSCARAWAS, A COLLABORATION OF TUSCARAWAS COUNTY HEALTHCARE AND COMMUNITY BASED AGENCIES. DURING 2018, ACCESS TUSCARAWAS PROVIDED COORDINATION OF THE COMMUNITY SURVEY AND DATA ANALYSIS, AND CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT OF THE NORTHWEST HOSPITAL ASSOCIATION OF OHIO. THE RESULTS OF THAT ASSESSMENT PROVIDED THE DATA NECESSARY FOR UNION HOSPITAL TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IT SERVES. TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME, OR MINORITY POPULATIONS, ACCESS TUSCARAWAS 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. UNION HOSPITAL ALSO COLLABORATED WITH OTHER CLEVELAND CLINIC HOSPITALS TO ALIGN CHNA DATA AND RESOURCES.
INDIAN RIVER MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMATION SURVEYS WHICH TOOK PLACE IN 2018. TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME, OR MINORITY POPULATIONS, A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY INDIAN RIVER MEDICAL CENTER; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR A PHYSICIAN, A PUBLIC HEALTH REPRESENTATIVE, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE. IN ALL, 23 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. UPON COMPLETION OF THE SURVEY, A GROUP OF MORE THAN 30 COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) MET TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES FOR COMMUNITY, BASED ON THE FINDINGS OF THE SURVEY. REFER TO PAGE 11 OF THE CHNA REPORT AT WWW.INDIANRIVERMEDICALCENTER.COM FOR A LIST OF ORGANIZATIONS THAT PARTICIPATED.

Form 990 Part V Section C Supplemental 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: UNION HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT WITH TRINITY TWIN CITY HOSPITAL, AN UNRELATED ENTITY, AND 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, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL AND SOUTH POINTE HOSPITAL.
THE UNION HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 6B: UNION HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT WITH TUSCARAWAS COUNTY HEALTH DEPARTMENT, ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD, TUSCARAWAS COUNTY SENIOR CENTER, UNITED WAY OF TUSCARAWAS COUNTY, ACCESS TUSCARAWAS PERSONAL FAMILY AND COUNSELING SERVICES, GUIDESTONE, EAST CENTRAL OHIO EDUCATIONAL SERVICES CENTER, NEW PHILADELPHIA CITY HEALTH DEPARTMENT, PERSONAL FAMILY AND COUNSELING SERVICES, T4C, TUSCARAWAS YMCA, TUSCARAWAS CLINIC FOR THE WORKING UNINSURED, TUSCARAWAS COUNTY ANTI-DRUG COALITION

Form 990 Part V Section C Supplemental 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
INDIAN RIVER MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6B: INDIAN RIVER MEMORIAL HOSPITAL INC.'S MOST RECENT CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING ORGANIZATIONS THAT ARE NOT HOSPITAL FACILITIES: INDIAN RIVER COUNTY FIRE & RESCUE, INDIAN RIVER SHORES EMS, AMERICAN HEART ASSOCIATION, TREASURE COAST COMMUNITY HEALTH, FLORIDA DEPARTMENT OF HEALTH, VISITING NURSE ASSOCIATION OF THE TREASURE COAST, SENIOR RESOURCE ASSOCIATION, AND INDIAN RIVER HOSPITAL DISTRICT.
THE UNION HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 11: THE UNION HOSPITAL ASSOCIATION'S (UNION") COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED THE FOLLOWING KEY NEEDS: ACCESS TO AFFORDABLE HEALTHCARE, ADDICTION (INCLUDES ADULT AND YOUTH DRUG USE AND OVERDOSE DEATHS), CHRONIC DISEASE (INCLUDES ADULT AND YOUTH OBESITY, AS IT IMPACTS CHRONIC DISEASES SUCH AS DIABETES AND HEART DISEASE), INFANT MORTALITY, MENTAL HEALTH (INCLUDES ADULT AND YOUTH DEPRESSION AND SUICIDE) AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

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

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

Form and Line Reference	Explanation
INDIAN RIVER MEMORIAL HOSPITAL	PART V, SECTION B, LINE 11: THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA BY (A) ADOPTION OF AN IMPLEMENTATION STRATEGY THAT ADDRESSES EACH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA, (B) EXECUTION OF THE IMPLEMENTATION STRATEGY, (C) PARTICIPATION IN THE DEVELOPMENT OF A COMMUNITY-WIDE PLAN, (D) PARTICIPATION IN THE EXECUTION OF A COMMUNITY-WIDE PLAN, (E) ADOPTION OF A BUDGET FOR PROVISION OF SERVICES THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA, (F) PRIORITIZATION OF HEALTH NEEDS IN ITS COMMUNITY, AND (G) PRIORITIZATION OF SERVICES THAT THE HOSPITAL FACILITY WILL UNDERTAKE TO MEET HEALTH NEEDS IN ITS COMMUNITY. INDIAN RIVER WILL ADDRESS THE FOLLOWING NEEDS IDENTIFIED AS PRIORITIES: SKIN CANCER, MENTAL HEALTH, AND STROKE. THE OTHER NEEDS IDENTIFIED AS PRIORITIES BY THE CHNA WILL NOT BE ADDRESSED BY INDIAN RIVER AS THE INITIATIVE WILL BE LED BY OTHER FACILITIES AND OTHER ORGANIZATIONS IN COLLABORATION WITH OUR HOSPITAL. PLEASE REFER TO PAGE 2 OF THE FACILITIES COMMUNITY HEALTH IMPROVEMENT PLAN AT WWW.INDIANRIVERMEDICAL.COM .
INDIAN RIVER MEMORIAL 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
INDIAN RIVER MEMORIAL 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.
INDIAN RIVER MEMORIAL 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 FLORIDA HOSPITAL TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
INDIAN RIVER MEMORIAL 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.
PART V, SECTION B	FACILITY REPORTING GROUP A

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: THE CLEVELAND CLINIC FOUNDATION, - FACILITY 3: FAIRVIEW HOSPITAL, - FACILITY 4: HILLCREST HOSPITAL, - FACILITY 5: CLEVELAND CLINIC WESTON HOSPITAL, - FACILITY 8: MARYMOUNT HOSPITAL, - FACILITY 9: SOUTH POINTE HOSPITAL, - FACILITY 11: LUTHERAN HOSPITAL, - FACILITY 10: MEDINA HOSPITAL, - FACILITY 13: EUCLID HOSPITAL, - FACILITY 14: CLEV CLINIC CHILDREN'S HOSP FOR REHAB, - FACILITY 15: LODI COMMUNITY HOSPITAL, - FACILITY 2: AKRON GENERAL MEDICAL CENTER, - FACILITY 7: CLEVELAND CLINIC AVON HOSPITAL
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 AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX H OF THE HOSPITAL FACILITY'S CHNA.

Form 990 Part V Section C Supplemental 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 6A:	CLEVELAND CLINIC FOUNDATION MAIN CAMPUS COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC WESTON HOSPITAL. CLEVELAND CLINIC FOUNDATION MAIN CAMPUS ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

Form 990 Part V Section C Supplemental 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 HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
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 AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 6B:	CCHS COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Form 990 Part V Section C Supplemental 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 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 13B:	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 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 3 -- FAIRVIEW HOSPITAL PART V, SECTION B, LINE 16J:	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 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 4 -- HILLCREST HOSPITAL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018.THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX 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 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. HILLCREST HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 4 -- HILLCREST HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

Form 990 Part V Section C Supplemental 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 HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
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 WESTON HOSPITAL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX 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 WESTON HOSPITAL PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC WESTON 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND THE CLEVELAND CLINIC FOUNDATION. CLEVELAND CLINIC WESTON HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

Form 990 Part V Section C Supplemental 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 WESTON HOSPITAL PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON 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 5 -- CLEVELAND CLINIC WESTON 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 5 -- CLEVELAND CLINIC WESTON 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 FLORIDA HOSPITAL TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 WESTON 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 8 -- MARYMOUNT HOSPITAL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. MARYMOUNT HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- 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 HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 8 -- 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 8 -- 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 8 -- 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 8 -- 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 9 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX 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 9 -- 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. SOUTH POINTE HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

Form 990 Part V Section C Supplemental 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 -- 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 HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 13B:	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 -- 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.
GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL PART V, SECTION B, LINE 16J:	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 -- 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.
GROUP A-FACILITY 13 -- EUCLID HOSPITAL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX 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 13 -- 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, THE CLEVELAND CLINIC FOUNDATION, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. EUCLID HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 13 -- EUCLID HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

Form 990 Part V Section C Supplemental 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 -- EUCLID HOSPITAL PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 13 -- EUCLID HOSPITAL PART V, SECTION B, LINE 13B:	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- 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 13 -- 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 13 -- 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 AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. LUTHERAN HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

Form 990 Part V Section C Supplemental 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 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
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.

Form 990 Part V Section C Supplemental 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 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 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.

Form 990 Part V Section C Supplemental 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 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 -- MEDINA HOSPITAL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX 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 -- 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. MEDINA HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 13B:	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 15E:	IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION BY CCHS. UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 16J:	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- MEDINA HOSPITAL PART V, SECTION B, LINE 20E:	IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.
GROUP A-FACILITY 14 -- 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 AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX H OF THE HOSPITAL FACILITY'S CHNA.

Form 990 Part V Section C Supplemental 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 -- 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

Form 990 Part V Section C Supplemental 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 -- 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 HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB PART V, SECTION B, LINE 13B:	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 -- 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.
GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB PART V, SECTION B, LINE 16J:	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 -- 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.
GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX 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 15 -- 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, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. LODI COMMUNITY HOSPITAL ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER, GLENBEIGH, SUMMA HEALTH SYSTEM, AND AKRON CHILDREN'S HOSPITAL.
GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

Form 990 Part V Section C Supplemental 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 15 -- 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 HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 15 -- 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 15 -- 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 15 -- 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 15 -- 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 7 -- CLEVELAND CLINIC AVON HOSPITAL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC AVON HOSPITAL COLLABORATED WITH OTHER CLEVELAND CLINIC 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, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND CLEVELAND CLINIC WESTON.
GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL PART V, SECTION B, LINE 13B:	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- CLEVELAND CLINIC 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.
GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL PART V, SECTION B, LINE 16J:	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- CLEVELAND CLINIC 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.
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER 2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 6A:	AKRON GENERAL MEDICAL CENTER COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: MAIN CAMPUS, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL, AND CLEVELAND CLINIC WESTON HOSPITAL. AKRON GENERAL MEDICAL CENTER ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 6B:	CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 13B:	PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY INCOME.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 15E:	IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION BY CCHS. UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 16J:	INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER PART V, SECTION B, LINE 20E:	IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.
PART V, SECTION B	FACILITY REPORTING GROUP B

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF:	- FACILITY 19: CLEVELAND CLINIC REHABILITATION-AVON, - FACILITY 20: SELECT SPECIALTY - REGENCY WEST, - FACILITY 21: SELECT SPECIALTY - REGENCY EAST, - FACILITY 17: SELECT SPECIALTY - FAIRHILL, - FACILITY 22: SELECT SPECIALTY - GATEWAY, - FACILITY 18: CLEVELAND CLINIC REHAB - EDWIN SHAW, - FACILITY 16: CLEVELAND CLINIC REHAB - BEACHWOOD
GROUP B-FACILITY 19 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

Form 990 Part V Section C Supplemental 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, 6j, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 19 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC REHABILITATION - AVON COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST.
GROUP B-FACILITY 19 -- CLEVELAND CLINIC REHABILITATION- AVON PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. CLEVELAND CLINIC REHABILITATION - AVON CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION - AVON IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION - AVON SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 19 -- 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 20 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

Form 990 Part V Section C Supplemental 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 20 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 6A:	SELECT SPECIALTY - REGENCY WEST COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.
GROUP B-FACILITY 20 -- SELECT SPECIALTY - REGENCY WEST PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. SELECT SPECIALTY - REGENCY WEST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH SELECT SPECIALTY - REGENCY WEST IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. SELECT SPECIALTY - REGENCY WEST SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

Form 990 Part V Section C Supplemental 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 20 -- 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 21 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

Form 990 Part V Section C Supplemental 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 - REGENCY EAST PART V, SECTION B, LINE 6A:	SELECT SPECIALTY - REGENCY EAST COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND WEST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.
GROUP B-FACILITY 21 -- SELECT SPECIALTY - REGENCY EAST PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTHCARE; CHRONIC DISEASE AND OTHER HEALTH CONDITIONS; ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. SELECT SPECIALTY - REGENCY EAST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH SELECT SPECIALTY - REGENCY EAST IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. SELECT SPECIALTY - REGENCY EAST SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

Form 990 Part V Section C Supplemental 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 - REGENCY EAST PART V, SECTION B, LINE 20D:	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS.
GROUP B-FACILITY 17 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

Form 990 Part V Section C Supplemental 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 17 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 6A:	SELECT SPECIALTY - FAIRHILL COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.
GROUP B-FACILITY 17 -- SELECT SPECIALTY - FAIRHILL PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. SELECT SPECIALTY - FAIRHILL CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH SELECT SPECIALTY - FAIRHILL IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. SELECT SPECIALTY - FAIRHILL SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

Form 990 Part V Section C Supplemental 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 17 -- 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 22 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017. SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018. KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

Form 990 Part V Section C Supplemental 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 22 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 6A:	SELECT SPECIALTY - GATEWAY COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.
GROUP B-FACILITY 22 -- 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 HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. SELECT SPECIALTY - GATEWAY CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH SELECT SPECIALTY - GATEWAY IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. SELECT SPECIALTY - GATEWAY SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

Form 990 Part V Section C Supplemental 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 22 -- SELECT SPECIALTY - GATEWAY PART V, SECTION B, LINE 20D:	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS.
GROUP B-FACILITY 18 -- CLEVELAND CLINIC REHAB - EDWIN SHAW PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN AUGUST AND DECEMBER 2018, AND SUPPLEMENTAL INTERVIEWS IN MARCH 2019. KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 18 -- CLEVELAND CLINIC REHAB - EDWIN SHAW PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC REHABILITATION - EDWIN SHAW COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST.
GROUP B-FACILITY 18 -- CLEVELAND CLINIC REHAB - EDWIN SHAW PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION - EDWIN SHAW IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION - EDWIN SHAW SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 18 -- CLEVELAND CLINIC REHAB - EDWIN SHAW PART V, SECTION B, LINE 20D:	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS.
GROUP B-FACILITY 16 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 5:	INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN AUGUST AND DECEMBER 2018, AND SUPPLEMENTAL INTERVIEWS IN MARCH 2019. KEY INFORMANTS WERE IDENTIFIED BY THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

Form 990 Part V Section C Supplemental 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 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 6A:	CLEVELAND CLINIC REHABILITATION - BEACHWOOD COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST.
GROUP B-FACILITY 16 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 11:	IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE REHABILITATION HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION - BEACHWOOD IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION - BEACHWOOD SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

Form 990 Part V Section C Supplemental 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 -- CLEVELAND CLINIC REHAB - BEACHWOOD PART V, SECTION B, LINE 20D:	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS.
PART V - SECTION B - LINE 9 - REPORTING GROUP A & B	THE IMPLEMENTATION STRATEGY REPORT THAT CORRESPONDS WITH THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS ADOPTED IN 2020. FOR PURPOSES OF THE 2019 FORM 990, THE MOST CURRENT IMPLEMENTATION STRATEGY REPORT ADOPTED AT THE TIME WAS 2017.

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - WESTON FAMILY HEALTH CENTER 1825 N CORPORATE LAKES BLVD WESTON, FL 33326	FAMILY HEALTH CENTER
1 2 - CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	FAMILY HEALTH CENTER
2 3 - TWINSBURG FAMILY HEALTH & SURGERY CENTER 8701 DARROW ROAD TWINSBURG, OH 44087	FAMILY HEALTH CENTER
3 4 - BEACHWOOD FAMILY HEALTH & SURGERY CENTER 26900 CEDAR ROAD BEACHWOOD, OH 44122	FAMILY HEALTH CENTER
4 5 - STRONGSVILLE FAMILY HEALTH & SURGERY CEN 16761 SOUTH PARK CENTER STRONGSVILLE, OH 44136	FAMILY HEALTH CENTER
5 6 - RICHARD E JACOBS HEALTH CENTER 33100 CLEVELAND CLINIC BOULEVARD AVON, OH 44011	FAMILY HEALTH CENTER
6 7 - CLEVELAND CLINIC HOME CARE SERVICES 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HOME CARE SERVICES
7 8 - INDEPENDENCE FAMILY HEALTH CENTER 5001 ROCKSIDE RD CROWN CENTRE II INDEPENDENCE, OH 44131	FAMILY HEALTH CENTER
8 9 - LORAIN FAMILY HEALTH & SURGERY CENTER 5700 COOPER FOSTER PARK ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
9 10 - WILLOUGHBY HILLS FAMILY HEALTH CENTER 2550 2570 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	FAMILY HEALTH CENTER
10 11 - AKRON GENERAL HEALTH & WELLNESS CENTER - 4125 MEDINA ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
11 12 - WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND ROAD WOOSTER, OH 44691	FAMILY HEALTH CENTER
12 13 - CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DRIVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
13 14 - BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER ROAD BRUNSWICK, OH 44212	FAMILY HEALTH CENTER
14 15 - HILLCREST MEDICAL OFFICE I & II 6803 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - AKRON GENERAL HEALTH & WELLNESS CENTER 4300 ALLEN ROAD STOW, OH 44224	OUTPATIENT PHYSICIAN CLINIC
1 17 - AKRON GENERAL HEALTH CENTER 676 S BROADWAY STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
2 18 - AKRON GENERAL HEALTH & WELLNESS CENTER- 1940 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
3 19 - LAKEWOOD FAMILY HEALTH CENTER 14601 DETROIT AVENUE LAKEWOOD, OH 44107	FAMILY HEALTH CENTER
4 20 - CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA COURT MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
5 21 - SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE ROAD SOLON, OH 44139	FAMILY HEALTH CENTER
6 22 - ELYRIA FAMILY HEALTH & SURGERY CENTER 303 CHESTNUT COMMONS DRIVE ELYRIA, OH 44035	FAMILY HEALTH CENTER
7 23 - TOMSICH HEALTH AND MEDICAL CENTER OF PAL 525 OKEECHOBEE BOULEVARD CITY PLACE TOW WEST PALM BEACH, FL 33401	FAMILY HEALTH CENTER
8 24 - WESTLAKE PHYSICIANS CENTER 805 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
9 25 - FAIRVIEW HOSPITAL MEDICAL OFFICE 24700 LORAIN AVENUE NORTH OLMSTED, OH 44070	OUTPATIENT PHYSICIAN CLINIC
10 26 - MARYMOUNT MEDICAL CENTER 2001 E ROYALTON ROAD BROADVIEW HTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
11 27 - VERO RADIOLOGY ASSOCIATES 3725 11TH CIRCLE VERO BEACH, FL 32960	DIAGNOSTIC CENTER
12 28 - CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022	FAMILY HEALTH CENTER
13 29 - SHEFFIELD FAMILY HEALTH CENTER 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	FAMILY HEALTH CENTER
14 30 - LANDERBROOK OFFICE AND ENDOSCOPY CENTER 5900 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
31 31 - AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER
1 32 - NORTH OHIO GASTROENTEROLOGY 30701 CLEMENS ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
2 33 - SKILLED NURSING SOUTH 6011 SE TOWER ROAD STUART, FL 34997	HOME CARE SERVICES
3 34 - STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVENUE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
4 35 - CCF CONSULTANTS IN GASTROENTEROLOGY 7530 FREDLE DRIVE CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC
5 36 - AMHERST FAMILY HEALTH CENTER 5172 LEAVITT ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
6 37 - SUMMIT GASTROENTEROLOGY ASSOCIATES 3939 S CLEVELAND MASSILLON ROAD BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
7 38 - CLEVELAND CLINIC LOU RUVU CENTER FOR BRA 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106	OUTPATIENT PHYSICIAN CLINIC
8 39 - AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN ROAD AVON LAKE, OH 44012	FAMILY HEALTH CENTER
9 40 - CLEVELAND CLINIC SUMMIT OPHTHALMOLOGY 1 PARK WEST BOULEVARD STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
10 41 - AKRON GENERAL PHYSICIAN OFFICE 224 W EXCHANGE STREET AKRON, OH 44307	OUTPATIENT PHYSICIAN CLINIC
11 42 - CLEVELAND CLINIC ADMINISTRATIVE CAMPUS 3275 SCIENCE PARK DRIVE BLDG 5 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
12 43 - MENTOR MEDICAL OFFICE 7060 WAYSIDE DRIVE MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
13 44 - AKRON GENERAL TALLMADGE HEALTH CENTER 33 NORTH AVENUE TALLMADGE, OH 44278	OUTPATIENT PHYSICIAN CLINIC
14 45 - MENTOR REHABILITATION AND SPORTS THERAPY 7533 CENTER STREET MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
46 46 - OHIO RENAL CARE CLEVELAND EAST 2429 MARTIN LUTHER KING JR DR CLEVELAND, OH 44104	DIALYSIS CENTER
1 47 - SOUTHSIDE MEDICAL BUILDING 5595 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
2 48 - MIDDLEBURG HEIGHTS ORTHOPAEDICS 7010 ENGLE ROAD STE 105 MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
3 49 - COMMUNITY PEDIATRICS 8254 MAYFIELD ROAD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC
4 50 - MADISON MEDICAL OFFICE 2999 MCMACKIN ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
5 51 - PALM BEACH GARDENS 4520 DONALD ROSS ROAD STE 200 PALM BEACH GARDENS, FL 33418	OUTPATIENT PHYSICIAN CLINIC
6 52 - CLEVELAND CLINIC FLORIDA WELLINGTON 2789 S STATE RD 7 STE 100/200 WELLINGTON, FL 33414	OUTPATIENT PHYSICIAN CLINIC
7 53 - OLMSTED TOWNSHIP PRIMARY CARE 27089 BAGLEY ROAD OLMSTED TOWNSHIP, OH 44138	OUTPATIENT PHYSICIAN CLINIC
8 54 - PARKLAND 7857 N UNIVERSITY DRIVE STE 401 PARKLAND, FL 33067	OUTPATIENT PHYSICIAN CLINIC
9 55 - TWINSBURG MEDICAL OFFICE 2365 EDISON BOULEVARD TWINSBURG, OH 44087	OUTPATIENT PHYSICIAN CLINIC
10 56 - FAIRLAWN UROLOGY 2651 W MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
11 57 - CLEVELAND CLINIC COLE EYE OF STREETSBORO 9424 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT PHYSICIAN CLINIC
12 58 - ASHLAND OPHTHALMOLOGYSUGARBUSH EYE AND 21 SUGARBUSH COURT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
13 59 - COMMUNITY PEDIATRICS 2001 CROCKER ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
14 60 - SUMMIT OPHTHALMOLOGY 1587 BOETTTLER ROAD GREEN, OH 44685	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 - GEMINI RECREATION CENTER 21225 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
1 62 - BAINBRIDGE URGENT CARE 17747 CHILLICOTHE ROAD STE 100 BAINBRIDGE, OH 44023	OUTPATIENT PHYSICIAN CLINIC
2 63 - UNION MEDICAL OFFICE 3 400 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
3 64 - EAST OHIO ORTHOPAEDICS 515 UNION AVENUE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
4 65 - OHIO RENAL CARE GROUP WESTLAKE 26024 DETROIT AVENUE WESTLAKE, OH 44145	DIALYSIS CENTER
5 66 - MARYMOUNT REHABILITATION AND SPORTS THER 2525 EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
6 67 - MAYFIELD VILLAGE PEDIATRICS 6559 WILSON MILLS RD STE101-D MAYFIELD VILLAGE, OH 44143	OUTPATIENT PHYSICIAN CLINIC
7 68 - SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE ROAD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
8 69 - BROOKPARK COMPREHENSIVE FAMILY CARE 14401 SNOW ROAD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC
9 70 - WADSWORTH PRIMARY CARE ONE PARK CENTER DRIVE WADSWORTH, OH 44281	OUTPATIENT PHYSICIAN CLINIC
10 71 - WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
11 72 - BRUNSWICK EMERGENCY CARE 3724 CENTER ROAD BRUNSWICK, OH 44212	OUTPATIENT PHYSICIAN CLINIC
12 73 - UNION HOSPITAL FIRSTCARE URGENT CARE CEN 110 DUBLIN DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
13 74 - OHIO RENAL CARE GROUP HERITAGE 1160 E BROAD ST ELYRIA, OH 44035	DIALYSIS CENTER
14 75 - OHIO RENAL CARE GROUP WEST 14670 SNOW ROAD BROOKPARK, OH 44142	DIALYSIS CENTER

