

PUBLIC INSPECTION COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 F Name and address of principal officer: DELOS M. COSGROVE SAME AS C ABOVE	D Employer identification number 91-2153073 E Telephone number 216-444-2200 G Gross receipts \$ 9,383,455,891. H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 3641
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CLEVELANDCLINIC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: M State of legal domicile:		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PATIENT CARE, RESEARCH AND EDUCATION 2 Check this box <input type="checkbox"/> 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) 3 340 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 204 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 52045 6 Total number of volunteers (estimate if necessary) 6 4726 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 58,335,675. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 398,836.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 301,428,141. Current Year 284,947,202. 9 Program service revenue (Part VIII, line 2g) 6,956,278,537. 7,154,561,275. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 198,090,613. 208,340,744. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 67,462,786. 119,042,697. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,523,260,077. 7,766,891,918.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 126,925,526. 132,329,848. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,764,243,185. 3,837,048,563. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,495,997. 1,683,301. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,479,216. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,944,174,396. 3,060,378,070. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,836,839,104. 7,031,439,782. 19 Revenue less expenses. Subtract line 18 from line 12 686,420,973. 735,452,136.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 12,283,938,264. End of Year 12,621,778,142. 21 Total liabilities (Part X, line 26) 5,456,697,828. 5,422,328,008. 22 Net assets or fund balances. Subtract line 21 from line 20 6,827,240,436. 7,199,450,134.	

Part II Signature Block

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

Sign Here	Signature of officer STEVEN C. GLASS, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> 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. 2168615000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2015, or tax year beginning _____, 2015, and ending _____, 20____

2015Department of the Treasury
Internal Revenue Service**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**Name of exempt organization **THE CLEVELAND CLINIC FOUNDATION**
GROUP RETURNEmployer identification number
91-2153073**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	7,766,891,918.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

CHIEF FINANCIAL OFFICER
Title**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN			
		Phone no.			

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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 \$ 6,243,974,596. including grants of \$ 132,329,848.) (Revenue \$ 7,154,561,275.)
SEE PROGRAM SERVICE STATEMENT IN SCHEDULE O.

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 6,243,974,596.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
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? If "Yes," complete Schedule I, Parts I and III	X	
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? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
Note. All Form 990 filers are required to complete Schedule O		

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒ X

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7052		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 52045		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
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	X	
b If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 0		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		X
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 340		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 204		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OH

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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 - 216-445-2526
 6801 BRECKSVILLE ROAD, RK1-85, INDEPENDENCE, OH 44131

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) BANKS, JOHN H. TRUSTEE & TREASURER - MM	3.00	X		X				0.	0.	0.
(2) BARSOUM, WAEL TRUSTEE AND HOSPITAL PRESIDENT - CCF	50.00	X		X				1,000,371.	0.	43,693.
(3) BRYZTWA, ELLEN DIR & BD VICE CHAIR	3.00	X		X				0.	0.	0.
(4) CARRINO, FRANK DIRECTOR AND VICE CHAIR - MEDINA FDN	3.00	X		X				0.	0.	0.
(5) CHACK, DENNIS M. TRUSTEE AND BOARD CHAIR - MM	3.00	X		X				0.	0.	0.
(6) COSGROVE, DELOS M. DIR & PRESIDENT, CEO	50.00	X		X				4,851,077.	0.	-2,492,123.
(7) DEL CASTILLO, BARBARA DIR & SEC - CC FLA PHARMACY	50.00	X		X				442,680.	0.	35,887.
(8) DELGADO, OSMEL DIR & ADMINISTRATOR - CLINICAL OPS	50.00	X		X				228,143.	0.	13,333.
(9) DONLEY, BRIAN CHIEF OF STAFF AND DIRECTOR - CCF	50.00	X		X				1,081,588.	0.	44,969.
(10) DUNN, LISA A. DIRECTOR & BD CHAIR- MEDINA FDN	3.00	X		X				0.	0.	0.
(11) FUNK, JONATHAN R. ASST SEC & DIR - MEDINA FDN	50.00	X		X				236,263.	0.	39,255.
(12) GABLE, THOMAS TRUSTEE & BD CHAIR - LKWD	5.00	X		X				0.	0.	0.
(13) GLASS, STEVEN C. CFO & TREASURER - CCF	50.00	X		X				1,327,447.	0.	41,202.
(14) HADLEY, CORINNE P. DIR & SECRETARY - MEDINA FDN	3.00	X		X				0.	0.	0.
(15) HARRINGTON, MICHAEL CAO & CONTROLLER - CCF	50.00	X		X				649,717.	0.	45,757.
(16) JONES, J. STEPHEN DIR & PRES REGIONAL HOSP	50.00	X		X				659,353.	0.	45,284.
(17) KAY, HARVEY TRUSTEE & VICE CHAIR - CCCHR	3.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) LEE, SISTER SHAWN TRUSTEE & SEC MM	3.00	X		X				0.	0.	0.
(19) MCHUGH, MICHAEL TRUSTEE & MED DIR - CCCHR	50.00	X		X				363,662.	0.	878.
(20) MILLER, PAMELA TRUSTEE & BD CHAIR - MEDINA HOSP	5.00	X		X				0.	0.	0.
(21) MODIC, MICHAEL DIR & VP - CC NEVADA	50.00	X		X				909,279.	0.	8,010.
(22) MORRIS, JAMES TRUSTEE AND PRESIDENT - LORD FDN	3.00	X		X				0.	0.	0.
(23) NEVILLE, JAMES R. TRUSTEE AND ASST SEC - CCCHR	3.00	X		X				0.	0.	0.
(24) NILSSON, KEITH DIR & CFO - CC FLA PHARM	50.00	X		X				372,254.	0.	16,800.
(25) O'BRIEN, TIMOTHY TRUSTEE & BOARD CHAIR - CCCHR	3.00	X		X				0.	0.	0.
(26) PARKER, RICHARD TRUSTEE & PRES - MM	50.00	X		X				823,997.	0.	133,176.
1b Sub-total								12,945,831.	0.	-2,023,879.
c Total from continuation sheets to Part VII, Section A								42,672,424.	0.	2,472,257.
d Total (add lines 1b and 1c)								55,618,255.	0.	448,378.

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

5,305

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIEMENS MEDICAL SOLUTIONS, INC PO BOX 121102, DALLAS, TX 75312	HEALTHCARE IT & ENGINEERING SOLUTIONS	23,703,377.
GILBANE BUILDING CO, 950 MAIN AVE, SUITE 1410, CLEVELAND, OH 44113	CONSTRUCTION SERVICES	16,158,797.
DONLEYS INC. 11000 EUCLID AVENUE, CLEVELAND, OH 44106	CONSTRUCTION SERVICES	13,040,012.
STRATEGIC INVESTMENT GROUP, 1001 19TH ST N., 16TH FLR, ARLINGTON, VA 22209	INVESTMENT BANKING SERVICES	11,065,942.
ADCOM GROUP, INC., 1370 WEST 6TH ST, 3RD FLOOR, CLEVELAND, OH 44113	MARKETING SERVICES	11,055,095.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2015)

THE CLEVELAND CLINIC FOUNDATION

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GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) PEACOCK, WILLIAM DIR & CHIEF OF OPS	50.00	X		X				1,186,421.	0.	47,990.
(28) PIEDIMONTE, GIOVANNI PRESIDENT & TRUSTEE - CCCHR	50.00	X		X				838,239.	0.	43,309.
(29) PRICE, LAURIE DIRECTOR & TREASURER - MEDINA FDN	3.00	X		X				0.	0.	0.
(30) RICH, ROBERT E., JR. DIRECTOR AND BOARD CHAIR - CCF	5.00	X		X				0.	0.	0.
(31) ROSENTHAL, RAUL TRUSTEE & CHIEF OF STAFF - FLA	50.00	X		X				803,887.	0.	35,670.
(32) ROWAN, DAVID SEC & CHIEF LEGAL OFF - CCF	50.00	X		X				1,195,877.	0.	45,764.
(33) SALVATORE, ALBERT N. TRUSTEE & BOARD VICE CHAIR - MM	3.00	X		X				0.	0.	0.
(34) SCAMINACE, JOSEPH M. DIRECTOR & BOARD VICE CHAIR - CCF	5.00	X		X				0.	0.	0.
(35) SNYDER, VICKY DIRECTOR & TREAS - MED FDN	50.00	X		X				219,134.	0.	28,689.
(36) ABELSON, ABBY DEPT CHR -RHEUMATIC & IMMUN, DIR - C	50.00	X						346,805.	0.	27,760.
(37) ANDERSON, MICHAEL PHYSICIAN, TRUSTEE - MARYMOUNT	50.00	X						312,069.	0.	44,939.
(38) ARUM, LOVEE DIRECTOR - KMA	3.00	X						0.	0.	0.
(39) AULETTA, PATRICK V. DIRECTOR - CCF	5.00	X						0.	0.	0.
(40) BEKENY, JAMES PHYSICIAN, TRUSTEE - LAKEWOOD	50.00	X						409,497.	0.	44,745.
(41) BENZ, J. MICHAEL DIRECTOR - EAST REGION	5.00	X						0.	0.	0.
(42) BERNICK, CHARLES MED DIRECTOR - CC LOU RUVO CENTER	50.00	X						293,406.	0.	42,049.
(43) BORDEN, BRAD CHAIR-EMERG SVCS INST, TRUSTEE-CCCHR	50.00	X						789,760.	0.	42,445.
(44) BOGAR, KEVIN PHYSICIAN, TRUSTEE - MARYMOUNT	50.00	X						572,901.	0.	43,549.
(45) BOTROS, KARIM DIRECTOR - KMA	3.00	X						0.	0.	-780.
(46) BROSKY, CURTIS M. TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

THE CLEVELAND CLINIC FOUNDATION

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GROUP RETURN

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(47) BROWN, STEPHEN TRUSTEE - CCCHR	3.00	X						0.	0.	0.
(48) BULLOCK, THOMAS TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(49) CHARDIET, ARMANDO CHAIRMAN PHILANTHROPY INSTITUTE	50.00	X						697,395.	0.	43,309.
(50) CHIN, JENNIFER TRUSTEE - CCCHR	3.00	X						0.	0.	0.
(51) COLE, ALLISON TRUSTEE - CCCHR	3.00	X						0.	0.	0.
(52) COURY, THOMAS J. TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(53) CULLEY, CARL A., JR. PHYSICIAN, TRUSTEE - LAKEWOOD	50.00	X						233,731.	0.	38,349.
(54) CUMMINGS, JEFFERY DIRECTOR - KMA	50.00	X						480,814.	0.	52,472.
(55) DEYLING, CYNTHIA CHIEF QUALITY OFF, TRUSTEE - MM	50.00	X						594,046.	0.	54,765.
(56) DWEIK, RAED PHYSICIAN, DIRECTOR - CCF	50.00	X						429,232.	0.	43,309.
(57) FANCHER, JON M. TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(58) FEDELI, UMBERTO P. DIRECTOR - CCF	5.00	X						0.	0.	0.
(59) FREEMAN, RICHARD B. PHYSICIAN, TRUSTEE - LAKEWOOD	50.00	X						415,345.	0.	46,852.
(60) GIBBONS, JOSEPH P. TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(61) GORTON, WILLIAM R. TRUSTEE - LAKEWOOD	5.00	X						0.	0.	0.
(62) GREENE, KENNETH DIRECTOR - MED FDN	3.00	X						0.	0.	0.
(63) GUNNING, DAVID TRUSTEE - CCCHR	3.00	X						0.	0.	0.
(64) GUTWALD, DENNIS DIRECTOR - KMA	3.00	X						0.	0.	0.
(65) HABER, KENNETH TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(66) HARST, JANICE DIRECTOR - MED FDN	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(67) HOOVER, CAROLE DIRECTOR - CCF	5.00	X						0.	0.	0.
(68) JAROSZ, SISTER MARY ALICE TRUSTEE - MM	3.00	X						0.	0.	0.
(69) KILLORAN, SISTER CAROL TRUSTEE - MM	3.00	X						0.	0.	0.
(70) KOHLER, DOUGLAS VP MED OPS, TRUSTEE - MM	50.00	X						620,666.	0.	44,301.
(71) KOMINSKY, ALAN PHYSICIAN, DIRECTOR - CCF	50.00	X						407,831.	0.	45,809.
(72) KOVACH, RONALD A. TRUSTEE - MM	3.00	X						0.	0.	0.
(73) KURTZ, GREGORY P. TRUSTEE - MM	3.00	X						0.	0.	0.
(74) LERNER, MARK DIRECTOR - REGIONAL HOSPS	5.00	X						0.	0.	0.
(75) LERNER, NORMA DIRECTOR - CCF	5.00	X						0.	0.	0.
(76) LESJAK, DAVID M. TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(77) LITTEN, JOHN D. TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(78) LINDENBERG, JUDAH TRUSTEE - MM	3.00	X						10,313.	0.	0.
(79) LONZER, DEBORAH VICE CHR - PEDS STRAT OPS, DIR - CCF	50.00	X						273,939.	0.	43,309.
(80) MACDONALD, WILLIAM, III DIRECTOR - CCF	5.00	X						0.	0.	0.
(81) MADIGAN, MARY LOUISE TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(82) MATTHEWS, T.J. DIRECTOR - KMA	3.00	X						0.	0.	0.
(83) MCCANDLESS, DREW TRUSTEE - MM	3.00	X						0.	0.	0.
(84) MCGORRAY, KATHLEEN T. TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(85) MCNEEL, RICHARD TRUSTEE - LORD FDN	3.00	X						0.	0.	0.
(86) MIKSCH, DONALD DIRECTOR - MEDINA FDN	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(87) MILLER, SAMUEL H. DIRECTOR - CCF	5.00	X						0.	0.	0.
(88) MOONEY, BETH E. DIRECTOR - CCF	5.00	X						0.	0.	0.
(89) MORINO, MARIO DIRECTOR - CCF	5.00	X						0.	0.	0.
(90) MULROY, PATRICIA DIRECTOR - KMA	3.00	X						0.	0.	0.
(91) NANCE, FREDERICK DIRECTOR - CCF	5.00	X						0.	0.	0.
(92) NICHOLS, JENNIE E. DIRECTOR - MEDINA FDN	3.00	X						0.	0.	0.
(93) O'NEILL, JOHN TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(94) PALKER, JEFFREY J. DIRECTOR - MED FDN	3.00	X						0.	0.	0.
(95) PATTON, REBECCA TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(96) PHILLIPS, TIMOTHY DIRECTOR - MEDINA FDN	3.00	X						0.	0.	0.
(97) PLAZEK, RON DIRECTOR - MEDINA FDN	3.00	X						0.	0.	0.
(98) POHL, PAUL M. TRUSTEE - LORD FDN	3.00	X						0.	0.	0.
(99) POLLOCK, LARRY DIRECTOR - CCF	5.00	X						0.	0.	0.
(100) PRITTS, GARY TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(101) REIDY, WILLIAM J. DIRECTOR - CCF	5.00	X						0.	0.	0.
(102) RICE, RONALD TRUSTEE - CCCHR	3.00	X						0.	0.	0.
(103) RIFE, DONALD DIRECTOR - MEDINA FDN	3.00	X						0.	0.	0.
(104) ROCHE, DENNIS J. TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(105) ROGICH, SIGMOND DIRECTOR - KMA	3.00	X						0.	0.	0.
(106) ROME, ELLEN TRUSTEE - CCCHR; HEAD - ADOLESCENT M	50.00	X						181,692.	0.	36,973.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(107) ROSS, RONALD J. DIRECTOR - CCF	5.00	X						0.	0.	0.
(108) RUVO, LARRY DIRECTOR - LOU RUVO BRAIN INST	5.00	X						0.	0.	0.
(109) RUVO, CAMILLE DIRECTOR - KMA	3.00	X						0.	0.	0.
(110) SABANEKH, EDMUND DEPT CHAIR - UROLOGY, DIR - CCF	50.00	X						680,581.	0.	42,913.
(111) SALEK, ANN DIRECTOR - MEDINA FDN	3.00	X						0.	0.	0.
(112) SEVERINO, MICHAEL DIRECTOR - KMA	3.00	X						0.	0.	0.
(113) SNYDER, JEROME F. DIRECTOR - KMA	3.00	X						0.	0.	0.
(114) STEELMAN, PAUL DIRECTOR - KMA	3.00	X						0.	0.	0.
(115) STEINBERG, DAVID DIRECTOR - KMA	3.00	X						0.	0.	0.
(116) STEVENS, MARK DIRECTOR - FAIRVIEW HOSP	5.00	X						0.	0.	0.
(117) STURM, ROLAND DIRECTOR - KMA	5.00	X						0.	0.	0.
(118) SUMMERS, MICHAEL TRUSTEE - LAKEWOOD	3.00	X						0.	0.	0.
(119) TABBAA, MOUSAB TRUSTEE - LAKEWOOD	3.00	X						2,500.	0.	0.
(120) WEINBERG, RONALD DIRECTOR - CCF	5.00	X						0.	0.	0.
(121) WEISS, MORRY DIRECTOR - CCF	5.00	X						0.	0.	0.
(122) WEXLER, NANCY DIRECTOR - KMA	3.00	X						0.	0.	0.
(123) WINTER, TODD DIRECTOR - MEDINA FDN	3.00	X						0.	0.	0.
(124) DICORLETO, PAUL E. OFFICER - CCF (2015 RETIREE)	50.00			X				1,882,272.	0.	40,772.
(125) FUNG, JOHN OFF - CCMSI, CHAIRMAN OF DDI	50.00			X				988,344.	0.	43,309.
(126) GARD, PHILIP ADMIN DIR - CCEF	50.00			X				171,428.	0.	29,084.
Total to Part VII, Section A, line 1c										

THE CLEVELAND CLINIC FOUNDATION

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GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(127) GROOFF, PAUL PHYSICIAN, SEC - NY MED SERV PC	50.00			X				557,811.	0.	44,239.
(128) HARTE, BRIAN HOSPITAL PRESIDENT - HILLCREST	50.00			X				461,974.	0.	44,049.
(129) JUHASZ, ROBERT HOSPITAL PRESIDENT - SOUTH POINTE	50.00			X				319,673.	0.	42,133.
(130) LEA, RICHARD COO, INTERIM PRES -EUCLID	50.00			X				268,605.	0.	14,055.
(131) MALONE, DONALD HOSPITAL PRESIDENT - LUTHERAN	50.00			X				386,428.	0.	57,379.
(132) MCHUGH, LINDA ASST SECRETARY - CCF	50.00			X				398,183.	0.	42,449.
(133) MEEHAN, MICHAEL J. RECORDING SECRETARY - CCF	50.00			X				326,607.	0.	-25,810.
(134) NAPIERKOWSKI, DANIEL HOSPITAL PRESIDENT - EUCLID	50.00			X				556,259.	0.	44,049.
(135) NUSSBAUM, MARK INTERIM HOSPITAL PRESIDENT - MM	50.00			X				182,243.	0.	16,792.
(136) PAYDO, RON SECRETARY - MEDINA HOSP	3.00			X				0.	0.	0.
(137) RITCHIE, SHANNAN COO & INTERIM HOSP PRES - LKWD	50.00			X				272,022.	0.	21,032.
(138) SMITH, BRIAN VICE PRES - CLINIC CARE, INC.	50.00			X				234,429.	0.	20,604.
(139) SMITH, NEIL HOSPITAL PRESIDENT - FAIRVIEW	50.00			X				391,636.	0.	40,985.
(140) STARCK, REBECCA HOSPITAL PRESIDENT - AVON	50.00			X				601,967.	0.	41,939.
(141) STEINKE, TOM TREASURER - MEDINA HOSP	3.00			X				0.	0.	0.
(142) STOLLER, JAMES CHAIR - EDUC INSTITUTE	50.00			X				504,149.	0.	-68,512.
(143) TULISIAK, THOMAS HOSPITAL PRES - MEDINA HOSPITAL	50.00			X				419,495.	0.	42,649.
(144) BAILEY, DAWN CNO - EUCLID HOSPITAL	50.00				X			191,071.	0.	21,273.
(145) BENNETT, KRIS COO - LUTHERAN/HILLCREST	50.00				X			199,673.	0.	20,626.
(146) BLANDON, RUDOLFO J. CHAIR -RADIOLOGY - CC FLA	50.00				X			607,334.	0.	40,774.
Total to Part VII, Section A, line 1c										

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(147) COLLIER, SUSAN VP NURSING, CNO - HILLCREST	50.00				X			248,530.	0.	-3,961.
(148) HARRISON, A. MARC CHIEF OF INTL BUS DEV	50.00				X			1,619,393.	0.	135,895.
(149) KENNEDY, MARY CNO - MEDINA	50.00				X			196,365.	0.	9,352.
(150) MAJOR, KERRY CNO - CC FLA HEALTH SYS	50.00				X			237,516.	0.	20,522.
(151) MIHALJEVIC, TOMISLAV CHIEF EXECUTIVE OFFICER - CCAD	50.00				X			2,049,437.	0.	151,228.
(152) MILLER, SHEILA CNO - SOUTH POINTE HOSP	50.00				X			192,223.	0.	24,888.
(153) MILLS, JOHN COO - FAIRVIEW	50.00				X			261,313.	0.	7,750.
(154) MINOR, DENISE CNO - LUTHERAN	50.00				X			200,136.	0.	20,469.
(155) MONTER, BRIAN COO - SOUTH POINTE HOSP	50.00				X			201,108.	0.	18,521.
(156) SAUER, MARY CNO - LAKEWOOD	50.00				X			196,596.	0.	26,565.
(157) SCHMIEDEL, JUSTIN ADMINISTRATIVE DIR CC NV	50.00				X			194,684.	0.	16,459.
(158) SMALL, DEBORAH CNO - FAIRVIEW	50.00				X			245,836.	0.	24,675.
(159) ZHONG, XUE ASSOCIATE STAFF - CC NV	50.00				X			257,266.	0.	41,548.
(160) ZINNER, BARBARA CNO - MARYMOUNT	50.00				X			215,347.	0.	15,072.
(161) COULTON, ROBERT EXEC DIR - OPSA (2015 RETIREE)	50.00					X		2,336,382.	0.	-46,039.
(162) SAVAGE, ROBERT PHYSICIAN (2015 RETIREE)	50.00					X		1,632,840.	0.	223,896.
(163) BELL, GORDON PHYSICIAN (2015 RETIREE)	50.00					X		1,831,660.	0.	-130,770.
(164) HAHN, JOSEPH PHYSICIAN (RETIREE)	50.00					X		1,688,110.	0.	-145,598.
(165) COSTIN, JOHN INSTITUTE CHAIRMAN	50.00					X		1,461,702.	0.	43,885.
(166) DEGRANDIS, FRED FORMER OFFICER (SEPARATED 2014)	0.00						X	916,376.	0.	60,984.
Total to Part VII, Section A, line 1c										

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(167) FERNANDEZ, BERNARDO FORMER OFFICER (SEPARATED 2014)	0.00						X	170,639.	0.	20,175.
(168) KECKAN, WILLIAM FORMER OFFICER	50.00						X	308,542.	0.	-48,422.
(169) MURPHY, JANICE FORMER OFFICER	50.00						X	724,553.	0.	50,040.
(170) NOGUERAS, JUAN FORMER OFFICER	50.00						X	523,458.	0.	87,858.
(171) RODRIGUEZ, RICARDO FORMER OFFICER	50.00						X	452,593.	0.	43,012.
(172) SLIFKO, JESSICA FORMER OFFICER	50.00						X	287,593.	0.	40,542.
(173) STALL, ROBERT FORMER OFFICER	50.00						X	455,157.	0.	48,487.
(174) WYLLIE, ROBERT FORMER OFFICER	50.00						X	647,767.	0.	81,859.
(175) ZEROSKE, JOANNE FORMER OFFICER	50.00						X	384,210.	0.	57,685.
(176) BADDOUR, WILLIAM FORMER KEY EMPLOYEE	50.00						X	231,273.	0.	20,913.
(177) CARROLL, DONALD FORMER KEY EMPLOYEE	50.00						X	196,232.	0.	20,383.
(178) O'CONNELL, MICHAEL FORMER KEY EMPLOYEE	50.00						X	189,903.	0.	22,024.
Total to Part VII, Section A, line 1c								42,672,424.		2,472,257.