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

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

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

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

Name and address	Type of Facility (describe)
76 76 - CLEVELAND CLINIC CANCER CENTERS 509 W MCPHERSON HIGHWAY CLYDE, OH 43410	OUTPATIENT PHYSICIAN CLINIC
1 77 - CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
2 78 - SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD ROAD WARRENSVILLE HEIGHTS, OH 44122	OUTPATIENT PHYSICIAN CLINIC
3 79 - OHIO RENAL CARE GROUP GARFIELD HEIGHTS 9729 GRANGER RD GARFIELD HTS, OH 44125	DIALYSIS CENTER
4 80 - EUCLID MEDICAL OFFICE 99 NORTHLINE CIRCLE EUCLID, OH 44119	OUTPATIENT PHYSICIAN CLINIC
5 81 - RIDGE PARK OBSTETRICS AND GYNECOLOGY 7575 NORTHCLIFF AVENUE 302 BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
6 82 - NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
7 83 - OHIO RENAL CARE GROUP EUCLID 26450 EUCLID AVENUE EUCLID, OH 44132	DIALYSIS CENTER
8 84 - AKRON GENERAL EXPRESS CARE CLINIC 4494 STATE ROUTE 43 KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
9 85 - BRECKSVILLE EXPRESS CARE 8805 BRECKSVILLE ROAD BRECKSVILLE, OH 44141	OUTPATIENT PHYSICIAN CLINIC
10 86 - CHARDON REHABILITATION AND SPORTS THERAP 325 CENTER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
11 87 - CLEVELAND CLINIC URGENT CARE ROCKY RIVE 19895 DETROIT ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
12 88 - MACEDONIA EXPRESS AND OUTPATIENT CARE 8210 MACEDONIA COMMONS BOULEVARD MACEDONIA, OH 44056	OUTPATIENT PHYSICIAN CLINIC
13 89 - CLEVELAND CLINIC CHILDREN'S CENTER FOR A 21016 HILLIARD BOULEVARD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
14 90 - OHIO RENAL CARE GROUP SOLON 6020 ENTERPRISE PARKWAY SOLON, OH 44139	DIALYSIS CENTER

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

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

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

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

Name and address	Type of Facility (describe)
91 91 - OHIO RENAL CARE GROUP AMHERST 1168 CLEVELAND AVE AMHERST, OH 44001	DIALYSIS CENTER
1 92 - OHIO RENAL CARE GROUP OHIO ACUTES 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	DIALYSIS CENTER
2 93 - CLEVELAND CLINIC DIABETES AND ENDOCRINOL 3733 PARK EAST DRIVE STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
3 94 - OHIO RENAL CARE GROUP FARNSWORTH 3764 PEARL RD CLEVELAND, OH 44109	DIALYSIS CENTER
4 95 - CLEVELAND CLINIC SUPERIOR MEDICAL CARE 1959 COOPER FOSTER PARK ROAD AMHERST, OH 44053	DIAGNOSTIC CENTER
5 96 - EXPRESS CARE 82 WEST STREETSBORO STREET HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
6 97 - UNION PHYSICIAN SERVICES CENTRAL 205 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
7 98 - NEWCOMERSTOWN UNION PHYSICIAN SERVICES 60881 COUNTY ROAD 9 1 NEWCOMERSTOWN, OH 43832	OUTPATIENT PHYSICIAN CLINIC
8 99 - CANFIELD ORTHOPAEDICS AND REHABILITATION 3736 BOARDMAN CANFIELD ROAD CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC
9 100 - OHIO RENAL CARE GROUP MENTOR 8840 TYLER BLVD MENTOR, OH 44060	DIALYSIS CENTER
10 101 - SEVERANCE MEDICAL ARTS 5 SEVERANCE CIRCLE CLEVELAND HEIGHTS, OH 44118	OUTPATIENT PHYSICIAN CLINIC
11 102 - BEDFORD DIALYSIS CENTER 5035 RICHMOND ROAD BEDFORD HEIGHTS, OH 44146	DIALYSIS CENTER
12 103 - AKRON GENERAL REHABILITATION AND SPORTS 585 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT REHABILITATION
13 104 - MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
14 105 - OHIO RENAL CARE GROUP ELYRIA 5316 HOAG DR SHEFFILED, OH 44035	DIALYSIS CENTER

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

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

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

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

Name and address	Type of Facility (describe)
106 106 - OHIO RENAL CARE GROUP LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44109	DIALYSIS CENTER
1 107 - OHIO RENAL CARE GROUP WHITE POND 690 WHITE POND DR AKRON, OH 44320	DIALYSIS CENTER
2 108 - OHIO RENAL CARE GROUP WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
3 109 - MADISON REHABILITATION AND SPORTS THERAP 2622 HUBBARD ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
4 110 - WELLINGTON MEDICAL OFFICE 805 PATRIOT DRIVE UNIT E WELLINGTON, OH 44090	OUTPATIENT PHYSICIAN CLINIC
5 111 - MEDICAL OFFICE PAVILION 1946 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
6 112 - OHIO RENAL CARE GROUP SOUTHPOINT DIALYS 4200 WARRENSVILLE CENTER RD STE 100 WARRENSVILLE HTS, OH 44122	DIALYSIS CENTER
7 113 - CLEVELAND CLINIC EXPRESS CARE 7580 NORTHCLIFF AVENUE BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
8 114 - COLE EYE INSTITUTE 2000 AUBURN DRIVE STE 100 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
9 115 - COLE EYE SOLON 32901 STATION STREET SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
10 116 - OBERLIN OPHTHALMOLOGY 309 WEST LORAIN STREET OBERLIN, OH 44074	OUTPATIENT PHYSICIAN CLINIC
11 117 - UNION HOSPITAL FAMILY MEDICINE 155 GARLAND DRIVE SW NEW PHILADELPHIA, OH 44663	OUTPATIENT PHYSICIAN CLINIC
12 118 - MOHICAN EYE CENTER 637 NORTH UNION STREET LOUDONVILLE, OH 44842	OUTPATIENT PHYSICIAN CLINIC
13 119 - OHIO RENAL CARE GROUP CUYAHOGA FALLS 320 BROADWAY ST E E CUYAHOGA FALLS, OH 44221	DIALYSIS CENTER
14 120 - BELDEN CENTER 4677 FULTON DRIVE NW CANTON, OH 44718	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)
121 121 - ALPINE FAMILY MEDICINE 126 1/2 NORTH BROADWAY SUGARCREEK, OH 44681	OUTPATIENT PHYSICIAN CLINIC
1 122 - MARYMOUNTCCF PAIN MANAGEMENT CENTER 12000 MCCRACKEN RD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
2 123 - MEDINA MEDICAL OFFICE 970 E WASHINGTON MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
3 124 - SAGAMORE HILLS MEDICAL OFFICE II 885 WEST AURORA RD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
4 125 - LAKEWOOD MEDICAL BUILDING 1450 BELLE AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
5 126 - LAKEWOOD MEDICAL OFFICE 16215 MADISON AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
6 127 - SAGAMORE HILLS MEDICAL CENTER I 863 WEST AURORA ROAD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
7 128 - THE LANGSTON HUGHES CENTER CLEVELAND CLI 2390 E 79TH ST CLEVELAND, OH 44104	OUTPATIENT PHYSICIAN CLINIC
8 129 - FAIRVIEW HOSPITAL WELLNESS CENTER 3035 WOOSTER ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
9 130 - AKRON GENERAL GAMMA KNIFE CENTER 762 S CLEVELAND-MASSILLON RD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
10 131 - STOW-FALLS MEDICAL OUTPATIENT CENTER 857 GRAHAM RD STOW, OH 44221	OUTPATIENT PHYSICIAN CLINIC
11 132 - WESTLAKE MEDICAL CAMPUS A 850 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC & DIAGNOSTIC CTR
12 133 - THERAPY SERVICES WEST 826 WESTPOINT PKWY STE 1200 WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
13 134 - AKRON GENERAL JUSTIN T ROGERS HOSPICE C 3358 RIDGEWOOD ROAD AKRON, OH 44333	HOSPICE
14 135 - ACCESS TO CARE 29000 AURORA ROAD SOLON, OH 44139	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 - AGMC - PPG - CAMERON PRACTICE 551 WABASH AVENUE NW NEW PHILADELPHIA, OH 44663	OUTPATIENT PHYSICIAN CLINIC
1 137 - AGMC - PPG - STEINBERGER PRACTICE 2708 CRAWFIS BLVD FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
2 138 - AGMC - PPG - SUMMIT CENTER FOR BEHAVIORA 3200 W MARKET ST FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
3 139 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 3636 YELLOW CREEK ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
4 140 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1355 CORPORATE DRIVE HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
5 141 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 1622 E TURKEYFOOT LAKE ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
6 142 - AKRON GENERAL OBSTETRICS AND GYNECOLOGY 3634 WEST MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
7 143 - AKRON GENERAL ORTHOPEDICS 43 SOUTH MAIN STREET MUNROE FALLS, OH 44262	OUTPATIENT PHYSICIAN CLINIC
8 144 - AKRON GENERAL REHABILITATION AND SPORTS 1500 AKRON CANTON RD AKRON, OH 44312	OUTPATIENT REHABILITATION
9 145 - AKRON GENERAL SPINE & PAIN INSTITUTE AND 2603 W MARKET ST 200-210 AKRON, OH 44313	OUTPATIENT PHYSICIAN CLINIC
10 146 - ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
11 147 - BOARDMAN STAR IMAGING 7067 TIFFANY BOULEVARD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
12 148 - CCF GASTROENTEROLOGY 3700 PARK EAST DRIVE BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
13 149 - CENTER FOR ARTHRITIS 1716 NORTH ROAD SE WARREN, OH 44484	OUTPATIENT PHYSICIAN CLINIC
14 150 - CENTER FOR UROLOGIC HEALTH 320 W EXCHANGE STREET AKRON, OH 44302	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 - CHARLESTON AREA MEDICAL CENTER 1201 WASHINGTON STREET EAST STE 100 CHARLESTON, WV 25301	OUTPATIENT PHYSICIAN CLINIC
1 152 - CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVENUE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
2 153 - CLEVELAND CLINIC HEART & VASCULAR 1400 WEST MAIN STREET BELLEVUE HOSPITAL BELLEVUE, OH 44811	OUTPATIENT PHYSICIAN CLINIC
3 154 - CLEVELAND CLINIC INDIAN RIVER AMBULATORY 3650 10TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
4 155 - CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD ROAD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
5 156 - CLUB VIEW VISION CENTER OPTOMETRIC 1650 E MANSFIELD STREET BUCYRUS, OH 44820	OUTPATIENT PHYSICIAN CLINIC
6 157 - COLUMBUS STAR IMAGING 1550 KENNY ROAD COLUMBUS, OH 43212	DIAGNOSTIC CENTER
7 158 - COLUMBUS STAR IMAGING 921 JASONWAY AVENUE COLUMBUS, OH 43214	DIAGNOSTIC CENTER
8 159 - COLUMBUS STAR IMAGING BEECHER 425 BEECHER ROAD COLUMBUS, OH 43230	DIAGNOSTIC CENTER
9 160 - COMMUNITY MENTAL HEALTH INC 201 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
10 161 - CORAL SPRINGS FAMILY HEALTH CENTER 5701 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067	FAMILY HEALTH CENTER
11 162 - DAYTON STAR IMAGING 5529 FAR HILLS AVENUE DAYTON, OH 45429	DIAGNOSTIC CENTER
12 163 - DOWNTOWN EXPRESS CARE 315 EUCLID AVENUE STE 2 CLEVELAND, OH 44114	OUTPATIENT PHYSICIAN CLINIC
13 164 - ERADIOLOGY (WESTON TOWN CENTER) 1792 BELL TOWER LANE WESTON, FL 33326	DIAGNOSTIC CENTER
14 165 - FIRELANDS PEDIATRIC SUBSPECIALTY CLINIC 1111 HAYES AVE 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

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

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

Name and address	Type of Facility (describe)
166 166 - FORT LAUDERDALE CONCIERGE MEDICINE 1301 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33301	OUTPATIENT PHYSICIAN CLINIC
1 167 - INDIAN RIVER BARIATRIC AND WEIGHT LOSS 920 37TH PLACE VERO BEACH, FL 32961	OUTPATIENT PHYSICIAN CLINIC
2 168 - INDIAN RIVER BEHAVIORAL HEALTH CENTER 1190 37TH STREET VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
3 169 - INDIAN RIVER CARDIOLOGY 3607 15TH AVENUE VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
4 170 - INDIAN RIVER HEALTH & WELLNESS CENTER 3450 11TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
5 171 - INDIAN RIVER MEDICAL CENTER CARDIOVASCUL 13885 US HIGHWAY 1 SEBASTIAN, FL 32958	OUTPATIENT PHYSICIAN CLINIC
6 172 - INDIAN RIVER PRIMARY CARE SOUTH 4165 9TH STREET SW VERO BEACH, FL 32968	OUTPATIENT PHYSICIAN CLINIC
7 173 - KRUPA CENTER 3250 MERIDIAN PARKWAY WESTON, FL 33331	OUTPATIENT PHYSICIAN CLINIC
8 174 - LAKEWEST MEDICAL BUILDING 36100 EUCLID AVENUE STE 280 WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
9 175 - LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
10 176 - LAKEWOOD LAKE POINTE LAB DRAW SITE 15800 DETROIT AVENUE LAKEWOOD, OH 44107	DIAGNOSTIC CENTER
11 177 - LAKEWOOD YMCA 16915 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
12 178 - LORAIN ORTHOPAEDICS 5800 COOPER FOSTER PARK ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
13 179 - LUTHERAN HOSPITAL MEDICAL OFFICES 6412 FRANKLIN BOULEVARD CLEVELAND, OH 44102	OUTPATIENT PHYSICIAN CLINIC
14 180 - MONTROSE SLEEP CENTER 4880 S MAIN STREET AKRON, OH 44319	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 - NILES STAR IMAGING 650 YOUNGSTOWN-WARREN ROAD NILES, OH 44446	DIAGNOSTIC CENTER
1 182 - NORTHEASTERN OHIO MEDICAL SPECIALISTS 470 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
2 183 - NPCS - BEACHWOOD 26110 EMERY ROAD WARRENSVILLE HEIGHTS, OH 44128	OUTPATIENT PHYSICIAN CLINIC
3 184 - PARTNERS IN WOMEN'S HEALTH 1050 37TH PLACE VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
4 185 - POINTE WEST MEDICAL OFFICE 1960 POINTE WEST DRIVE VERO BEACH, FL 32966	OUTPATIENT PHYSICIAN CLINIC
5 186 - PORTAGE HILLS FAMILY MEDICINE 754 S CLEVELAND AVE MOGADORE, OH 44260	OUTPATIENT PHYSICIAN CLINIC
6 187 - ROCKSIDE I 6100 WEST CREEK ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
7 188 - ROCKSIDE MEDICAL CENTER 6701 ROCKSIDE ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
8 189 - SCULLY WELSH CANCER CENTER 3555 10TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
9 190 - SEBASTIAN MEDICAL SUITES 801 WELLNESS WAY SEBASTIAN, FL 32958	OUTPATIENT PHYSICIAN CLINIC
10 191 - SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BOULEVARD NORTH OLMSTED, OH 44070	DIAGNOSTIC CENTER
11 192 - SLEEP DISORDERS CENTER 3750 ORANGE PLACE BEACHWOOD, OH 44122	DIAGNOSTIC CENTER
12 193 - SLEEP DISORDERS CENTER 8971 WILCOX DRIVE TWINSBURG, OH 44087	DIAGNOSTIC CENTER
13 194 - SLEEP DISORDERS CENTER 5051 WEST CREEK ROAD INDEPENDENCE, OH 44131	DIAGNOSTIC CENTER
14 195 - SLEEP DISORDERS CENTER 3122 EASTPOINTE DRIVE MEDINA, OH 44256	DIAGNOSTIC CENTER

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

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

Name and address	Type of Facility (describe)
196 196 - SOUTHEASTERN OHIO REGIONAL MEDICAL CENTE 1341 CLARK STREET CAMBRIDGE, OH 43725	OUTPATIENT PHYSICIAN CLINIC
1 197 - SPINE & PAIN INSTITUTE 307 W MAIN ST C KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
2 198 - SPINE & PAIN INSTITUTE 265 WEST MAIN STREET KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
3 199 - SPORTS HEALTH CENTER 5555 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
4 200 - STAR IMAGING DUBLIN 333 W BRIDGE STREET DUBLIN, OH 43017	DIAGNOSTIC CENTER
5 201 - SUBURBAN HEALTH FAMILY PHYSICIANS 2818 S ARLINGTON ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
6 202 - SUMMIT MEDICAL 3600 WEST MARKET STREET AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
7 203 - SUMMIT VASCULAR SPECIALISTS 1761 BEALL AVENUE WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
8 204 - THERAPY SERVICES SOUTH 17800 JEFFERSON PARK DRIVE STE 101 MIDDLEBURG HTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
9 205 - TUSCARAWAS VALLEY REGIONAL CANCER CENTER 659 BOULEVARD ST DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
10 206 - UNION HOSPITAL HEALTHPLEX 500 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
11 207 - UNION HOSPITAL MAMMOGRAPHY 101 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
12 208 - UNION HOSPITAL REGIONAL CANCER CENTER 300 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
13 209 - UNION HOSPITAL TUSCARAWAS AMBULATORY SUR 320 OXFORD STREET DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
14 210 - UNION MEDICAL OFFICE 1 200 MEDICAL PARK DR 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)
211 211 - UPS CARE COORDINATION CENTER 301 WEST THIRD STREET DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
1 212 - VALLEY CITY FAMILY MEDICINE 6605 CENTER ROAD VALLEY CITY, OH 44280	OUTPATIENT PHYSICIAN CLINIC
2 213 - WEST PARK LEARNING CENTER 15531 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
3 214 - WEST VALLEY MEDICAL 20455 LORAIN ROAD 301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
4 215 - WESTOWN PHYSICIAN CENTER 10654 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
5 216 - WILLOUGHBY HILLS REHABILITATION AND SPOR 29017 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
6 217 - WOOSTER MILLTOWN SPECIALTY & SURGERY CEN 721 EAST MILLTOWN ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
7 218 - WOOSTER WOMEN'S HEALTH CENTER 1739 CLEVELAND ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
8 219 - YMCA SOUTH FLORIDA 20201 SADDLE CLUB ROAD WESTON, FL 33327	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

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.

OMB No. 1545-0047

2019

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 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.