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a	29,390,242.				
	b Membership dues	1b					
	c Fundraising events	1c	17,019,164.				
	d Related organizations	1d	21,932,661.				
	e Government grants (contributions)	1e	103,887,122.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	112,718,013.				
	g Noncash contributions included in lines 1a-1f: \$		65,136,927.				
	h Total. Add lines 1a-1f			284,947,202.			
Program Service Revenue	2 a NET PATIENT SERVICES	Business Code	612990	4,153,273,488.	4,153,273,488.		
	b MEDICARE/MEDICAID PAYM		921990	2,593,327,940.	2,593,327,940.		
	c OTHER PROGRAM SERVICES		900099	291,399,464.	283,720,871.	7,678,593.	
	d PARKING, PHONE & OTHER		812930	53,217,200.			53,217,200.
	e MANAGEMENT FEES		561000	21,315,481.	8,405,492.	12,909,989.	
	f All other program service revenue		900099	42,027,702.	3,508,789.	38,518,913.	
	g Total. Add lines 2a-2f			7,154,561,275.			
	3 Investment income (including dividends, interest, and other similar amounts)			74,255,134.			74,255,134.
4 Income from investment of tax-exempt bond proceeds			120.			120.	
5 Royalties			15,325,342.			15,325,342.	
Other Revenue	6 a Gross rents	(i) Real	20,118,740.				
	b Less: rental expenses	(ii) Personal	0.				
	c Rental income or (loss)		20,118,740.				
	d Net rental income or (loss)			20,118,740.			20,118,740.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1739316208.				
	b Less: cost or other basis and sales expenses	(ii) Other	1,324,217.				
	c Gain or (loss)		1601869771.	4,685,164.			
	d Net gain or (loss)		137,446,437.	-3,360,947.			
	8 a Gross income from fundraising events (not including \$ 17,019,164. of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses			3,638,067.			
	c Net income or (loss) from fundraising events			9,966,794.			
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses			34,360.			
	c Net income or (loss) from gaming activities			42,244.			
	10 a 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			
	11 a INCOME(LOSS) ON INVEST		523000	70,959,640.		-771,820.	71,731,460.
	b INVESTMENT IN AFFILIAT		523000	43,529,075.			43,529,075.
c FOREIGN CURRENCY		525990	610,292.			610,292.	
d All other revenue		525990	-25,163,781.			-25,163,781.	
e Total. Add lines 11a-11d			89,935,226.				
12 Total revenue. See instructions.			7,766,891,918.	7,042,236,580.	58,335,675.	381,372,461.	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,961,010.	29,961,010.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	101,514,052.	101,514,052.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	854,786.	854,786.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	41,176,723.	18,092,897.	23,083,826.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,993,836.	1,873,747.	4,120,089.	
7 Other salaries and wages	3,009,110,345.	2,586,709,426.	415,119,908.	7,281,011.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,818,949.	115,800,742.	18,598,863.	419,344.
9 Other employee benefits	446,897,911.	384,419,359.	61,651,518.	827,034.
10 Payroll taxes	199,050,799.	171,093,746.	27,459,927.	497,126.
11 Fees for services (non-employees):				
a Management	5,258,663.	4,533,207.	725,456.	
b Legal	8,490,206.	7,318,945.	1,171,261.	
c Accounting	1,399,448.		1,399,448.	
d Lobbying	626,025.	626,025.		
e Professional fundraising services. See Part IV, line 17	1,683,301.			1,683,301.
f Investment management fees	17,214,851.		17,214,851.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	292,437,840.	250,625,876.	40,343,077.	1,468,887.
12 Advertising and promotion	33,233,863.	28,594,869.	4,584,756.	54,238.
13 Office expenses	105,844,357.	90,912,588.	14,601,691.	330,078.
14 Information technology	73,352,684.	63,128,660.	10,119,323.	104,701.
15 Royalties	4,898,090.	4,222,377.	675,713.	
16 Occupancy	142,510,591.	122,850,633.	19,659,958.	
17 Travel	23,845,546.	20,187,464.	3,289,597.	368,485.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,670,673.	8,099,492.	1,334,112.	237,069.
20 Interest	121,598,252.	104,823,242.	16,775,010.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	396,325,426.	341,613,862.	54,674,823.	36,741.
23 Insurance	61,974,627.	53,424,957.	8,549,670.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	1,238,829,200.	1,238,829,200.		
b BAD DEBT EXPENSE	225,031,724.	225,031,724.		
c EQUIPMENT RENTAL & MAIN	133,075,781.	114,689,314.	18,358,385.	28,082.
d STATE FRANCHISE FEE	63,238,374.	63,238,374.		
e All other expenses	101,521,849.	90,904,022.	10,474,708.	143,119.
25 Total functional expenses. Add lines 1 through 24e	7,031,439,782.	6,243,974,596.	773,985,970.	13,479,216.
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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	104,499,005.	1	216,078,977.
	2 Savings and temporary cash investments	17,188,012.	2	12,922,566.
	3 Pledges and grants receivable, net	233,322,574.	3	214,121,732.
	4 Accounts receivable, net	908,653,181.	4	997,109,057.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5,581,190.	5	6,075,388.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	47,648,088.	7	48,726,905.
	8 Inventories for sale or use	110,870,536.	8	116,341,077.
	9 Prepaid expenses and deferred charges	35,178,108.	9	45,126,594.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,760,701,631.		
	b Less: accumulated depreciation	10b 3,997,423,547.	10c	3,763,278,084.
	11 Investments - publicly traded securities	4,493,970,413.	11	4,412,820,167.
	12 Investments - other securities. See Part IV, line 11	2,147,730,157.	12	2,256,212,917.
	13 Investments - program-related. See Part IV, line 11	12,051,093.	13	12,081,064.
	14 Intangible assets	40,954,051.	14	58,134,244.
	15 Other assets. See Part IV, line 11	527,159,115.	15	462,749,370.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,283,938,264.	16	12,621,778,142.	
Liabilities	17 Accounts payable and accrued expenses	773,579,120.	17	859,679,938.
	18 Grants payable	179,000.	18	203,000.
	19 Deferred revenue	111,922,009.	19	111,119,806.
	20 Tax-exempt bond liabilities	3,172,670,000.	20	3,126,965,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	106,908,018.	23	50,236,485.
	24 Unsecured notes and loans payable to unrelated third parties	107,650,568.	24	147,049,634.
	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	1,183,789,113.	25	1,127,074,145.
	26 Total liabilities. Add lines 17 through 25	5,456,697,828.	26	5,422,328,008.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,022,797,541.	27	6,348,524,018.
	28 Temporarily restricted net assets	519,730,496.	28	559,728,929.
	29 Permanently restricted net assets	284,712,399.	29	291,197,187.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,827,240,436.	33	7,199,450,134.
	34 Total liabilities and net assets/fund balances	12,283,938,264.	34	12,621,778,142.

Form **990** (2015)

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	7,766,891,918.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,031,439,782.
3	Revenue less expenses. Subtract line 2 from line 1	3	735,452,136.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,827,240,436.
5	Net unrealized gains (losses) on investments	5	-288,672,593.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	650,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-75,219,845.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,199,450,134.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Name of the organization **THE CLEVELAND CLINIC FOUNDATION**
GROUP RETURN

Employer identification number
91-2153073

Part I 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 11, 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- 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 1-9 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						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	297,003,284.	284,096,603.	272,897,610.	301,428,141.	284,947,202.	1440372840.
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	297,003,284.	284,096,603.	272,897,610.	301,428,141.	284,947,202.	1440372840.
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.						1440372840.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	297,003,284.	284,096,603.	272,897,610.	301,428,141.	284,947,202.	1440372840.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	104,102,690.	106,172,620.	112,692,470.	108,430,890.	109,699,336.	541,098,006.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		461,672.			398,836.	860,508.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,416,869.	111,441,920.	217,228,171.	103,974,870.	115,282,299.	572,344,129.
11 Total support. Add lines 7 through 10						2554675483.
12 Gross receipts from related activities, etc. (see instructions)					12	32,822,805,385.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	56.38	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	57.38	%
16a 33 1/3% support test - 2015. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations *(continued)*

- 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? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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? 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.
- 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? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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 ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ 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? 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.
- 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? 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.

	Yes	No
2a		
2b		
3a		
3b		

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? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INCOME (LOSS) ON INVESTMENTS

2011 AMOUNT: \$ 24,289,119.

2012 AMOUNT: \$ 110,777,488.

2013 AMOUNT: \$ 156,261,549.

2014 AMOUNT: \$ 103,825,473.

2015 AMOUNT: \$ 70,959,640.

FOREIGN CURRENCY

2012 AMOUNT: \$ 77,628.

2015 AMOUNT: \$ 610,292.

INCOME FROM FUNDRAISING/GAMING EVENTS

2011 AMOUNT: \$ 127,705.

2012 AMOUNT: \$ 586,804.

2013 AMOUNT: \$ 19,855.

2014 AMOUNT: \$ 131,772.

MISCELLANEOUS INCOME

2011 AMOUNT: \$ 45.

2013 AMOUNT: \$ 1,401.

2014 AMOUNT: \$ 17,625.

DERIVATIVE INCOME

2013 AMOUNT: \$ 60,945,366.

LIFE INSURANCE TRUST

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.)

2015 AMOUNT: \$ 183,292.

INVESTMENT IN AFFILIATES

2015 AMOUNT: \$ 43,529,075.

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).

PART I, LINE 11

PURSUANT TO THE INSTRUCTIONS FOR GROUP FILINGS, THE FOLLOWING

INFORMATION FOR PARTS 11A-11G IS BEING PROVIDED.

LINE 11E

THE 509(A)(3) SUBORDINATES INCLUDED IN THIS GROUP RETURN ARE ALL

RECOGNIZED AS TYPE I SUPPORTING ORGANIZATIONS UNDER THE CLEVELAND

CLINIC FOUNDATION'S GROUP EXEMPTION.

LINE 11F

THE TOTAL NUMBER OF SUPPORTED ORGANIZATIONS: 3

LINE 11G

THE FOLLOWING INFORMATION IS PROVIDED ABOUT THE SUPPORTED

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.)

ORGANIZATIONS: NAME OF SUPPORTED ORGANIZATION, EIN, TYPE OF

ORGANIZATION DESCRIBED IN LINES 1-9 OF SCHEDULE A PART I, WHETHER THE

SUPPORTED ORGANIZATION IS LISTED IN THE GOVERNING DOCUMENTS OF THE

SUPPORTING ORGANIZATION, AND AMOUNT OF MONETARY SUPPORT.

THE CLEVELAND CLINIC FOUNDATION, 34-0714585, 3, YES, PLEASE SEE

NARRATIVE IN PART VI, SECTION A, LINE 1 FOR EXCEPTIONS, \$0.

CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, 34-0714570, 3,

YES, \$0

CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION, 34-0714593, 3, YES, \$0

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 2 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

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.)

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 of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

2015

Name of the organization

THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number

91-2153073

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 48,237,477.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 7,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 7,525,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,129,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 4,980,640.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 3,728,944.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,027,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 551,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 524,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	 S	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	 	\$ 417,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	 	\$ 415,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	 	\$ 403,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	 	\$ 340,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	 	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 230,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 222,826.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 153,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 132,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 116,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 111,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 99,141.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 84,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 78,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Employer identification number

91-2153073

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 61,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 58,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 54,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 52,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 49,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 48,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 48,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 44,780.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 44,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 43,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 42,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 33,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 32,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 31,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 30,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 30,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 28,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 26,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 24,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 24,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 20,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 20,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 19,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 18,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 16,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 6,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ARTWORK	\$ 48,237,477.	12/29/15
6	VARIOUS STOCK GIFTS	\$ 4,980,640.	02/19/15
7	VARIOUS STOCK GIFTS	\$ 3,728,944.	04/20/15
21	VARIOUS STOCK GIFTS	\$ 222,826.	03/12/15
37	VARIOUS STOCK GIFTS	\$ 99,141.	05/12/15
59	PATIENT TRANSFER EQUIPMENT	\$ 44,780.	12/08/15

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**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 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.

2 Political expenditures ▶ \$

3 Volunteer hours

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		9,180.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		508,865.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		73,247.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		34,733.
i Other activities?		X	
j Total. Add lines 1c through 1i			626,025.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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.

SCHEDULE C - PART II-B, LINES 1B-1I

PART II-B 1B PAID STAFF OR MANAGEMENT - REPRESENTS ACTIVITIES DESCRIBED

IN PART II-B LINES 1C-1I CONDUCTED BY MEMBERS OF THE CCF GOVERNMENT

RELATIONS OFFICE

PART II-B 1D MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC - REPRESENTS

LETTERS SENT TO LEGISLATORS AND ORGANIZATIONS ON VARIOUS HEALTHCARE

Part IV Supplemental Information (continued)

RELATED TOPICS AND ISSUES

PART II-B 1F GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES -

REPRESENTS PAYMENT TO CERTAIN TRADE ORGANIZATIONS FOR LOBBYING SERVICES AS

WELL AS PAYMENT OF DUES TO CERTAIN ORGANIZATIONS WHERE A PORTION OF THE

DUES ARE USED TO CONDUCT LOBBYING ACTIVITIES

PART II-B 1G DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT

OFFICIALS, OR A LEGISLATIVE BODY - REPRESENTS MEETINGS WITH AND TOURS

CONDUCTED FOR LEGISLATORS AND/OR THEIR STAFF MEMBERS

PART II-B 1H RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES,

LECTURES, OR ANY SIMILAR MEANS - REPRESENTS ORGANIZATION OF AND

PARTICIPATION IN TRADE ASSOCIATION MEETINGS AND CONFERENCES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a 3
b Total acreage restricted by conservation easements	2b 55.25
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 2

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☒ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	279,608,818.	260,375,637.	221,765,392.	188,024,415.	173,540,727.
b Contributions	25,049,027.	11,532,981.	18,890,200.	12,894,639.	13,246,841.
c Net investment earnings, gains, and losses	-993,841.	15,823,388.	26,158,066.	23,317,171.	3,344,366.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,785,146.	8,123,189.	6,438,021.	2,470,832.	2,107,519.
f Administrative expenses					
g End of year balance	295,878,858.	279,608,818.	260,375,637.	221,765,392.	188,024,415.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ 100.00 %c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		296,784,107.		296,784,107.
b Buildings		4,444,802,742.	2,176,527,062.	2,268,275,680.
c Leasehold improvements		138,957,836.	97,868,586.	41,089,250.
d Equipment		2,349,592,673.	1,648,961,446.	700,631,227.
e Other		530,564,273.	74,066,453.	456,497,820.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,763,278,084.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	1,310,456,257.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	541,008,903.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE	404,747,757.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,256,212,917.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	122,672.
(2) DEFERRED ANNUITY TRUST	575,227.
(3) OTHER LIABILITIES	97,250,918.
(4) UNAMORTIZED BOND PREMIUM	53,874,725.
(5) FUTURE GIFT ANNUITY PAYMENTS	9,500,895.
(6) INTEREST RATE SWAPS	152,451,994.
(7) ACCRUED PENSION	564,383,110.
(8) ACCRUED BENEFITS	169,154,486.
(9) DUE TO AFFILIATES	79,760,118.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,127,074,145.

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 ☒

Schedule D (Form 990) 2015

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.

PART II, LINE 9:

THE CONSERVATION COVENANTS REPORTED IN PART II ARE RELATED TO THREE

WETLANDS LOCATED ON THE CLEVELAND CLINIC HEALTH SYSTEM'S PROPERTY IN

TWINSBURG, OHIO, AVON, OHIO AND WESTON, FLORIDA. THESE EASEMENTS ARE NOT

REQUIRED TO BE REPORTED ON THE BALANCE SHEET SEPARATE FROM THE VALUE OF

THE LAND. EXPENSES TO MONITOR, INSPECT, AND PROTECT THIS LAND ARE

REFLECTED IN THE STATEMENT OF EXPENSES.

PART X, LINE 2:

THE CLEVELAND CLINIC HEALTH SYSTEM'S AUDITED FINANCIAL STATEMENTS ARE

REPORTED ON A CONSOLIDATED BASIS, INCLUDING EXEMPT, TAXABLE, AND FOREIGN

ENTITIES TO WHICH THE ASC 740-10 LIABILITY RELATES. THE ASC 740-10

532054
09-21-15

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

FOOTNOTE ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE

CLEVELAND CLINIC HEALTH SYSTEM READS AS FOLLOWS:

AT DECEMBER 31, 2015 AND 2014, THE LIABILITY FOR UNCERTAINTY IN INCOME

TAXES WAS \$4.1 MILLION AND \$9.7 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.

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.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015**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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA & THE CARRIBEAN	0	0	PROGRAM SERVICES	WHOLLY-OWNED FOREIGN INSURANCE COMPANY	53,801,705.
NORTH AMERICA	0	0	PROGRAM SERVICES	WHOLLY-OWNED FOREIGN SUBSIDIARY THAT OPERATES A MEDICAL CLINIC IN TORONTO, CANADA	29,647,142.
NORTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	8,316.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	52,928.
EAST ASIA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	34,515.
EUROPE	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	31,434.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	40,547.
EUROPE	1	1	PROGRAM SERVICES	PROMOTION OF HEALTHCARE	358,702.
3 a Sub-total	1	1			83,975,289.
b Total from continuation sheets to Part I	2	20			988,115,758.
c Totals (add lines 3a and 3b)	3	21			1,072,091,047.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & NORTH AFRICA	1	14	PROGRAM SERVICES	PROMOTION OF HEALTHCARE	2,472,917.
MIDDLE EAST & NORTH AFRICA	1	6	UNRELATED BUSINESS		3,691,157.
CENTRAL AMERICA & CARRIBEAN	0	0	FUNDRAISING		0.
EAST ASIA & PACIFIC	0	0	FUNDRAISING		0.
EUROPE	0	0	FUNDRAISING		8,997.
MIDDLE EAST & NORTH AFRICA	0	0	FUNDRAISING		74,912.
NORTH AMERICA	0	0	FUNDRAISING		1,490.
SOUTH AMERICA	0	0	FUNDRAISING		0.
SOUTH ASIA	0	0	FUNDRAISING		0.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		0.
Totals					

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	101,607.	CHECK	0.		
		EUROPE	RESEARCH	55,070.	CHECK	0.		
		EUROPE	RESEARCH	29,002.	CHECK	0.		
		EUROPE	RESEARCH	38,564.	CHECK	0.		
		EUROPE	RESEARCH	56,271.	CHECK	0.		
		SOUTH ASIA	RESEARCH	52,537.	CHECK	0.		
		NORTH AMERICA	RESEARCH	10,000.	CHECK	0.		
		SOUTH AMERICA	RESEARCH	7,140.	CHECK	0.		

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

11

3 Enter total number of other organizations or entities

5

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	58,109.	CHECK	0.		
		NORTH AMERICA	RESEARCH	38,243.	CHECK	0.		
		SOUTH ASIA	RESEARCH	8,500.	CHECK	0.		
		EAST ASIA & PACIFIC	RESEARCH	20,000.	CHECK	0.		
		EAST ASIA & PACIFIC	RESEARCH	10,000.	CHECK	0.		
		NORTH AMERICA	RESEARCH	26,467.	CHECK	0.		
		EAST ASIA & PACIFIC	RESEARCH	11,422.	CHECK	0.		
		NORTH AMERICA	RESEARCH	278,144.	CHECK	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EAST ASIA & PACIFIC	1	10,000.	CHECK	0.		
RESEARCH	NORTH AMERICA	1	6,298.	CHECK	0.		
RESEARCH	EUROPE	1	7,500.	CHECK	0.		

Part IV Foreign Forms

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

Schedule F (Form 990) 2015

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.

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.

PART I, LINE 3:

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2015

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BLACKBAUD - 2000 DANIEL ISLAND DRIVE, CHARLESTON, SC	ONLINE GIVING		X	2,657,618.	275,418.	2,382,200.
RR DONNELLEY - 111 S WACKER DR, CHICAGO, IL 60606	DIRECT MAIL		X	913,287.	1,042,329.	-129,042.
HARRIS CONNECT - 1511 RTE 22, STE C-25, BREWSTER, NY 10509	PHONE SOLICITATION		X	354,356.	365,554.	-11,198.
Total				3,925,261.	1,683,301.	2,241,960.

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

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 (add col. (a) through col. (c))	
		KEEP MEMORY ALIVE GALA	VELOSANO	9		
		(event type)	(event type)	(total number)		
1	Gross receipts	10,088,115.	4,479,826.	6,089,290.	20,657,231.	
	2	Less: Contributions	7,365,271.	4,305,507.	5,348,386.	17,019,164.
	3	Gross income (line 1 minus line 2)	2,722,844.	174,319.	740,904.	3,638,067.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			4,072.	4,072.
	6	Rent/facility costs		128,760.	237,828.	366,588.
	7	Food and beverages	508,096.	109,564.	581,502.	1,199,162.
	8	Entertainment	829,925.	46,933.	425,489.	1,302,347.
	9	Other direct expenses	3,631,919.	1,194,569.	2,268,137.	7,094,625.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				9,966,794.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-6,328,727.

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			34,360.	34,360.
Direct Expenses	2 Cash prizes			5,000.	5,000.
	3 Noncash prizes			37,144.	37,144.
	4 Rent/facility costs				
	5 Other direct expenses			100.	100.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 75.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					42,244.
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					<7,884.>

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

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

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

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

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | .00 % |
| b An outside facility | 13b | 100.00 % |
- 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 - CLEVELAND, 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 ► N/A

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 to be 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).

Part IV Supplemental Information (continued)

Supplemental Information area with multiple horizontal lines for text entry.

**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.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

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	X	
b If "Yes," was it a written policy? 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.	X	
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 250 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<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 %		
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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	(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
Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			65,284,875.	0.	65,284,875.	.96%
b Medicaid (from Worksheet 3, column a)			795,350,481.	576,449,956.	218,900,525.	3.22%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		.00%
d Total Financial Assistance and Means-Tested Government Programs			860,635,356.	576,449,956.	284,185,400.	4.18%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			24,550,916.	13,550.	24,537,366.	.36%
f Health professions education (from Worksheet 5)			292,660,173.	58,398,529.	234,261,644.	3.44%
g Subsidized health services (from Worksheet 6)			74,133,799.	55,500,601.	18,633,198.	.27%
h Research (from Worksheet 7)			202,649,338.	136,841,770.	65,807,568.	.97%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			10,204,288.	426,561.	9,777,727.	.14%
j Total. Other Benefits			604,198,514.	251,181,011.	353,017,503.	5.18%
k Total. Add lines 7d and 7j			1464833870.	827,630,967.	637,202,903.	9.36%

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

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

How many hospital facilities did the organization operate during the tax year? 11

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	Gen. 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 FAIRVIEW HOSPITAL 18101 LORAIN AVENUE CLEVELAND, OH 44111 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1145AHR	X	X		X		X	X			A
3 HILLCREST HOSPITAL 6780 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1019AHR	X	X		X		X	X			A
4 CLEVELAND CLINIC FLORIDA HEALTH SYSTE 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 WWW.CLEVELANDCLINIC.ORG FL LICENSE NUMBER 4299	X	X		X		X	X			A
5 MARYMOUNT HOSPITAL 12300 MCCracken GARFIELD HEIGHTS, OH 44125 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1136AHR	X	X		X		X	X			A
6 SOUTH POINTE HOSPITAL 20000 HARVARD ROAD WARRENSVILLE HTS, OH 44122 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1297AHR	X	X		X		X	X			A
7 MEDINA HOSPITAL 1000 E WASHINGTON STREET MEDINA, OH 44256 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1236AHR	X	X		X		X	X			A
8 EUCLID HOSPITAL 18901 LAKESHORE BOULEVARD EUCLID, OH 44119 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1133AHR	X	X		X		X	X			A
9 LUTHERAN HOSPITAL 1730 WEST 25TH STREET CLEVELAND, OH 44113 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1149AHR	X	X		X		X	X			A
10 LAKEWOOD HOSPITAL 14519 DETROIT ROAD LAKEWOOD, OH 44107 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1134AHR	X	X		X		X	X			A

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)

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
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	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</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	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

	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?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</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 status		
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 X	
15 Explained the method for applying for financial assistance?	15 X	
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):		
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 Included measures to publicize the policy within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
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"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 X	
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"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

	Yes	No
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?		X
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"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
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?	21	X	
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)			

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

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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> Other (describe in Section C)			
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?	23		X
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?	24		X
If "Yes," explain in Section C.			

Schedule H (Form 990) 2015

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: THE CLEVELAND CLINIC FOUNDATION
- FACILITY 2: FAIRVIEW HOSPITAL
- FACILITY 3: HILLCREST HOSPITAL
- FACILITY 4: CLEVELAND CLINIC FLORIDA HEALTH SYSTEM
- FACILITY 10: LAKEWOOD HOSPITAL
- FACILITY 5: MARYMOUNT HOSPITAL
- FACILITY 6: SOUTH POINTE HOSPITAL
- FACILITY 9: LUTHERAN HOSPITAL
- FACILITY 7: MEDINA HOSPITAL
- FACILITY 8: EUCLID HOSPITAL
- FACILITY 11: CLEV CLINIC CHILDREN'S HOSP FOR REHAB

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC FOUNDATION MAIN CAMPUS

COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS,

INCLUDING: CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC

CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW

HOSPITAL, HILLCREST HOSPITAL, LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL,

MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND

CLINIC FLORIDA HEALTH SYSTEM.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CLEVELAND CLINIC HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES

AND HEALTH CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND

EDUCATION, ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CLEVELAND CLINIC HOSPITAL FACILITIES WILL NOT

ADDRESS ARE ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS

OF COMMUNITY SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS)

AND ECONOMIC AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS,

READILY ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER

EMPLOYMENT). CLEVELAND CLINIC HOSPITAL FACILITIES CANNOT DIRECTLY

ADDRESS THOSE NEEDS THAT DO NOT RELATE TO THEIR MISSION OF TO DELIVER

HEALTH CARE. THESE ARE NEEDS FOR WHICH GOVERNMENTAL AND OTHER AGENCIES

HAVE THE MORE APPROPRIATE EXPERTISE AND RESOURCES. HOWEVER, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO COLLABORATE WITH COMMUNITY

ORGANIZATIONS. IN ADDITION, THE HOSPITAL FACILITIES DO AND WILL CONTINUE

TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND COMMUNITY DEVELOPMENT

ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL ECONOMIC IMPROVEMENT

AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR SPONSORSHIPS TO SUPPORT

EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

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 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

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 16I: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

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 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 2 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 6A: FAIRVIEW HOSPITAL COLLABORATED WITH OTHER

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC

CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, EUCLID HOSPITAL, THE CLEVELAND CLINIC FOUNDATION,

HILLCREST HOSPITAL, LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT

HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC

FLORIDA HEALTH SYSTEM.

GROUP A-FACILITY 2 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 2 -- 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 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 2 -- 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 2 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 16I: 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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 2 -- 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 3 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 3 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 6A: HILLCREST HOSPITAL COLLABORATED WITH OTHER

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC

CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, THE CLEVELAND CLINIC

FOUNDATION, LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL,

MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA

HEALTH SYSTEM.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

GROUP A-FACILITY 3 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 3 -- 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 25% OF THEIR ANNUAL FAMILY

INCOME.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

GROUP A-FACILITY 3 -- 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 3 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 16I: 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.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

GROUP A-FACILITY 3 -- 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 4 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 4 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC FLORIDA HEALTH SYSTEM

COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS,

INCLUDING: CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC

CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW

HOSPITAL, HILLCREST HOSPITAL, LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL,

MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND THE

CLEVELAND CLINIC FOUNDATION.

GROUP A-FACILITY 4 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 4 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 4 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION BY CCHS. UNINSURED PATIENTS THAT CCHS

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED

ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 4 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

PART V, SECTION B, LINE 16I: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

ON-SITE AT EACH CLEVELAND CLINIC FLORIDA HEALTH SYSTEM CAMPUS HOSPITAL TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 4 -- CLEVELAND CLINIC FLORIDA HEALTH SYSTEM

PART V, SECTION B, LINE 20E: IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE,

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 5 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

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, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 5 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 6A: MARYMOUNT HOSPITAL COLLABORATED WITH OTHER

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC

CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL,

LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL, THE CLEVELAND CLINIC FOUNDATION,

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA

HEALTH SYSTEM.

GROUP A-FACILITY 5 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 5 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 5 -- 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 5 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 16I: 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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 5 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 20E: IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE,

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 10 -- LAKEWOOD HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 10 -- LAKEWOOD HOSPITAL

PART V, SECTION B, LINE 6A: LAKEWOOD HOSPITAL COLLABORATED WITH OTHER

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC

CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL,

THE CLEVELAND CLINIC FOUNDATION, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL,

MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA

HEALTH SYSTEM.

GROUP A-FACILITY 10 -- LAKEWOOD HOSPITAL

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 10 -- LAKEWOOD 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 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 10 -- LAKEWOOD 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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

FOR CONSIDERATION.

GROUP A-FACILITY 10 -- LAKEWOOD HOSPITAL

PART V, SECTION B, LINE 16I: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 10 -- LAKEWOOD 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 6 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 6 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 6A: SOUTH POINTE HOSPITAL COLLABORATED WITH OTHER

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL,

LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL,

THE CLEVELAND CLINIC FOUNDATION, AND CLEVELAND CLINIC FLORIDA HEALTH

SYSTEM.

GROUP A-FACILITY 6 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

GROUP A-FACILITY 6 -- 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 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 6 -- 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 6 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 16I: 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 6 -- 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 8 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 8 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 6A: EUCLID HOSPITAL COLLABORATED WITH OTHER

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC

CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, THE CLEVELAND CLINIC FOUNDATION, FAIRVIEW HOSPITAL,

HILLCREST HOSPITAL, LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT

HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC

FLORIDA HEALTH SYSTEM.

GROUP A-FACILITY 8 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 8 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 8 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION BY CCHS. UNINSURED PATIENTS THAT CCHS

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED

ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 8 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 16I: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 8 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 20E: IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE,

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 6A: LUTHERAN HOSPITAL COLLABORATED WITH OTHER

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC

CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL,

LAKEWOOD HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, MARYMOUNT HOSPITAL,

MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA

HEALTH SYSTEM.

GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION BY CCHS. UNINSURED PATIENTS THAT CCHS

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED

ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 16I: 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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 9 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 20E: IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE,

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 7 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 7 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 6A: MEDINA HOSPITAL COLLABORATED WITH OTHER

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC

CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL,

LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, THE CLEVELAND

CLINIC FOUNDATION, SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA

HEALTH SYSTEM.

GROUP A-FACILITY 7 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: CHRONIC DISEASES AND HEALTH

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 7 -- 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 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 7 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

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 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 16I: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 7 -- 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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

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 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

FACILITY'S "COMMUNITY," AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SUCH AS A

REPRESENTATIVE FROM THE RELEVANT COUNTY HEALTH DEPARTMENT, CITY

GOVERNMENT, AND/OR OR STATE GOVERNMENT. EACH KEY INFORMANT WAS

INTERVIEWED OVER THE PHONE BY THE CONSULTANT, TRIPP UMBACH, USING THE SAME

SET OF QUESTIONS FOR EACH PARTICIPANT (SEE APPENDIX C). A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE RELEVANT

HOSPITAL FACILITY'S CHNA.

FOCUS GROUPS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP AS TWO

OR THREE GROUPS THAT WERE OF SPECIAL IMPORTANCE IN THAT HOSPITAL

FACILITY'S COMMUNITY, INCLUDING SUCH GROUPS AS THE ELDERLY, THOSE WITH

LIMITED ENGLISH PROFICIENCY, THOSE WITH CERTAIN CHRONIC HEALTH CONDITIONS,

AND THOSE WITH ACCESS ISSUES. FOCUS GROUP DISCUSSIONS WERE FACILITATED BY

TRIPP UMBACH. A LIST OF THE FOCUS GROUPS CONDUCTED BY EACH HOSPITAL

FACILITY IS IDENTIFIED IN THE SECTION OF THE RELEVANT FACILITY'S CHNA

ENTITLED "FOCUS GROUPS WITH COMMUNITY RESIDENTS," AND A DETAILED SUMMARY

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

OF THE RESULTS IS LOCATED IN APPENDIX D AND SUBSEQUENT APPENDICES OF THE

RELEVANT HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM

HOSPITALS, INCLUDING: CLEVELAND CLINIC CHILDREN'S HOSPITAL, THE CLEVELAND

CLINIC FOUNDATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL,

LAKEWOOD HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL,

SOUTH POINTE HOSPITAL, AND CLEVELAND CLINIC FLORIDA HEALTH SYSTEM.

GROUP A-FACILITY 11 -- 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: CHRONIC DISEASES AND HEALTH

CONDITIONS, WELLNESS, ACCESS TO HEALTH SERVICES, RESEARCH AND EDUCATION,

ACCESS TO COMMUNITY SERVICES AND ECONOMIC AND COMMUNITY DEVELOPMENT.

IN ALL CASES, THE NEEDS THAT CCHS HOSPITAL FACILITIES WILL NOT ADDRESS ARE

ACCESS TO COMMUNITY SERVICES (THE AVAILABILITY AND AWARENESS OF COMMUNITY

SERVICES OFFERED BY GOVERNMENTAL AND NONPROFIT ORGANIZATIONS) AND ECONOMIC

AND COMMUNITY DEVELOPMENT (NEED FOR MORE HOUSING OPTIONS, READILY

ACCESSIBLE TRANSPORTATION AND GROCERY STORES, AND BETTER EMPLOYMENT).

CCHS HOSPITAL FACILITIES CANNOT DIRECTLY ADDRESS THOSE NEEDS THAT DO NOT

RELATE TO THEIR MISSION OF TO DELIVER HEALTH CARE. THESE ARE NEEDS FOR

WHICH GOVERNMENTAL AND OTHER AGENCIES HAVE THE MORE APPROPRIATE EXPERTISE

AND RESOURCES. HOWEVER, THE HOSPITAL FACILITIES DO AND WILL CONTINUE TO

COLLABORATE WITH COMMUNITY ORGANIZATIONS. IN ADDITION, THE HOSPITAL

FACILITIES DO AND WILL CONTINUE TO SUPPORT LOCAL CHAMBERS OF COMMERCE AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

COMMUNITY DEVELOPMENT ORGANIZATIONS, COLLABORATE WITH LEADERS OF REGIONAL

ECONOMIC IMPROVEMENT AND PROVIDE IN-KIND DONATION OF TIME, SKILL AND/OR

SPONSORSHIPS TO SUPPORT EFFORTS IN THESE AREAS.

HOW EACH FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE

RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORTS.

GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION BY CCHS. UNINSURED PATIENTS THAT CCHS

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED

ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 11 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 16I: 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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 11 -- 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.

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? 212

Name and address	Type of Facility (describe)
1 WESTON FAMILY HEALTH CENTER 1825 N CORPORATE LAKES BLVD WESTON, FL 33326	FAMILY HEALTH CENTER
2 CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	FAMILY HEALTH CENTER
3 RICHARD E. JACOBS HEALTH CENTER 33100 CLEVELAND CLINIC BOULEVARD AVON, OH 44011	FAMILY HEALTH CENTER
4 BEACHWOOD FAMILY HEALTH & SURGERY CE 26900 CEDAR ROAD BEACHWOOD, OH 44122	FAMILY HEALTH CENTER
5 TWINSBURG FAMILY HEALTH & SURGERY CE 8701 DARROW ROAD TWINSBURG, OH 44087	FAMILY HEALTH CENTER
6 STRONGSVILLE FAMILY HEALTH & SURGERY 16761 SOUTH PARK CENTER STRONGSVILLE, OH 44136	FAMILY HEALTH CENTER
7 CLEVELAND CLINIC HOME CARE SERVICES 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HOME CARE SERVICES
8 INDEPENDENCE FAMILY HEALTH CENTER 5001 ROCKSIDE RD, CROWN CENTRE II INDEPENDENCE, OH 44131	FAMILY HEALTH CENTER
9 LORAIN FAMILY HEALTH & SURGERY CENTE 5700 COOPER FOSTER PARK ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
10 WILLOUGHBY HILLS FAMILY HEALTH CENTE 2550 & 2570 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	FAMILY HEALTH CENTER

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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? _____

Name and address	Type of Facility (describe)
11 WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND ROAD WOOSTER, OH 44691	FAMILY HEALTH CENTER
12 CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DRIVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
13 HILLCREST MEDICAL OFFICE I & II 6803 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
14 BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER ROAD BRUNSWICK, OH 44212	FAMILY HEALTH CENTER
15 CLEVELAND CLINIC LOU RUVO CENTER FOR 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106	OUTPATIENT PHYSICIAN CLINIC
16 CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA COURT MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
17 SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE ROAD SOLON, OH 44139	FAMILY HEALTH CENTER
18 ELYRIA FAMILY HEALTH & SURGERY CENTE 303 CHESTNUT COMMONS DRIVE ELYRIA, OH 44035	FAMILY HEALTH CENTER
19 CLEVELAND CLINIC FLORIDA - WEST PALM 525 OKEECHOBEE BOULEVARD, CITY PLACE WEST PALM BEACH, FL 33401	FAMILY HEALTH CENTER
20 MARYMOUNT MEDICAL CENTER 2001 E ROYALTON ROAD BROADVIEW HTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2015

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? _____

Name and address	Type of Facility (describe)
21 WESTLAKE MEDICAL CAMPUS A 850 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC & DIAGNOSTIC CTR
22 SUPERIOR MEDICAL SHEFFIELD FAMILY HE 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	OUTPATIENT PHYSICIAN CLINIC
23 LANDERBROOK OFFICE AND ENDOSCOPY CEN 5900 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
24 CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022	FAMILY HEALTH CENTER
25 AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER
26 FAIRVIEW HOSPITAL MEDICAL OFFICE 24700 LORAIN AVENUE NORTH OLMSTED, OH 44070	OUTPATIENT PHYSICIAN CLINIC
27 STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVENUE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
28 BEACHWOOD OPHTHALMOLOGY-SIGNATURE SQU 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
29 CLEVELAND CLINIC UROLOGICAL INSTITUT 20997 LORAIN FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
30 AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN ROAD AVON LAKE, OH 44012	FAMILY HEALTH CENTER

Schedule H (Form 990) 2015

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? _____

Name and address	Type of Facility (describe)
31 CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
32 SUPERIOR MEDICAL AMHERST FAMILY HEAL 5172 LEAVITT ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
33 OHIO RENAL CARE GROUP PD/HOME DIALYS 11203 STOKES BOULEVARD CLEVELAND, OH 44104	DIALYSIS CENTER & DIAGNOSTIC CENTER
34 SAGAMORE HILLS MEDICAL CENTER I 863 WEST AURORA ROAD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
35 SPORTS HEALTH CENTER 5595 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
36 MENTOR MEDICAL OFFICE 7060 WAYSIDE DRIVE MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
37 CCF GASTROENTEROLOGY 7530 FREDLE DRIVE CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC
38 ASHLAND OPHTHALMOLOGY/SUGARBUSH EYE 21 SUGARBUSH COURT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
39 NORTH COAST CANCER 509 W. MCPHERSON HIGHWAY CLYDE, OH 43410	OUTPATIENT PHYSICIAN CLINIC
40 COMMUNITY PEDIATRICS 8254 MAYFIELD ROAD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2015

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? _____

Name and address	Type of Facility (describe)
41 MADISON MEDICAL OFFICE 2999 MCMACKIN ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
42 SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD ROAD WARRENSVILLE HEIGHTS, OH 44122	OUTPATIENT PHYSICIAN CLINIC
43 NORTH COAST CANCER 272 BENEDICT AVENUE NORWALK, OH 44857	OUTPATIENT PHYSICIAN CLINIC
44 PALM BEACH GARDENS 4520 DONALD ROSS ROAD STE 200 PALM BEACH GARDENS, FL 33418	OUTPATIENT PHYSICIAN CLINIC
45 MENTOR REHABILITATION AND SPORTS THE 7533 CENTER STREET MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
46 LAKEWOOD FAMILY HEALTH CENTER 16215 MADISON AVENUE LAKEWOOD, OH 44107	FAMILY HEALTH CENTER
47 MIDDLEBURG HEIGHTS ORTHOPAEDICS 7010 ENGLE ROAD STE 105 MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
48 NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
49 CLEVELAND CLINIC SUMMIT OPHTHALMOLOG 1 PARK WEST BOULEVARD, STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
50 CLEVELAND CLINIC SUPERIOR MEDICAL SL 1959 COOPER FOSTER PARK ROAD LORAIN, OH 44053	DIAGNOSTIC CENTER

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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? _____

Name and address	Type of Facility (describe)
51 CLEVELAND CLINIC FLORIDA - ATLANTIS 5507 S. CONGRESS AVENUE, STE 110 ATLANTIS, FL 33462	OUTPATIENT PHYSICIAN CLINIC
52 GEMINI RECREATION CENTER 21225 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
53 PARKLAND 7857 N. UNIVERSITY DRIVE STE 401 PARKLAND, FL 33067	OUTPATIENT PHYSICIAN CLINIC
54 COMMUNITY PEDIATRICS 2001 CROCKER ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
55 OHIO RENAL CARE GROUP, WESTLAKE 26024 DETROIT AVENUE WESTLAKE, OH 44145	DIALYSIS CENTER
56 WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
57 WESTLAKE MEDICAL CAMPUS B 805 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
58 OHIO RENAL CARE GROUP, WEST 14670 SNOW ROAD BROOKPARK, OH 44142	DIALYSIS CENTER
59 LORAIN ORTHOPAEDICS 5275 NORTH ABBE ROAD ELYRIA, OH 44035	OUTPATIENT PHYSICIAN CLINIC
60 EUCLID MEDICAL OFFICE 99 NORTHLINE CIRCLE EUCLID, OH 44119	OUTPATIENT PHYSICIAN CLINIC

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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? _____