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, (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. 101
3 Enter total number of other organizations listed in the line 1 table. 8

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	226	8,423,834			
(2) FELLOWSHIPS	1887	92,649,939			
(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)	7,500				COMMUNITY SUPPORT
AKRON COMMUNITY SERVICE CENTER AND URBAN LEAGUE INC 440 VERNON ODOM BLVD AKRON, OH 44307	34-0714520	501(C)(3)	10,500				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON ROUNDTABLE PO BOX 1051 CUYAHOGA FALLS, OH 44223	34-1249338	501(C)(3)	12,400				SUPPORT EDUCATIONAL ACTIVITIES
ALICE FLAHERTY EXCELLENCE IN NURSING SCHOLARSHIP FUND INC 24179 AMBOUR DR NORTH OLMSTED, OH 44070	47-0974372	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	13-1788491	501(C)(3)	66,890				HEALTHCARE RESEARCH & EDUCATION
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	70,863				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LIVER FOUNDATION 39 BROADWAY 27TH FL NEW YORK, NY 10006	36-2883000	501(C)(3)	24,000				HEALTHCARE RESEARCH & EDUCATION
AMERICAN LUNG ASSOCIATION 55 WEST WACKER DRIVE CHICAGO, IL 60601	13-1632524	501(C)(3)	14,625				COMMUNITY SUPPORT

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AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000				COMMUNITY SUPPORT
ARTHRITIS FOUNDATION INC 1355 PEACHTREE ST NE STE 600 CLEVELAND, OH 44104	58-1341679	501(C)(3)	12,500				COMMUNITY SUPPORT

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ATHLETES AND CAUSES INC 12551 FRANKLIN ROAD THONOTOSASSA, FL 33592	47-2377003	501(C)(3)	423,675				COMMUNITY SUPPORT
AUTISM SOCIETY GREATER AKRON 580 GRANT ST AKRON, OH 44311	47-1129984	501(C)(3)	11,500				COMMUNITY SUPPORT

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AXESSPOINTE COMMUNITY HEALTH CENTERS 500 FISHERS LANE ROCKVILLE, MD 20857	34-1735884	501(C)(3)	1,635,169				COMMUNITY SUPPORT
BIRTHING BEAUTIFUL COMMUNITIES 1416 EAST 105TH ST CLEVELAND, OH 44106	47-4453278	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION

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BURTEN BELL CARR DEVELOPMENT INC 7201 KINSMAN RD CLEVELAND, OH 44104	34-1657533	501(C)(3)	10,000				COMMUNITY SUPPORT
CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT RD CLEVELAND, OH 44106	34-1018992	501(C)(3)	42,627				SUPPORT EDUCATIONAL ACTIVITIES

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

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CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVE CLEVELAND, OH 44102	34-1908590	501(C)(3)	5,300				COMMUNITY SUPPORT
CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON 1 PERKINS SQUARE AKRON, OH 44308	34-0714357	501(C)(3)	7,633				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY CLUB OF CLEVELAND 850 EUCLID AVE 2ND FLOOR CLEVELAND, OH 44114	34-0144897	501(C)(3)	15,543				COMMUNITY SUPPORT
CITY OF AKRON 166 S HIGH ST AKRON, OH 44308	34-6000020	501(C)(1)	12,500				COMMUNITY SUPPORT

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CITY OF AVON 36080 CHESTER RD AVON, OH 44011	34-6000165	501(C)(1)	10,000				COMMUNITY SUPPORT
CITY OF LAKEWOOD 12650 DETROIT AVE LAKEWOOD, OH 44107	34-6001633	501(C)(1)	1,101,500				COMMUNITY SUPPORT

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

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CITY OF WARRENSVILLE HEIGHTS 4743 RICHMOND RD WARRENSVILLE HEIGHTS, OH 44128	34-6002992	501(C)(1)	27,345				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.

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CLEVELAND INTERNATIONAL FILM FESTIVAL INC 2510 MARKET AVE CLEVELAND, OH 44113	34-1262368	501(C)(3)	15,000				COMMUNITY SUPPORT
CLEVELAND LEADERSHIP CENTER 1375 EAST 9TH ST STE 1100 CLEVELAND, OH 44114	34-1927317	501(C)(3)	10,000				COMMUNITY SUPPORT

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

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CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144	34-6000704	501(C)(3)	76,141				HEALTHCARE RESEARCH & EDUCATION
CLEVELAND METROPOLITAN SCHOOL DISTRICT 1111 SUPERIOR AVE EAST STE 1800 CLEVELAND, OH 44114	34-6000662	501(C)(3)	11,200				HEALTHCARE RESEARCH & EDUCATION

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CLEVELAND SCHOOL OF SCIENCE & MEDICINE 2075 STOKES BLVD CLEVELAND, OH 44106	34-3740643	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	34-0966056	501(C)(3)	7,500				SUPPORT EDUCATIONAL ACTIVITIES

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CLINIC MEDICAL SERVICES 1450 BELLE AVE LAKEWOOD, OH 44107	34-1932969	501(C)(3)	5,569				COMMUNITY SUPPORT
COASTAL CARE CORPORATION PO BOX 9033 STUART, FL 34995	59-2333374	501(C)(3)	90,985				COMMUNITY SUPPORT

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COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE STE 1800 CLEVELAND, OH 44113	34-6580096	501(C)(3)	16,500				SUPPORT EDUCATIONAL ACTIVITIES
COMMUNITY WEST FOUNDATION 800 SHARON DR STE C WESTLAKE, OH 44145	34-1456398	501(C)(3)	32,175				COMMUNITY SUPPORT

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CROHNS & COLITIS FOUNDATION OF AMERICA 23366 COMMERCE PARK RD BEACHWOOD, OH 44122	13-6193105	501(C)(3)	23,000				HEALTHCARE RESEARCH & EDUCATION
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVE CLEVELAND, OH 44115	23-7320719	501(C)(3)	7,500				SUPPORT EDUCATIONAL ACTIVITIES

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CUYAHOGA VALLEY SCENIC RAILROAD 1630 MILL ST WEST PENINSULA, OH 44264	23-7198801	501(C)(3)	10,000				COMMUNITY SUPPORT
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD STE 6 PARMA, OH 44134	26-2300532	501(C)(3)	26,250				COMMUNITY SUPPORT

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DEMOCRACY COLLABORATIVE FOUNDATION INC 1422 EUCLID AVE STE 1652 CLEVELAND, OH 44115	20-0387511	501(C)(3)	40,000				COMMUNITY SUPPORT
EMERIL LAGASSE FOUNDATION 829 ST CHARLES AVE NEW ORLEANS, LA 70130	42-1536915	501(C)(3)	80,000				HEALTHCARE RESEARCH & EDUCATION

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EPILEPSY FOUNDATION OF FLORIDA INC 7300 N KENDALL DR NO 760 MIAMI, FL 33156	59-2164525	501(C)(3)	7,500				HEALTHCARE RESEARCH & EDUCATION
FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION 8111 QUINCY AVE STE 100 CLEVELAND, OH 44104	34-1706856	501(C)(3)	323,220				COMMUNITY SUPPORT

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FAMICOS FOUNDATION INC 1325 ANSEL RD CLEVELAND, OH 44106	34-1053534	501(C)(3)	10,175				COMMUNITY SUPPORT
FATIMA FAMILY CENTER 6600 LEXINGTON AVE CLEVELAND, OH 44103	26-1323950	501(C)(3)	15,000				COMMUNITY SUPPORT

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FIRE CHIEFS ASSOCIATION OF BROWARD COUNTY 6919 W BROWARD BLVD PLANTATION, FL 33317	91-1909626	501(C)(3)	5,125				COMMUNITY SUPPORT
FLASHES OF HOPE INC 36 SOUTH FRANKLIN ST CHAGRIN FALLS, OH 44022	04-3648694	501(C)(3)	10,000				COMMUNITY SUPPORT

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FRIENDS OF BREAKTHROUGH SCHOOL 3615 SUPERIOR AVE STE 3103A CLEVELAND, OH 44114	20-4948838	501(C)(3)	13,400				SUPPORT EDUCATIONAL ACTIVITIES
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	34-1879035	501(C)(3)	92,500				COMMUNITY SUPPORT

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GREATER AKRON CHAMBER OF COMMERCE 388 S MAIN ST STE 205 AKRON, OH 44311	34-1156576	501(C)(6)	7,250				COMMUNITY SUPPORT
GREATER BOCA RATON CHAMBER OF COMMERCE 1800 NORTH DIXIE HIGHWAY BOCA RATON, FL 33432	59-0667561	501(C)(6)	6,000				SUPPORT EDUCATIONAL ACTIVITIES

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GREATER CLEVELAND FOOD BANK INC 15500 S WATERLOO RD CLEVELAND, OH 44110	34-1292848	501(C)(3)	10,500				COMMUNITY SUPPORT
GREATER CLEVELAND HABITAT FOR HUMANITY 2110 W 110TH ST CLEVELAND, OH 44102	31-1209423	501(C)(3)	10,000				COMMUNITY SUPPORT

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HEALTH POLICY INSTITUTE OF OHIO 10 WEST BROAD ST COLUMBUS, OH 43215	30-0186863	501(C)(3)	10,000				COMMUNITY SUPPORT
INDIAN RIVER MEMORIAL HOSPITAL INC 1000 36TH ST VERO BEACH, FL 32960	59-2496294	501(C)(3)	1,554,706				COMMUNITY SUPPORT

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KAMMS CORNERS DEVELOPMENT CORP 17407 LORAIN AVE STE 200 CLEVELAND, OH 44111	34-1254542	501(C)(3)	14,000				SUPPORT EDUCATIONAL ACTIVITIES
KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89105	88-0515534	501(C)(3)	65,672				HEALTHCARE RESEARCH & EDUCATION

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KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	31-6402079	501(C)(3)	13,500				SUPPORT EDUCATIONAL ACTIVITIES
LAKEWOOD COMMUNITY SERVICES CENTER INC 14230 MADISON AVE LAKEWOOD, OH 44107	34-1446497	501(C)(3)	63,503				HEALTHCARE RESEARCH & EDUCATION

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LAND STUDIO INC 1939 WEST 25TH ST STE 200 CLEVELAND, OH 44113	34-1212421	501(C)(3)	35,000				COMMUNITY SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	90,500				HEALTHCARE RESEARCH & EDUCATION

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MAIN STREET MEDINA 39 PUBLIC SQUARE STE 305 MEDINA, OH 44256	26-1802645	501(C)(3)	13,500				HEALTHCARE RESEARCH & EDUCATION
MAKE-A-WISH FOUNDATION OF OHIO KENTUCKY AND INDIANA INC 2545 FARMERS DRIVE STE 300 COLUMBUS, OH 43235	34-1471131	501(C)(3)	18,000				COMMUNITY SUPPORT

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MARCH OF DIMES INC 1550 CRYSTAL DRIVE STE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	5,400				COMMUNITY SUPPORT
MARTIN MEMORIAL MEDICAL CENTER INC PO BOX 9010 STUART, FL 34995	59-0637874	501(C)(3)	6,705,908				COMMUNITY SUPPORT

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MEDINA COMMUNITY RECREATION CENTER 855 WEYMOUTH RD MEDINA, OH 44256	34-6001856	501(C)(3)	20,000				COMMUNITY SUPPORT
MEDINA HOSPITAL FOUNDATION 1000 E WASHINGTON ST MEDINA, OH 44256	34-1657989	501(C)(3)	6,250				HEALTHCARE RESEARCH & EDUCATION

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MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112	34-1903712	501(C)(3)	10,000	2,845,681	ESTIMATED VALUE	MEDICAL SUPPLIES	HEALTHCARE RESEARCH & EDUCATION
MEDWORKS 1950 RICHMOND RD LYNDHURST, OH 44124	26-3858369	501(C)(3)	12,500				HEALTHCARE RESEARCH & EDUCATION

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NAMI GREATER CLEVELAND 2012 W 25TH ST STE 600 CLEVELAND, OH 44113	20-2254268	501(C)(3)	10,400				HEALTHCARE RESEARCH & EDUCATION
NAPLES HEART RHYTHM 8340 COLLIER BLVE STE 301 NAPLES, FL 34114	26-0868499	501(C)(3)	60,000				SUPPORT EDUCATIONAL ACTIVITIES

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NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	5,500				HEALTHCARE RESEARCH & EDUCATION
NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE STE 302 CLEVELAND, OH 44120	34-1812026	501(C)(3)	33,500				COMMUNITY SUPPORT

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OHIO & ERIE CANALWAY COALITION 47 W EXCHANGE ST AKRON, OH 44308	34-1636766	501(C)(3)	9,200				COMMUNITY SUPPORT
OHIO CITY INCORPORATED 2525 MARKET AVE STE A CLEVELAND, OH 44113	34-1372076	501(C)(3)	20,315				COMMUNITY SUPPORT

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OHIO GUIDESTONE 202 EAST BAGLEY ROAD BEREA, OH 44017	34-0720558	501(C)(3)	6,000				COMMUNITY SUPPORT
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	50,000				SUPPORT EDUCATIONAL ACTIVITIES

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PGA TOUR INC 100 PGA TOUR BLVD POINTE VEDRA BEACH, FL 32082	52-0999206	501(C)(6)	13,500				SUPPORT EDUCATIONAL ACTIVITIES
PORTAGE COUNTRY CLUB 240 NORTH PORTAGE PATH AKRON, OH 44303	34-0468390	501(C)(7)	27,360				COMMUNITY SUPPORT

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PRAISE PLACE 6026 KALAMAZOO AVE STE 108 KENTWOOD, MI 49508	91-2078271	501(C)(3)	13,000				SUPPORT EDUCATIONAL ACTIVITIES
RIVERSIDE THEATRE INC 3250 RIVERSIDE PARK DR VERO BEACH, FL 32963	59-1764305	501(C)(3)	15,700				COMMUNITY SUPPORT

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RONALD MCDONALD HOUSE OF CLEVELAND INC 10415 EUCLID AVE CLEVELAND, OH 44106	34-1269123	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103	52-2401852	501(C)(3)	113,552				SUPPORT EDUCATIONAL ACTIVITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOLARSHIP AMERICA INC PO BOX 240 ST PETER, MN 56082	04-2296967	501(C)(3)	28,259				SUPPORT EDUCATIONAL ACTIVITIES
SOCIETY OF GYNECOLOGIC SURGEONS 1061 EAST MAIN STREET STE 300 EAST DUNDEE, IL 60118	74-2307811	501(C)(3)	25,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT METRO PARKS 975 TREATY LINE RD AKRON, OH 44313	34-6553677	501(C)(3)	15,000				SUPPORT EDUCATIONAL ACTIVITIES
SUSAN G KOMEN BREAST CANCER FOUNDATION 26210 EMERY RD STE 307 CLEVELAND, OH 44128	34-1793460	501(C)(3)	5,250				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
THE CENTERS FOR FAMILIES AND CHILDREN 3929 ROCKY RIVER DRIVE CLEVELAND, OH 44111	23-7084455	501(C)(3)	15,000				COMMUNITY SUPPORT
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714553	501(C)(3)	20,549,700				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 COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	61,713				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 MANDEL JEWISH COMMUNITY CENTER OF CLEVELAND 26001 SOUTH WOODLAND RD BEACHWOOD, OH 44122	34-0714439	501(C)(3)	16,330				COMMUNITY SUPPORT
THE MARFAN FOUNDATION INC 22 MANHASSET AVE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	5,300				SUPPORT EDUCATIONAL ACTIVITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MUSICAL ARTS ASSOCIATION 11001 EUCLID AVE CLEVELAND, OH 44106	34-0714468	501(C)(3)	12,500				SUPPORT EDUCATIONAL ACTIVITIES
THE OHIO STATE UNIVERSITY 281 WEST LANE AVE COLUMBUS, OH 43210	31-6025986	501(C)(3)	12,200				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ORANGE BOWL COMMITTEE INC 14360 NW 77TH COURT MIAMI LAKES, FL 33016	59-0384382	501(C)(3)	30,792				SUPPORT EDUCATIONAL ACTIVITIES
THE SALVATION ARMY 440 W NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)(3)	11,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE THORACIC SURGERY FOUNDATION 633 N ST CLAIR STREET CHICAGO, IL 60611	36-3635910	501(C)(3)	10,000				HEALTHCARE RESEARCH & EDUCATION
TOWARDS EMPLOYMENT INC 1255 EUCLID AVE STE 300 CLEVELAND, OH 44115	34-1578831	501(C)(3)	10,000				COMMUNITY SUPPORT

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

(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	26-3704435	501(C)(3)	24,258				SUPPORT EDUCATIONAL ACTIVITIES
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328	59-0967823	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
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	10,000				COMMUNITY SUPPORT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	7,063				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)	21,500				COMMUNITY SUPPORT
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	40,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVE CLEVELAND, OH 44115	34-0720563	501(C)(3)	10,000				SUPPORT EDUCATIONAL ACTIVITIES
URSULINE COLLEGE 2550 LANDER ROAD PEPPER PIKE, OH 44124	34-0714777	501(C)(3)	5,200				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
WILDCAT COMMUNITY FOUNDATION 1101 SOM CENTER RD MAYFIELD HEIGHTS, OH 44124	27-3158155	501(C)(3)	16,200				COMMUNITY SUPPORT
WOMEN IN DISTRESS OF BROWARD COUNTY INC PO BOX 50187 LIGHTHOUSE POINT, FL 33074	59-1592524	501(C)(3)	7,500				HEALTHCARE RESEARCH & EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF BROWARD COUNTY FLORIDA 20201 SADDLE CLUB ROAD WESTON, FL 33327	59-0624463	501(C)(3)	30,000				COMMUNITY SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

Part I Questions Regarding Compensation

	Yes	No
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.		
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
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.		
<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		
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:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
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.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	LISTED BENEFITS THE BENEFITS CHECKED IN PART I, QUESTION 1A, WERE PROVIDED TO CERTAIN PERSONS LISTED IN FORM 990, PART VII, SECTION A ON AN EXCEPTION BASIS ONLY FOR AN APPROPRIATE BUSINESS PURPOSE. ANY REIMBURSEMENT OF THE EXPENSES LISTED MET CLEVELAND CLINIC'S WRITTEN POLICY REGARDING SUBSTANTIATION AND REIMBURSEMENT. WHERE REQUIRED BY IRS RULES AND REGULATIONS, THE LISTED BENEFITS WERE INCLUDED IN TAXABLE INCOME.
PART I, LINES 4A-B	<p>SCHEDULE J, PART I, LINE 4A, SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS: CHARLES CLEAVER \$290,308 GEORGE EIGHMY \$63,461 LARRY EMMELHAINZ \$134,401 LIBBY FLIPPO \$321,994 VALERIE LARCOMBE \$47,693 KAREN MULLEN \$219,435 BRIAN SMITH \$134,396 JEFFREY SUSI \$223,268 RAMONA THOMAS \$170,654 SEVERANCE PAYMENTS ACCRUED IN 2019 BUT NOT YET PAID ARE REPORTED IN PART VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS: CHARLES CLEAVER \$432,502 LIBBY FLIPPO \$192,933 VALERIE LARCOMBE \$287,182 RAMONA THOMAS \$326,214 BRIAN SMITH \$124,440 SCHEDULE J, PART I, LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN MARGARET KRANYAK - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. FOR MEDICARE TAX PURPOSES \$1,771,154 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HER VESTED AMOUNT IN THE PLANS. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: CHARLES CLEAVER \$85,979 DELOS COSGROVE \$202,433 LIBBY FLIPPO \$149,278 JOSEPH HAHN \$148,394 MARGARET KRANYAK \$101,036 ROBERT LORD \$428,966 BRUCE LYTLE \$118,200 JESSICA MCLAIN \$108,272 MICHAEL MODIC \$109,916 FERNANDO PETRY \$155,787 RAMONA THOMAS \$34,784 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 - \$34,923 INCREASE, DAWN BAILEY - \$29,765 INCREASE, JOHN BAKER \$1,223 INCREASE, LISA BARRETT - \$303 INCREASE, JAMES BEKENY - \$1,203 INCREASE, JOSETTE BERAN \$23,749 INCREASE, PETER BROOKS - \$781,973 INCREASE, JOHN BRUYERE - \$83,941 INCREASE, KATHLEEN (BURNS) MAU - \$16,819 INCREASE, DONALD CARROLL - \$12,654 INCREASE, ANKIT CHHABRA - \$542 INCREASE, CHARLES CLEAVER - \$209,012 INCREASE, SUSAN COLLIER - \$50,746 INCREASE, DELOS COSGROVE - \$118,937 INCREASE, MIGUEL COTY - \$15,494 INCREASE, ELLIOT DAVIDSON - \$28,965 INCREASE, MARLEINA DAVIS - \$17,932 INCREASE, BARBARA DEL CASTILLO - \$244 INCREASE, OSMEL DELGADO - \$7,345 INCREASE, THERESA DEWS - \$312,598 INCREASE, D. EDELMAN - \$8845 INCREASE, SERPIL ERZURUM - \$723,559 INCREASE, ALEXIS ESPINOSA - \$3,769 INCREASE, ANDREW FENTON - \$45,661 INCREASE, JULIE FETTO - \$1,939 INCREASE, DONIELLE FINDING - \$16,674 INCREASE, SUSAN FOSTER - \$18,676 INCREASE, DAVID FRIGO - \$22,201 INCREASE, WARREN FULLER - \$6,731 INCREASE, STEVE GLASS - \$12,369 INCREASE, JOSEPH HAHN - \$375 DECREASE, THOMAS HAMILTON - \$166,155 INCREASE, MARK HORATTAS - \$29,199 INCREASE, J. ISAACSON - \$320,907 INCREASE, RENEE KOLONICK - \$15,752 INCREASE, MARGARET KRANYAK - \$763,927 INCREASE, GEORGE LITMAN - \$1,063 DECREASE, TIMOTHY LONGVILLE - \$69,023 INCREASE, ROBERT LORD - \$63,402 INCREASE, RICHARD LOWERY - \$64,163 INCREASE, BRUCE LYTLE - \$44,110 INCREASE, KERRY MAJOR - \$3,915 INCREASE, DONALD MALONE - \$411,724 INCREASE, LINDA MCHUGH - \$15,765 INCREASE, JESSICA MCLAIN - \$1,750 INCREASE, MICHAEL MEEHAN - \$32,645 DECREASE, JOHN MILLS - \$2,278 INCREASE, MICHAEL MODIC - \$81,992 INCREASE, MICHAEL MOEHRING - \$38,483 INCREASE, FARID MUAKKASSA - \$43,403 INCREASE, KAREN MULLEN - \$4,286 INCREASE, KEITH NILSSON - \$28,048 INCREASE, JUAN NOGUERAS - \$211,589 INCREASE, JASON OBLANDER - \$1,766 INCREASE, ALAN PAPA - \$28,921 INCREASE, RITA PAPPAS - \$6,004 INCREASE, RICHARD PARKER - \$350,639 INCREASE, WILLIAM PEACOCK - \$2,874 INCREASE, DOUGLAS RIBLEY - \$7,720 INCREASE, LEE SAHADI - \$23,857 INCREASE, MARY SAUER - \$11,280 INCREASE, TITUS SHEERS - \$39,089 INCREASE, JESSICA SLIFKO - \$5,748 INCREASE, DEBORAH SMALL - \$226 INCREASE, BRIAN SMITH - \$38,986 INCREASE, VICKY SNYDER - \$12,744 INCREASE, REBECCA STARCK - \$8,741 INCREASE, JAMES STOLLER - \$6,469 INCREASE, JEFFREY SUSI - \$11,616 INCREASE, MARYBETH THOBURN - \$1,153 INCREASE, THOMAS THOMPSON - \$26,247 INCREASE, ERICK VIDMAR - \$6,030 INCREASE, HERBERT WIEDEMANN \$553,950 INCREASE, BARBARA ZINNER - \$25,847 INCREASE.</p>
FORM 990, PART VII, SECTION A AND SCHEDULE J	THE COMPENSATION OF DR. BRIAN DONLEY AND DEBORAH SMALL, AS REPORTED ON PART VII, SECTION A AND SCHEDULE J INCLUDES REGULAR WAGES AND TAXABLE EXPATRIATE BENEFITS. DR. DELOS COSGROVE'S COMPENSATION AS REPORTED ON PART VII, SECTION A AND SCHEDULE J INCLUDES COMPENSATION FOR DR. COSGROVE'S ROLE AS EXECUTIVE ADVISOR AND HIS RETIREMENT COMPENSATION.

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				
1DONLEY MD BRIAN FORMER OFF - CCF, CC LONDON - CEO	(i)	0	0	0	0	0	0	0
	(ii)	951,936	0	1,957,875	28,000	784,727	3,722,538	0
1MIHALJEVIC MD TOMISLAV DIRECTOR, PRES & CEO - CCF	(i)	2,965,469	0	297,949	28,000	17,449	3,308,867	0
	(ii)	0	0	0	0	0	0	0
2KRANYAK MD MARGARET RETIRED PHYSICIAN (PART YR)	(i)	144,418	0	1,781,754	779,324	4,187	2,709,683	0
	(ii)	0	0	0	0	0	0	0
3BROOKS MD PETER PHYSICIAN - CCF	(i)	1,335,161	0	133,311	809,973	17,565	2,296,010	0
	(ii)	0	0	0	0	0	0	0
4SURI MD RAKESH CEO CCAD	(i)	1,309,542	0	623,533	28,000	133,121	2,094,196	0
	(ii)	0	0	0	0	0	0	0
5PEACOCK WILLIAM DIRECTOR - CC FLA REG HS, COO - CCF	(i)	1,680,404	0	147,274	30,874	17,072	1,875,624	0
	(ii)	0	0	0	0	0	0	0
6TUZCU MD E MURAT CHIEF ACADEMIC OFF- CCAD	(i)	1,150,972	0	509,662	28,000	121,972	1,810,606	0
	(ii)	0	0	0	0	0	0	0
7GLASS STEVEN C DIRECTOR, CFO & TREAS- CCF	(i)	1,578,904	0	154,587	40,369	18,572	1,792,432	0
	(ii)	0	0	0	0	0	0	0
8NAJM MD HANI PHYSICIAN -CCF	(i)	1,554,304	0	152,830	28,000	18,572	1,753,706	0
	(ii)	0	0	0	0	0	0	0
9ROWAN DAVID DIR, SEC, CHIEF GOV OFF, CHIEF LEGAL	(i)	1,524,968	0	159,883	28,000	19,508	1,732,359	0
	(ii)	0	0	0	0	0	0	0
10SVENSSON MD LARS CHAIR HVI - CCF	(i)	1,528,979	0	153,277	28,000	18,247	1,728,503	0
	(ii)	0	0	0	0	0	0	0
11 WIEDEMANN MD HERBERT DIR, CHIEF OF STAFF - CCF	(i)	997,545	0	83,492	581,950	19,931	1,682,918	0
	(ii)	0	0	0	0	0	0	0
12BARSOU MD WAELE DIR, CEO, PRES- CC FLA REG HOSPS	(i)	1,321,697	0	137,959	28,000	13,626	1,501,282	0
	(ii)	0	0	0	0	0	0	0
13MARTIN MD DANIEL INST CHAIR - COLE EYE	(i)	1,312,229	0	129,714	28,000	18,247	1,488,190	0
	(ii)	0	0	0	0	0	0	0
14ERZURUM MD SERPIL FORMER OFFICER	(i)	671,000	0	44,951	751,559	1,500	1,469,010	0
	(ii)	0	0	0	0	0	0	0
15GUTIERREZ MD JAMES DIR-CCF, CCEF, REG HOSP, PHYSICIAN	(i)	247,443	0	921,505	28,000	195,061	1,392,009	0
	(ii)	0	0	0	0	0	0	0
16IANNOTTI MD JOSEPH DIR-CC FLA REG, MARTIN, IRMH, CHIEF	(i)	1,157,453	0	117,950	28,000	13,410	1,316,813	0
	(ii)	0	0	0	0	0	0	0
17LORD ROBERT DIRECTOR, PRESIDENT - MARTIN	(i)	0	0	0	0	0	0	0
	(ii)	748,644	0	429,255	98,302	33,556	1,309,757	428,966
18PARKER MD RICHARD HOS PRES - HILLCREST & EAST REGION	(i)	817,140	0	81,686	378,639	19,336	1,296,801	0
	(ii)	0	0	0	0	0	0	0
19CLEAVER CHARLES TREASURER/CFO/ ASST TREAS (MARTIN)	(i)	0	0	0	0	0	0	0
	(ii)	152,256	65,000	376,496	675,089	15,182	1,284,023	85,979

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				
21MACHADO MD ANDRE DIRECTOR - KMA, PHYSICIAN	(i)	1,029,904	0	98,440	28,000	20,822	1,177,166	0
	(ii)	0	0	0	0	0	0	0
1SABANEKH MD EDMUND DIR, PRES, CC MAIN, REG HOSPS, FHCS	(i)	987,549	0	99,715	28,000	17,938	1,133,202	0
	(ii)	0	0	0	0	0	0	0
2MUAKKASSA MD FARID FORMER KEY EMPLOYEE	(i)	1,006,859	0	45,562	54,603	21,501	1,128,525	0
	(ii)	0	0	0	0	0	0	0
3SMALL DEBORAH FORMER KEY EMPLOYEE - FAIRVIEW	(i)	157,274	0	806,704	28,226	126,979	1,119,183	0
	(ii)	0	0	0	0	0	0	0
4YOUNG MD JAMES P CHIEF ACADEMIC OFF - CCF & CCEF	(i)	885,591	0	101,547	28,000	18,394	1,033,532	0
	(ii)	0	0	0	0	0	0	0
5MCHUGH LINDA FORMER OFFICER	(i)	866,857	0	87,754	43,765	17,619	1,015,995	0
	(ii)	0	0	0	0	0	0	0
6MILLER MD CHARLIE CHIEF MEDICAL OFFICER - CCMS	(i)	854,140	0	88,866	28,000	17,836	988,842	0
	(ii)	0	0	0	0	0	0	0
7COSGROVE MD DELOS FORMER CCF CEO, EXEC ADVISOR	(i)	823,428	0	0	118,937	0	942,365	202,433
	(ii)	0	0	0	0	0	0	0
8DEWS MD TERESA HOSPITAL PRESIDENT - EUCLID HOSP	(i)	543,004	0	51,161	340,598	19,472	954,235	0
	(ii)	0	0	0	0	0	0	0
9BORDEN MD BRAD TRUSTEE - CCCHR, PHYSICIAN	(i)	817,654	0	84,840	28,000	17,072	947,566	0
	(ii)	0	0	0	0	0	0	0
10MALONE JR MD DONALD HOSPITAL PRESIDENT - LUTHERAN	(i)	440,508	0	42,644	439,724	17,987	940,863	0
	(ii)	0	0	0	0	0	0	0
11RASMUSSEN MD PETER DIRECTOR, PRESIDENT - CCHSPA	(i)	805,558	0	77,455	28,000	18,458	929,471	0
	(ii)	0	0	0	0	0	0	0
12BLANDON MD RODOLFO TRUSTEE, PRESIDENT - WESTON	(i)	776,816	0	74,666	28,000	16,126	895,608	0
	(ii)	0	0	0	0	0	0	0
13NOGUERAS MD JUAN FORMER OFFICER	(i)	563,247	0	55,986	239,589	12,695	871,517	0
	(ii)	0	0	0	0	0	0	0
14ROSENTHAL MD RAUL FORMER OFFICER	(i)	774,407	0	54,908	28,000	13,100	870,415	0
	(ii)	0	0	0	0	0	0	0
15ABDENOUR STEPHEN FORMER KEY EMPLOYEE	(i)	354,707	0	391,352	62,923	47,803	856,785	0
	(ii)	0	0	0	0	0	0	0
16BERAN JOSETTE DIR-CC FLA REG, UNION, STRATEGY OFF	(i)	694,627	0	63,761	51,749	20,603	830,740	0
	(ii)	0	0	0	0	0	0	0
17HARTE MD BRIAN DIR, PRESIDENT - AGMC & SOUTH REG	(i)	651,754	0	60,452	28,000	19,722	759,928	0
	(ii)	0	0	0	0	0	0	0
18ROSENCRANCE MD J GREGORY DIRECTOR, PRESIDENT - INDIAN RIVER	(i)	649,105	0	68,198	28,000	12,838	758,141	0
	(ii)	0	0	0	0	0	0	0
19STARCK MD REBECCA HOSPITAL PRESIDENT - AVON	(i)	616,404	0	57,978	36,741	17,072	728,195	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				
41ISAACSON MD J HARRY DIR-CCF, CCEF & REG HOSP, PHYSICIAN	(i)	327,856	0	30,271	348,907	18,620	725,654	0
	(ii)	0	0	0	0	0	0	0
1BOLOGNA MD RAYMOND DIR, CHAIR - PPG, PHYSICIAN	(i)	621,295	0	47,742	28,000	16,589	713,626	0
	(ii)	0	0	0	0	0	0	0
2HAMILTON THOMAS FORMER OFFICER	(i)	455,975	0	29,891	194,155	19,501	699,522	0
	(ii)	0	0	0	0	0	0	0
3THOMAS RAMONA ASST SEC - MMHSI	(i)	0	0	0	0	0	0	0
	(ii)	129,857	0	205,727	334,452	24,590	694,626	34,784
4FLIPPO LIBBY VP - COASTAL CARE	(i)	0	0	0	0	0	0	0
	(ii)	1,956	0	471,271	193,389	24,111	690,727	149,278
5BREAX MD TODD DIR - AGMC, LODI, PHYSICIAN	(i)	596,272	0	46,814	28,000	16,460	687,546	0
	(ii)	0	0	0	0	0	0	0
6PETRY DO FERNANDO SECRETARY - COASTAL CARE	(i)	0	0	0	0	0	0	0
	(ii)	468,665	0	155,787	15,900	42,571	682,923	155,787
7 NAPIERKOWSKI MD DANIEL PRES -MM & EUCLID (PART YR)	(i)	568,668	0	56,921	28,000	17,808	671,397	0
	(ii)	0	0	0	0	0	0	0
8GROOFF MD PAUL DIR, PRES, SEC - CCF NY MED SVCS	(i)	548,229	0	50,308	28,000	18,247	644,784	0
	(ii)	0	0	0	0	0	0	0
9HORATTAS MD MARK DIR - AGMC, LODI, PHYSICIAN	(i)	512,839	0	65,192	34,653	17,077	629,761	0
	(ii)	0	0	0	0	0	0	0
10STOLLER MD JAMES CCEF CHAIR, EDUCATION INST	(i)	536,222	0	36,216	34,469	18,254	625,161	0
	(ii)	0	0	0	0	0	0	0
11KALAFATIS LARA DIR - KMA, PHILANTHROPY CHAIR	(i)	541,212	0	21,325	28,000	17,072	607,609	0
	(ii)	0	0	0	0	0	0	0
12LONGVILLE TIMOTHY DIR- KMA, CAO & CONTROLLER - CCF	(i)	457,721	0	21,115	101,441	18,500	598,777	0
	(ii)	0	0	0	0	0	0	0
13DEL CASTILLO BARBARA DIR, ASST SEC, GEN COUNSEL - WESTON	(i)	525,927	0	28,198	28,244	13,410	595,779	0
	(ii)	0	0	0	0	0	0	0
14 PIEDIMONTE MD GIOVANNI FORMER OFFICER	(i)	506,250	0	25,800	28,000	12,325	572,375	0
	(ii)	0	0	0	0	0	0	0
15THOMPSON MD THOMAS DIR - AGMC, LODI, PHYSICIAN	(i)	490,313	0	29,668	37,447	13,228	570,656	0
	(ii)	0	0	0	0	0	0	0
16PAPA ALAN DIRECTOR - AGP, VNS, COO	(i)	474,516	0	32,358	40,121	16,314	563,309	0
	(ii)	0	0	0	0	0	0	0
17PETER MD DAVID DIRECTOR IRHS, PHYSICIAN	(i)	474,747	0	40,659	30,572	13,653	559,631	0
	(ii)	0	0	0	0	0	0	0
18LARCOMBE VALERIE DIRECTOR, SECRETARY - HSIRI	(i)	142,695	0	116,478	292,683	5,825	557,681	0
	(ii)	0	0	0	0	0	0	0
19 MCKENZIE MD MARGARET DIR, PRES - S POINTE HOSP	(i)	457,904	0	44,490	28,000	18,572	548,966	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				
61SMITH DO NEIL PRESIDENT - FAIRVIEW & WEST REG	(i)	436,000	0	58,320	28,000	15,275	537,595	0
	(ii)	0	0	0	0	0	0	0
1NILSSON KEITH DIRECTOR (FLA PHARM), CFO - CCFPS	(i)	465,569	0	15,481	36,448	17,234	534,732	0
	(ii)	0	0	0	0	0	0	0
2TALMAGE MD LANCE DIR - AGMC, LODI, PHYSICIAN	(i)	484,856	0	20,932	11,200	15,698	532,686	0
	(ii)	0	0	0	0	0	0	0
3FENTON MD ANDREW DIR, VICE CHAIR - PPG, PHYSICIAN	(i)	430,781	0	26,958	56,861	13,361	527,961	0
	(ii)	0	0	0	0	0	0	0
4WRIGHT MD DENNIS FORMER KEY EMPLOYEE	(i)	473,452	0	10,041	11,200	14,396	509,089	0
	(ii)	0	0	0	0	0	0	0
5DELGADO OSMEL DIRECTOR, COO - CC FLA REG	(i)	455,374	0	8,538	10,821	13,640	488,373	0
	(ii)	0	0	0	0	0	0	0
6DAVIS MARLEINA ASST. SECRETARY - CCF, CCCF	(i)	403,476	0	13,436	45,932	16,747	479,591	0
	(ii)	0	0	0	0	0	0	0
7VICKERS MD JEAN DIRECTOR - COASTAL CARE, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	426,007	0	0	15,900	31,348	473,255	0
8SLIFKO JESSICA FORMER OFFICER	(i)	403,763	0	13,619	33,748	16,460	467,590	0
	(ii)	0	0	0	0	0	0	0
9JAMES BRUCE TRUSTEE, PRESIDENT - UNION	(i)	358,444	67,464	792	15,000	25,282	466,982	0
	(ii)	0	0	0	0	0	0	0
10RUSSELL MD REBECCA DIRECTOR - PPG, PHYSICIAN	(i)	401,754	0	13,357	28,000	19,722	462,833	0
	(ii)	0	0	0	0	0	0	0
11BARRETT LISA DIRECTOR, SECRETARY - AGP	(i)	399,570	0	16,936	24,492	16,853	457,851	0
	(ii)	0	0	0	0	0	0	0
12PAPPAS MD RITA TRUSTEE, INTERIM PRES - CCCHR	(i)	383,679	0	12,586	34,004	22,216	452,485	0
	(ii)	0	0	0	0	0	0	0
13SABBAGH MD MARWAN DIR - KMA, PHYSICIAN	(i)	377,404	0	29,474	28,000	17,072	451,950	0
	(ii)	0	0	0	0	0	0	0
14SMITH BRIAN VICE PRESIDENT - CLINIC CARE	(i)	115,655	0	141,464	171,134	16,232	444,485	0
	(ii)	0	0	0	0	0	0	0
15ZINK MD JILL DIRECTOR - AGMC, LODI, PHYSICIAN	(i)	410,109	0	840	11,200	10,763	432,912	0
	(ii)	0	0	0	0	0	0	0
16MCLAIN JESSICA DIRECTOR, VP/CPO - MMFI	(i)	0	0	0	0	0	0	0
	(ii)	255,926	0	108,351	36,650	24,824	425,751	108,272
17HARRINGTON MICHAEL DIR-LRBI, CAO/CONTROLLER, ASSOC CFO	(i)	340,865	0	28,351	28,000	9,474	406,690	0
	(ii)	0	0	0	0	0	0	0
18SHEERS MD TITUS DIR - AGMC, LODI, PHYSICIAN	(i)	325,731	0	10,032	50,289	17,828	403,880	0
	(ii)	0	0	0	0	0	0	0
19CHHABRA ANKIT DIR - AGMC, LODI, UNION, OH REG CFO	(i)	326,062	0	32,465	22,052	18,002	398,581	0
	(ii)	0	0	0	0	0	0	0