Name and address	Type of Facility (describe)
61 BRUNSWICK EMERGENCY CARE 3724 CENTER ROAD BRUNSWICK, OH 44212	OUTPATIENT PHYSICIAN CLINIC
62 SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE ROAD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
63 BROOKLYN CORPORATE CENTER 7580 NORTHCLIFF AVENUE BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
64 MARYMOUNT REHABILITATION AND SPORTS 2525 EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
65 OHIO RENAL CARE GROUP, SOLON 6020 ENTERPRISE PARKWAY SOLON, OH 44139	DIALYSIS CENTER
66 OHIO RENAL CARE GROUP, FARNSWORTH 3764 PEARL RD CLEVELAND, OH 44109	DIALYSIS CENTER
67 LAKEWOOD TEEN HEALTH CENTER 15644 MADISON AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
68 BAINBRIDGE URGENT CARE 17747 CHILLICOTHE ROAD, STE 100 BAINBRIDGE, OH 44023	OUTPATIENT PHYSICIAN CLINIC
69 WESTERN RESERVE NEUROSURGERY 1900 23RD STREET CUYAHOGA FALLS, OH 44223	OUTPATIENT PHYSICIAN CLINIC
70 CHARDON REHABILITATION AND SPORTS TH 325 CENTER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC

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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? _____

Name and address	Type of Facility (describe)
71 CANFIELD ORTHOPAEDICS AND REHABILITA 3736 BOARDMAN CANFIELD ROAD CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC
72 LAKEWOOD PROFESSIONAL BUILDING 14601 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
73 OHIO RENAL CARE GROUP OF NORTH RANDA 4750 NORTHFIELD ROAD NORTH RANDALL, OH 44128	DIALYSIS CENTER
74 NORTH COAST GASTROENTEROLOGY 30701 CLEMENS ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
75 OHIO RENAL CARE GROUP, EUCLID 26450 EUCLID AVENUE EUCLID, OH 44132	DIALYSIS CENTER
76 LORAIN KOLCZUN ORTHOPAEDICS 5800 COOPER FOSTER PARK ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
77 OHIO RENAL CARE GROUP, ELYRIA 1050 N. ABBE RD. N ELYRIA, OH 44035	DIALYSIS CENTER
78 THERAPY SERVICES CUYAHOGA FALLS 63 GRAHAM ROAD CUYAHOGA FALLS, OH 44223	OUTPATIENT PHYSICIAN CLINIC
79 CLEVELAND CLINIC FLORIDA - WEST PALM 1401 FORUM WAY, STE 300 WEST PALM BEACH, FL 33401	OUTPATIENT PHYSICIAN CLINIC
80 COMMUNITY PEDIATRICS 7200 CENTER STREET, STE 200 MENTOR, OH 44077	OUTPATIENT PHYSICIAN CLINIC

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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? _____

Name and address		Type of Facility (describe)
81	WELLINGTON MEDICAL OFFICE 805 PATRIOT DRIVE, UNIT E WELLINGTON, OH 44090	OUTPATIENT PHYSICIAN CLINIC
82	OHIO RENAL CARE GROUP, OHIO ACUTES 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	DIALYSIS CENTER
83	SEVERANCE MEDICAL ARTS 5 SEVERANCE CIRCLE CLEVELAND HEIGHTS, OH 44118	OUTPATIENT PHYSICIAN CLINIC
84	OHIO RENAL CARE GROUP, WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
85	MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
86	OBERLIN OPHTHALMOLOGY/LAKELAND EYE 309 WEST LORAIN STREET OBERLIN, OH 44074	OUTPATIENT PHYSICIAN CLINIC
87	NPCS - BEACHWOOD 26110 EMERY ROAD WARRENSVILLE HEIGHTS, OH 44128	OUTPATIENT PHYSICIAN CLINIC
88	LAKEWOOD MEDICAL BUILDING 1450 BELLE AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
89	OHIO RENAL CARE GROUP, LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44109	DIALYSIS CENTER
90	OHIO RENAL CARE GROUP, MENTOR 8840 TYLER BLVD MENTOR, OH 44060	DIALYSIS CENTER

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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? _____

Name and address	Type of Facility (describe)
91 WESTOWN PHYSICIAN CENTER 10654 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
92 MOHICAN EYE CENTER 637 NORTH UNION STREET LOUDONVILLE, OH 44842	OUTPATIENT PHYSICIAN CLINIC
93 SUGARBUSH EYE AND LASER CENTER 1456 PARK AVENUE WEST, STE P MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
94 SAGAMORE HILLS MEDICAL OFFICE II 885 WEST AURORA RD NORTHFIELD, OH 44067	OUTPATIENT PHYSICIAN CLINIC
95 MEDINA MEDICAL OFFICE 970 E WASHINGTON MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
96 CLEVELAND CLINIC SUMMIT OPHTHALMOLOG 3838 MASSILLON ROAD, STE 370 UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
97 SUGARBUSH EYE & LASER CENTRE - BUCYR 140 HILL STREET BUCYRUS, OH 44820	OUTPATIENT PHYSICIAN CLINIC
98 NPCB - CANAL PLACE 520 SOUTH MAIN STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
99 BROOKPARK COMPREHENSIVE FAMILY CARE 14401 SNOW ROAD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC
100 CLEVELAND CLINIC DIABETES AND ENDOCR 3733 PARK EAST DRIVE, STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC

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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? _____

Name and address	Type of Facility (describe)
101 MARYMOUNT/CCF PAIN MANAGEMENT CENTER	OUTPATIENT PHYSICIAN CLINIC
12000 MCCracken RD	
GARFIELD HEIGHTS, OH 44125	
102 CLEVELAND EAR, NOSE, THROAT & ALLERG	OUTPATIENT PHYSICIAN CLINIC
5400 TRANSPORTATION BOULEVARD	
GARFIELD HEIGHTS, OH 44125	
103 THE LANGSTON HUGHES CENTER CLEVELAND	OUTPATIENT PHYSICIAN CLINIC
2390 E 79TH ST.	
CLEVELAND, OH 44104	
104 NPCS - AGMC HEALTH & WELLNESS NORTH	OUTPATIENT PHYSICIAN CLINIC
4302 ALLEN ROAD	
STOW, OH 44224	
105 SALOMONE PRACTICE	OUTPATIENT PHYSICIAN CLINIC
9500 MENTOR AVENUE	
MENTOR, OH 44060	
106 NPCS - KENT	OUTPATIENT PHYSICIAN CLINIC
401 DEVON PLACE	
KENT, OH 44240	
107 SPORTS HEALTH AT THE JEWISH COMMUNIT	OUTPATIENT PHYSICIAN CLINIC
26001 SOUTH WOODLAND ROAD	
BEACHWOOD, OH 44122	
108 INDEPENDENCE CANCER CENTER	OUTPATIENT PHYSICIAN CLINIC
6100 WEST CREEK ROAD	
INDEPENDENCE, OH 44131	
109 CLEVELAND EAR, NOSE, THROAT & ALLERG	OUTPATIENT PHYSICIAN CLINIC
6707 POWERS BLVD, STE 202 & 202A	
PARMA, OH 44129	
110 THERAPY SERVICES WEST	OUTPATIENT PHYSICIAN CLINIC
826 WESTPOINT PKWY, STE 1200	
WESTLAKE, OH 44145	

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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)
111 CLEVELAND CLINIC LOU RUVO CENTER FOR 890 MILL STREET RENO, NV 89502	OUTPATIENT PHYSICIAN CLINIC
112 CLEVELAND CLINIC PEDIATRIC CARDIOLOG 4848 HIGBEE AVENUE, NW CANTON, OH 44718	OUTPATIENT PHYSICIAN CLINIC
113 COMMUNITY PEDIATRICS 1 MEMORY LANE WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
114 RECOVERY RESOURCES 4269 PEARL ROAD CLEVELAND, OH 44109	OUTPATIENT PHYSICIAN CLINIC
115 ACCESS TO CARE 29000 AURORA ROAD SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
116 ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
117 AVON HEALTH AND WELLNESS 38530 CHESTER ROAD AVON, OH 44011	OUTPATIENT PHYSICIAN CLINIC
118 AVON LAKE SPECIALTY SERVICES OFFICE 445 AVON BELDEN ROAD AVON LAKE, OH 44012	OUTPATIENT PHYSICIAN CLINIC
119 BOARDMAN STAR IMAGING 7067 TIFFANY BOULEVARD BOARDMAN, OH 44512	DIAGNOSTIC CENTER
120 BROOKPARK PHYSICIAN CENTER 15900 SNOW ROAD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC

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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? _____

Name and address	Type of Facility (describe)
121 CARDIOTHORACIC SURGERY	
6681 RIDGE ROAD	
PARMA, OH 44129	OUTPATIENT PHYSICIAN CLINIC
122 CCF GASTROENTEROLOGY	
3700 PARK EAST DRIVE	
BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
123 CCF RESPIRATORY INSTITUTE	
4494 STATE ROUTE 43	
KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
124 CENTER FOR ARTHRITIS	
1716 NORTH ROAD SE	
WARREN, OH 44484	OUTPATIENT PHYSICIAN CLINIC
125 CENTER FOR INTEGRATED MEDICINE AND P	
1 EAGLE VALLEY COURT	
BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
126 CHARDON ROAD MEDICAL OFFICE BUILDING	
34500 CHARDON ROAD	
WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
127 CHILDRENS THERAPY SERVICES - SOUTH	
7043 PEARL ROAD	
MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
128 CLEVELAND CLINIC ADMINISTRATIVE CAMP	
3275 SCIENCE PARK DRIVE, BLDG 5	
BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
129 CLEVELAND CLINIC CHILDREN'S HOSPITAL	
981 WOOSTER ROAD	
MILLERSBURG, OH 44654	OUTPATIENT PHYSICIAN CLINIC
130 CLEVELAND CLINIC CHILDREN'S HOSPITAL	
7007 POWERS BOULEVARD, STE 201	
PARMA, OH 44129	OUTPATIENT PHYSICIAN CLINIC

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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? _____

Name and address	Type of Facility (describe)
131 CLEVELAND CLINIC CHILDREN'S HOSPITAL 1753 EAST MARKET STREET WARREN, OH 44483	OUTPATIENT PHYSICIAN CLINIC
132 CLEVELAND CLINIC EYE CARE 21245 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
133 CLEVELAND CLINIC FAMILY MEDICINE 11709 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
134 CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVENUE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
135 CLEVELAND CLINIC HEART & VASCULAR 1400 WEST MAIN STREET (BELLEVUE HOSP BELLEVUE, OH 44811	OUTPATIENT PHYSICIAN CLINIC
136 CLEVELAND CLINIC SPINE & SURGERY 34 EXECUTIVE DRIVE NORWALK, OH 44857	OUTPATIENT PHYSICIAN CLINIC
137 CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD ROAD BOARDMAN, OH 44512	DIAGNOSTIC CENTER
138 CLEVELAND CLINIC UROLOGY 3131 LA CANADA STREET LAS VEGAS, NV 89169	OUTPATIENT PHYSICIAN CLINIC
139 CLUB VIEW VISION CENTER OPTOMETRIC 1650 E. MANSFIELD STREET BUCYRUS, OH 44820	OUTPATIENT PHYSICIAN CLINIC
140 COLE EYE INSTITUTE 2000 AUBURN DRIVE, STE 100 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC

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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? _____

Name and address	Type of Facility (describe)
141 COLUMBUS STAR IMAGING 1550 KENNY ROAD COLUMBUS, OH 43212	DIAGNOSTIC CENTER
142 COLUMBUS STAR IMAGING 921 JASONWAY AVENUE COLUMBUS, OH 43214	DIAGNOSTIC CENTER
143 COLUMBUS STAR IMAGING 6096 EAST MAIN STREET COLUMBUS, OH 44213	DIAGNOSTIC CENTER
144 COLUMBUS STAR IMAGING 975 & 985 BETHEL ROAD COLUMBUS, OH 43214	OUTPATIENT PHYSICIAN CLINIC
145 COMMUNITY PEDIATRICS 26250 EUCLID AVENUE EUCLID, OH 44132	OUTPATIENT PHYSICIAN CLINIC
146 DAYTON STAR IMAGING 5529 FAR HILLS AVENUE DAYTON, OH 45429	OUTPATIENT PHYSICIAN CLINIC
147 DR. RICHARD LORBER 1330 MERCY DRIVE, NW CANTON, OH 44708	OUTPATIENT PHYSICIAN CLINIC
148 ENVISION ICARE OPTIMETRIC BULIDING 111 PROGRESS DRIVE BELLEVUE, OH 44811	OUTPATIENT PHYSICIAN CLINIC
149 ERADIOLOGY (WESTON TOWN CENTER) 1792 BELL TOWER LANE WESTON, FL 33326	OUTPATIENT PHYSICIAN CLINIC
150 FAIRVIEW HOSPITAL WELLNESS CENTER 3035 WOOSTER ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC

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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? _____

Name and address	Type of Facility (describe)
151 FAIRVIEW WESTOWN PHYSICIAN CENTER 10694 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
152 GATES MEDICAL CENTER 125 EAST BROAD STREET ELYRIA, OH 44035	OUTPATIENT PHYSICIAN CLINIC
153 GERBER PROFESSIONAL BUILDING (ELKO) 380 COURT STREET ELKO, NV 89801	OUTPATIENT PHYSICIAN CLINIC
154 GHENT ROAD FAMILY MEDICINE PRACTICE 3535 GRANGER ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
155 GLICKMAN UROLOGICAL INSTITUTE - INA 14701 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
156 GRADISEK FAMILY VISION CARE 1142 W. 37TH STREET LORAIN, OH 44052	OUTPATIENT PHYSICIAN CLINIC
157 HACKETT MEDICAL 8300 TYLER BOULEVARD MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
158 HIGHLAND OFFICE CENTER 2646 HIGHWAY AVENUE HIGHLAND, IN 46322	OUTPATIENT PHYSICIAN CLINIC
159 KINDRED HEALTH CARE CLEVELAND 11900 FAIRHILL ROAD CLEVELAND, OH 44120	OUTPATIENT PHYSICIAN CLINIC
160 KRUPA CENTER 3250 MERIDIAN PARKWAY WESTON, FL 33331	OUTPATIENT PHYSICIAN CLINIC

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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)
161 LAKE HEALTH (REGIONAL NEUROSCIENCES) 36001 EUCLID AVENUE WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
162 LAKEWEST MEDICAL BUILDING 36100 EUCLID AVENUE STE 280 WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
163 LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
164 LAKEWOOD CENTER NORTH 14600 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
165 LAKEWOOD YMCA 16915 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
166 LIFELINE SLEEP CENTERS GREEN 4880 S. MAIN STREET AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC
167 LORAIN ORTHOPAEDICS 3600 KOLBE ROAD, STE 100 LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
168 STUDENT HEALTH CLINIC 3595 BOSWORTH ROAD CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
169 FRANKLIN BOULEVARD NURSING HOME 3600 FRANKLIN BOULEVARD CLEVELAND, OH 44113	OUTPATIENT PHYSICIAN CLINIC
170 LUTHERAN HOSPITAL MEDICAL OFFICES 6412 FRANKLIN BOULEVARD CLEVELAND, OH 44102	OUTPATIENT PHYSICIAN CLINIC

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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)
171 MARYMOUNT MEDICAL CENTER 9543 BROADVIEW ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
172 MARYMOUNT OBGYN 34055 SOLON ROAD SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
173 MARYMOUNT SLEEP CENTER 13201 GRANGER ROAD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
174 MAYFIELD OUT PATIENT SATELLITE 5187 MAYFIELD ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
175 MEDINA COMMUNITY RECREATION CENTER 855 WEYMOUTH ROAD MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
176 MEDINA ENDOCRINOLOGY 4087 MEDINA ROAD MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
177 NILES STAR IMAGING 652 YOUNGSTOWN WARREN ROAD NILES, OH 44446	DIAGNOSTIC CENTER
178 NILES STAR IMAGING 650 YOUNGSTOWN-WARREN ROAD NILES, OH 44446	OUTPATIENT PHYSICIAN CLINIC
179 OHIO CANCER SPECIALISTS 31 E MAIN STREET SHELBY, OH 44875	OUTPATIENT PHYSICIAN CLINIC
180 OHIO CANCER SPECIALISTS 1509 S CONWELL AVENUE WILLARD, OH 44890	OUTPATIENT PHYSICIAN CLINIC

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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)
181 OUTPATIENT PEDIATRIC PHYSIATRY CLINI 1912 HAYES AVENUE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
182 PARMA CANCER CENTER 6525 POWERS BOULEVARD PARMA, OH 44129	OUTPATIENT PHYSICIAN CLINIC
183 PARMA MEDICAL ARTS CENTER 4 6115 POWERS BOULEVARD PARMA, OH 44129	OUTPATIENT PHYSICIAN CLINIC
184 RIDGE PARK OBSTETRICS AND GYNECOLOGY 7575 NORTHCLIFF AVENUE, #302 BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
185 ROCKSIDE MEDICAL CENTER 6701 ROCKSIDE ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
186 ROCKY RIVER CIVIC CENTER 21016 HILLIARD BOULEVARD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
187 SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BOULEVARD NORTH OLMSTED, OH 44070	DIAGNOSTIC CENTER
188 SLEEP DISORDERS CENTER 3750 ORANGE PLACE BEACHWOOD, OH 44122	DIAGNOSTIC CENTER
189 SLEEP DISORDERS CENTER 8971 WILCOX DRIVE TWINSBURG, OH 44087	DIAGNOSTIC CENTER
190 SLEEP DISORDERS CENTER 1825 LORAIN BOULEVARD ELYRIA, OH 44035	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)
191 SLEEP DISORDERS CENTER	DIAGNOSTIC CENTER
5051 WEST CREEK ROAD	
INDEPENDENCE, OH 44131	
192 SLEEP DISORDERS CENTER	DIAGNOSTIC CENTER
3122 EASTPOINTE DRIVE	
MEDINA, OH 44256	
193 SLEEP DISORDERS CENTER	DIAGNOSTIC CENTER
5785 HEISLEY ROAD	
MENTOR, OH 44060	
194 SPORTS HEALTH CENTER	OUTPATIENT PHYSICIAN CLINIC
5555 TRANSPORTATION BOULEVARD	
GARFIELD HEIGHTS, OH 44125	
195 SUMMIT OPHTHALMOLOGY	OUTPATIENT PHYSICIAN CLINIC
1587 BOETTTLER ROAD	
GREEN, OH 44685	
196 THERAPY SERVICES EAST	OUTPATIENT PHYSICIAN CLINIC
3355 RICHMOND ROAD	
BEACHWOOD, OH 44122	
197 THERAPY SERVICES SOUTH	OUTPATIENT PHYSICIAN CLINIC
17800 JEFFERSON PARK DRIVE, STE 101	
MIDDLEBURG HTS, OH 44130	
198 TWINSBURG MEDICAL OFFICE	OUTPATIENT PHYSICIAN CLINIC
2365 EDISON BOULEVARD	
TWINSBURG, OH 44087	
199 VALLEY CITY FAMILY MEDICINE	OUTPATIENT PHYSICIAN CLINIC
6605 CENTER ROAD	
VALLEY CITY, OH 44280	
200 WARRENSVILLE MEDICAL OFFICE	OUTPATIENT PHYSICIAN CLINIC
4180 WARRENSVILLE CENTER ROAD	
WARRENSVILLE HEIGHTS, OH 44122	

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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)
201 WELLINGTON PLACE 4800 CLAGUE ROAD NORTH OLMS TED, OH 44070	OUTPATIENT PHYSICIAN CLINIC
202 WEST PARK LEARNING CENTER 15531 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
203 WEST VALLEY MEDICAL 20455 LORAIN ROAD, #301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
204 WESTGATE PROFESSIONAL BUILDING 20800 ADDINGTON BOULEVARD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
205 WESTON CORPORATE CENTRE II 2700 S. COMMERCE PARKWAY WESTON, FL 33331	OUTPATIENT PHYSICIAN CLINIC
206 WILLOUGHBY HILLS REHABILITATION AND 29017 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
207 WOOSTER GENERAL SURGERY 546 WINTER STREET WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
208 WOOSTER MILLTOWN SPECIALTY & SURGERY 721 EAST MILLTOWN ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
209 WOOSTER WOMEN'S HEALTH CENTER 1739 CLEVELAND ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
210 YOUNGSTOWN FERTILITY CENTER 3660 STUTZ DRIVE CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2015

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.

PART I, LINE 3C:

CCHS PROVIDES MEDICALLY NECESSARY SERVICES TO ALL PATIENTS, REGARDLESS OF

RACE, COLOR, CREED, GENDER OR COUNTRY OF NATIONAL ORIGIN AND WITHOUT

REGARD TO THE PATIENT'S ABILITY TO PAY. THIS POLICY APPLIES TO ALL CCHS

FACILITIES, AND THE AMOUNT OF CARE PROVIDED UNDER THE POLICY IS DETERMINED

BY NEED AND IS NOT LIMITED OR RATIONED BY BUDGETED AMOUNTS.

UNDER THE POLICY, CCHS PROVIDES FREE CARE TO INDIVIDUALS WITHOUT INSURANCE

WITH INCOMES UP TO 250% OF THE FEDERAL POVERTY LEVEL AND DISCOUNTED CARE

ON A SLIDING SCALE UP TO 400% OF THE FEDERAL POVERTY LEVEL. IN ADDITION,

THE POLICY CONTAINS A MEDICAL INDIGENCE PROVISION, WHICH PROVIDES

ASSISTANCE REGARDLESS OF INCOME LEVEL OR INSURANCE STATUS WHERE MEDICAL

COSTS WILL EXCEED 25% OF ANNUAL FAMILY INCOME.

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.

532099 11-05-15

Schedule H (Form 990) 2015

Part VI Supplemental Information (Continuation)

PART I, LINE 7G:

CCHS EMPLOYS ITS PHYSICIANS, THEREFORE THE ASSOCIATED COSTS AND CHARGES
RELATING TO THESE PHYSICIAN SERVICES ARE INCLUDED IN ALL RELEVANT
CATEGORIES OF PART I.

PART I, LN 7 COL(F):

ADDITIONAL BAD DEBT EXPENSE ADDED FOR PURPOSES OF CALCULATING THE
PERCENTAGE, BUT NOT REPORTED ON FORM 990, IS \$755,540.

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' HCAP BENEFIT OF \$8,689,224.