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(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				
81 MEEHAN MICHAEL J RECORDING SEC - CCF, REGIONALS	(i)	340,511	0	39,264	-4,645	17,965	393,095	0
	(ii)	0	0	0	0	0	0	0
1 SHEWBRIDGE MD RICHARD HOSPITAL PRESIDENT - MEDINA	(i)	328,404	0	7,570	28,000	17,072	381,046	0
	(ii)	0	0	0	0	0	0	0
2 LASH-RITTER MD TERI TRUSTEE - UNION HOSP, PHYSICIAN	(i)	329,894	0	6,395	28,000	16,500	380,789	0
	(ii)	0	0	0	0	0	0	0
3 DAVIS DO DENNIS PRESIDENT - PPG	(i)	328,909	0	6,389	28,000	16,747	380,045	0
	(ii)	0	0	0	0	0	0	0
4 MATT-AMARAL MD LAURIE DIRECTOR - PPG, PHYSICIAN	(i)	335,239	0	20,132	11,200	13,413	379,984	0
	(ii)	0	0	0	0	0	0	0
5 CHANDURKAR DO ROHIT DIRECTOR - PPG, PHYSICIAN	(i)	337,295	0	4,577	11,200	19,727	372,799	0
	(ii)	0	0	0	0	0	0	0
6 KOLONICK RENEE COO - HILLCREST, MARYMOUNT HOSP	(i)	323,048	0	6,217	24,152	15,384	368,801	0
	(ii)	0	0	0	0	0	0	0
7 MACKETT MD CHARLES FORMER KEY EMPLOYEE	(i)	322,378	0	19,347	23,000	1,367	366,092	0
	(ii)	0	0	0	0	0	0	0
8 FORD MD DONALD FORMER OFFICER	(i)	292,360	0	25,789	28,000	18,116	364,265	0
	(ii)	0	0	0	0	0	0	0
9 BENNETT KRIS DIR - AGMC, LODI, EXEC DIR REG HOSP	(i)	334,254	0	2,430	8,400	15,892	360,976	0
	(ii)	0	0	0	0	0	0	0
10 MURRAY MD KAREN TRUSTEE, PRESIDENT - CCCHR	(i)	312,055	0	11,251	28,000	8,599	359,905	0
	(ii)	0	0	0	0	0	0	0
11 BRUYERE JOHN COO - SOUTH POINTE	(i)	251,792	0	5,436	84,852	15,107	357,187	0
	(ii)	0	0	0	0	0	0	0
12 FREEMAN MD RICHARD B TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	283,461	0	29,568	28,000	16,115	357,144	0
	(ii)	0	0	0	0	0	0	0
13 DAVIDSON MD ELLIOT FORMER OFFICER	(i)	269,983	0	23,186	40,165	19,193	352,527	0
	(ii)	0	0	0	0	0	0	0
14 JUHASZ DO ROBERT FORMER OFFICER	(i)	280,261	0	26,074	28,000	16,465	350,800	0
	(ii)	0	0	0	0	0	0	0
15 TURNER RALPH DIR- HEALTH SYS OF INDIAN RIVER, COO	(i)	316,590	10,000	772	11,777	9,652	348,791	0
	(ii)	0	0	0	0	0	0	0
16 MILLS JOHN COO - FAIRVIEW & AVON	(i)	332,090	0	1,445	10,678	2,650	346,863	0
	(ii)	0	0	0	0	0	0	0
17 SUSI JEFFREY FORMER OFFICER (RETIRED)	(i)	102,600	0	225,953	11,616	5,593	345,762	0
	(ii)	0	0	0	0	0	0	0
18 COLLIER SUSAN VP NURSING, CNO - HILLCREST	(i)	268,899	0	5,931	58,904	11,114	344,848	0
	(ii)	0	0	0	0	0	0	0
19 MAJOR KERRY CNO - CC FLA REGION	(i)	307,468	0	5,172	12,315	15,046	340,001	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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10 MEYERHOEFER TODD FORMER OFFICER	(i)	239,660	32,669	20,916	15,000	23,784	332,029	0
	(ii)	0	0	0	0	0	0	0
1 HARLEY DO DOUGLAS DIR - AGMC, LODI, PPG, PHYSICIAN	(i)	301,018	0	2,816	11,200	15,985	331,019	0
	(ii)	0	0	0	0	0	0	0
2 MARKS DO MICHELLE TRUSTEE, MED DIR - CCCHR, PHYSICIAN	(i)	277,148	0	2,490	28,000	20,828	328,466	0
	(ii)	0	0	0	0	0	0	0
3 MOHRING MICHAEL DIRECTOR - MMFI, ASST TREAS - CCC	(i)	0	0	0	0	0	0	0
	(ii)	218,498	0	192	49,682	42,422	310,794	0
4 BRAMAN DO KENNETH DIRECTOR, CHIEF MED OFF - PPG	(i)	274,690	0	6,460	11,200	17,866	310,216	0
	(ii)	0	0	0	0	0	0	0
5 TULISIAK MD THOMAS FORMER OFFICER	(i)	258,726	0	4,643	26,125	18,000	307,494	0
	(ii)	0	0	0	0	0	0	0
6 MENDIOLA MD AMANDA DIR - AGMC, LODI, PHYSICIAN	(i)	279,058	0	756	10,978	14,514	305,306	0
	(ii)	0	0	0	0	0	0	0
7 SNYDER VICKY DIRECTOR - MED HOSP FDN, COO	(i)	251,072	0	3,561	20,518	25,000	300,151	0
	(ii)	0	0	0	0	0	0	0
8 GREENE MD KATHIE DIRECTOR - PPG, PHYSICIAN	(i)	246,063	639	32,691	8,481	11,063	298,937	0
	(ii)	0	0	0	0	0	0	0
9 CARROLL DONALD FORMER KEY EMPLOYEE	(i)	253,978	0	5,651	20,382	13,965	293,976	0
	(ii)	0	0	0	0	0	0	0
10 MILLER SHEILA CNO - AGHS	(i)	253,810	0	13,420	9,451	15,243	291,924	0
	(ii)	0	0	0	0	0	0	0
11 MARKOVICH MD RENEE DIRECTOR - PPG, PHYSICIAN	(i)	261,805	0	4,148	10,678	13,704	290,335	0
	(ii)	0	0	0	0	0	0	0
12 THORN III EUGENE A FORMER OFFICER	(i)	219,603	34,041	792	13,414	18,638	286,488	0
	(ii)	0	0	0	0	0	0	0
13 SHERIDAN MD CATHERINE DIRECTOR- MED HOSP FDN, PHYSICIAN	(i)	243,664	0	973	24,504	16,854	285,995	0
	(ii)	0	0	0	0	0	0	0
14 RIBLEY DOUGLAS FORMER KEY EMPLOYEE	(i)	241,740	0	8,289	17,582	13,373	280,984	0
	(ii)	0	0	0	0	0	0	0
15 BEKENY MD JAMES TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	220,576	0	23,249	25,249	8,619	277,693	0
	(ii)	0	0	0	0	0	0	0
16 ZINNER BARBARA CNO - MARYMOUNT	(i)	216,967	0	9,390	32,106	15,874	274,337	0
	(ii)	0	0	0	0	0	0	0
17 CUMMINGS JEFFREY DIRECTOR - KMA, PHYSICIAN	(i)	269,100	0	0	0	0	269,100	0
	(ii)	0	0	0	0	0	0	0
18 FOSTER SUSAN FORMER KEY EMPLOYEE	(i)	204,390	0	20,930	26,666	15,244	267,230	0
	(ii)	0	0	0	0	0	0	0
19 VANLITH RICHARD FORMER KEY EMPLOYEE	(i)	207,103	10,000	18,681	23,000	8,062	266,846	0
	(ii)	0	0	0	0	0	0	0

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121 CLARK CNO SUSAN VICE PRESIDENT - COASTAL CARE	(i)	0	0	0	0	0	0	0
	(ii)	221,413	0	0	13,285	31,039	265,737	0
1 ESPINOSA ALEXIS COO - CC FLA HEALTH SYS	(i)	237,770	0	7,546	3,769	14,908	263,993	0
	(ii)	0	0	0	0	0	0	0
2 MULLEN RN MBA KAREN PRESIDENT, DIRECTOR - VNS	(i)	39,436	0	219,434	4,286	177	263,333	219,423
	(ii)	0	0	0	0	0	0	0
3 EIGHMY GEORGE DIRECTOR, TREAS - INDIAN RIVER	(i)	183,466	0	64,443	3,173	8,575	259,657	0
	(ii)	0	0	0	0	0	0	0
4 FUNK MD JONATHAN R FORMER OFFICER	(i)	216,832	0	3,190	21,825	16,894	258,741	0
	(ii)	0	0	0	0	0	0	0
5 FRIGO DAVID DIRECTOR, TREASURER - AGP	(i)	202,865	0	4,752	30,524	13,766	251,907	0
	(ii)	0	0	0	0	0	0	0
6 SAUER MARY CNO -AVON	(i)	214,222	0	5,492	17,850	14,114	251,678	0
	(ii)	0	0	0	0	0	0	0
7 BAILEY DAWN CNO - EUCLID HOSPITAL	(i)	187,225	0	11,745	35,595	16,256	250,821	0
	(ii)	0	0	0	0	0	0	0
8 THOBURN MARY BETH CNO - FAIRVIEW	(i)	225,557	0	1,402	8,043	13,467	248,469	0
	(ii)	0	0	0	0	0	0	0
9 LOWERY RICHARD CNO - EUCLID HOSPITAL	(i)	158,296	0	3,400	69,097	15,418	246,211	0
	(ii)	0	0	0	0	0	0	0
10 BIBENS TODD FORMER KEY EMPLOYEE	(i)	226,043	10,000	928	5,500	2,534	245,005	0
	(ii)	0	0	0	0	0	0	0
11 OBLANDER JASON ASST. SEC - CCF & REGIONALS	(i)	215,149	0	5,264	8,382	14,737	243,532	0
	(ii)	0	0	0	0	0	0	0
12 WALTON LINDA CNO - INDIAN RIVER	(i)	222,319	10,000	928	5,500	2,650	241,397	0
	(ii)	0	0	0	0	0	0	0
13 WILLIAMS EMILY DIRECTOR, SECRETARY - AGP	(i)	230,935	0	1,784	6,198	2,078	240,995	0
	(ii)	0	0	0	0	0	0	0
14 SCHUSTER JANET CNO - LUTHERAN HOSPITAL	(i)	211,283	0	6,479	6,570	16,853	241,185	0
	(ii)	0	0	0	0	0	0	0
15 FETTO JULIE TRUSTEE - UNION, CNO - MEDINA	(i)	217,097	0	4,446	3,043	14,346	238,932	0
	(ii)	0	0	0	0	0	0	0
16 STEPP LEONARD COO - EUCLID	(i)	211,872	0	1,024	6,463	16,119	235,478	0
	(ii)	0	0	0	0	0	0	0
17 ROME MD ELLEN TRUSTEE - CCCHR, PHYSICIAN	(i)	193,661	0	2,207	19,661	18,424	233,953	0
	(ii)	0	0	0	0	0	0	0
18 KOCSIS DANA CNO - UNION	(i)	201,928	0	6,396	5,380	9,453	223,157	0
	(ii)	0	0	0	0	0	0	0
19 VIDMAR ERICK ADMIN DIRECTOR - CC NV	(i)	195,300	0	161	12,064	15,167	222,692	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				
14 VANHORN AMANDA FORMER OFFICER	(i)	196,995	0	1,824	5,588	14,021	218,428	0
	(ii)	0	0	0	0	0	0	0
1 KANE PERCIVAL COO - MARYMOUNT HOSP	(i)	182,195	0	15,778	4,781	11,293	214,047	0
	(ii)	0	0	0	0	0	0	0
2 CRAIG ROBERT FORMER OFFICER	(i)	160,586	20,177	1,643	8,892	17,116	208,414	0
	(ii)	0	0	0	0	0	0	0
3 FULLER WARREN FORMER KEY EMPLOYEE	(i)	150,827	0	17,184	27,769	10,977	206,757	0
	(ii)	0	0	0	0	0	0	0
4 SCHMIEDEL JUSTIN FORMER KEY EMPLOYEE	(i)	182,551	0	2,472	5,588	10,736	201,347	0
	(ii)	0	0	0	0	0	0	0
5 SMITH DARWIN K FORMER OFFICER	(i)	148,684	18,807	792	9,300	19,793	197,376	0
	(ii)	0	0	0	0	0	0	0
6 GRUBB MICHELLE DIRECTOR - PPG,FHC ADMIN	(i)	171,681	0	4,350	5,314	14,797	196,142	0
	(ii)	0	0	0	0	0	0	0
7 MODIC MD MICHAEL DIRECTOR, VP KMA	(i)	109,916	0	0	81,992	0	191,908	109,916
	(ii)	0	0	0	0	0	0	0
8 MADASZ MD JIM DIRECTOR - PPG, PHYSICIAN	(i)	157,197	0	8,091	4,931	16,521	186,740	0
	(ii)	0	0	0	0	0	0	0
9 BECK CHRIS FORMER OFFICER	(i)	141,731	22,314	901	9,007	8,808	182,761	0
	(ii)	0	0	0	0	0	0	0
10 MATTNER MATTHEW COO - LUTHERAN HOSPITAL	(i)	164,594	0	2,835	5,040	9,627	182,096	0
	(ii)	0	0	0	0	0	0	0
11 BAKER JOHN T VP NURSING & OPS LODI	(i)	147,024	0	9,959	5,895	20,377	183,255	0
	(ii)	0	0	0	0	0	0	0
12 SAHADI LEE DIRECTOR - PPG, MEDICAL STAFF ADMIN	(i)	126,410	0	4,952	29,378	20,166	180,906	0
	(ii)	0	0	0	0	0	0	0
13 MORRIS DELESA SR. DIRECTOR OF PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	108,525	17,311	0	12,354	41,019	179,209	0
14 ALVAREZ MD BENITO PRESIDENT - PPG	(i)	155,908	0	3,865	4,178	4,748	168,699	0
	(ii)	0	0	0	0	0	0	0
15 CULLEY MD CARL A JR TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	138,581	0	4,747	13,908	8,450	165,686	0
	(ii)	0	0	0	0	0	0	0
16 BRUNER LISBETH FORMER OFFICER - IR	(i)	153,378	0	871	3,200	7,290	164,739	0
	(ii)	0	0	0	0	0	0	0
17 MAU KATHLEEN DIRECTOR, SECRETARY - MEDINA	(i)	122,509	0	6,117	20,658	14,601	163,885	0
	(ii)	0	0	0	0	0	0	0
18 LYTLE MD BRUCE W FORMER KEY EMPLOYEE (RETIRED)	(i)	118,200	0	0	44,110	0	162,310	118,200
	(ii)	0	0	0	0	0	0	0
19 FINDING MSN MBA DONIELLE DIRECTOR, SEC - MEDINA HOSP FD.	(i)	117,230	0	4,816	20,379	15,619	158,044	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				
161 ELLIOTT SARAH DIRECTOR - PPG, ADMINISTRATOR	(i)	131,480	0	477	3,467	16,594	152,018	0
	(ii)	0	0	0	0	0	0	0
1 HAHN MD JOSEPH FORMER OFFICER (RETIRED)	(i)	148,394	0	0	-375	0	148,019	148,394
	(ii)	0	0	0	0	0	0	0
2 BOYD DIANA FORMER OFFICER	(i)	97,162	19,154	487	6,159	12,456	135,418	0
	(ii)	0	0	0	0	0	0	0
3 EMMELHAINZ LARRY FORMER KEY EMPLOYEE (RETIRED)	(i)	0	0	134,213	0	1,175	135,388	31,952
	(ii)	0	0	0	0	0	0	0

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

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
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	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
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AJ37	10-15-2008	670,000,000	BOND 2008B: REFUND 06A, 04A, AND 01A; FACILITY IMPROVEMENTS		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	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	76,295,000		342,425,000		109,100,972		16,220,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	118,200,000		670,000,000		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	412,525		1,200,000		2,003,385		735,249	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	13,520,714		324,315,217					
11	Other spent proceeds	104,266,761		372,706,929		206,948,054		38,082,286	
12	Other unspent proceeds								
13	Year of substantial completion	2003		2008		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.130 %		0.520 %		1.130 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0.020 %		0 %			
6 Total of lines 4 and 5	1.130 %		0.540 %		1.130 %			
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: COLLIER COUNTY HEALTH FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 04/16/2018 ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED: 10/15/2018 ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED: 11/02/2016 ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED: 11/02/2016 ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED: 05/09/2017 ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED: 05/29/2018

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN

Employer identification number

91-2153073

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include OHIO HIGHER EDUCATIONAL FACILITY COMMISSION bonds.

Part II Proceeds

Table with 13 rows and 8 columns. Columns A-D represent different categories of proceeds. Rows include amounts of bonds retired, legally defeased, total proceeds, and various expenditures.

Part III Private Business Use

Table with 2 rows and 8 columns. Columns A-D represent different categories of private business use. Rows include questions about partnership/LLC ownership and lease arrangements.

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 ▶		0.690 %		0.220 %				1.510 %
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 %				0.010 %
6 Total of lines 4 and 5		0.770 %		0.220 %				1.520 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN

Employer identification number

91-2153073

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include MARTIN COUNTY HEALTH FACILITIES AUTHORITY, OHIO HIGHER EDUCATIONAL FACILITY COMMISSION.

Part II Proceeds

Table with 13 rows and 4-8 columns. Rows 1-13 show amounts for bonds retired, defeased, total proceeds, reserve funds, interest, escrows, issuance costs, capital expenditures, and other proceeds. Rows 14-17 are yes/no questions about tax-exempt bonds and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
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			
c Are there any research agreements that may result in private business use of bond-financed property?	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			
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 %		1.320 %		1.430 %		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0.030 %		0.030 %		
6 Total of lines 4 and 5		0 %		1.350 %		1.460 %		
7 Does the bond issue meet the private security or payment test?		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		
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			

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		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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		
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		
7 Has the organization established written procedures to monitor the requirements of section 148?	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			

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) D COSGROVE	FORMER PRES/CEO	INSURANCE PREMIUM PAYMENTS TREATED AS A LOAN		X	229,247	7,756,160		No	Yes		Yes	
Total						▶ \$	7,756,160					

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 91-2153073

Name: THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DENISE ANGERSTIEN	FAMILY MEMBER OF DENNIS CHACK, AGMC DIRECTOR	80,037	EMPLOYMENT AGREEMENT WITH AGMC		No
(1) KAREN R COOPER	FAMILY MEMBER OF STEWART KOHL, CCF DIRECTOR	173,191	EMPLOYMENT AGREEMENT WITH CCF		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) RYAN OAKLEY	FAMILY MEMBER OF WILLIAM PEACOCK, CCF OFFICER	50,600	EMPLOYMENT AGREEMENT WITH CCF		No
(1) KATHERINE MCHUGH	FAMILY MEMBER OF LINDA MCHUGH, FORMER CCF OFFICER	45,013	EMPLOYMENT AGREEMENT WITH CCF		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) CLAIRE CAPPELLE	FAMILY MEMBER OF MARGARET MCKENZIE, CCHS EAST OFFICER	10,162	EMPLOYMENT AGREEMENT WITH CCHS EAST		No
(1) SOPHIA HORATTAS	FAMILY MEMBER OF MARK HORATTAS, AGMC DIRECTOR	59,189	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
(7) AMBER BRADFORD-SAFFLES	FAMILY MEMBER OF JOHN BRADFORD, PPG DIRECTOR	346,662	EMPLOYMENT AGREEMENT WITH PPG		No
(1) JOANNE MCDONALD KILBANE	FAMILY MEMBER OF CATHERINE KILBANE, CCF DIRECTOR	52,924	EMPLOYMENT AGREEMENT WITH CCF		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) LAURA SWEENEY	FAMILY MEMBER OF TIMOTHY LONGVILLE, CCF OFFICER	85,406	EMPLOYMENT AGREEMENT WITH CCF		No
(1) MICHAEL PETRAS	FAMILY MEMBER OF MICHAEL PETRAS, JR., CCF DIRECTOR	16,776	EMPLOYMENT AGREEMENT WITH CCF		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) KATHLEEN ISAACSON	FAMILY MEMBER OF HARRY J. ISAACSON, CCF DIRECTOR	26,946	EMPLOYMENT AGREEMENT WITH CCF		No
(1) ILEANA HORATTAS	FAMILY MEMBER OF MARK HORATTAS, AGMC DIRECTOR	16,606	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
(13) JESSICA SHEERS	FAMILY MEMBER OF TITUS SHEERS, AGMC DIRECTOR	54,339	EMPLOYMENT AGREEMENT WITH AGMC		No
(1) ANTHONY O'BRIEN	FAMILY MEMBER OF TIMOTHY O'BRIEN, CCCHR OFFICER & DIRECTOR	12,313	EMPLOYMENT AGREEMENT WITH CCCHR		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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.**

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	10	67,500	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		247,417	SALE COMPARABLE GOODS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	212	12,738,142	AVERAGE HIGH/LOW
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	7	58,308	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL EQUIPMENT)	X	31	449,542	SALE COMPARABLE GOOD
26 Other ▶ (EVENT TICKETS)	X	8	4,692	COST
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 11