PART I, LINE 7

NOTE THAT THE TOTAL AMOUNT OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY
BENEFITS OF \$637,202,903 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,

Part VI Supplemental Information (Continuation)

2) THE PROPORTIONATE SHARE OF JOINT VENTURE COMMUNITY BENEFIT IS

INCLUDED IN LINE 7, AND

3) AKRON GENERAL HEALTH SYSTEM INFORMATION IS INCLUDED IN THE COMMUNITY

HEALTH BENEFIT REPORT BUT IS EXCLUDED FOR SCHEDULE H

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.

PART III, LINE 4:

TEXT OF FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS:

PATIENT RECEIVABLES ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE

ACCOUNTS. THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON

MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS

CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN

HEALTHCARE COVERAGE, MAJOR PAYOR SOURCES AND OTHER COLLECTION INDICATORS.

PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE

Part VI Supplemental Information (Continuation)

ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF

EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO

MAKE MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS TO

ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER

SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE SYSTEM FOLLOWS ESTABLISHED

GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION

AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION

EFFORTS AS DETERMINED BY THE SYSTEM.

PART III, LINE 8:

MEDICARE ALLOWABLE COSTS ARE CALCULATED USING A COST-TO-CHARGE RATIO.

CCHS HAS USED THE CHA METHODOLOGY FOR REPORTING COMMUNITY BENEFIT SINCE

2004 AS IT WAS THE EMERGING COMMUNITY BENEFIT REPORTING STANDARD AND NOW

HAS BEEN ADOPTED IN LARGE PART BY THE IRS FOR 990 REPORTING PURPOSES. THE

CHA MODEL DOES NOT INCLUDE MEDICARE SHORTFALL AS COMMUNITY BENEFIT.

PART III, LINE 9B:

IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN

TO QUALIFY FOR FINANCIAL ASSISTANCE PROGRAMS OR BEFORE REASONABLE EFFORTS

HAVE BEEN MADE TO MAKE SUCH DETERMINATION. IN CERTAIN CASES IT MAY NOT BE

EASILY DETERMINED WHETHER OR NOT A PATIENT QUALIFIES FOR FINANCIAL

ASSISTANCE; HOWEVER, IF AFTER COLLECTION PRACTICES HAVE BEGUN IT LATER

BECOMES KNOWN THAT A PATIENT QUALIFIES, THE COLLECTION EFFORTS CEASE.

ADDITIONALLY, OUR EXTERNAL THIRD PARTY (COLLECTION) AGENCIES ARE TRAINED

ON OUR FINANCIAL ASSISTANCE POLICY AND ASSIST A PATIENT IN NEED BY

SUPPLYING OUR APPLICATION FOR FINANCIAL ASSISTANCE.

Part VI Supplemental Information (Continuation)

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 \$1,045,093,102 AND

\$1,365,455,478 RESPECTIVELY. THIS RESULTS IN MEDICARE SHORTFALL OF

\$320,362,376 WHICH ADDED TO THE SHORTFALL OF \$8,683,963 AS REPORTED ON

THE COST REPORTS, BRINGS THE TOTAL MEDICARE SHORTFALL TO \$329,046,339.

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 FACILITIES 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

Part VI Supplemental Information (Continuation)

PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH

CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE

PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO

INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH

IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

PART VI, LINE 4:

THE COMMUNITY FOR EACH OF THE HOSPITAL FACILITIES IN THE CLEVELAND CLINIC

HEALTH SYSTEM IS DEFINED BY BOTH MISSION AND GEOGRAPHY. THE GEOGRAPHIC

COMMUNITY IS DEFINED BY THE HOSPITAL FACILITY'S IMMEDIATELY CONTIGUOUS

AREAS AS WELL AS THE BROADER SURROUNDING COUNTIES/REGIONS FROM WHICH THE

MAJORITY OF DISCHARGED INPATIENTS RESIDE. ADDITIONALLY, THE COMMUNITY

INCLUDES PATIENTS WHO REQUIRE THE EXPERTISE AND SPECIALIZED SERVICES OF

THE CLEVELAND CLINIC. THE COMMUNITY FOR MEDICAL RESEARCH AND EDUCATION IS

THE PUBLIC AT LARGE.

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

Part VI **Supplemental Information** (Continuation)

USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES. SURPLUS FUNDS FOR CCF

AND ITS SUBORDINATES ARE REINVESTED AND CARRIED OUT BY THE ORGANIZATION'S

EXEMPT MISSION -- PATIENT CARE, RESEARCH, AND EDUCATION.

PART VI, LINE 6:

CLEVELAND CLINIC IS THE PARENT ORGANIZATION OF THE HEALTH SYSTEM, AN

INTEGRATED HEALTH SYSTEM CONSISTING OF AN ACADEMIC MEDICAL CENTER, MEDICAL

SCHOOL, COMMUNITY HOSPITALS, FAMILY HEALTH CENTERS, VARIOUS ANCILLARY

SERVICES, AND A LARGE GROUP OF EMPLOYED PHYSICIANS AND PHYSICIAN

RESEARCHERS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **THE CLEVELAND CLINIC FOUNDATION**
GROUP RETURN

Employer identification number
91-2153073

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 GENERAL MEDICAL CENTER 400 WABASH AVE AKRON, OH 44307	34-0714478	501(C)(3)	14,500.	0.			HEALTHCARE RESEARCH & EDUCATION
ALICE FLAHERTY EXCELLENCE IN NURSING SCHOLARSHIP FUND, INC. - 24179 AMBOUR DR - NORTH OLMSTED, OH 44070	47-0974372	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
ALZHEIMERS ASSOCIATION 12200 FAIRHILL RD CLEVELAND, OH 44120	34-1311175	501(C)(3)	15,100.	0.			HEALTHCARE RESEARCH & EDUCATION
AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	13-1788491	501(C)(3)	55,044.	0.			HEALTHCARE RESEARCH & EDUCATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	59-0637852	501(C)(3)	263,000.	0.			HEALTHCARE RESEARCH & EDUCATION
AMERICAN LIVER FOUNDATION PO BOX 36085 INDIANAPOLIS, IN 46236	36-2883000	501(C)(3)	5,500.	0.			HEALTHCARE RESEARCH & EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 96.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 7.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2015)

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 1740 BROADWAY NEW YORK, NY 10019	13-1632524	501(C)(3)	20,000.	0.			HEALTHCARE RESEARCH & EDUCATION
ANTIOCH BAPTIST CHURCH 8869 CEDAR AVE CLEVELAND, OH 44106	36-4497121	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST NW ATLANTA, GA 30309	58-1341679	501(C)(3)	14,000.	0.			HEALTHCARE RESEARCH & EDUCATION
ASSOCIATION OF AFRICAN AMERICAN CULTURAL GARDENS, INC. - PO BOX 20237 - CLEVELAND, OH 44120	90-0791590	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO - 3249 ROCKY RIVER DR - ROCKY RIVER, OH 44111	34-1407746	501(C)(3)	11,050.	0.			SUPPORT EDUCATIONAL ACTIVITIES
BEACHWOOD CHAMBER OF COMMERCE 25550 CHAGRIN BLVD BEACHWOOD, OH 44122	34-1684237	501(C)(6)	7,750.	0.			COMMUNITY SUPPORT
BLACK PROFESSIONAL ASSOCIATION CHARITABLE FOUNDATION, INC. - PO BOX 5783 - CLEVELAND, OH 44101	34-1496786	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
BOYS AND GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVE CLEVELAND, OH 44127	34-0770686	501(C)(3)	27,500.	0.			COMMUNITY SUPPORT
BUCKEYE LOCAL SCHOOL DISTRICT 3044 COLUMBIA RD MEDINA, OH 44256	34-6003781	501(C)(1)	5,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURTEN BELL CARR DEVELOPMENT, INC. 7201 KINSMAN RD CLEVELAND, OH 44104	34-1657533	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
BUSINESS VOLUNTEERS UNLIMITED 1300 E 9TH ST, STE 1805 CLEVELAND, OH 44114	34-1724581	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CANCER SERVICES OF ERIE COUNTY 505 E PERKINS AVE SANDUSKY, OH 44870	34-0877577	501(C)(3)	8,280.	0.			HEALTHCARE RESEARCH & EDUCATION
CARE ALLIANCE 1795 W 25TH ST CLEVELAND, OH 44113	34-1748776	501(C)(3)	10,000.	0.			HEALTHCARE RESEARCH & EDUCATION
CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT RD CLEVELAND, OH 44106	34-1018992	501(C)(3)	10,200.	0.			SUPPORT EDUCATIONAL ACTIVITIES
CELEBRITY FIGHT NIGHT FOUNDATION, INC. - 2111 E HIGHLAND AVE, STE 135 - PHOENIX, AZ 85016	86-0903119	501(C)(3)	1,005,000.	0.			COMMUNITY SUPPORT
CITY OF MAPLE HEIGHTS 5353 LEE RD MAPLE HTS, OH 44137	34-6001809	501(C)(1)	10,000.	0.			COMMUNITY SUPPORT
CLEVELAND BOTANICAL GARDEN 11030 E BLVD CLEVELAND, OH 44106	34-0239538	501(C)(3)	6,476.	0.			COMMUNITY SUPPORT
CLEVELAND CLINIC EDUCATIONAL FOUNDATION - 9500 EUCLID AVE - CLEVELAND, OH 44195	34-0714553	501(C)(3)	21,845,588.	0.			HEALTHCARE RESEARCH & EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND LEADERSHIP CENTER 1375 E 9TH ST CLEVELAND, OH 44114	34-1927317	501(C)(3)	5,500.	0.			COMMUNITY SUPPORT
CLEVELAND MUSEUM OF NATURAL HISTORY - 1 WADE OVAL DR - CLEVELAND, OH 44106	34-0714338	501(C)(3)	13,200.	0.			COMMUNITY SUPPORT
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	34-0966056	501(C)(3)	19,632.	0.			SUPPORT EDUCATIONAL ACTIVITIES
COLLEGE NOW GREATER CLEVELAND, INC. - 200 PUBLIC SQUARE, STE 3820 - CLEVELAND, OH 44114	34-6580096	501(C)(3)	12,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
COLON CANCER ALLIANCE 1025 VERMONT AVE NW, STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	12,500.	0.			HEALTHCARE RESEARCH & EDUCATION
COMMUNITY WEST FOUNDATION 20545 CENTER RIDGE RD, STE 448 CLEVELAND, OH 44116	34-1456398	501(C)(3)	79,573.	0.			COMMUNITY SUPPORT
CORNERSTONE OF HOPE 6600 DAISY AVE INDEPENDENCE, OH 44131	34-1945499	501(C)(3)	26,500.	0.			COMMUNITY SUPPORT
COUNCIL FOR ECONOMIC OPPORTUNITIES IN GREATER CLEVELAND - 1228 EUCLID AVE, STE 700 - CLEVELAND, OH 44115	34-0965350	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
CROHNS & COLITIS FOUNDATION OF AMERICA - 23366 COMMERCE PARK RD - BEACHWOOD, OH 44122	13-6193105	501(C)(3)	15,000.	0.			HEALTHCARE RESEARCH & EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUYAHOGA COMMUNITY COLLEGE PO BOX 92928 CLEVELAND, OH 44194	34-0896630	501(C)(3)	11,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD, STE 6 PARMA, OH 44134	26-2300532	501(C)(3)	47,000.	0.			COMMUNITY SUPPORT
DANCING WHEELS COMPANY & SCHOOL 3615 EUCLID AVE CLEVELAND, OH 44115	34-1623342	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
DOWNTOWN CLEVELAND ALLIANCE 1010 EUCLID AVE CLEVELAND, OH 44114	34-1775903	501(C)(3)	6,500.	0.			COMMUNITY SUPPORT
EMERIL LAGASSE FOUNDATION 829 SAINT CHARLES AVE NEW ORLEANS, LA 70130	42-1536915	501(C)(3)	150,000.	0.			COMMUNITY SUPPORT
ESPERANZA, INC. 4115 BRIDGE AVE CLEVELAND, OH 44113	34-1403492	501(C)(3)	20,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
EUCLID AVENUE CONGREGATIONAL CHURCH - 4217 BLUESTONE RD - CLEVELAND, OH 44121	34-6505904	501(C)(3)	291,667.	0.			COMMUNITY SUPPORT
FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION - 8111 QUINCY AVE, STE 100 - CLEVELAND, OH 44104	34-1706856	501(C)(3)	284,162.	0.			COMMUNITY SUPPORT
FAIRVIEW HOSPITAL PO BOX 74953 CLEVELAND, OH 44191	34-0714618	501(C)(3)	5,974.	0.			HEALTHCARE RESEARCH & EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMICOS FOUNDATION, INC. 1325 ANSEL RD CLEVELAND, OH 44106	34-1053534	501(C)(3)	18,400.	0.			COMMUNITY SUPPORT
FATIMA FAMILY CENTER 6600 LEXINGTON AVE CLEVELAND, OH 44103	26-1323950	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
FEEDING MEDINA COUNTY 901 W LAFAYETTE RD MEDINA, OH 44256	45-4049528	501(C)(3)	5,038.	0.			COMMUNITY SUPPORT
FLASHES OF HOPE, INC. 6009 LANDERHAVEN DR MAYFIELD HTS, OH 44124	04-3648694	501(C)(3)	10,000.	0.			HEALTHCARE RESEARCH & EDUCATION
FORCES4QUALITY NORTHEAST OHIO PO BOX 609655 CLEVELAND, OH 44109	26-1725657	501(C)(3)	92,000.	0.			HEALTHCARE RESEARCH & EDUCATION
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVE CLEVELAND, OH 44114	20-4948838	501(C)(3)	5,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	34-1879035	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
GOODWILL INDUSTRIES OF GREATER CLEVELAND, INC. - 408 9TH ST SW - CANTON, OH 44707	34-0909974	501(C)(3)	0.	12,500.	ESTIMATED VALUE	ARTWORK	COMMUNITY SUPPORT
GREATER CLEVELAND HABITAT FOR HUMANITY - 2110 W 110TH ST - CLEVELAND, OH 44102	31-1209423	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

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91-2153073

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
INNER CITY TENNIS CLINICS INCORPORATED - PO BOX 32551 - CLEVELAND, OH 44132	27-1789893	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
KARAMU HOUSE 2355 E 89TH ST CLEVELAND, OH 44106	34-0714448	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89106	88-0515534	501(C)(3)	64,775.	0.			HEALTHCARE RESEARCH & EDUCATION
KIDNEY FOUNDATION OF OHIO, INC. 2831 PROSPECT AVE CLEVELAND, OH 44115	34-0827748	501(C)(3)	10,000.	0.			HEALTHCARE RESEARCH & EDUCATION
KOMEN FOUNDATION SOUTH FLORIDA 1309 N FLAGLER DR W PALM BEACH, FL 33401	65-0254225	501(C)(3)	10,000.	0.			HEALTHCARE RESEARCH & EDUCATION
LAKEWOOD ALIVE PO BOX 770364 LAKEWOOD, OH 44107	20-3433930	501(C)(3)	33,750.	0.			COMMUNITY SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 5700 BRECKSVILLE RD INDEPENDENCE, OH 44131	13-5644916	501(C)(3)	22,000.	0.			HEALTHCARE RESEARCH & EDUCATION
MALTZ MUSEUM OF JEWISH HERITAGE 2929 RICHMOND RD BEACHWOOD, OH 44122	04-3684531	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
MARCH OF DIMES FOUNDATION 614 SUPERIOR AVE NW CLEVELAND, OH 44113	13-1846366	501(C)(3)	40,250.	0.			HEALTHCARE RESEARCH & EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MAYFIELD CITY SCHOOLS 6116 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	34-6001843	501(C)(1)	5,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
MEDINA HOSPITAL FOUNDATION 1000 E WASHINGTON ST MEDINA, OH 44256	34-1657989	501(C)(3)	12,900.	0.			HEALTHCARE RESEARCH & EDUCATION
MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112	34-1903712	501(C)(3)	35,000.	2,690,606.	ESTIMATED VALUE	IN-KIND MEDICAL EQUIPMENT	HEALTHCARE RESEARCH & EDUCATION
MEDWORKS 1950 RICHMOND RD LYNDHURST, OH 44124	26-3858369	501(C)(3)	12,000.	0.			HEALTHCARE RESEARCH & EDUCATION
METRO HEALTH SYSTEM 2500 METROHEALTH DR CLEVELAND, OH 44109	34-6004382	501(C)(3)	293,391.	0.			HEALTHCARE RESEARCH & EDUCATION
MIDTOWN CLEVELAND 5000 EUCLID AVE CLEVELAND, OH 44103	34-1381334	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
MILESTONES ORGANIZATION 1888 SOUTH COMPTON RD CLEVELAND HTS, OH 44118	20-0721205	501(C)(3)	11,500.	0.			HEALTHCARE RESEARCH & EDUCATION
MONTVILLE TOWNSHIP 6665 WADSWORTH RD MEDINA, OH 44256	34-6001929	501(C)(1)	24,000.	0.			COMMUNITY SUPPORT
NAMI GREATER CLEVELAND 2012 W 25TH ST CLEVELAND, OH 44113	20-2254268	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 1422 EUCLID AVE - CLEVELAND, OH 44115	34-0801307	501(C)(3)	15,000.	0.			HEALTHCARE RESEARCH & EDUCATION
NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE RD CLEVELAND, OH 44102	34-1300581	501(C)(3)	73,200.	0.			HEALTHCARE RESEARCH & EDUCATION
NORTH COAST CANCER FOUNDATION 417 QUARRY LAKES DR SANDUSKY, OH 44870	34-1224416	501(C)(3)	100,000.	0.			HEALTHCARE RESEARCH & EDUCATION
NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE, STE 302 CLEVELAND, OH 44120	34-1812026	501(C)(3)	45,000.	0.			COMMUNITY SUPPORT
OHIO CITY INCORPORATED 2525 MARKET AVE, STE A CLEVELAND, OH 44113	34-1372076	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
OHIO STATE MEDICAL ASSOCIATION 3401 MILL RUN DR HILLARD, OH 43026	31-4364893	501(C)(6)	10,000.	0.			HEALTHCARE RESEARCH & EDUCATION
OHIO UNIVERSITY GROSVENOR W ATHENS, OH 45701	31-6402113	501(C)(3)	250,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
OPEN DOORS, INC. 3311 PERKINS AVE CLEVELAND, OH 44114	04-3697716	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
RAINEY INSTITUTE 1523 E 55TH ST CLEVELAND, OH 44144	34-6555952	501(C)(3)	17,500.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
RECOVERY RESOURCES 3950 CHESTER AVE CLEVELAND, OH 44114	34-1211116	501(C)(3)	15,000.	0.			HEALTHCARE RESEARCH & EDUCATION
REGIONAL TRANSIT AUTHORITY PO BOX 6566 CLEVELAND, OH 44101	34-1170830	GOV. ENTITY	125,225.	0.			COMMUNITY SUPPORT
RESEARCH AMERICA 1101 KING ST ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
RONALD MCDONALD HOUSE OF CLEVELAND, INC. - 10415 EUCLID AVE - CLEVELAND, OH 44106	34-1269123	501(C)(3)	279,644.	0.			HEALTHCARE RESEARCH & EDUCATION
ROTARY INTERNATIONAL 304 INDIAN TRACE WESTON, FL 33326	74-3091542	501(C)(4)	10,000.	0.			COMMUNITY SUPPORT
SAINT JOSEPH ACADEMY 3470 ROCKY RIVER DR CLEVELAND, OH 44111	34-1618516	501(C)(3)	22,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103	52-2401852	501(C)(3)	123,389.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SCHOLARSHIP AMERICA, INC. PO BOX 240 ST PETER, MN 56082	04-2296967	501(C)(3)	22,130.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SENIOR TRANSPORTATION CONNECTION OF CUYAHOGA COUNTY - 4735 W 150TH - CLEVELAND, OH 44135	30-0319480	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN NORTHWEST OHIO 3100 W CENTRAL AVE, STE 235 TOLEDO, OH 43606	75-2845063	501(C)(3)	17,500.	0.			HEALTHCARE RESEARCH & EDUCATION
THE FREE CLINIC OF GREATER CLEVELAND - 12201 EUCLID AVE - CLEVELAND, OH 44106	23-7078501	501(C)(3)	7,500.	0.			HEALTHCARE RESEARCH & EDUCATION
THE LANTERN 12160 TRISKETT RD CLEVELAND, OH 44111	27-2051836	501(C)(3)	0.	10,000.	ESTIMATED VALUE	IN-KIND MEDICAL EQUIPMENT	HEALTHCARE RESEARCH & EDUCATION
THE MUSICAL ARTS ASSOCIATION 11001 EUCLID AVE CLEVELAND, OH 44106	34-0714468	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
THE VILLAGE AT MARYMOUNT 5200 MARYMOUNT VILLAGE DR GARFIELD HTS, OH 44125	20-5652595	501(C)(3)	30,000.	0.			HEALTHCARE RESEARCH & EDUCATION
THE WORD CHURCH 18909 S MILES RD WARRENSVILLE HTS, OH 44128	03-0415420	501(C)(3)	17,500.	0.			COMMUNITY SUPPORT
TOWARDS EMPLOYMENT INCORPORATED 1255 EUCLID AVE CLEVELAND, OH 44115	34-1578831	501(C)(3)	18,100.	0.			COMMUNITY SUPPORT
TRINITY HIGH SCHOOL 12425 GRANGER RD GARFIELD HTS, OH 44125	34-0943303	501(C)(3)	37,501.	0.			SUPPORT EDUCATIONAL ACTIVITIES
TRINITY SUPPORT SERVICES 12425 GRANGER RD GARFIELD HTS, OH 44125	26-3804435	501(C)(3)	21,429.	0.			SUPPORT EDUCATIONAL ACTIVITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	0.	5,021.	ESTIMATED VALUE	ARTWORK	COMMUNITY SUPPORT
UNIVERSITY OF MIAMI GABLES ONE TOWER, STE 300 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	17,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
VILLA ANGELA-ST. JOSEPH HIGH SCHOOL - 18491 LAKE SHORE BLVD - CLEVELAND, OH 44119	68-0480736	501(C)(3)	20,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
WILLOWICK SWIM CLUB 30302 FERN DR WILLOWICK, OH 44095	34-1829079	501(C)(3)	8,500.	0.			COMMUNITY SUPPORT
WOMEN OF COLOR FOUNDATION 1667 E 40TH ST CLEVELAND, OH 44103	02-0743542	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
YMCA OF BROWARD COUNTY FLORIDA 20201 SADDLE CLUB RD WESTON, FL 33327	59-0624463	501(C)(3)	22,500.	0.			COMMUNITY SUPPORT
YMCA OF GREATER CLEVELAND 2200 PROSPECT AVE CLEVELAND, OH 44115	34-0714728	501(C)(3)	54,325.	0.			COMMUNITY SUPPORT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	256	7,646,801.	0.		
FELLOWSHIPS	2081	93,770,661.	0.		
LODGING FOR INDIGENT	175	96,590.	0.		

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

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

Part IV Supplemental Information

QUALITY OF PATIENT CARE AND RESEARCH THROUGH EDUCATION.

THE INDIGENT AID LISTED IS PERFORMED IN FURTHERANCE OF CLEVELAND CLINIC

HEALTH SYSTEM'S MISSION TO PROVIDE BETTER CARE OF THE SICK AND THE

INVESTIGATION INTO THEIR PROBLEMS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization	THE CLEVELAND CLINIC FOUNDATION	Employer identification number
GROUP RETURN		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 indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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 X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 X	
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 X	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b X	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
Only section 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	X
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b	X
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	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
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	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARSOUM, WAELE	(i)	848,240.	0.	152,131.	26,500.	17,193.	1,044,064.	0.
TRUSTEE AND HOSPITAL PRESIDENT - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) COSGROVE, DELOS M.	(i)	4,480,740.	0.	370,337.	-2,508,768.	16,645.	2,358,954.	0.
DIR & PRESIDENT, CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEL CASTILLO, BARBARA	(i)	424,766.	0.	17,914.	26,483.	9,404.	478,567.	0.
DIR & SEC - CC FLA PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DELGADO, OSMEL	(i)	220,740.	0.	7,403.	-628.	13,961.	241,476.	0.
DIR & ADMINISTRATOR - CLINICAL OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONLEY, BRIAN	(i)	986,366.	0.	95,222.	26,500.	18,469.	1,126,557.	0.
CHIEF OF STAFF AND DIRECTOR - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FUNK, JONATHAN R.	(i)	220,836.	0.	15,427.	23,461.	15,794.	275,518.	0.
ASST SEC & DIR - MEDINA FDN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GLASS, STEVEN C.	(i)	1,210,311.	0.	117,136.	24,393.	16,809.	1,368,649.	0.
CFO & TREASURER - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HARRINGTON, MICHAEL	(i)	595,021.	0.	54,696.	26,500.	19,257.	695,474.	0.
CAO & CONTROLLER - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JONES, J. STEPHEN	(i)	602,313.	0.	57,040.	26,500.	18,784.	704,637.	0.
DIR & PRES REGIONAL HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MCHUGH, MICHAEL	(i)	347,822.	0.	15,840.	-16,735.	17,613.	364,540.	0.
TRUSTEE & MED DIR - CCCHR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MODIC, MICHAEL	(i)	823,121.	0.	86,158.	-11,254.	19,264.	917,289.	0.
DIR & VP - CC NEVADA	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) NILSSON, KEITH	(i)	361,971.	0.	10,283.	2,497.	14,303.	389,054.	0.
DIR & CFO - CC FLA PHARM	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PARKER, RICHARD	(i)	750,526.	0.	73,471.	116,367.	16,809.	957,173.	0.
TRUSTEE & PRES - MM	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PEACOCK, WILLIAM	(i)	1,098,576.	0.	87,845.	26,467.	21,523.	1,234,411.	0.
DIR & CHIEF OF OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PIEDIMONTE, GIOVANNI	(i)	701,826.	0.	136,413.	26,500.	16,809.	881,548.	0.
PRESIDENT & TRUSTEE - CCCHR	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ROSENTHAL, RAUL	(i)	751,250.	0.	52,637.	26,500.	9,170.	839,557.	0.
TRUSTEE & CHIEF OF STAFF - FLA	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ROWAN, DAVID	(i)	1,086,096.	0.	109,781.	26,500.	19,264.	1,241,641.	0.
SEC & CHIEF LEGAL OFF - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SNYDER, VICKY	(i)	214,162.	0.	4,972.	4,658.	24,031.	247,823.	0.
DIRECTOR & TREAS - MED FDN	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ABELSON, ABBY	(i)	335,740.	0.	11,065.	26,500.	1,260.	374,565.	0.
DEPT CHR -RHEUMATIC & IMMUN, DIR - C	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ANDERSON, MICHAEL	(i)	287,356.	0.	24,713.	26,500.	18,439.	357,008.	0.
PHYSICIAN, TRUSTEE - MARYMOUNT	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) BEKENY, JAMES	(i)	373,131.	0.	36,366.	27,741.	17,004.	454,242.	0.
PHYSICIAN, TRUSTEE - LAKEWOOD	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) BERNICK, CHARLES	(i)	287,736.	0.	5,670.	26,500.	15,549.	335,455.	0.
MED DIRECTOR - CC LOU RUVO CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) BORDEN, BRAD	(i)	708,440.	0.	81,320.	26,500.	15,945.	832,205.	0.
CHAIR-EMERG SVCS INST, TRUSTEE-CCCHR	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) BOGAR, KEVIN	(i)	502,086.	0.	70,815.	26,500.	17,049.	616,450.	0.
PHYSICIAN, TRUSTEE - MARYMOUNT	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) CHARDIET, ARMANDO	(i)	622,976.	0.	74,419.	26,500.	16,809.	740,704.	0.
CHAIRMAN PHILANTHROPY INSTITUTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) CULLEY, CARL A., JR.	(i)	227,836.	0.	5,895.	22,800.	15,549.	272,080.	0.
PHYSICIAN, TRUSTEE - LAKEWOOD	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) CUMMINGS, JEFFERY	(i)	422,740.	0.	58,074.	26,500.	25,972.	533,286.	0.
DIRECTOR - KMA	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) DEYLING, CYNTHIA	(i)	542,520.	0.	51,526.	39,216.	15,549.	648,811.	0.
CHIEF QUALITY OFF, TRUSTEE - MM	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) DWEIK, RAED	(i)	394,576.	0.	34,656.	26,500.	16,809.	472,541.	0.
PHYSICIAN, DIRECTOR - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) FREEMAN, RICHARD B.	(i)	374,881.	0.	40,464.	26,500.	20,352.	462,197.	0.
PHYSICIAN, TRUSTEE - LAKEWOOD	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) KOHLER, DOUGLAS	(i)	549,736.	0.	70,930.	26,500.	17,801.	664,967.	0.
VP MED OPS, TRUSTEE - MM	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) KOMINSKY, ALAN	(i)	392,076.	0.	15,755.	26,500.	19,309.	453,640.	0.
PHYSICIAN, DIRECTOR - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) LONZER, DEBORAH	(i)	271,503.	0.	2,436.	26,500.	16,809.	317,248.	0.
VICE CHR - PEDS STRAT OPS, DIR - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) ROME, ELLEN	(i)	180,451.	0.	1,241.	18,112.	18,861.	218,665.	0.
TRUSTEE - CCCHR; HEAD - ADOLESCENT M	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) SABANEKH, EDMUND	(i)	620,972.	0.	59,609.	26,500.	16,413.	723,494.	0.
DEPT CHAIR - UROLOGY, DIR - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) DICORLETO, PAUL E.	(i)	423,336.	0.	1,458,936.	28,740.	12,032.	1,923,044.	0.
OFFICER - CCF (2015 RETIREE)	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) FUNG, JOHN	(i)	900,076.	0.	88,268.	26,500.	16,809.	1,031,653.	0.
OFF - CCMSI, CHAIRMAN OF DDI	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) GARD, PHILIP	(i)	167,134.	0.	4,294.	16,496.	12,588.	200,512.	0.
ADMIN DIR - CCEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) GROOFF, PAUL	(i)	511,600.	0.	46,211.	26,500.	17,739.	602,050.	0.
PHYSICIAN, SEC - NY MED SERV PC	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) HARTE, BRIAN	(i)	424,836.	0.	37,138.	26,500.	17,549.	506,023.	0.
HOSPITAL PRESIDENT - HILLCREST	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) JUHASZ, ROBERT	(i)	293,381.	0.	26,292.	26,500.	15,633.	361,806.	0.
HOSPITAL PRESIDENT - SOUTH POINTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(42) LEA, RICHARD	(i)	259,998.	0.	8,607.	-8,589.	22,644.	282,660.	0.
COO, INTERIM PRES -EUCLID	(ii)	0.	0.	0.	0.	0.	0.	0.
(43) MALONE, DONALD	(i)	373,256.	0.	13,172.	38,004.	19,375.	443,807.	0.
HOSPITAL PRESIDENT - LUTHERAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(44) MCHUGH, LINDA	(i)	365,205.	0.	32,978.	25,744.	16,705.	440,632.	0.
ASST SECRETARY - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(45) MEEHAN, MICHAEL J.	(i)	296,621.	0.	29,986.	-42,574.	16,764.	300,797.	0.
RECORDING SECRETARY - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(46) NAPIERKOWSKI, DANIEL	(i)	525,336.	0.	30,923.	26,500.	17,549.	600,308.	0.
HOSPITAL PRESIDENT - EUCLID	(ii)	0.	0.	0.	0.	0.	0.	0.
(47) NUSSBAUM, MARK	(i)	175,162.	0.	7,081.	3,616.	13,176.	199,035.	0.
INTERIM HOSPITAL PRESIDENT - MM	(ii)	0.	0.	0.	0.	0.	0.	0.
(48) RITCHIE, SHANNAN	(i)	267,002.	0.	5,020.	5,531.	15,501.	293,054.	0.
COO & INTERIM HOSP PRES - LKWD	(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				
(49) SMITH, BRIAN VICE PRES - CLINIC CARE, INC.	(i)	227,537.	0.	6,892.	4,245.	16,359.	255,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(50) SMITH, NEIL HOSPITAL PRESIDENT - FAIRVIEW	(i)	360,000.	0.	31,636.	26,500.	14,485.	432,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(51) STARCK, REBECCA HOSPITAL PRESIDENT - AVON	(i)	551,676.	0.	50,291.	24,890.	17,049.	643,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(52) STOLLER, JAMES CHAIR - EDUC INSTITUTE	(i)	476,340.	0.	27,809.	-85,757.	17,245.	435,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(53) TULISIAK, THOMAS HOSPITAL PRES - MEDINA HOSPITAL	(i)	392,861.	0.	26,634.	26,500.	16,149.	462,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(54) BAILEY, DAWN CNO - EUCLID HOSPITAL	(i)	184,783.	0.	6,288.	3,963.	17,310.	212,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(55) BENNETT, KRIS COO - LUTHERAN/HILLCREST	(i)	198,055.	0.	1,618.	6,111.	14,515.	220,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(56) BLANDON, RUDOLFO J. CHAIR - RADIOLOGY - CC FLA	(i)	556,379.	0.	50,955.	26,500.	14,274.	648,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(57) COLLIER, SUSAN VP NURSING, CNO - HILLCREST	(i)	242,929.	0.	5,601.	-17,264.	13,303.	244,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(58) HARRISON, A. MARC CHIEF OF INTL BUS DEV	(i)	936,959.	0.	682,434.	26,500.	109,395.	1,755,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(59) KENNEDY, MARY CNO - MEDINA	(i)	188,633.	0.	7,732.	-7,390.	16,742.	205,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(60) MAJOR, KERRY CNO - CC FLA HEALTH SYS	(i)	236,149.	0.	1,367.	6,480.	14,042.	258,038.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(61) MIHALJEVIC, TOMISLAV CHIEF EXECUTIVE OFFICER - CCAD	(i)	1,181,626.	0.	867,811.	26,500.	124,728.	2,200,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(62) MILLER, SHEILA CNO - SOUTH POINTE HOSP	(i)	188,671.	0.	3,552.	5,342.	19,546.	217,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(63) MILLS, JOHN COO - FAIRVIEW	(i)	260,276.	0.	1,037.	7,750.	0.	269,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(64) MINOR, DENISE CNO - LUTHERAN	(i)	195,608.	0.	4,528.	6,035.	14,434.	220,605.	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				
(65) MONTER, BRIAN	(i)	193,741.	0.	7,367.	5,021.	13,500.	219,629.	0.
COO - SOUTH POINTE HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(66) SAUER, MARY	(i)	189,856.	0.	6,740.	7,867.	18,698.	223,161.	0.
CNO - LAKEWOOD	(ii)	0.	0.	0.	0.	0.	0.	0.
(67) SCHMIEDEL, JUSTIN	(i)	194,378.	0.	306.	5,883.	10,576.	211,143.	0.
ADMINISTRATIVE DIR CC NV	(ii)	0.	0.	0.	0.	0.	0.	0.
(68) SMALL, DEBORAH	(i)	241,074.	0.	4,762.	7,370.	17,305.	270,511.	0.
CNO - FAIRVIEW	(ii)	0.	0.	0.	0.	0.	0.	0.
(69) ZHONG, XUE	(i)	256,190.	0.	1,076.	25,625.	15,923.	298,814.	0.
ASSOCIATE STAFF - CC NV	(ii)	0.	0.	0.	0.	0.	0.	0.
(70) ZINNER, BARBARA	(i)	204,102.	0.	11,245.	-5,910.	20,982.	230,419.	0.
CNO - MARYMOUNT	(ii)	0.	0.	0.	0.	0.	0.	0.
(71) COULTON, ROBERT	(i)	587,764.	0.	1,748,618.	-62,631.	16,592.	2,290,343.	0.
EXEC DIR - OPSA (2015 RETIREE)	(ii)	0.	0.	0.	0.	0.	0.	0.
(72) SAVAGE, ROBERT	(i)	319,914.	0.	1,312,926.	212,632.	11,264.	1,856,736.	0.
PHYSICIAN (2015 RETIREE)	(ii)	0.	0.	0.	0.	0.	0.	0.
(73) BELL, GORDON	(i)	160,129.	0.	1,671,531.	-134,862.	4,092.	1,700,890.	0.
PHYSICIAN (2015 RETIREE)	(ii)	0.	0.	0.	0.	0.	0.	0.
(74) HAHN, JOSEPH	(i)	1,688,110.	0.	0.	-145,598.	0.	1,542,512.	0.
PHYSICIAN (RETIREE)	(ii)	0.	0.	0.	0.	0.	0.	0.
(75) COSTIN, JOHN	(i)	1,324,145.	0.	137,557.	26,500.	17,385.	1,505,587.	0.
INSTITUTE CHAIRMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(76) DEGRANDIS, FRED	(i)	0.	0.	916,376.	32,962.	28,022.	977,360.	0.
FORMER OFFICER (SEPARATED 2014)	(ii)	0.	0.	0.	0.	0.	0.	0.
(77) FERNANDEZ, BERNARDO	(i)	0.	0.	170,639.	17,000.	3,175.	190,814.	0.
FORMER OFFICER (SEPARATED 2014)	(ii)	0.	0.	0.	0.	0.	0.	0.
(78) KECKAN, WILLIAM	(i)	299,171.	0.	9,371.	-62,848.	14,426.	260,120.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(79) MURPHY, JANICE	(i)	485,025.	0.	239,528.	8,353.	41,687.	774,593.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(80) NOGUERAS, JUAN	(i)	476,000.	0.	47,458.	73,934.	13,924.	611,316.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(81) RODRIGUEZ, RICARDO FORMER OFFICER	(i)	432,248.	0.	20,345.	26,500.	16,512.	495,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(82) SLIFKO, JESSICA FORMER OFFICER	(i)	285,033.	0.	2,560.	25,157.	15,385.	328,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(83) STALL, ROBERT FORMER OFFICER	(i)	415,401.	0.	39,756.	30,603.	17,884.	503,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(84) WYLLIE, ROBERT FORMER OFFICER	(i)	603,925.	0.	43,842.	65,095.	16,764.	729,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(85) ZEROSKE, JOANNE FORMER OFFICER	(i)	347,785.	0.	36,425.	41,085.	16,600.	441,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(86) BADDOUR, WILLIAM FORMER KEY EMPLOYEE	(i)	223,822.	0.	7,451.	5,081.	15,832.	252,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(87) CARROLL, DONALD FORMER KEY EMPLOYEE	(i)	188,405.	0.	7,827.	6,690.	13,693.	216,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(88) O'CONNELL, MICHAEL FORMER KEY EMPLOYEE	(i)	178,679.	0.	11,224.	5,784.	16,240.	211,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

LISTED BENEFITS

THE BENEFITS CHECKED IN PART I, QUESTION 1A, WERE PROVIDED TO CERTAIN

PERSONS LISTED IN FORM 990, PART VII, SECTION A ON AN EXCEPTION BASIS ONLY

FOR AN APPROPRIATE BUSINESS PURPOSE. ANY REIMBURSEMENT OF THE EXPENSES

LISTED MET CLEVELAND CLINIC'S WRITTEN POLICY REGARDING SUBSTANTIATION AND

REIMBURSEMENT. WHERE REQUIRED BY IRS RULES AND REGULATIONS, THE LISTED

BENEFITS WERE INCLUDED IN TAXABLE INCOME.

PART I, LINES 4A-B:

SEVERANCE PAYMENTS

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS:

FRED DEGRANDIS \$850,000

BERNARDO FERNANDEZ \$170,000

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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.

PAUL DICORLETO - PARTICIPATED IN AND RECEIVED PAYMENT FROM A SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN. FOR MEDICARE TAX PURPOSES \$1,418,781 OF
INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN
THE PLAN.

ROBERT COULTON - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT
PLAN. FOR MEDICARE TAX PURPOSES \$1,687,402 OF INCOME REPORTED IN PART VII
AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN.

GORDON BELL - PARTICIPATED IN AND RECEIVED PAYMENT FROM A SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN. FOR MEDICARE TAX PURPOSES \$1,665,146 OF
INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN
THE PLAN.

ROBERT SAVAGE - PARTICIPATED IN AND RECEIVED PAYMENT FROM A SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN. FOR MEDICARE TAX PURPOSES \$1,294,554 OF
INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN
THE PLAN.

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.

DELOS M. COSGROVE - PARTICIPATES IN A SPLIT DOLLAR LIFE INSURANCE PLAN FROM

WHICH NO CASH PAYMENTS WERE RECEIVED. DR COSGROVE'S 2015 BASE SALARY

INCLUDES A SINGLE, FIXED ANNUAL PAYMENT WHICH IS INTENDED TO OFFSET THE

DILUTION IN THE ACTUARIAL VALUE OF HIS SUPPLEMENTAL RETIREMENT PLAN. THIS

DILUTION IS A RESULT OF DR COSGROVE WORKING BEYOND HIS EXPECTED RETIREMENT

AGE AS DEFINED BY THE PLAN.

JOSEPH HAHN'S 2015 BASE SALARY INCLUDES A SINGLE, FIXED PAYMENT WHICH IS

INTENDED TO OFFSET THE DILUTION IN THE ACTUARIAL VALUE OF HIS SUPPLEMENTAL

RETIREMENT PLAN. THIS DILUTION IS A RESULT OF DR. HAHN WORKING BEYOND HIS

EXPECTED RETIREMENT AGE AS DEFINED BY THE PLAN.

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN AND THE ANNUAL INCREASE OR DECREASE OF THE ACTUARIAL VALUE

IS INCLUDED IN SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED

COMPENSATION: GORDON BELL - \$151,316 DECREASE, DELOS COSGROVE - \$2,535,268

DECREASE, ROBERT COULTON - \$86,265 DECREASE, CYNTHIA DEYLING - \$12,716

INCREASE, PAUL DICORLETO \$2,240 INCREASE, JOSEPH HAHN - \$145,598 DECREASE,

DONALD MALONE - \$11,504 INCREASE, MICHAEL MCHUGH - \$43,235 DECREASE,

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.

MICHAEL MEEHAN - \$69,074 DECREASE, MICHAEL MODIC - \$37,754 DECREASE, JUAN

NOGUERAS - \$47,434 INCREASE, RICHARD PARKER - \$89,867 INCREASE, ROBERT

SAVAGE - \$186,132 INCREASE, JAMES STOLLER - \$112,257 DECREASE, ROBERT

WYLLIE - \$38,595 INCREASE.

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A QUALIFIED DEFINED BENEFIT PLAN

AND THE ANNUAL INCREASE OR DECREASE IN THE ACTUARIAL VALUE IS INCLUDED IN

SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION:

WILLIAM BADDOUR - \$1,843 DECREASE, DAWN BAILEY - \$1,837 DECREASE, JAMES

BEKENY - \$1,241 INCREASE, KARIM BOTROS (REPORTED IN PART VII ONLY) - \$780

DECREASE, DONALD CARROLL - \$892 INCREASE, SUSAN COLLIER - \$24,684

DECREASE, ROBERT COULTON - \$2,866 DECREASE, FRED M. DEGRANDIS - \$6,462

INCREASE, BARBARA DEL CASTILLO - \$17 DECREASE, OSMEL DELGADO - \$1,767

DECREASE, PHILLIP R. GARD - \$615 DECREASE, STEVEN C. GLASS - \$2,107

DECREASE, WILLIAM KECKAN - \$70,798 DECREASE, MARY KENNEDY - \$13,285

DECREASE, RICHARD LEA - \$16,539 DECREASE, KERRY MAJOR - \$820 DECREASE,

LINDA MCHUGH - \$756 DECREASE, SHEILA MILLER - \$480 DECREASE, JOHN MILLS -

\$58 DECREASE, BRIAN MONTER - \$981 DECREASE, JAN MURPHY - \$18,147 DECREASE,

KEITH NILSSON - \$5,453 DECREASE, MARK NUSSBAUM - \$1,855 DECREASE, MICHAEL

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.

O'CONNELL - \$202 INCREASE, WILLIAM PEACOCK - \$33 DECREASE, SHANNAN RITCHIE

- \$2,419 DECREASE, MARY SAUER - \$2034 INCREASE, JESSICA SLIFKO - \$1,343

DECREASE, DEBORAH SMALL - \$43 INCREASE, BRIAN SMITH - \$2,806 DECREASE,

VICKY SNYDER - \$1,963 DECREASE, ROBERT STALL - \$4,103 INCREASE, REBECCA

STARCK - \$1,610 DECREASE, JOANNE ZEROSKE - \$14,585 INCREASE, AND BARBARA

ZINNER - \$7,802 DECREASE.