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

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

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

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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 2019 CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$1.102 BILLION IN BENEFITS TO THE COMMUNITIES SERVED. THE COMMUNITY BENEFIT THAT THE CLEVELAND CLINIC HEALTH SYSTEM PROVIDES INCLUDES PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, EDUCATION, MEDICAID SHORTFALL, SUBSIDIZED HEALTH SERVICES, AND COMMUNITY OUTREACH PROGRAMS. THE CURRENT COMMUNITY BENEFIT REPORT IS AVAILABLE AT CLEVELANDCLINIC.ORG. (COMMUNITY BENEFIT AMOUNTS REPORTED IN THIS PROGRAM SERVICE STATEMENT REFER TO THE CLEVELAND CLINIC'S 2019 COMMUNITY CONNECTIONS, BASED ON THE CHA REPORTING METHODOLOGY. SEE FORM 990, SCHEDULE H FOR A RECONCILIATION OF SCHEDULE H TO COMMUNITY BENEFIT REPORTING.)</p> <p>IN 2019, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDED AN ACADEMIC MEDICAL CENTER AND 11 COMMUNITY HOSPITALS (AKRON, AVON, EUCLID, FAIRVIEW, HILLCREST, L ODI, LUTHERAN, MARYMOUNT, MEDINA, SOUTH POINTE, AND UNION HOSPITALS), AND A SPECIALTY HOSPITAL (CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION) IN NORTHEAST OHIO; FIVE HOSPITALS, ONE CLINIC, OUTPATIENT FAMILY HEALTH CENTERS AND AN OUTPATIENT FAMILY HEALTH AND AMBULATORY SURGERY CENTER IN FLORIDA; AND A CENTER FOR BRAIN HEALTH IN LAS VEGAS, NEVADA. CLEVELAND CLINIC HEALTH SYSTEM IS DEDICATED TO THE COMMUNITIES IT SERVES STRIVING TO PROVIDE COMPASSIONATE, HIGH QUALITY HEALTHCARE TO ALL WHO NEED IT; AND SUPPORTING PROGRAMS AND INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF ITS COMMUNITIES. THROUGH ITS FINANCIAL ASSISTANCE EFFORTS AND AS A LEADING MEDICAID PROVIDER IN OHIO, CLEVELAND CLINIC PROVIDES HEALTHCARE TO THOSE WHO OTHERWISE COULD NOT AFFORD IT. IN 2019, THE CLEVELAND CLINIC HEALTH SYSTEM RECORDED 4,899 TOTAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT</p>	<p>STAFFED BEDS, 883,839 EMERGENCY VISITS, 255,096 SURGICAL CASES, 237,893 ADMISSIONS, AND MORE THAN 12.8 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, NEUROLOGICAL, NURSING, OB/GYN & WOMEN'S HEALTH, ORTHOPEDIC & RHEUMATOLOGY, PATHOLOGY & LABORATORY MEDICINE, PEDIATRIC & CHILDREN'S HOSPITAL, RESPIRATORY, TAUSSIG CANCER, & COMMUNITY CARE. 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 2019. OVERALL, CLEVELAND CLINIC WAS AMONG THE NATION'S BEST HOSPITALS, EARNING THE NO. 4 RANKING. FOR THE 25TH CONSECUTIVE YEAR, CLEVELAND CLINIC RANKED BEST IN THE NATION FOR CARDIOLOGY AND HEART SURGERY, EARNING THE NO. 1 SPOT. NINE CLEVELAND CLINIC SPECIALTIES ALSO RANKED IN THE TOP 10. OF THESE, SIX PLACED IN THE TOP 5 INCLUDING: CARDIOLOGY & HEART SURGERY; UROLOGY; GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY; NEPHROLOGY; RHEUMATOLOGY; AND GYNECOLOGY. CLEVELAND CLINIC WAS NATIONALLY RANKED IN 15 ADULT SPECIALTY AND 9 CHILDREN'S SPECIALTIES. CLEVELAND CLINIC WAS ALSO RATED HIGH PERFORMING IN NINE PROCEDURES AND CONDITIONS. CLEVELAND CLINIC HAS ACHIEVED THE DISTINGUISHED MAGNET RECOGNITION. MAGNET STATUS IS THE HIGHEST NATIONAL RECOGNITION AWARDED TO A HOSPITAL OR MEDICAL CENTER FOR EXCELLENCE IN NURSING. ANCC, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR. CLEVELAND CLINIC RECEIVED SEVERAL AWARDS FROM PRACTICE GREENHEALTH. PRACTICE GREENHEALTH RECOGNIZES ORGANIZATIONS WITHIN THE HEALTHCARE SECTOR THAT SUPPORT AND CREATE BETTER, SAFER, AND GREENER WORKPLACES AND COMMUNITIES. IN 2019, CLEVELAND CLINIC AND ITS FACILITIES RECEIVED: THE ENVIRONMENTAL EXCELLENCE AWARD, GREENING THE OR AWARD, ENERGY CIRCLE AWARD, CLIMATE CIRCLE AWARD, GREEN BUILDING CIRCLE AWARD, AND SYSTEM FOR CHANGE AWARD. FOUNDED IN 1914, AKRON GENERAL IS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT SERVES AS THE HUB FOR CLEVELAND CLINIC'S SOUTHERN REGION. THE 502 STAFFED BED TEACHIN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE STATEMENT	<p>G AND RESEARCH MEDICAL CENTER INCLUDES LODI HOSPITAL, VISITING NURSE SERVICE, AND HEALTH & WELLNESS CENTERS. THE LEVEL 1 TRAUMA CENTER, AS DESIGNATED BY THE AMERICAN COLLEGE OF SUR GEONS, OFFERS THE TECHNOLOGY, EXPERTISE, AND STAFFING TO TREAT ALL INJURIES REGARDLESS OF SEVERITY. IN 2019 U.S. NEWS & WORLD REPORT RANKED AKRON GENERAL AS THE FOURTEENTH BEST HOS PITAL IN OHIO AND THE BEST HOSPITAL IN AKRON. AKRON GENERAL IS RANKED HIGH PERFORMING IN P ULMONOLOGY AND LUNG SURGERY. AKRON WAS ALSO RANKED AS HIGH PERFORMING IN THREE ADULT PROCE DURES AND CONDITIONS. THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS MAGNET STAT US DESIGNATION TO AKRON GENERAL. AKRON GENERAL IS ACCREDITED BY JOINT COMMISSION, ALSO REC EIVING ITS GOLD SEAL OF APPROVAL 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 A N 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 GR OUPS PROVIDES PATIENTS WITH ACCESS TO A WIDE MENU OF CLINICAL TRIALS. IN 2019, AKRON GENER AL WAS AWARDED THE PARTNER RECOGNITION AWARD FROM PRACTICE GREENHEALTH. THIS AWARD IS GIVE N TO HEALTH CARE FACILITIES THAT ARE CHANGING THEIR PRACTICES TO BECOME MORE SUSTAINABLE A ND HAVE ACHIEVED PROGRESS IN AREAS SUCH AS WASTE REDUCTION, RENEWABLE ENERGY ADOPTION, FOO D PURCHASING, AND MERCURY ELIMINATION. OPENED IN NOVEMBER 2016, AVON HOSPITAL HAS 126 STAF FED BEDS AND PROVIDES INPATIENT AND OUTPATIENT SERVICES. THE FIVE STORY HOSPITAL WAS DESIG NED TO ACCOMMODATE FUTURE ADVANCES IN MEDICAL CARE. AVON HOSPITAL'S FEATURES INCLUDE SIX O PERATING ROOMS, INTENSIVE CARE UNIT, IMAGING AND RADIOLOGY, PHARMACY AND LABORATORY SERVIC ES, A CARDIAC CATHETERIZATION LABORATORY AS WELL AS AN EXPANDED EMERGENCY DEPARTMENT. THE HOSPITAL HAD A SUCCESSFUL JOINT COMMISSION ACCREDITATION SURVEY AND RECEIVED FULL ACCREDIT ATION STATUS ON DEC. 9, 2016. IN APRIL 2019, AVON HOSPITAL WAS GRANTED AN ADVANCED CERTIFI CATION FOR PRIMARY STROKE BY THE JOINT COMMISSION. IN ADDITION, IN 2019, AVON RECEIVED THE 2019 HEALTHGRADES OUTSTANDING PATIENT EXPERIENCE AWARD. THE AWARD RECOGNIZES HOSPITALS TH AT PROVIDE AN OVERALL OUTSTANDING PATIENT EXPERIENCE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>FOUNDED IN 1907, EUCLID HOSPITAL HAS BECOME ONE OF THE REGION'S LEADING SUB-ACUTE CARE, OUTPATIENT REHABILITATION AND ORTHOPEDIC CENTERS. THE HOSPITAL, WITH 166 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, ORTHOPEDICS, AND OUTPATIENT REHABILITATION. US WORLD & NEWS REPORT RATED EUCLID HOSPITAL AS HIGH PERFORMING IN KNEE REPLACEMENT. IN 2019, 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. 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. IN 2019, U.S. NEWS & WORLD REPORT RECOGNIZED FAIRVIEW HOSPITAL AS THE NUMBER THREE HOSPITAL IN THE CLEVELAND METROPOLITAN AREA AND NUMBER FOUR IN OHIO. FAIRVIEW HOSPITAL WAS NATIONALLY RANKED FOR CARDIOLOGY & HEART SURGERY AND ORTHOPEDICS AND HIGHEST PERFORMING IN SEVEN 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, TEAMWORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR. IN 2019, FAIRVIEW HOSPITAL RECEIVED SEVERAL AWARDS FROM PRACTICE GREENHEALTH, INCLUDING: THE EMERALD AWARD AND GREENING THE OR RECOGNITION AWARD. OPENED IN NOVEMBER 1968, HILLCREST HOSPITAL HAS 440 STAFFED HOSPITAL BEDS. HILLCREST HOSPITAL HAS BEEN NATIONALLY RECOGNIZED 12 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 PRE</p>

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Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>STIGIOUS 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 THE 2019 U.S. NEWS & WORLD REPORT, HILLCREST HOSPITAL WAS NATIONALLY RANKED IN 2 ADULT SPECIALTIES, CARDIOLOGY & HEART SURGERY AND ORTHOPEDICS, AND AS HIGH PERFORMING IN FIVE OTHER 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 FIFTH IN THE STATE OF OHIO. HILLCREST HOSPITAL HOLDS ACCREDITATION FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTH ORGANIZATIONS AND FULL ACCREDITATION WITH PERCUTANEOUS CORONARY INTERVENTION ("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 ORTHOPEDICS, 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. IN THE 2019 U.S. NEWS & WORLD REPORT, LUTHERAN HOSPITAL HAS ACHIEVED HIGH PERFORMING IN ONE ADULT PROCEDURE & CONDITION. 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 2019, LUTHERAN WAS AWARDED THE PRACTICE GREENHEALTH PATHWAYS TO EXCELLENCE. FOUNDED IN 1949, MARYMOUNT HOSPITAL IS A 269 STAFFED BED ACUTE CARE HOSPITAL PROVIDING ADVANCED HEALTH CARE, GUIDED BY THE VALUES OF SERVICE, COMPASSION, DIGNITY, AND RESPECT. IN 2019, U.S. NEWS & WORLD REPORT RECOGNIZED MARYMOUNT HOSPITAL AS HIGH PERFORMING IN ONE COMMON ADULT PROCEDURE. 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 THE</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>IR EFFICIENCIES AND ENVIRONMENTAL STEWARDSHIP WHILE IMPROVING PATIENT SAFETY AND CARE THROUGH TOOLS, BEST PRACTICES AND KNOWLEDGE. 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, A BEHAVIORAL HEALTH PROGRAM ACCREDITED BY THE JOINT COMMISSION, LAB ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGIST (CAP) AND AMERICAN ASSOCIATION OF BLOOD BANKS, AND CERTIFICATION BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION. FOUNDED IN 1944, MEDINA HOSPITAL IS A 148 STAFFED BED ACUTE CARE FACILITY. MEDINA'S STRONG CLINICAL CENTERS OF EXCELLENCE INCLUDE EMERGENCY DEPARTMENT, ORTHOPEDICS, AND SURGERY. THE HOSPITAL FEATURES MORE THAN 300 PHYSICIANS COVERING MORE THAN 30 AREAS OF SPECIALIZATION. MEDINA 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 2019, U.S. NEWS & WORLD REPORT RECOGNIZED MEDINA HOSPITAL AS HIGH PERFORMING IN ONE COMMON ADULT PROCEDURE. SOUTH POINTE HOSPITAL, IS A 163 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 2019 U.S. NEWS & WORLD REPORT RECOGNIZED SOUTH POINTE HOSPITAL AS HIGH PERFORMING IN TWO CLINICAL SPECIALTIES AND TWO COMMON ADULT PROCEDURES AND CONDITIONS. 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.</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>FOUNDED IN 1906, UNION HOSPITAL IS A 136 STAFFED BED 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. IN 2019, U.S. NEWS & WORLD REPORT RECOGNIZED UNION HOSPITAL AS HIGH PERFORMING IN ONE COMMON ADULT PROCEDURE. 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. AS A RECOGNITION OF A TOP-PERFORMING HOME HEALTH AGENCY, HOMECARE ELITE IDENTIFIES THE TOP 25 PERCENT OF MEDICARE-CERTIFIED AGENCIES. FOR THE THIRD CONSECUTIVE YEAR IN A ROW, UNION HOSPITAL HOME HEALTH HAS ACHIEVED TOP 500 STATUS AS RANKED BY HOME CARE ELITE. 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, WEST PALM BEACH, WELLINGTON, PALM BEACH GARDENS, PARKLAND, AND CORAL SPRINGS. IN 2019, CLEVELAND CLINIC FLORIDA HAD 543,555 PATIENT VISITS, 16,242 INTERNATIONAL PATIENT VISITS; AND MORE THAN 299 STAFF PHYSICIAN AND 133 RESIDENTS AND FELLOWS IN 11 ACCREDITED TRAINING PROGRAMS. IN 2019, U.S. NEWS & WORLD REPORT NATIONALLY RANKED ONE OF FLORIDA'S ADULT SPECIALTIES: GASTROENTEROLOGY & GI SURGERY. IT WAS ALSO HIGH PERFORMING IN FIVE ADULT SPECIALTIES AND ALL NINE ADULT PROCEDURES & CONDITIONS. IN ADDITION, PRACTICE GREENHEALTH AWARDED IT WITH THE PARTNER FOR CHANGE 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 TENTH 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 2019-2020. CLEVELAND CLINIC FLORIDA IS RANKED FIRST IN THE MIAMI-FT. LAUDERDALE METROPOLITAN REGION AND FIFTH IN THE STATE OF FLORIDA. CLEVELAND CLINIC FLORIDA HOLDS SEVERAL AWARDS, INCLUDING: NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS FROM THE AMERICAN COLLEGE OF SURGEONS, DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY, A 3 YEAR ACCREDITED CANCER PROGRAM, ADVANCED CERTIFICATION FOR PRIMARY CARE STROKE CENTERS FROM THE JOINT COMMISSION AND AMERICAN HEART ASSOCIATION, A COMPREHENSIVE STROKE CENTER DESIGNATION FROM FLORIDA'S AGENCY FOR HEALTH CARE AD</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>MINISTRATION, A STROKE GOLD PLUS ACHIEVEMENT AWARD WITH TARGET STROKE HONOR ROLL ELITE PLUS FROM THE AMERICAN HEART ASSOCIATION, A TOP PERFORMER FOR ADVANCED CERTIFICATION IN VENTRICULAR ASSIST DEVICE, A FULLY ACCREDITED METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM, THE LANTERN AWARD FROM THE EMERGENCY NURSES ASSOCIATION, THE BEACON AWARD FROM AMERICAN ASSOCIATION OF CRITICAL CARE NURSES, AND A NATIONAL ACCREDITATION FOR RECTAL CANCER FROM THE AMERICAN COLLEGE OF SURGEONS. IN JANUARY 2019, CLEVELAND CLINIC THROUGH A SUBSIDIARY BECAME THE SOLE MEMBER OF MARTIN MEMORIAL HEALTH SYSTEM, INC. (MARTIN HEALTH SYSTEM) AND INDIAN RIVER MEMORIAL HOSPITAL, INC. MARTIN MEMORIAL MEDICAL CENTER, INC. IS A NOT-FOR-PROFIT, TAX EXEMPT ORGANIZATION THAT OPERATES GENERAL ACUTE CARE FACILITIES IN STUART, PORT SALERNO, AND PORT ST. LUCIE, FLORIDA, WITH A TOTAL OF 521 BEDS AND ASSOCIATED ANCILLARY SERVICE DEPARTMENTS. MARTIN MEMORIAL HEALTH SYSTEMS CONTROLS FOUR AFFILIATED COMPANIES, INCLUDING REAL ESTATE MANAGEMENT COMPANIES. THE MARTIN HEALTH SYSTEM'S PRIMARY MISSION IS TO PROVIDE QUALITY HEALTH CARE SERVICES TO CITIZENS OF MARTIN, ST. LUCIE, AND EASTERN OKEECHOBEE COUNTIES THROUGH ITS ACUTE AND AMBULATORY CARE FACILITIES. IN 2019, MARTIN MEMORIAL MEDICAL CENTER WILL FILE A SEPARATE FORM 990 WHICH WILL DETAIL ITS PROGRAM SERVICES AND ACCOMPLISHMENTS IN DETAIL. THE ACTIVITIES OF ALL THE OTHER TAX EXEMPT ORGANIZATIONS OF MARTIN HEALTH SYSTEM IS INCLUDED IN THE CLEVELAND CLINIC FOUNDATION GROUP RETURN'S FORM 990. FOUNDED IN 1932, INDIAN RIVER HOSPITAL HAS GROWN FROM A SMALL COMMUNITY HOSPITAL TO A 250 STAFFED BED HOSPITAL. INDIAN RIVER HOSPITAL SERVES AS THE AREA'S LEADING PROVIDER OF COMPREHENSIVE HIGH QUALITY HEALTH AND MEDICAL SERVICES AND IMPROVES THE HEALTH AND WELL-BEING OF THE PEOPLE OF AND COMMUNITIES SERVED. INDIAN RIVER HOSPITAL HAS BEEN DESIGNATED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE AND KNEE AND HIP REPLACEMENT BY FLORIDA BLUE AND AWARDED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL. IT HAS BEEN RECOGNIZED AS ONE OF SOUTHERN FLORIDA'S BEST REGIONAL HOSPITALS BY U.S. NEWS & WORLD REPORT. INDIAN RIVER WAS AWARDED THE 2019 READERS CHOICE AWARD WINNER FOR BEST HOSPITALS AS VOTED BY THE HOMETOWN NEWS READERS OF VERO BEACH. INDIAN RIVER HAS ACHIEVED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION. THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES ("AACN") RECENTLY CONFERRED A BRONZE-LEVEL BEACON AWARD FOR EXCELLENCE. THE AWARD RECOGNIZES UNIT CAREGIVERS WHO SUCCESSFULLY IMPROVE PATIENT OUTCOMES AND ALIGN PRACTICES WITH AACN'S SIX HEALTHY WORK ENVIRONMENT STANDARDS. INDIAN RIVER RECEIVED ACCREDITATION FROM: THE AMERICAN COLLEGE OF RADIOLOGY; A THREE YEAR TERM IN ULTRASOUND BY THE AMERICAN COLLEGE OF RADIOLOGY; COMPUTED TOMOGRAPHY BY THE AMERICAN COLLEGE OF RADIOLOGY; A CANCER PROGRAM ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER; AND IS DESIGNATED AS A CHEST PAIN CENTER V5 WITH PRIMARY PCI ACCREDIT</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>ATION. THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH IS A MULTIDISCIPLINARY CENTER , CO-LOCATED IN LAS VEGAS AND CLEVELAND PROVIDING DIAGNOSIS AND TREATMENT FOR PATIENTS WITH COGNITIVE DISORDERS AND SUPPORT FOR THEIR FAMILIES. PHYSICIANS AND STAFF FOCUS ON EARLY INTERVENTION FOR MILD COGNITIVE DISORDERS THROUGH PHYSICAL EXERCISE, COGNITIVE REHABILITATION, AND MEDICATION. THE CENTER ALSO ENGAGES IN EDUCATION AND RESEARCH ACTIVITIES. THE LOU RUVO CENTER FOR BRAIN HEALTH WAS NAMED A RESEARCH CENTER OF EXCELLENCE BY THE LEWY BODY DEMENTIA ASSOCIATION. IT HAS BEEN NAMED ONE OF THE FIRST FIVE CUREPSP CENTERS OF CARE IN THE UNITED STATES. IT IS ALSO THE ONLY PROGRAM IN SOUTHERN NEVADA TO RECEIVE THE PARTNERS IN CARE DESIGNATION FROM THE NATIONAL MULTIPLE SCLEROSIS SOCIETY. KEEP MEMORY ALIVE ("KMA") RAISES FUNDS TO OPERATE THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH TO ADVANCE THE RESEARCH AND TREATMENT OF PATIENTS WITH NEUROCOGNITIVE DISORDERS THAT RESULT FROM NEUROLOGICAL DISEASES INCLUDING ALZHEIMER'S, HUNTINGTON'S, PARKINSON'S, AND AMYOTROPHIC LATERAL SCLEROSIS (ALS). KMA STRIVES TO CREATE GREATER AWARENESS OF NEUROCOGNITIVE DISORDERS; EDUCATE FAMILIES ABOUT TREATMENTS, RESEARCH EFFORTS, AND AVAILABLE CAREGIVER SERVICES; AND PROMOTES LIFESTYLE CHANGES TO ENCOURAGE HEALTHY BRAIN AGING. FINANCIAL ASSISTANCE THE CLEVELAND CLINIC FINANCIAL ASSISTANCE POLICY ASSISTS POOR AND INDIGENT PATIENTS BY PROVIDING FREE CARE FOR EMERGENCY AND MEDICALLY NECESSARY SERVICES TO UNINSURED PATIENTS WITH INCOMES UP TO 250 PERCENT OF THE FEDERAL POVERTY LEVEL AND ALSO OFFERS DISCOUNTS ON EMERGENCY AND MEDICALLY NECESSARY SERVICES FOR UNINSURED PATIENTS WHOSE INCOME IS UP TO 400 PERCENT OF THE POVERTY LEVEL. PATIENTS WITH SPECIAL MEDICAL OR EXCEPTIONAL CIRCUMSTANCES MAY ALSO BE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE FINANCIAL ASSISTANCE POLICY IS DESIGNED TO PREVENT MEDICAL BILLS FROM CAUSING A PATIENT OR FAMILY UNDUE FINANCIAL HARDSHIP. THE CLEVELAND CLINIC HEALTH SYSTEM PROVIDED FINANCIAL ASSISTANCE AT A COST OF \$166.3 MILLION IN 2019. II. RESEARCH CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE BIOMEDICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT DISEASE, AND FIND CURES FOR MEDICAL ISSUES. THE CLEVELAND CLINIC HEALTH SYSTEM'S RESEARCH ACTIVITIES ARE INTENDED TO IMPROVE PATIENT CARE AND THE HEALTH OF THE PUBLIC AT LARGE, BY PROVIDING THE LATEST ADVANCES IN MEDICINE DIRECTLY TO PATIENTS AND BY REFINING THE PRACTICE OF MEDICINE THROUGH THE DEVELOPMENT AND PROMULGATION OF NEW TECHNIQUES, DEVICES, AND TREATMENT PROTOCOLS. CLEVELAND CLINIC'S LERNER RESEARCH INSTITUTE ("LRI") IS ITS RESEARCH INSTITUTE LOCATED ON THE MAIN CAMPUS AND HOME TO A COMPLETE SPECTRUM OF LABORATORY-, TRANSLATIONAL-, AND CLINICAL-BASED RESEARCH.</p>

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FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>LRI HAS APPROXIMATELY 175 FACULTY-LEVEL SCIENTISTS ORGANIZED IN THE FOLLOWING DEPARTMENTS: BIOMEDICAL ENGINEERING, CANCER BIOLOGY, CARDIOVASCULAR AND METABOLIC SCIENCES, GENOMIC MEDICINE, INFLAMMATION AND IMMUNITY, NEUROSCIENCES, OPHTHALMIC RESEARCH, PATHOBIOLOGY, QUANTITATIVE HEALTH SCIENCES, AND TRANSLATIONAL HEMATOLOGY AND ONCOLOGY RESEARCH. LRI IS ONE OF THE LEADING NIH-FUNDED RESEARCH INSTITUTES IN THE UNITED STATES AND HAS SPEARHEADED NUMEROUS ADVANCES IN THE DIAGNOSIS AND TREATMENT OF COMPLEX MEDICAL PROBLEMS. SCIENTISTS AND THEIR TEAMS ARE PURSUING A WIDE RANGE OF BIOMEDICAL QUESTIONS AT LRI, INCLUDING THOSE RELATED TO CARDIOVASCULAR, CANCER, NEUROLOGICAL, MUSCULOSKELETAL, AND METABOLIC DISEASES. ALTOGETHER, NEARLY 1,500 SCIENTISTS AND SUPPORT PERSONNEL WORK AT LRI. THIS INCLUDES APPROXIMATELY 240 RESEARCH FELLOWS, 109 GRADUATE STUDENTS AND 200 UNDERGRADUATE STUDENTS. IN ADDITION TO BASIC PRE-CLINICAL RESEARCH, THE CLEVELAND CLINIC, ITS AFFILIATES, AND EMPLOYED PHYSICIANS PARTICIPATE OR ARE PRIMARY INVESTIGATORS IN MANY CLINICAL TRIALS. IN 2019, CLEVELAND CLINIC WAS INVOLVED IN APPROXIMATELY 4,000 ACTIVE INSTITUTIONAL REVIEW BOARD APPROVED HUMAN SUBJECTS' RESEARCH STUDIES. THE ONGOING COLLABORATION BETWEEN PHYSICIAN INVESTIGATORS AND STUDY VOLUNTEERS IS CENTRAL TO TESTING THE SAFETY AND EFFECTIVENESS OF DRUGS AND MEDICAL PROCEDURES AND HELPS TO SET THE STANDARDS FOR PATIENT CARE. RESEARCH AT CLEVELAND CLINIC IS FUNDED BY EXTERNAL SOURCES, SUCH AS FEDERAL GRANTS, BUT IS ALSO SUBSTANTIALLY SUPPORTED BY THE CLINIC'S OWN INTERNAL RESOURCES. IN 2019, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$258.1 MILLION, WHICH INCLUDED EXTERNALLY-SPONSORED FUNDING OF \$169.3 MILLION.</p> <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 THE NATION'S FUTURE DOCTORS, CLEVELAND CLINIC SPONSORS A WIDE RANGE OF HIGH QUALITY MEDICAL EDUCATION TRAINING THROUGHOUT THE HEALTH SYSTEM INCLUDING ACCREDITED TRAINING PROGRAMS FOR NURSES AND HEALTH SCIENCE PROFESSIONALS. CLEVELAND CLINIC HEALTH SYSTEM DEVOTES SUBSTANTIAL RESOURCES TO EDUCATION PROGRAMS, WHICH, IN 2019, PROVIDED A NET COMMUNITY BENEFIT OF \$303.6 MILLION. THESE EDUCATIONAL ACTIVITIES ENSURE RESIDENTS AND PATIENTS IN ALL OF THE CLEVELAND CLINIC HEALTH SYSTEM'S COMMUNITIES ARE RECEIVING THE HIGHEST STANDARD OF MEDICAL CARE AND HAVE TRAINED HEALTH PROFESSIONALS TO CARE FOR THEM IN THE FUTURE. SOME OF THESE EDUCATION</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>TION PROGRAMS INCLUDE: -GRADUATE MEDICAL EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN THE COUNTRY. IN 2019, 1,383 RESIDENTS AND FELLOWS TRAINED IN 104 ACCREDITED TRAINING PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), INCLUDING 155 ADVANCED FELLOWS IN 92 FELLOWSHIP PROGRAMS. -LERNER COLLEGE OF MEDICINE: SINCE ITS INCEPTION IN MAY 2002, THE LERNER COLLEGE OF MEDICINE HAS LINKED ONE OF THE NATION'S TOP HOSPITALS WITH ONE OF THE NATION'S LEADING RESEARCH UNIVERSITIES. THERE WERE 1,961 APPLICANTS FOR 32 POSITIONS FOR THE 2019-20 ACADEMIC YEAR. THE PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 195 PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON 2019 CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT SUBMISSIONS), AND 42 STUDENTS PARTICIPATED IN LOCAL AND NATIONAL MEETINGS WITH PRESENTATIONS AND POSTERS. -VISITING MEDICAL STUDENTS: VISITING MEDICAL STUDENT EDUCATION REPRESENTS A MAJOR ACADEMIC COMMITMENT BY CLEVELAND CLINIC. IN 2019, 218 MEDICAL STUDENTS FROM 128 MEDICAL SCHOOLS AROUND THE WORLD ROTATED THROUGH CLEVELAND CLINIC. -CENTER FOR CONTINUING EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST CONTINUING MEDICAL EDUCATION (CME) PROGRAMS IN THE COUNTRY AND ENJOYS THE HIGHEST ACCME RANKING: ACCREDITATION WITH COMPLETION. IN 2019, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 1,658 CME ACTIVITIES THAT OFFERED OVER 12,000 CME CREDITS TO 186,491 PARTICIPANTS. OF THAT NUMBER, 1,321 WERE LIVE COURSES THAT ATTRACTED 84,588 PARTICIPANTS. CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL CENTERS. THE CENTER'S WEBSITE HAD 403 ACTIVITIES THAT ATTRACTED 365,053 ACTIVITY VIEWERS. JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, AWARDED MORE THAN 65,000 CERTIFICATES TO CLEVELAND CLINIC JOURNAL OF MEDICINE (CCJM) PARTICIPANTS. IN 2019, THE CENTER ISSUED 164,767 CERTIFICATES FOR ALL ACTIVITIES COMBINED. -THE CCJM ENJOYED A CIRCULATION OF MORE THAN 124,000 COPIES AND RANKED NO. 2 IN READERSHIP AMONG JOURNALS DIRECTED TO OFFICE-BASED INTERNISTS AND CARDIOLOGISTS. EACH YEAR, THE PRINT AND ONLINE VERSIONS ARE READ OR ACCESSED BY APPROXIMATELY 7.1 MILLION PEOPLE AROUND THE WORLD. IN 2019 THE CCJM WEBSITE RECORDED 12,561,060 PAGE VIEWS FROM 9,554,530 UNIQUE VISITORS. -CENTER FOR HEALTH SCIENCES EDUCATION: CLEVELAND CLINIC IS A MAJOR EDUCATION AND TRAINING SITE FOR A NUMBER OF ALLIED HEALTH STUDENTS FROM VARIOUS ACADEMIC PROGRAMS THROUGHOUT THE REGION. THE CLEVELAND CLINIC HEALTH SYSTEM CURRENTLY OFFERS 16 IN-HOUSE ALLIED HEALTH PROGRAMS AND HAS 50 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS. IN 2019, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 717,000 CLINICAL ROTATION HOURS FOR OVER 2,600 HEALTH SCIENCE STUDENTS. -CENTER FOR INTERNATIONAL MEDICAL EDUCATION: THE CENTER FOR INTERNATIONAL M</p>

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<p>FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)</p>	<p>EDICAL EDUCATION (CIME) IS RESPONSIBLE FOR COORDINATING CLEVELAND CLINIC'S INTERNATIONAL EDUCATIONAL INITIATIVES AND FOR ENSURING THE PROVISION OF HIGH QUALITY EDUCATIONAL EXPERIENCES FOR THE GLOBAL MEDICAL COMMUNITY. IN 2019, 986 INTERNATIONAL PHYSICIANS AND MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN OBSERVERSHIPS; 207 PHYSICIANS ATTENDED SYMPOSIA HELD AT CLEVELAND CLINIC PATIENT EXPERIENCE, CARDIOLOGY, COLORECTAL SURGERY, SPINE SURGERY, GASTROENTEROLOGY, LEUKEMIA, UROLOGY, CONGENITAL HEART DISEASE, BREAST CANCER, AND OBESITY; AND STAFF TRAVELED TO 14 COUNTRIES TO SHARE CLINICAL AND SURGICAL INNOVATIONS. IV. ADDITIONAL COMMUNITY BENEFIT PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, AND EDUCATION DESCRIBED ABOVE ARE INTEGRAL COMPONENTS OF THE COMMUNITY BENEFIT THE CLEVELAND CLINIC HEALTH SYSTEM ANNUALLY REPORTS TO THE COMMUNITY. THE OTHER COMPONENTS OF THE CLEVELAND CLINIC'S COMMUNITY BENEFIT ARE: MEDICAID SHORTFALL THE CLEVELAND CLINIC HEALTH SYSTEM IS A LEADING PROVIDER OF MEDICAID SERVICES IN OHIO. IN MANY STATES, INCLUDING OHIO, MEDICAID PAYMENTS HAVE NOT BEEN SUFFICIENT TO COVER THE COST OF TREATING MEDICAID BENEFICIARIES. IN 2019, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS WERE \$439.9 MILLION (THIS FIGURE IS NET OF AN HCAP BENEFIT OF \$5.1 MILLION). SUBSIDIZED HEALTH SERVICES IN ADDITION TO FINANCIAL ASSISTANCE AND COSTS NOT COVERED BY MEDICAID PAYMENTS, ANOTHER CLINICAL COMMUNITY BENEFIT CATEGORY IS "SUBSIDIZED HEALTH SERVICES." THESE SERVICES YIELD LOW OR NEGATIVE MARGINS BUT ARE NEEDED IN THE COMMUNITY. CLEVELAND CLINIC PROVIDED SUBSIDIZED HEALTH SERVICES IN 2019 AT A COST OF \$24.9 MILLION. COMMUNITY OUTREACH PROGRAMS THE CLEVELAND CLINIC HEALTH SYSTEM IS ACTIVELY ENGAGED IN A BROAD ARRAY OF COMMUNITY OUTREACH PROGRAMS, PROVIDING A TOTAL NET COMMUNITY BENEFIT OF \$39.9 MILLION. THESE PROGRAMS ARE DESIGNED TO SERVE THE VULNERABLE AND AT-RISK POPULATIONS IN ITS COMMUNITIES. ITS WELL-ESTABLISHED OUTREACH PROGRAMS RANGE FROM FREE WELLNESS INITIATIVES, HEALTH SCREENINGS, CLINICAL SERVICES, AND EDUCATION TO ENROLLMENT ASSISTANCE FOR GOVERNMENT-FUNDED HEALTH PROGRAMS. OUTREACH PROGRAMS ADDRESS DOCUMENTED HEALTH NEEDS OF THE CLEVELAND CLINIC'S COMMUNITIES, ALIGN WITH ITS COMMUNITY HEALTH NEEDS ASSESSMENTS AND FALL INTO THREE MAIN CATEGORIES: COMMUNITY HEALTH SERVICES, CASH AND IN-KIND DONATIONS, AND COMMUNITY BUILDING. IN 2019, SOME HIGHLIGHTS INCLUDED: -WELLNESS INITIATIVES IN THE AREAS OF DISEASE/INJURY PREVENTION AND HEALTHY BEHAVIORAL CHANGE, INCLUDING TOBACCO CESSATION, NUTRITION IMPROVEMENT AND EXERCISE. -COMMUNITY CLASSES OFFERED HEALTH EDUCATION ON CHRONIC DISEASE MANAGEMENT IN THE AREAS OF HEART DISEASE, STROKE, CANCER, DIABETES, ASTHMA AND BRAIN HEALTH. CLEVELAND CLINIC HOSPITALS AND FAMILY HEALTH CENTERS PROVIDED CLASSES FOR HEALTHY SENIOR AND YOUTH LIFESTYLES. NAVIGATORS WORKED WITH COMMUNITY RESIDENTS TO OBTAIN NEEDED SOCIOECONOMIC RESOURCES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)	<p>-EDUCATION AND COMMUNITY SERVICES ADDRESSED AREAS OF INFANT MORTALITY, TEEN PARENTING, LEAD POISONING, INTIMATE PARTNER VIOLENCE AND ADVERSE CHILDHOOD EXPERIENCES. PROGRAMS WERE PROVIDED TO SCHOOLS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, COLLABORATING CITIES AND COUNTIES. - OPIOID EPIDEMIC COMMUNITY COLLABORATIONS PROVIDED UNIFIED RESPONSES AND RESOURCE ALLOCATION IN AN EFFORT TO REDUCE OVERDOSES. -HEALTH FAIRS PROVIDED THOUSANDS OF PEOPLE WITH FREE HEALTH SCREENINGS. THE CLEVELAND CLINIC MINORITY MEN'S HEALTH FAIRS, CELEBRATING SISTERHOOD, BEYOND PINK AND NEIGHBORHOOD FAIRS EDUCATED COMMUNITY MEMBERS ON THE BENEFITS OF PREVENTATIVE CARE. -CLEVELAND CLINIC PROVIDED NO-COST CLINICAL CARE TO UNDER- AND UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH & EDUCATION CENTER AND THE PEDIATRIC MOBILE UNIT, WHICH PROVIDED WELLNESS SERVICES TO ITS COMMUNITIES. IN ADDITION, LABORATORY AND VISION SERVICES WERE DONATED TO CLEVELAND-AREA ORGANIZATIONS. -HEALTHY COMMUNITY INITIATIVES CONTINUED TO CONNECT RESIDENTS WITH LOCAL RESOURCES IN A COLLABORATION TO STRENGTHEN COMMUNITIES THROUGH NEIGHBORHOOD WELLNESS ACTIVITIES COMPETITIONS, ACADEMIC ACHIEVEMENT AND CAREER PREPAREDNESS. -K-12 YOUTH MENTORING PROGRAM PROVIDED EDUCATIONAL RESOURCES AND PROGRAMS TO SUPPORT SUCCESS IN THE CLASSROOM AND WORKFORCE; EMPOWERING YOUTH TO BECOME NORTHEAST OHIO'S NEXT GENERATION OF LEADERS. -COMMUNITY FARMERS MARKETS, URBAN GARDENS AND A MOBILE FOOD PANTRY PROVIDED ACCESS TO FRESH LOCAL PRODUCTS AND SUPPLEMENTAL FOOD PROGRAMS TO ADDRESS FOOD INSECURITY ISSUES. V. CONCLUSION THE PURPOSE OF THE CLEVELAND CLINIC HEALTH SYSTEM IS TO BENEFIT HUMANITY THROUGH THE EFFICIENT, EFFECTIVE, AND ETHICAL PRACTICE OF MEDICINE, BY ADVANCING SCIENTIFIC INVESTIGATION AND MEDICAL EDUCATION, BY MAINTAINING THE HIGHEST STANDARDS OF QUALITY, AND BY FOSTERING CREATIVITY AND INNOVATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 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 DEBORAH CRAWFORD, CCF DIRECTOR & PATRICK AULETTA, CCF DIRECTOR - BUSINESS LARRY RUVO, KMA DIRECTOR & CAMILLE RUVO, KMA DIRECTOR - FAMILY

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	AKRON GENERAL PARTNERS, INC. AMENDED THE CODE OF REGULATIONS TO FORMALIZE A 1 YEAR TERM FOR OFFICERS, AND OFFICER NOMINATION/APPOINTMENT PROCESS. PARTNERS PHYSICIAN GROUP AMENDED THE CODE OF REGULATIONS TO ADD TWO NEW OFFICERS TO BOARD LISTING. THE UNION HOSPITAL ASSOCIATION AMENDED ITS CODE OF REGULATIONS TO: PROVIDE STAGGERED TERMS FOR THE DIRECTORS; DEFINE EX OFFICIO DIRECTORS; AND ESTABLISH A SERVICE PERIOD. MARTIN MEMORIAL HEALTH SYSTEM REVISED ITS ARTICLES OF INCORPORATION AND BYLAWS TO: REFLECT A CHANGE IN THE SOLE MEMBER; AND MIRROR THEIR DOCUMENTS TO THE CCHS FORMAT AND CONTENT, INCLUDING CHANGES TO THE COMPOSITION OF THE GOVERNING BOARD. INDIAN RIVER MEMORIAL HOSPITAL REVISED ITS ARTICLES OF INCORPORATION AND BYLAWS TO: REFLECT A CHANGE IN THE SOLE MEMBER; AND MIRROR THEIR DOCUMENTS TO THE CCHS FORMAT AND CONTENT, INCLUDING CHANGES TO THE COMPOSITION OF THE GOVERNING BOARD. ON APRIL 29, 2020 CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION AMENDED ITS ARTICLES OF INCORPORATION TO CHANGE ITS NAME TO CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION.