**SCHEDULE K
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.****2015**
Open to Public
Inspection

Name of the organization THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Employer identification number

91-2153073

Part I Bond Issues		SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(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) Pooled financing			
						Yes	No	Yes	No	Yes	No		
OHIO HIGHER EDUCATIONAL FACILITY A COMMISSION	34-6849674	67756DAY2	05/29/13	309,434,914.	BOND 2013: REFUND 2004A, 2003A AND FACILITY IMPROV		X		X				X
OHIO HIGHER EDUCATIONAL FACILITY B COMMISSION	34-6849674	67756A3Z3	05/09/12	519,383,182.	BOND 2012: REFUND 2009, 2003A AND FACILITY IMPROV		X		X				X
OHIO HIGHER EDUCATIONAL FACILITY C COMMISSION	34-6849674	677561HU9	11/02/11	208,951,439.	BOND 2011A: REFUND 2003A SERIES		X		X				X
OHIO HIGHER EDUCATIONAL FACILITY D COMMISSION	34-6849674	NOTAPPLIC	11/02/11	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		24,475,765.		9,737,437.		17,261,868.		9,870,000.	
2 Amount of bonds legally defeased									
3 Total proceeds of issue		309,434,914.		519,383,182.		208,951,439.		41,120,000.	
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds								2,302,465.	
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds		2,129,301.		3,825,815.		2,003,385.		735,249.	
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds		20,001,498.		411,300,530.					
11 Other spent proceeds		287,304,115.		104,256,837.		206,948,054.		38,082,286.	
12 Other unspent proceeds									
13 Year of substantial completion		2013		2012		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X			X		X	X	
15 Were the bonds issued as part of an advance refunding issue?			X	X		X			X
16 Has the final allocation of proceeds been made?		X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X	

Part III Private Business Use		A		B		C		D	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Yes	No	Yes	No	Yes	No	Yes	No
			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	

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

OMB No. 1545-0047

2015
Open to Public
InspectionName of the organization **THE CLEVELAND CLINIC FOUNDATION**
GROUP RETURN**Employer identification number**
91-2153073**Part I Bond Issues** SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561FV9	08/25/09	807,007,320.	BONDS 2009A&B: REFUND 2008B, FACILITY CONSTRUCT		X		X		X
B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AG22	10/15/08	451,686,386.	BOND 2008A: REFUND 06A, 04A, AND 01A; FACILITY IM		X		X		X
C OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AJ37	10/15/08	670,000,000.	BOND 2008B: REFUND 06A, 04A, AND 01A; FACILITY IM		X		X		X
D COLLIER COUNTY HEALTH FACILITIES AUTHORITY	59-2351395	19463LAB9	04/16/03	118,200,000.	BOND 2003C: REFUND FL SERIES 1999; FINANCING WE		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	119,936,174.		32,077,272.		300,750,000.		76,295,000.	
2 Amount of bonds legally defeased	70,000.		435,000.					
3 Total proceeds of issue	807,007,320.		451,686,386.		670,000,000.		118,200,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,099,225.		800,000.		1,200,000.		412,525.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	501,164,781.		218,639,952.		324,315,217.		13,520,714.	
11 Other spent proceeds	304,743,315.		251,263,651.		372,706,929.		104,266,761.	
12 Other unspent proceeds								
13 Year of substantial completion	2011		2008		2008		2003	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.04	%	.87	%	1.39	%	.00	%
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 .....	.00	%	.08	%	.01	%	.00	%
6 Total of lines 4 and 5	1.04	%	.95	%	1.40	%	.00	%
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 non-governmental 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 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	1.49	%	.88	%	.88	%	1.39	%
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 .....	.03	%	.02	%	.02	%	.01	%
6 Total of lines 4 and 5	1.52	%	.90	%	.90	%	1.40	%
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 non-governmental 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 .....	.05	%	.55	%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X		X					
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BOND 2013: REFUND 2004A, 2003A AND FACILITY IMPROVEMENTS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BOND 2012: REFUND 2009, 2003A AND FACILITY IMPROVEMENTS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: BOND 2011A: REFUND 2003A SERIES

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: BOND 2011B: REFUND 1992A & B AND 1989 SERIES

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BONDS 2009A&B: REFUND 2008B, FACILITY CONSTRUCTION, EQUIPPING AND IMPROVING

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BOND 2008A: REFUND 06A, 04A, AND 01A; FACILITY IMPROVEMENTS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

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

(F) DESCRIPTION OF PURPOSE:

BOND 2008B: REFUND 06A, 04A, AND 01A; FACILITY IMPROVEMENTS

(A) ISSUER NAME: COLLIER COUNTY HEALTH FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

BOND 2003C: REFUND FL SERIES 1999; FINANCING WESTON CLINIC

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 08/25/2014

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/15/2013

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/15/2013

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open To Public
Inspection

Name of the organization **THE CLEVELAND CLINIC FOUNDATION**

GROUP RETURN

Employer identification number

91-2153073

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

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

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

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
D. COSGROVE	CEO/PRES	INSURANC		X	229,247.	6,056,685.		X	X		X	
J. CUMMINGS	DIRECTOR	EMPLOYEE		X	100,000.	18,703.		X		X	X	
Total						6,075,388.						

▶ \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

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
NORTHSHORE GASTROENTEROLOG	ENTITY IN WHICH MOU	213,396.	LEASE AGREE		X
TOM ABELSON	FAMILY MEMBER OF AB	404,908.	EMPLOYMENT		X
BENJAMIN ABELSON	FAMILY MEMBER OF AB	50,454.	EMPLOYMENT		X
ALEXANDER HARRISON	FAMILY MEMBER OF MA	12,044.	EMPLOYMENT		X
KATHERINE MCHUGH	FAMILY MEMBER OF LI	34,022.	EMPLOYMENT		X
IVA FATTORINI	FAMILY MEMBER OF TO	208,080.	EMPLOYMENT		X

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: D. COSGROVE

(C) PURPOSE OF LOAN: INSURANCE PREMIUM PAYMENTS TREATED AS A LOAN

(A) NAME OF PERSON: J. CUMMINGS

(B) RELATIONSHIP WITH ORGANIZATION: DIRECTOR & EMPLOYEE - KMA

(C) PURPOSE OF LOAN: EMPLOYEE LOAN

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NORTHSHORE GASTROENTEROLOGY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY IN WHICH MOUSAB TABBAA, LAKEWOOD IS PART OWNER

(C) AMOUNT OF TRANSACTION \$ 213,396.

(D) DESCRIPTION OF TRANSACTION: LEASE AGREEMENT FOR PHYSICIAN OFFICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TOM ABELSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF ABBY ABELSON, CCF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 404,908.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BENJAMIN ABELSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF ABBY ABELSON, CCF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 50,454.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ALEXANDER HARRISON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MARC HARRISON, CCF KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 12,044.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATHERINE MCHUGH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF LINDA MCHUGH, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 34,022.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: IVA FATTORINI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TOMISLAV MIHALJEVIC, CCF KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 208,080.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

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Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	32	48,443,854	APPRAISAL
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		5,817	SALE COMPARABLE GOODS
5	Clothing and household goods	X		321,899	SALE COMPARABLE GOODS
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	166	15,957,807	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	X	23	110,944	APPRAISAL
19	Food inventory	X	29	113,063	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MEDICAL EQUIP)	X	4	113,430	SALE COMPARABLE GOOD
26	Other ▶ (EVENT TICKETS)	X	39	70,113	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** 1

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

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.

SCHEDULE M, 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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number

91-2153073

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CLEVELAND CLINIC, LOCATED IN CLEVELAND, OHIO, IS A NONPROFIT,

TAX-EXEMPT ACADEMIC MEDICAL CENTER THAT INTEGRATES CLINICAL AND

HOSPITAL CARE WITH RESEARCH AND EDUCATION. THE CLEVELAND CLINIC IS THE

PARENT OF THE CLEVELAND CLINIC HEALTH SYSTEM.

CLEVELAND CLINIC WAS ESTABLISHED IN 1921 WITH THE SAME MISSION THAT

CONTINUES TODAY: BETTER CARE FOR THE SICK, INVESTIGATION OF THEIR

PROBLEMS, AND FURTHER EDUCATION OF THOSE WHO SERVE. CONSISTENT WITH

ITS TRIPARTITE MISSION, CLEVELAND CLINIC'S PRIMARY PROGRAM SERVICES ARE

FOCUSED ON PATIENT CARE PROVIDED ON A CHARITABLE BASIS, MEDICAL

RESEARCH, AND EDUCATION OF BOTH MEDICAL PROFESSIONALS AND THE

COMMUNITY. THE FOUNDERS RECOGNIZED THAT IT IS IN THE BEST INTEREST OF

PATIENTS TO POOL THE TALENTS OF MEDICAL SPECIALISTS TO DEVELOP, TEACH

AND APPLY THE BEST MEDICAL TECHNIQUES.

THIS STATEMENT IS NOT INTENDED TO IDENTIFY ALL THE ACTIVITIES BY WHICH

CLEVELAND CLINIC 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 2015

CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$692.8 MILLION IN BENEFITS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

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TO THE COMMUNITIES SERVED. THE COMMUNITY BENEFIT THAT THE CLEVELAND
CLINIC HEALTH SYSTEM PROVIDES INCLUDES PATIENT CARE PROVIDED ON A
CHARITABLE BASIS, RESEARCH, EDUCATION, MEDICAID SHORTFALL, SUBSIDIZED
HEALTH SERVICES, AND COMMUNITY OUTREACH PROGRAMS.

THE CURRENT COMMUNITY BENEFIT REPORT IS AVAILABLE ON OUR WEBSITE AT
CLEVELANDCLINIC.ORG. (COMMUNITY BENEFIT AMOUNTS REPORTED IN THIS
PROGRAM SERVICE STATEMENT REFER TO OUR 2015 COMMUNITY CONNECTIONS,
BASED ON THE CHA REPORTING METHODOLOGY. SEE FORM 990, SCHEDULE H FOR A
RECONCILIATION OF SCHEDULE H TO COMMUNITY BENEFIT REPORTING.)

I. PATIENT CARE

IN 2015, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDED AN ACADEMIC
MEDICAL CENTER AND 8 COMMUNITY HOSPITALS (EUCLID, FAIRVIEW, HILLCREST,
LAKEWOOD, LUTHERAN, MARYMOUNT, MEDINA AND SOUTH POINTE HOSPITALS), AND
A SPECIALTY HOSPITAL (CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR
REHABILITATION) IN NORTHEAST OHIO; ONE HOSPITAL AND ONE HEALTH AND
WELLNESS CENTER IN FLORIDA; AND A CENTER FOR BRAIN HEALTH IN LAS VEGAS,
NEVADA.

CLEVELAND CLINIC HEALTH SYSTEM IS DEDICATED TO THE COMMUNITIES WE SERVE
STRIVING TO PROVIDE COMPASSIONATE, HIGH QUALITY HEALTHCARE TO ALL WHO
NEED IT; AND SUPPORTING PROGRAMS AND INITIATIVES THAT IMPROVE THE
HEALTH AND WELL-BEING OF OUR COMMUNITIES. THROUGH OUR FINANCIAL
ASSISTANCE EFFORTS AND AS A LEADING MEDICAID PROVIDER IN OHIO, WE
PROVIDE HEALTHCARE TO THOSE WHO OTHERWISE COULD NOT AFFORD IT.

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IN 2015, THE CLEVELAND CLINIC HEALTH SYSTEM RECORDED 4,034 TOTAL
STAFFED BEDS, 640,215 EMERGENCY VISITS, 208,807 SURGICAL CASES, 178,528
ADMISSIONS, AND MORE THAN 6.6 MILLION TOTAL CLINIC VISITS. IT IS THE
POLICY OF CLEVELAND CLINIC HEALTH SYSTEM TO TREAT ALL PATIENTS WITH
COMPASSION, DIGNITY AND RESPECT, REGARDLESS OF THEIR RACE, CREED, OR
ABILITY TO PAY.

CLEVELAND CLINIC'S PATIENT CARE SERVICES ARE PROVIDED VIA
PATIENT-ORIENTED INSTITUTES, WHICH ARE STRUCTURED ON THE BASIS OF ORGAN
SYSTEM OR DISEASE. THE INSTITUTES FACILITATE A MULTIDISCIPLINARY
APPROACH, AND ARE DESIGNED TO ENHANCE CONVENIENCE FOR PATIENTS AND THE
EXCHANGE OF KNOWLEDGE, RESEARCH AND EDUCATIONAL COLLABORATION FOR
BETTER PATIENT OUTCOMES. SOME OF THE INSTITUTES ARE: ANESTHESIOLOGY,
COLE EYE, DIGESTIVE DISEASE, EMERGENCY SERVICES, ENDOCRINOLOGY &
METABOLISM, GLICKMAN UROLOGICAL & KIDNEY, HEAD & NECK, MILLER FAMILY
HEART & VASCULAR, IMAGING, MEDICINE, NEUROLOGICAL, NURSING, OB/GYN &
WOMEN'S HEALTH, ORTHOPAEDIC & RHEUMATOLOGY, PATHOLOGY & LABORATORY
MEDICINE, PEDIATRIC & CHILDREN'S HOSPITAL, RESPIRATORY, TAUSSIG CANCER
AND WELLNESS.

CLEVELAND CLINIC FLORIDA IS A WORLD-RENOWNED ACADEMIC MEDICAL CENTER
WITH ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN SOUTH
FLORIDA. FOR THE SIXTH 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 2015-2016. THE HEALTH
SYSTEM INCLUDES A 155-BED HOSPITAL, DIAGNOSTIC CENTERS, OUTPATIENT
SURGERY, AND A 24-HOUR EMERGENCY DEPARTMENT IN WESTON, FLORIDA. THE

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CLEVELAND CLINIC FLORIDA HEALTH AND WELLNESS CENTER IN WEST PALM BEACH

OFFERS SUBSPECIALTY MEDICAL AND RADIOLOGY SERVICES. IN 2015, CLEVELAND

CLINIC FLORIDA OPENED THE EGIL AND PAULINE BRAATHEN NEUROLOGICAL

CENTER, A STATE-OF-THE-ART FACILITY, WHERE PATIENTS RECEIVE SPECIALIZED

TREATMENT FOR A NUMBER OF NEUROLOGICAL CONDITIONS AND CANCER. CLEVELAND

CLINIC FLORIDA ALSO ANNOUNCED A \$302 MILLION CAPITAL EXPANSION THAT

WILL INCLUDE EXPANSION OF THE EMERGENCY DEPARTMENT, IMAGING AND

LABORATORY FACILITIES, ADDITIONAL OPERATING ROOMS AND IN-PATIENT

HOSPITAL BEDS AND CONSTRUCTION OF A FAMILY HEALTH CENTER IN CORAL

SPRINGS. IN 2015, CLEVELAND CLINIC FLORIDA HAD 453,826 PATIENT VISITS,

15,107 INTERNATIONAL PATIENT VISITS; AND MORE THAN 255 STAFF PHYSICIANS

AND 107 RESIDENTS AND FELLOWS IN 10 ACCREDITED TRAINING PROGRAMS.

THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH IS A

MULTIDISCIPLINARY CENTER, CO-LOCATED IN LAS VEGAS AND CLEVELAND

PROVIDING DIAGNOSIS AND TREATMENT FOR PATIENTS WITH COGNITIVE DISORDERS

AND SUPPORT FOR THEIR FAMILIES. PHYSICIANS AND STAFF FOCUS ON EARLY

INTERVENTION FOR MILD COGNITIVE DISORDERS THROUGH PHYSICAL EXERCISE,

COGNITIVE REHABILITATION, AND MEDICATION. THE CENTER ALSO ENGAGES IN

EDUCATION AND RESEARCH ACTIVITIES.

KEEP MEMORY ALIVE ("KMA") RAISES FUNDS TO OPERATE THE CLEVELAND CLINIC

LOU RUVO CENTER FOR BRAIN HEALTH TO ADVANCE THE RESEARCH AND TREATMENT

OF PATIENTS WITH NEUROCOGNITIVE DISORDERS THAT RESULT FROM NEUROLOGICAL

DISEASES INCLUDING ALZHEIMER'S, HUNTINGTON'S, PARKINSON'S, AND

AMYOTROPHIC LATERAL SCLEROSIS (ALS). KMA STRIVES TO CREATE GREATER

AWARENESS OF NEUROCOGNITIVE DISORDERS; EDUCATE FAMILIES ABOUT

TREATMENTS, RESEARCH EFFORTS, AND AVAILABLE CAREGIVER SERVICES; AND

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PROMOTES LIFESTYLE CHANGES TO ENCOURAGE HEALTHY BRAIN AGING.

U.S. NEWS & WORLD REPORT RANKED HOSPITALS BY REGION IN 2015, AND FOUR

OF OUR COMMUNITY HOSPITALS WERE RANKED HIGHLY IN NORTHEAST OHIO:

HILLCREST (3), FAIRVIEW (4), SOUTH POINTE (6), AND LUTHERAN (7).

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 2015. OVERALL, CLEVELAND CLINIC WAS RANKED 5TH AMONG THE

NATION'S MORE THAN 5,000 HOSPITALS. CLEVELAND CLINIC WAS RANKED

AMERICA'S NUMBER ONE CENTER FOR CARDIAC CARE FOR THE 21ST YEAR IN A

ROW. UROLOGY, NEPHROLOGY, DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY,

AND RHEUMATOLOGY PROGRAMS WERE ALL RANKED SECOND IN THE NATION.

EUCLID HOSPITAL IS A REGIONAL HOSPITAL IN EUCLID, OH WITH 371 LICENSED

BEDS. EUCLID IS HOME TO ONE OF THE REGION'S LEADING ORTHOPAEDIC AND

REHABILITATION CENTERS AND HAS BEEN RECOGNIZED IN 2015 BY U.S. NEWS &

WORLD REPORT AS A 'HIGH PERFORMER' IN KNEE REPLACEMENT SURGERY AND

DESIGNATED A BLUE DISTINCTION+ CENTER FOR KNEE AND HIP REPLACEMENT BY

THE BLUE CROSS BLUE SHIELD ASSOCIATION. THE CARDIAC AND PULMONARY

REHABILITATION PROGRAMS HAVE ALSO BEEN CERTIFIED THROUGH THE AMERICAN

ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION (AACVPR).

EUCLID HOSPITAL IS DESIGNATED A JOINT COMMISSION 'TOP PERFORMER' IN

HEART FAILURE, PNEUMONIA, SURGICAL CARE, AND STROKE BASED ON THEIR

DEMONSTRATION OF EVIDENCE-BASED CARE. IN 2015, THE AMERICAN HEART

ASSOCIATION/AMERICAN STROKE ASSOCIATION PRESENTED EUCLID HOSPITAL WITH

ITS GET WITH THE GUIDELINES - STROKE AWARD. THE AWARD RECOGNIZES

EUCLID HOSPITAL'S COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER

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STANDARD OF STROKE CARE BY ENSURING THAT STROKE PATIENTS RECEIVE
TREATMENT ACCORDING TO NATIONALLY ACCEPTED STANDARDS AND
RECOMMENDATIONS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CON'T)

FAIRVIEW HOSPITAL IS A REGIONAL HOSPITAL AND CERTIFIED LEVEL II TRAUMA

CENTER WITH 488 LICENSED BEDS LOCATED IN CLEVELAND, OH. FAIRVIEW IS

ALSO HOME TO A FULLY ACCREDITED BREAST CENTER THROUGH NATIONAL

ACCREDITATION PROGRAM FOR BREAST CENTERS, AMERICAN COLLEGE OF SURGEONS.

ACCORDING TO THE U.S. NEWS & WORLD REPORT 2015-2016 RANKING, FAIRVIEW

RANKS NUMBER 4 IN THE CLEVELAND METRO AREA. IN 2015, FAIRVIEW WAS

DESIGNATED A JOINT COMMISSION 'TOP PERFORMER' FOR HEART ATTACK, HEART

FAILURE, PNEUMONIA, SURGICAL CARE, STROKE, AND PERINATAL CARE BASED ON

THEIR EVIDENCE-BASED CARE AND ALSO DESIGNATED A BLUE DISTINCTION

CENTER FOR MATERNITY AND CARDIAC CARE BY THE BLUE CROSS BLUE SHIELD

ASSOCIATION. AWARDS ALSO INCLUDE THE AMERICAN HEART

ASSOCIATION/AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES -

STROKE AWARD AND THE OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN

COLLEGE OF SURGEONS, COMMISSION ON CANCER FOR THE INTEGRATED NETWORK

CANCER PROGRAM. THE SOCIETY OF THORACIC SURGEONS ALSO CITED FAIRVIEW

AS 3-STAR (OUT OF 3 STARS) IN THEIR ANNUAL REPORT. IN 2015, FAIRVIEW

OPENED A NEW, 4-BED ADULT EPILEPSY MONITORING UNIT THAT IS MONITORED

REMOTELY BY THE CLEVELAND CLINIC CENTRAL MONITORING UNIT (CMU).

HILLCREST HOSPITAL IS A REGIONAL HOSPITAL AND CERTIFIED LEVEL II TRAUMA

CENTER WITH 496 LICENSED BEDS LOCATED IN MAYFIELD HEIGHTS, OH.

HILLCREST IS ALSO HOME TO A LEVEL III NEONATAL INTENSIVE CARE UNIT FOR

CRITICALLY ILL BABIES AND A CERTIFIED CARDIAC AND PULMONARY

REHABILITATION PROGRAM THROUGH AMERICAN ASSOCIATION OF CARDIOVASCULAR

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AND PULMONARY REHABILITATION (AACVPR). ACCORDING TO THE U.S. NEWS & WORLD REPORT 2015-2016 RANKING, HILLCREST RANKS NUMBER 3 IN THE CLEVELAND METRO AREA. HILLCREST WAS ALSO DESIGNATED BY U.S. NEWS & WORLD REPORT AS A 'HIGH PERFORMER' IN HEART FAILURE AND COPD AND RECEIVED BLUE DISTINCTION+ DESIGNATION FOR MATERNITY CARE AND KNEE/HIP REPLACEMENT AND BLUE DISTINCTION DESIGNATION FOR CARDIAC CARE. AWARDS ALSO INCLUDE THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES - STROKE AWARD AND A 3-STAR RATING (OUT OF 3 STARS) FROM THE SOCIETY OF THORACIC SURGEONS.