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 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, THE COMMITTEE USES A PROCESS WHICH IS INTENDED TO CREATE THE PRESUMPTION IN REGULATION 53.4958-6(A) THAT PAYMENTS OF COMPENSATION TO THESE PERSONS CONSTITUTE REASONABLE COMPENSATION, DEFINED AS AMOUNTS THAT ARE WITHIN THE RANGE OF COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS. IN THIS PROCESS, NO MEMBER OF THE COMMITTEE WHO HAS A CONFLICT OF INTEREST WITHIN THE MEANING OF REGULATION 53.4958-6(C)(1)(III) WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE IS PERMITTED TO PARTICIPATE IN THE REVIEW AND APPROVAL OF THAT COMPENSATION ARRANGEMENT. IN ESTABLISHING COMPENSATION FOR EMPLOYED PHYSICIANS FOR PHYSICIAN SERVICES, CCF PARTICIPATES IN PRODUCTIVITY AND COMPENSATION SURVEYS WITH SIMILARLY SITUATED ORGANIZATIONS ACROSS THE U.S. IN ADDITION, CCF ENGAGES THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT WHO EACH YEAR PROVIDES CCF WITH A CUSTOMIZED COMPENSATION REPORT REGARDING PHYSICIAN COMPENSATION. BY USING THIS DATA, CCF HAS BEEN ABLE TO DEVELOP MARKET-BASED COMPENSATION FOR PHYSICIAN SERVICES. IN ESTABLISHING COMPENSATION FOR OFFICERS AND KEY EMPLOYEES PERFORMING NON-PHYSICIAN SERVICES, THE COMPENSATION COMMITTEE RETAINS AND CONSULTS WITH AN INDEPENDENT COMPENSATION CONSULTANT, WHO PREPARES A CUSTOMIZED REPORT FOR THE COMMITTEE REGARDING AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS. THE COMMITTEE USES THE MARKET-BASED DATA PROVIDED BY THE CONSULTANT, AND WHERE APPROPRIATE, PERFORMANCE REVIEWS AND COMPENSATION RECOMMENDATIONS BY THE CHIEF EXECUTIVE OFFICER AND CHIEF OF STAFF, TO ESTABLISH MARKET-BASED COMPENSATION. AFTER MAKING ITS COMPENSATION DECISIONS, THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS DELIBERATIONS AND DECISIONS IN CCF'S WRITTEN OR ELECTRONIC BOOKS AND RECORDS. A SMALL NUMBER OF EMPLOYEES HOLDING AFFILIATE OFFICER POSITIONS HAVE THEIR COMPENSATION REVIEWED AND APPROVED BY THEIR MANAGERS ANNUALLY WITHIN GUIDELINES PRESCRIBED BY THE ORGANIZATION'S HUMAN RESOURCE FUNCTION. THESE GUIDELINES TAKE INTO CONSIDERATION APPLICABLE COMPARABILITY DATA AND SIMILAR COMPENSATION METRICS.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL PURPOSES 8,651,242. GIFTS AND BEQUESTS 114,896,329. TRANSFERS OF NET ASSETS -50,062,164. NET INVESTMENT INCOME 70,740,933. NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS -51,756,390. RETIREMENT BENEFITS ADJUSTMENT -6,171,475. NET CHANGE IN UNREALIZED GAINS ON NON-TRADING INVESTMENTS 1,796,704. EQUITY TRANSFERS & OTHER TRANSFERS -11,344,400.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CLEVELAND CLINIC FOUNDATION
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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
ADEO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-5704174	TECHNOLOGY SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
ADVANCED INFUSION SERVICES LTD 1 HOME CARE PLACE AKRON, OH 44320 34-1847339	HOME INFUSION SERVICES	OH	14,403	0	VISITING NURSE SERVICE INC
AKRON GENERAL MEDICAL CENTER OUTPATIENT PHARMACY LLC 1 AKRON GENERAL AVENUE AKRON, OH 44307 84-2380272	HEALTH CARE SERVICES	OH	27,750	0	AKRON GENERAL HEALTH SYSTEM
AUTISM EYES LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3070150	INACTIVE	DE	0	0	THE CLEVELAND CLINIC FOUNDATION
BIALBERO MEDICAL LLC 10000 CEDAR AVE CLEVELAND, OH 44106 83-4278743	INACTIVE	DE	0	0	THE CLEVELAND CLINIC FOUNDATION
CARNEGIE89TH GARAGE AND SERVICE CENTER 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 20-5693261	LEASE PROPERTY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CARNEGIE96TH RESEARCH BUILDING LLC 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 11-3706542	LEASE PROPERTY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CC CHINA LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 20-5776477	INACTIVE	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CC WEB SOLUTIONS LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 26-3222020	DOMAIN HOLDING COMPANY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CCF AMBULATORY SURGERY CENTERS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1939710	HEALTH CARE SERVICES	OH	4,140,606	67,351	THE CLEVELAND CLINIC FOUNDATION
CCF HOTEL SERVICES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-0666034	HOTEL OPERATIONS	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CHV HOME MEDICAL EQUIPMENT CO LLC 1 HOME CARE PLACE AKRON, OH 44320 20-4760456	DURABLE MEDICAL EQUIPMENT	OH	0	0	VISITING NURSE SERVICE INC
CLEVELAND CLINIC CARE COORDINATION LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 45-5282492	HEALTH CARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC FLORIDA CONCIERGE MEDICINE LLC 1301 EAST BROWARD BLVD STE 330 FT LAUDERDALE, FL 33301 82-3186835	MEDICAL SERVICES	FL	0	0	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC FLORIDA HOME HEALTHCARE LLC 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 83-2250064	HEALTH CARE SERVICES	FL	0	0	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC FLORIDA NAPLES LLC 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 31-1741150	HEALTH CARE SERVICES	FL	0	0	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC GLOBAL SOLUTIONS LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-3666730	HEALTH CARE SERVICES & IP LICENSING	OH	2,850,662	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC MEDICARE ACO LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 47-1281189	HEALTH CARE SERVICES	OH	28,700	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC OBGYN SPECIALTIES LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1938153	HEALTH CARE SERVICES	OH	2,044,741	0	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC WELLNESS ENTERPRISE LLC 1950 RICHMOND ROAD LYNDHURST, OH 44124 26-3859233	HEALTH CARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
CLINIC MEDICAL SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1932969	HEALTH CARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
CLINIC PHYSICIAN SERVICES COMPANY LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1907574	HEALTH CARE SERVICES	OH	0	10,000	THE CLEVELAND CLINIC FOUNDATION
CLINIC REGIONAL PHYSICIANS LLC 25875 SCIENCE PARK DR BEACHWOOD, OH 44122 26-2636530	HEALTH CARE SERVICES	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
EDWIN SHAW REHAB LLC 330 BROADWAY STREET EAST CUYAHOGA FALLS, OH 44221 27-0119182	REHABILITATION FACILITY	OH	0	0	AKRON GENERAL MEDICAL CENTER
INTELLIS EPM LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 27-0645368	MEDICAL TECHNOLOGY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
IRDCF#1 LLC 1000 36TH STREET VERO BEACH, FL 32960 59-0760215	HOLD LAND	FL	0	0	INDIAN RIVER HOSPITAL FOUNDATION INC
IVHR LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 45-4657632	MEDICAL TECHNOLOGY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
MEDINA HEALTH VENTURES LLC 1000 E WASHINGTON STREET MEDINA, OH 44256	INACTIVE	OH	0	0	MEDINA HOSPITAL
MERIDIA MEDICAL GROUP LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 34-1898545	INACTIVE	OH	0	0	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
MITRIA MEDICAL LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3447663	INACTIVE	DE	0	0	THE CLEVELAND CLINIC FOUNDATION
MONTROSE SLEEP CENTER LLC 4125 MEDINA ROAD AKRON, OH 44333 20-0494491	HEALTH CARE SERVICES	OH	335,752	0	AKRON GENERAL PARTNERS
NEUROOPERATIVE MONITORING LLC 1 AKRON GENERAL AVENUE AKRON, OH 44307 30-0746215	INACTIVE	OH	0	0	AKRON GENERAL PARTNERS
NORTHEAST OHIO NEUROLOGICAL ASSOCIATES LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 20-0442351	HEALTH CARE SERVICES	OH	0	0	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
OHIO STAR IMAGING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
PSMA LLC 10000 CEDAR AVE CLEVELAND, OH 44106 83-4269973	INACTIVE	DE	0	0	THE CLEVELAND CLINIC FOUNDATION
PSVW LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 26-1614376	REAL ESTATE HOLDINGS	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
REJ HOLDINGS LLC 3050 SCIENCE PARK DRIVE BEACHWOOD, OH 44122 27-3245990	REAL ESTATE HOLDINGS	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
SCIENCE PARK CLEVELAND LLC 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 20-8726513	LEASE PROPERTY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
SPC BUILDINGS 1 & 3 LLC 6801 BRECKSVILLE ROAD RK1-85 INDEPENDENCE, OH 44131 26-1357176	LEASE PROPERTY	OH	0	0	THE CLEVELAND CLINIC FOUNDATION
TATARA VASCULAR LLC 10000 CEDAR AVE CLEVELAND, OH 44106 47-4282964	MEDICAL TECHNOLOGY	DE	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
THE BRENTWOOD CENTER OF EXCELLENCE LLC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 20-1476092	HEALTH CARE SERVICES	OH	0	0	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
TUSCARAWAS AMBULATORY SURGERY CENTER LLC 659 BOULEVARD DOVER, OH 44622 34-0000100	HEALTH CARE SERVICES	OH	577,288	0	THE UNION HOSPITAL ASSOCIATION
UNION HOSPITAL MEDICAL SERVICES LLC 659 BOULEVARD DOVER, OH 44622 27-0273520	HEALTH CARE SERVICES	OH	0	0	THE UNION HOSPITAL ASSOCIATION
UNION PHYSICIAN SERVICES LLC 659 BOULEVARD DOVER, OH 44622 26-4215547	HEALTH CARE SERVICES	OH	0	0	THE UNION HOSPITAL ASSOCIATION
VERO RADIOLOGY ASSOCIATES LLC 3725 11TH CIRCLE VERO BEACH, FL 32960 59-2755370	RADIOLOGY SERVICES	FL	83,045	0	INDIAN RIVER MEMORIAL HOSPITAL INC
VISIONAIR SOLUTIONS LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3881050	INACTIVE	DE	0	0	THE CLEVELAND CLINIC FOUNDATION
WOOSTER CLINIC LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1855775	HEALTH CARE SERVICES	OH	0	150,142	THE CLEVELAND CLINIC FOUNDATION
ZEHNA THERAPEUTICS LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3850618	INACTIVE	DE	0	0	THE CLEVELAND CLINIC FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
18101 LORAIN AVENUE CLEVELAND, OH 44111 23-7108198	SUPPORT FAIRVIEW HOSPITAL	OH	501(C)(3)	LINE 10	N/A		No
40 GROSVENOR PLACE LONDON SW1X 7AW UK	SUPPORT HEALTH CARE, RESEARCH, AND EDUCATION	UK	501(C)(3)		N/A		No
800 SHARON DRIVE STE C WESTLAKE, OH 44145 34-1456398	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OH	501(C)(3)	LINE 7	N/A		No
1000 36TH STREET VERO BEACH, FL 32960 59-1003707	SUPPORT THE INDIANA RIVER HOSPITAL	FL	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9033 STUART, FL 34995 23-7115443	PROMOTE QUALITY HEALTH CARE FOR MARTIN & ST. LUCIE COUNTIES	FL	501(C)(3)	LINE 10	N/A		No
PO BOX 9010 STUART, FL 34994 59-0637874	HOSPITAL	FL	501(C)(3)	LINE 3	N/A		No
2001 ROSS AVENUE DALLAS, TX 75201 31-1707979	SUPPORT CHARITABLE PURPOSES OF HOSPITALS & UNIVERSITIES	TX	501(C)(3)	LINE 12D, III-O	N/A		No
14601 DETROIT AVENUE STE 240 LAKEWOOD, OH 44107 34-6519834	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OH	501(C)(3)	LINE 12D, III-O	N/A		No
659 BOULEVARD DOVER, OH 44622 34-0000100	PHYSICIAN HOSPITAL AND ORGANIZATION	OH	501(C)(3)	LINE 3	N/A		No
659 BOULEVARD DOVER, OH 44622 34-1204928	SUPPORT THE UNION HOSPITAL ASSOCIATION	OH	501(C)(3)	LINE 10	N/A		No
10700 EUCLID AVENUE CLEVELAND, OH 44106 91-1818256	HEALTH CARE SERVICES	OH	501(C)(3)	LINE 12D, III-O	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AKRON SURGICAL ASSOC LLC 4125 MEDINA ROAD AKRON, OH 44333 01-0672877	AMBULATORY SURGERY CENTER	OH	N/A	N/A	1,039,684	1,400,370		No			No	51.000 %
CCAW JV LLC 10000 CEDAR AVE CLEVELAND, OH 44106 84-3867549	TELE HEALTH & MEDICAL SERVICES	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED				No			No	51.000 %
CCFMHS RENAL CARE COMPANY LTD 9500 EUCLID AVENUE CLEVELAND, OH 44195 34-1863789	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	3,794,768	10,927,725		No		Yes		60.000 %
CLEVELAND HEALTH NETWORK MSO LLC 4700 ROCKSIDE ROAD STE 200 INDEPENDENCE, OH 44131 31-1566180	MEDICAL SERVICES	OH	N/A	RELATED		14,060		No		Yes		100.000 %
EXCELERATE STRATEGIC HEALTH SOURCING LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195 46-1810992	HEALTH CARE OP & MGMT	DE	THE CLEVELAND CLINIC FOUNDATION	RELATED	354,242	7,756,703		No	68,929		No	51.000 %
MARTIN SURGICAL VENTURES LLC 9131 ANSON WAY SUITE 304 RALEIGH, NC 27615 32-0496475	SURGICAL VENTURE	NC	MARTIN MEMORIAL HEALTH SYSTEMS INC	N/A	346,480	-174,810		No			No	62.000 %
MEDICAL CENTER AT HOBE SOUND LTD PO BOX 9033 STUART, FL 34996 65-0748232	MEDICAL OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEMS INC	RELATED	27,833	1,843,884		No		Yes		100.000 %
MEDICAL CENTER AT ST LUCIE WEST LTD PO BOX 9033 STUART, FL 34996 65-0504863	MEDICAL OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEMS INC	RELATED	131,852	7,304,299		No		Yes		100.000 %
MEDISTRY LLC 3029 PROSPECT AVENUE CLEVELAND, OH 44115 45-4880352	DATA HOSTING & RELATED SVCS	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED	-183,596	42,527		No		Yes		55.000 %
PROGNOSTIX LLC 10000 CEDAR AVENUE CLEVELAND, OH 44106 30-0624422	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	23,588	25,010		No			No	78.000 %
TREASURE COAST INTEGRATED HEALTHCARE LLC PO BOX 9010 STUART, FL 34995 82-0708813	CLINICALLY INTEGRATED NETWORK	FL	MARTIN MEMORIAL HEALTH SYSTEMS INC	UNRELATED		336,835		No		Yes		51.000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
33 GROSVENOR PLACE LTD 47 ESPLANADE ST HELIER JE1 0BD JE	LEASE HOLDING COMPANY	JE	CLEVELAND CLINIC UK HOLDINGS LTD	C	-50,703	10,451	100.000 %	Yes	
AKRON GENERAL MANAGED CARE ASSOCIATION INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1784985	SUPPORTING SERVICES	OH	AKRON GENERAL MEDICAL CENTER	C				Yes	
CASHEL NEURAL INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4625105	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	121,138	66,247	100.000 %	Yes	
CCF BOLTON INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4596571	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
CCHS INDEMNITY CO LTD 23 LIME TREE BAY BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0207086	INSURANCE COMPANY	CJ	THE CLEVELAND CLINIC FOUNDATION	C	122,680,372	217,327,058	100.000 %	Yes	
CELLX TECHNOLOGIES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-2405500	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	636	75,895	41.350 %	Yes	
CHARITABLE REMAINDER TRUSTS (14) C/O 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	CHARITABLE TRUST	OH	THE CLEVELAND CLINIC FOUNDATION	T				Yes	
CLEVELAND CLINIC CANADA-TORONTO INC 181 BAY STREET BOX818 TORONTO M5J 2T3 CA	HEALTH CARE SERVICES	CA	THE CLEVELAND CLINIC FOUNDATION	C	13,932,707	16,070,554	100.000 %	Yes	
CLEVELAND CLINIC EMR INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-4856025	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C				Yes	
CLEVELAND CLINIC FINANCING PLC 11-12 ST JAMESS SQUARE STE1 3RD LONDON SW1Y 4LB UK	FINANCING	UK	CLEVELAND CLINIC UK HOLDINGS LTD	C		55,583	100.000 %	Yes	
CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1877409	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C	10,458,372	11,549,645		Yes	
CLEVELAND CLINIC LONDON LTD 11-12 ST JAMESS SQUARE STE1 3RD LONDON SW1Y 4LB UK	HOSPITAL OPERATING COMPANY	UK	CLEVELAND CLINIC UK HOLDINGS LTD	C			100.000 %	Yes	
CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) PO BOX 340340 RIYADH 11333 SA	MEDICAL SERVICES	SA	THE CLEVELAND CLINIC FOUNDATION	C	35,979,056	57,128,116	100.000 %	Yes	
CLEVELAND CLINIC UK HOLDINGS LTD 11-12 ST JAMESS SQUARE STE1 3RD LONDON SW1Y 4LB UK	HOLDING COMPANY	UK	THE CLEVELAND CLINIC FOUNDATION	C	-6,316	35,304	100.000 %	Yes	
CLEVELAND HEALTH NETWORK 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1770780	MEDICAL SERVICES	OH	N/A	C	10,679	1,399,334		Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CLEVELAND HEALTH NETWORK MANAGED CARE ORGANIZATION 6000 WEST CREEK ROAD STE 20 INDEPENDENCE, OH 44131 34-1808138	HEALTH CARE SERVICES	OH	CLEVELAND HEALTH NETWORK	C	62,722	4,179,775		Yes	
CLINIC MEDICAL SOLUTIONS INC 18101 LORAIN AVENUE CLEVELAND, OH 44111 34-1695388	HEALTH CARE SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	C	8,995,850	4,981,757		Yes	
CMCD INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256599	REAL ESTATE	OH	MEDINA HOSPITAL	C		311,040	100.000 %	Yes	
CSC CONDOMINIUM ASSOCIATION INC PO BOX 9033 STUART, FL 34995 59-2320501	CONDOMINIUM ASSOCIATION	FL	MARTIN MEMORIAL MEDICAL CENTER	C	205,184	608,520	84.000 %	Yes	
ENHALE MEDICAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 82-1613340	SLEEP APNEA TREATMENT	DE	THE CLEVELAND CLINIC FOUNDATION	C		1,187,798	100.000 %	Yes	
INFUSEON THERAPEUTICS INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1776182	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C		353,503	100.000 %	Yes	
ION-VAC INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 46-1560044	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C		34,784	100.000 %	Yes	
LAKEWOOD HEALTHCARE FOUNDATION 14519 DETROIT AVENUE LAKEWOOD, OH 44107 34-1574608	HEALTH CARE SERVICES	OH	LAKEWOOD HOSPITAL ASSOCIATION	C				Yes	
MARTIN MEMORIAL PHYSICIAN CORPORATION INC PO BOX 9010 STUART, FL 34995 65-0556041	PHYSICIAN OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEM	C	77,551,708	45,952,604	100.000 %	Yes	
MCZ INC 1000 E WASHINGTON STREET MEDINA, OH 44256 34-1256598	LEASING	OH	MEDINA HOSPITAL	C	7,807	500	100.000 %	Yes	
MEDICAL & FINANCIAL MANAGEMENT INC PO BOX 9033 STUART, FL 34995 59-2843163	BILLING AND COLLECTIONS	FL	MARTIN MEMORIAL HEALTH SYSTEM	C	4,060,846	1,285,972	100.000 %	Yes	
MEDICAL CAMPUS MANAGEMENT INC PO BOX 9033 STUART, FL 34995 65-0605328	MANAGEMENT SERVICES	FL	MARTIN MEMORIAL HEALTH SYSTEM	C	9,683	101,063	100.000 %	Yes	
MEDINVEST INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 20-3978297	INACTIVE	OH	CLINIC MEDICAL SOLUTIONS INC	C			100.000 %	Yes	
MERIDIA HEALTH VENTURES INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 34-1533871	HEALTH CARE SERVICES	OH	CLEVELAND CLINIC HOME CARE	C			100.000 %	Yes	
MERLOT ORTHOPEDIX INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 11-3779414	MEDICAL DEVICE MANUFACTURING	DE	THE CLEVELAND CLINIC FOUNDATION	C		55,322	55.120 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
NEOMEDICS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 02-0656818	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS INC	C			100.000 %	Yes	
NEUROTERAPIA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-3977513	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C	144,949	977,956	30.800 %	Yes	
NEW COS INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4828042	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	3,078,399	796,586	100.000 %	Yes	
OPTOQUEST CORPORATION 10000 CEDAR AVENUE CLEVELAND, OH 44106 26-3589643	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C	5,583	13,613	100.000 %	Yes	
PINE FALLS CONDOMINIUM ASSOCIATES INC 6100 WEST CREEK SUITE 25 INDEPENDENCE, OH 44131 34-1617589	CONDO RENTALS	OH	THE CLEVELAND CLINIC FOUNDATION	C			75.000 %	Yes	
RENOVO BIOSCIENCES INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 34-1956569	MEDICAL TECHNOLOGY	DE	RENOVO BIOSCIENCES INC	C	1,725,327	1,418,755	100.000 %	Yes	
RENOVO NEURAL INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 80-0185146	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C		-214,079	100.000 %	Yes	
TMAO INC 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 82-4850194	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C			100.000 %	Yes	
UNION CARE CORPORATION 659 BOULEVARD DOVER, OH 44622 34-1556177	INACTIVE	OH	THE UNION HOSPITAL ASSOCIATION	C			100.000 %	Yes	
UNION PHARMACEUTICAL CARE INC 659 BOULEVARD DOVER, OH 44622 04-3588229	HEALTH CARE SERVICES	OH	THE UNION HOSPITAL ASSOCIATION	C	17,192	37,291	100.000 %	Yes	
VIVERE PHARMA INC 10000 CEDAR AVENUE CLEVELAND, OH 44106 47-5397125	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CLEVELAND CLINIC CANADA - TORONTO INC	A	100,000	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	20,549,700	FMV
THE CLEVELAND CLINIC FOUNDATION	C	20,549,700	FMV
ENHALE MEDICAL INC	D	1,141,749	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	D	664,653	FMV
INFUSEON THERAPEUTICS INC	D	64,472	FMV
AKRON GENERAL MEDICAL CENTER	J	110,530	FMV
CLEVELAND CLINIC AVON HOSPITAL	J	4,713,093	FMV
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	J	295,049	FMV
CLEVELAND CLINIC MEDICAL SERVICES INC	J	439,728	FMV
FAIRVIEW HOSPITAL	J	1,650,433	FMV
LUTHERAN HOSPITAL	J	575,527	FMV
MARYMOUNT HOSPITAL INC	J	1,338,519	FMV
MEDINA HOSPITAL	J	1,363,063	FMV
PARTNERS PHYSICIAN GROUP	J	71,455	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	1,839,833	FMV
THE CLEVELAND CLINIC FOUNDATION	J	3,402,190	FMV
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	3,402,190	FMV
THE CLEVELAND CLINIC FOUNDATION	K	1,839,833	FMV
THE CLEVELAND CLINIC FOUNDATION	K	110,530	FMV
THE CLEVELAND CLINIC FOUNDATION	K	4,713,093	FMV
THE CLEVELAND CLINIC FOUNDATION	K	295,049	FMV
THE CLEVELAND CLINIC FOUNDATION	K	439,728	FMV
THE CLEVELAND CLINIC FOUNDATION	K	1,650,433	FMV
THE CLEVELAND CLINIC FOUNDATION	K	575,527	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE CLEVELAND CLINIC FOUNDATION	K	1,338,519	FMV
THE CLEVELAND CLINIC FOUNDATION	K	1,363,063	FMV
THE CLEVELAND CLINIC FOUNDATION	K	71,455	FMV
AKRON GENERAL MEDICAL CENTER	L	3,264,653	FMV
CLEVELAND CLINIC AVON HOSPITAL	L	712,167	FMV
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	L	339,493	FMV
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	L	5,072,441	FMV
CLEVELAND CLINIC MEDICAL SERVICES INC	L	877,000	FMV
CLEVELAND CLINIC NEVADA	L	241,635	FMV
CLEVELAND CLINIC SAUDI ARABIA LLC	L	4,462,000	FMV
CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT HOSPITAL	L	3,749,000	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	L	320,765	FMV
FAIRVIEW HOSPITAL	L	2,752,720	FMV
LUTHERAN HOSPITAL	L	725,938	FMV
MARYMOUNT HOSPITAL INC	L	912,960	FMV
MEDINA HOSPITAL	L	970,393	FMV
THE CLEVELAND CLINIC FOUNDATION	L	254,917	FMV
THE CLEVELAND CLINIC FOUNDATION	L	547,515	FMV
THE CLEVELAND CLINIC FOUNDATION	L	1,525,313	FMV
THE CLEVELAND CLINIC FOUNDATION	L	11,076,000	FMV
THE CLEVELAND CLINIC FOUNDATION	L	743,201	FMV
THE CLEVELAND CLINIC FOUNDATION	L	171,460	FMV
THE CLEVELAND CLINIC FOUNDATION	L	574,193	FMV
THE CLEVELAND CLINIC FOUNDATION	L	655,506	FMV
AKRON GENERAL MEDICAL CENTER	M	254,917	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
CLEVELAND CLINIC AVON HOSPITAL	M	547,515	FMV
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	M	1,525,313	FMV
CLEVELAND CLINIC MEDICAL SERVICES INC	M	11,076,000	FMV
FAIRVIEW HOSPITAL	M	743,201	FMV
LUTHERAN HOSPITAL	M	171,460	FMV
MARYMOUNT HOSPITAL INC	M	574,193	FMV
MEDINA HOSPITAL	M	655,506	FMV
THE CLEVELAND CLINIC FOUNDATION	M	3,264,653	FMV
THE CLEVELAND CLINIC FOUNDATION	M	712,167	FMV
THE CLEVELAND CLINIC FOUNDATION	M	3,749,000	FMV
THE CLEVELAND CLINIC FOUNDATION	M	241,635	FMV
THE CLEVELAND CLINIC FOUNDATION	M	339,493	FMV
THE CLEVELAND CLINIC FOUNDATION	M	5,072,441	FMV
THE CLEVELAND CLINIC FOUNDATION	M	2,752,720	FMV
THE CLEVELAND CLINIC FOUNDATION	M	725,938	FMV
THE CLEVELAND CLINIC FOUNDATION	M	912,960	FMV
THE CLEVELAND CLINIC FOUNDATION	M	970,393	FMV
CCHS INDEMNITY COMPANY LTD	P	35,853,768	FMV
THE CLEVELAND CLINIC FOUNDATION	P	1,253,925	FMV
EXCELERATE STRATEGIC HEALTH SOURCING LLC	Q	6,089,857	FMV
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Q	1,253,925	FMV
THE CLEVELAND CLINIC FOUNDATION	Q	35,853,768	FMV
NEUROTHERAPIA INC	S	3,623,581	FMV
OPTOQUEST CORPORATION	S	1,874,645	FMV
RENOVO BIOSCIENCES INC	S	717,492	FMV