LUTHERAN HOSPITAL IS AN AREA LEADER IN GERIATRIC AND ADULT BEHAVIORAL HEALTH, SPINE CARE, ORTHOPAEDICS, AND WOUND CARE. THE ALCOHOL AND DRUG RECOVERY CENTER (ADRC) AT LUTHERAN HOSPITAL OFFERS THE HIGHEST QUALITY EVALUATION AND TREATMENT FOR PATIENTS WITH ALCOHOL AND/OR DRUG DEPENDENCY PROBLEMS BY A TEAM OF HIGHLY QUALIFIED SPECIALISTS. WITH 204 BEDS, LUTHERAN HOSPITAL IS LOCATED ON THE WESTSIDE OF CLEVELAND, OH. THE U.S. NEWS & WORLD REPORT 2015-2016 RANKING RANKS LUTHERAN AS THE NUMBER 7 HOSPITAL IN THE CLEVELAND METRO AREA. LUTHERAN IS DESIGNATED A 'TOP PERFORMER' BY THE JOINT COMMISSION IN SURGICAL CARE AND PNEUMONIA AND IS ALSO DESIGNATED A BLUE DISTINCTION+ CENTER FOR SPINE CARE AND KNEE/HIP REPLACEMENT BY THE BLUE CROSS BLUE SHIELD ASSOCIATION. ADDITIONALLY, LUTHERAN CONTINUES TO EXPAND ITS BI-LINGUAL/BI-CULTURAL SERVICES TO SUPPORT ITS DIVERSE COMMUNITY THROUGH THE HISPANIC CLINIC, WHICH IS COMPRISED OF PRIMARY AND SPECIALTY CARE PHYSICIANS AS WELL AS SUPPORT STAFF.

MARYMOUNT HOSPITAL IS A 315 BED, FAITH-BASED REGIONAL HOSPITAL LOCATED IN GARFIELD HEIGHTS, OH. MARYMOUNT HOSPITAL IS CERTIFIED AS A PRIMARY

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STROKE CENTER, AND IN 2015, THE AMERICAN HEART ASSOCIATION/AMERICAN

STROKE ASSOCIATION PRESENTED MARYMOUNT WITH ITS GET WITH THE GUIDELINES

- STROKE AWARD. MARYMOUNT IS ALSO HOME TO AN ACCREDITED BEHAVIORAL

HEALTH PROGRAM. FOR KNEE AND HIP REPLACEMENT, MARYMOUNT IS DESIGNATED

AS A BLUE DISTINCTION+ CENTER BY THE BLUE CROSS BLUE SHIELD

ASSOCIATION.

MEDINA HOSPITAL, LOCATED IN MEDINA, OH, IS THE LARGEST HEALTH CARE

PROVIDER IN MEDINA COUNTY WITH 157 LICENSED BEDS. WITH MANY

SPECIALTIES, MEDINA HOSPITAL IS HOME TO A FAMILY BIRTHING CENTER, NEW

WOUND CARE CENTER WITH A HYPERBARIC TRAILER, AND A NEW TELE-NEUROLOGY

PROGRAM. MEDINA HOSPITAL'S PRIMARY STROKE CENTER HAS ACHIEVED THE

AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION GOLD QUALITY

AWARD FOR STROKE CARE AND THE GET WITH THE GUIDELINES - STROKE AWARD.

SOUTH POINTE HOSPITAL, A 173 BED REGIONAL HOSPITAL IN WARRENSVILLE

HEIGHTS, OH, IS ONE OF OHIO'S LARGEST OSTEOPATHIC TEACHING HOSPITALS.

IT IS DUALY ACCREDITED BY THE JOINT COMMISSION AND THE AMERICAN

OSTEOPATHIC ASSOCIATION. IN MAY 2015, SOUTH POINTE BECAME THE SITE OF

THE NEW OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICINE

NORTHEAST OHIO CAMPUS AND WELCOMED 54 MEDICAL STUDENTS. ACCORDING TO

U.S. NEWS & WORLD REPORT'S 2015-2016 RANKINGS, SOUTH POINTE IS THE

NUMBER 6 HOSPITAL IN THE CLEVELAND METRO AREA AND IS A 'HIGH PERFORMER'

IN GASTROENTEROLOGY, GI SURGERY, NEUROLOGY, AND NEUROSURGERY. SOUTH

POINTE IS ALSO HOME TO A CERTIFIED CARDIAC AND PULMONARY REHABILITATION

PROGRAM THROUGH AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY

REHABILITATION (AACVPR) AND A CERTIFIED PRIMARY STROKE CENTER WHICH WAS

PRESENTED WITH A 2015 GET WITH THE GUIDELINES - STROKE AWARD BY THE

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AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION.

CLEVELAND CLINIC FLORIDA IS A WORLD-RENOWNED ACADEMIC MEDICAL CENTER

WITH ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN SOUTH

FLORIDA. FOR THE SIXTH 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 2015-2016.

THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH CONTINUES TO

ESTABLISH A UNIQUE CLINICAL TRIALS NETWORK TO ADVANCE THE DEVELOPMENT

OF NEW THERAPIES FOR ALZHEIMER'S DISEASE AND OTHER COGNITIVE DISORDERS.

LAKEWOOD HOSPITAL CEASED INPATIENT HOSPITAL OPERATIONS IN FEBRUARY,

2016, WHILE THE EMERGENCY DEPARTMENT AND SEVERAL OUTPATIENT SERVICES AT

THE SITE ARE CONTINUING. THIS CHANGE WAS PURSUANT TO AN AGREEMENT

ENTERED INTO IN DECEMBER, 2015 BY THE CLEVELAND CLINIC, LAKEWOOD

HOSPITAL ASSOCIATION (LHA) AND THE CITY OF LAKEWOOD THAT OUTLINES THE

TRANSITION OF HEALTHCARE SERVICES IN THE CITY OF LAKEWOOD AND HOW THE

CLINIC CAN BE A LEADER IN MEETING THOSE HEALTHCARE NEEDS. PARTICIPATION

IN THE AGREEMENT BY THE CITY OF LAKEWOOD WAS AUTHORIZED BY AN ORDINANCE

ADOPTED BY LAKEWOOD CITY COUNCIL. UNDER THE TERMS OF THE AGREEMENT, THE

CLEVELAND CLINIC AND LHA WILL MAKE CONTRIBUTIONS OVER THE NEXT EIGHTEEN

YEARS FOR THE CREATION OF A NEW HEALTH AND WELLNESS COMMUNITY

FOUNDATION TO BE USED TO ADDRESS COMMUNITY HEALTH AND WELLNESS NEEDS IN

THE CITY OF LAKEWOOD. IN ADDITION, THE CLEVELAND CLINIC WILL CONSTRUCT,

OWN AND OPERATE AN APPROXIMATELY 62,000-SQUARE-FOOT FAMILY HEALTH

CENTER WITH 24/7 EMERGENCY SERVICES. IT IS EXPECTED TO OPEN IN 2018 AND

WILL BE LOCATED ADJACENT TO THE CURRENT SITE OF THE HOSPITAL. THE

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LAKEWOOD HOSPITAL SITE IS LEASED BY LHA FROM THE CITY OF LAKEWOOD AND

CLINICAL SERVICES AT THAT LOCATION ARE BEING OPERATED BY THE CLEVELAND

CLINIC SINCE THE CESSATION OF INPATIENT OPERATIONS. THE LEASE HAS BEEN

AMENDED AND IS EXPECTED TO TERMINATE APPROXIMATELY THIRTY DAYS AFTER

THE OPENING OF THE FAMILY HEALTH CENTER.

PRIOR TO THE SIGNING OF THE AGREEMENT, A LAWSUIT WAS FILED AGAINST THE

CLEVELAND CLINIC, LHA, THE CITY OF LAKEWOOD AND OTHERS (DEFENDANTS) BY

A FEW LAKEWOOD RESIDENTS SEEKING TO STOP THE CLOSURE OF THE HOSPITAL

AND MONEY DAMAGES. THE DEFENDANTS JOINTLY FILED MOTIONS TO DISMISS THE

LAWSUIT. AS A RESULT OF DULY SIGNED PETITIONS, A REFERENDUM VOTE TO

REPEAL THE ORDINANCE WILL OCCUR IN NOVEMBER 2016, BUT THE CITY'S LAW

DIRECTOR HAS PUBLICLY OPINED THAT THE REFERENDUM VOTE WOULD NOT AFFECT

THE IMPLEMENTATION OF THE AGREEMENT, WHICH HAS BEEN PARTIALLY PERFORMED

AND REMAINS BINDING UPON ITS PARTIES.

IN NOVEMBER 2015, CCF BECAME THE SOLE MEMBER OF AKRON GENERAL HEALTH

SYSTEM (AKRON GENERAL), AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WITH A

532-BED FLAGSHIP MEDICAL CENTER LOCATED IN AKRON, OHIO. IN ADDITION TO

THE FLAGSHIP MEDICAL CENTER, AKRON GENERAL ALSO INCLUDES LODI COMMUNITY

HOSPITAL, EDWIN SHAW REHABILITATION INSTITUTE, A REHABILITATION

HOSPITAL THAT PROVIDES INPATIENT AND OUTPATIENT SERVICES, THREE HEALTH

AND WELLNESS CENTERS, VICISTING NURSE SERVICES AND AFILIATES A

PHYSICIAN GROUP PRACTICE AND OTHER OUTPATIENT LOCATIONS. AKRON GENERAL

FILES A SEPARATE FORM 990.

FINANCIAL ASSISTANCE

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THE CLEVELAND CLINIC FINANCIAL ASSISTANCE POLICY ASSISTS POOR AND
INDIGENT PATIENTS BY PROVIDING FREE CARE FOR MEDICALLY NECESSARY
SERVICES TO UNINSURED PATIENTS WITH INCOMES UP TO 250 PERCENT OF THE
FEDERAL POVERTY LEVEL AND ALSO OFFERS DISCOUNTS ON MEDICALLY NECESSARY
SERVICES FOR UNINSURED PATIENTS WHOSE INCOME IS UP TO 400 PERCENT OF
THE POVERTY LEVEL.

PATIENTS WITH EXCEPTIONAL CIRCUMSTANCES MAY ALSO BE ELIGIBLE FOR
FINANCIAL ASSISTANCE. THIS POLICY IS DESIGNED TO PREVENT MEDICAL BILLS
FROM CAUSING A PATIENT OR FAMILY UNDUE FINANCIAL HARDSHIP.

THE CLEVELAND CLINIC HEALTH SYSTEM PROVIDED FINANCIAL ASSISTANCE AT A
COST OF \$69.3 MILLION IN 2015.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CON'T)

II. RESEARCH

CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE
BIOMEDICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT
DISEASE, AND FIND CURES FOR MEDICAL ISSUES. CLEVELAND CLINIC'S LERNER
RESEARCH INSTITUTE ("LRI") IS ITS RESEARCH INSTITUTE LOCATED ON THE
MAIN CAMPUS AND HOME TO A COMPLETE SPECTRUM OF LABORATORY-,
TRANSLATIONAL-, AND CLINICAL-BASED RESEARCH.

LRI HAS APPROXIMATELY 172 FACULTY-LEVEL SCIENTISTS ORGANIZED IN THE
FOLLOWING DEPARTMENTS: BIOMEDICAL ENGINEERING, CANCER BIOLOGY, CELLULAR
AND MOLECULAR MEDICINE, GENOMIC MEDICINE, IMMUNOLOGY, MOLECULAR
CARDIOLOGY, NEUROSCIENCES, OPHTHALMIC RESEARCH, PATHOBIOLOGY,
QUANTITATIVE HEALTH SCIENCES, STEM CELL BIOLOGY AND REGENERATIVE

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MEDICINE, AND TRANSLATIONAL HEMATOLOGY AND ONCOLOGY RESEARCH.

LRI IS ONE OF THE LEADING NIH-FUNDED RESEARCH INSTITUTES IN THE UNITED

STATES AND HAS SPEARHEADED NUMEROUS ADVANCES IN THE DIAGNOSIS AND

TREATMENT OF COMPLEX MEDICAL PROBLEMS. SCIENTISTS AND THEIR TEAMS ARE

PURSUING A WIDE RANGE OF BIOMEDICAL QUESTIONS AT LRI, INCLUDING THOSE

RELATED TO CARDIOVASCULAR, CANCER, NEUROLOGICAL, MUSCULOSKELETAL, AND

METABOLIC DISEASES. ALTOGETHER, NEARLY 1,500 SCIENTISTS AND SUPPORT

PERSONNEL WORK AT LRI. THIS INCLUDES APPROXIMATELY 200 POSTDOCTORAL

FELLOWS, 80 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 2015, CLEVELAND CLINIC WAS

INVOLVED IN APPROXIMATELY 4,420 ACTIVE HUMAN SUBJECTS' RESEARCH

STUDIES. THE ONGOING COLLABORATION BETWEEN PHYSICIAN INVESTIGATORS AND

STUDY VOLUNTEERS IS CENTRAL TO TESTING THE SAFETY AND EFFECTIVENESS OF

DRUGS AND MEDICAL PROCEDURES AND HELPS TO SET THE STANDARDS FOR PATIENT

CARE. RESEARCH AT CLEVELAND CLINIC IS FUNDED BY EXTERNAL SOURCES,

SUCH AS FEDERAL GRANTS, BUT IS ALSO SUBSTANTIALLY SUPPORTED BY THE

CLINIC'S OWN INTERNAL RESOURCES. IN 2015, CLEVELAND CLINIC PROVIDED

COMMUNITY BENEFIT IN RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$204.1

MILLION, WHICH INCLUDED EXTERNALLY- SPONSORED FUNDING OF \$137.1

MILLION.

THE CLEVELAND CLINIC HEALTH SYSTEM'S RESEARCH ACTIVITIES ARE INTENDED

TO IMPROVE PATIENT CARE AND THE HEALTH OF THE PUBLIC AT LARGE, BY

PROVIDING THE LATEST ADVANCES IN MEDICINE DIRECTLY TO PATIENTS AND BY

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REFINING THE PRACTICE OF MEDICINE THROUGH THE DEVELOPMENT AND
PROMULGATION OF NEW TECHNIQUES, DEVICES, AND TREATMENT PROTOCOLS.

III. EDUCATION

ON ITS MAIN CAMPUS, CLEVELAND CLINIC OPERATES A MEDICAL SCHOOL AND
RELATED RESEARCH INSTITUTE. THE PRIMARY FOCUS OF CLEVELAND CLINIC
LERNER COLLEGE OF MEDICINE OF CASE WESTERN RESERVE UNIVERSITY (THE
"LERNER COLLEGE OF MEDICINE") IS THE TEACHING AND TRAINING OF MEDICAL
STUDENTS WHO HAVE A PARTICULAR INTEREST IN RESEARCH. MANY CLEVELAND
CLINIC PHYSICIANS SERVE AS FACULTY FOR THE LERNER COLLEGE OF MEDICINE,
FURTHERING THE INTEGRATION OF CLINICAL CARE WITH RESEARCH AND
EDUCATION. THE LERNER COLLEGE OF MEDICINE CURRENTLY PROVIDES ALL
STUDENTS WITH FULL TUITION SCHOLARSHIPS.

IN ADDITION TO TRAINING THIS NATION'S FUTURE DOCTORS, CLEVELAND CLINIC
SPONSORS A WIDE RANGE OF HIGH QUALITY MEDICAL EDUCATION TRAINING
THROUGHOUT THE HEALTH SYSTEM INCLUDING ACCREDITED TRAINING PROGRAMS FOR
NURSES AND HEALTH SCIENCE PROFESSIONALS.

CLEVELAND CLINIC HEALTH SYSTEM DEVOTES SUBSTANTIAL RESOURCES TO
EDUCATION PROGRAMS, WHICH, IN 2015, PROVIDED A NET COMMUNITY BENEFIT OF
\$256.5 MILLION. THESE EDUCATIONAL ACTIVITIES ENSURE RESIDENTS AND
PATIENTS IN ALL OF THE CLEVELAND CLINIC HEALTH SYSTEM'S COMMUNITIES ARE
RECEIVING THE HIGHEST STANDARD OF MEDICAL CARE AND HAVE TRAINED HEALTH
PROFESSIONALS TO CARE FOR THEM IN THE FUTURE. SOME OF THESE EDUCATION
PROGRAMS INCLUDE:

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GRADUATE MEDICAL EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE

LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN THE COUNTRY. IN 2015,

1,348 RESIDENTS AND FELLOWS TRAINED IN 99 ACCREDITED TRAINING PROGRAMS,

APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

(ACGME), INCLUDING 141 ADVANCED FELLOWS IN 66 FELLOWSHIP PROGRAMS.

LERNER COLLEGE OF MEDICINE: SINCE ITS INCEPTION IN MAY 2002, THE LERNER

COLLEGE OF MEDICINE HAS LINKED ONE OF THE NATION'S TOP HOSPITALS WITH

ONE OF THE NATION'S LEADING RESEARCH UNIVERSITIES. THERE WERE MORE THAN

1,900 APPLICANTS FOR 32 POSITIONS FOR THE 2015-16 ACADEMIC YEAR. THE

PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS

HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 91

PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE (WHICH

INCLUDES PUBLISHED ARTICLES AND ABSTRACT SUBMISSIONS), AND 80 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 2015,

269 MEDICAL STUDENTS FROM 126 MEDICAL SCHOOLS AROUND THE WORLD WERE

AMONG THE 611 MEDICAL STUDENTS ROTATING THROUGH CLEVELAND CLINIC.

CENTER FOR CONTINUING EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE

LARGEST CONTINUING MEDICAL EDUCATION (CME) PROGRAMS IN THE COUNTRY AND

ENJOYS THE HIGHEST ACCME RANKING: "ACCREDITATION WITH COMMENDATION." IN

2015, THE CENTER FOR CONTINUING EDUCATION OFFERED 1,782 CME ACTIVITIES

TO 310,662 PARTICIPANTS. OF THAT NUMBER, 1,012 WERE LIVE ACTIVITIES

THAT ATTRACTED 77,048 PARTICIPANTS. CLEVELAND CLINIC IS ONE OF THE

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LARGEST PROVIDERS OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL
CENTERS. THE CENTER'S WEBSITE HAD 469 ACTIVITIES THAT ATTRACTED 184,867
ACTIVITY VIEWERS. JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF
LEARNERS, WITH THE CLEVELAND CLINIC JOURNAL OF MEDICINE (CCJM)
PARTICIPANTS RECEIVING MORE THAN 75,000 CERTIFICATES. IN 2015, THE
CENTER ISSUED 288,933 CERTIFICATES FOR ALL ACTIVITIES COMBINED.

THE CCJM ENJOYED A CIRCULATION OF MORE THAN 105,000 AND RANKED NO. 1 IN
READERSHIP AMONG JOURNALS DIRECTED TO OFFICE-BASED INTERNISTS AND
CARDIOLOGISTS. EACH YEAR, THE PRINT AND ONLINE VERSIONS ARE READ BY
APPROXIMATELY 3 MILLION PEOPLE AROUND THE WORLD. IN 2015 THE CCJM
WEBSITE HAD 2,325,937 PAGE VIEWS FROM NEARLY 2 MILLION UNIQUE VISITORS.

CENTER FOR HEALTH SCIENCES EDUCATION: CLEVELAND CLINIC IS A MAJOR
EDUCATION AND TRAINING SITE FOR A NUMBER OF ALLIED HEALTH STUDENTS FROM
VARIOUS ACADEMIC PROGRAMS THROUGHOUT THE REGION. THE CLEVELAND CLINIC
HEALTH SYSTEM CURRENTLY OFFERS 14 IN-HOUSE ALLIED HEALTH PROGRAMS AND
HAS 55 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS. IN
2015, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 2,000 CLINICAL
ROTATIONS FOR HEALTH SCIENCE STUDENTS.

CENTER FOR INTERNATIONAL MEDICAL EDUCATION: THE CENTER FOR
INTERNATIONAL MEDICAL EDUCATION (CIME) IS RESPONSIBLE FOR COORDINATING
CLEVELAND CLINIC'S INTERNATIONAL EDUCATIONAL INITIATIVES AND FOR
ENSURING THE PROVISION OF HIGH QUALITY EDUCATIONAL EXPERIENCES FOR THE
GLOBAL MEDICAL COMMUNITY. IN 2015, 849 INTERNATIONAL PHYSICIANS AND
MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN
OBSERVERSHIPS; 398 PHYSICIANS ATTENDED SYMPOSIA HELD AT CLEVELAND

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CLINIC IN PATIENT EXPERIENCE, CARDIOLOGY, COLORECTAL SURGERY, SPINE
SURGERY, GASTROENTEROLOGY, UROLOGY, PEDIATRICS, BREAST CANCER, AND
OBESITY; AND OUR OWN STAFF TRAVELED TO MORE THAN 18 COUNTRIES TO SHARE
CLINICAL AND SURGICAL INNOVATIONS.

IV. ADDITIONAL COMMUNITY BENEFIT

PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, AND EDUCATION
DESCRIBED ABOVE ARE INTEGRAL COMPONENTS OF THE COMMUNITY BENEFIT THE
CLEVELAND CLINIC HEALTH SYSTEM ANNUALLY REPORTS TO THE COMMUNITY. THE
OTHER COMPONENTS OF OUR COMMUNITY BENEFIT ARE:

COMMUNITY EDUCATION

EDUCATING THE COMMUNITY HAS ALSO BEEN A PRIORITY OF CLEVELAND CLINIC
HEALTH SYSTEM. OUR CENTER FOR CONSUMER HEALTH INFORMATION IS EXPANDING
KNOWLEDGE THROUGH A VARIETY OF MEDIA WHILE MAKING INFORMATION AVAILABLE
TO PATIENTS AND THE NORTHEAST OHIO COMMUNITY. FOLLOWING ARE SOME OF
THE PROGRAMS OFFERED DURING 2015:

HEALTH INFORMATION RESOURCE CENTER: THE PATIENT AND FAMILY HEALTH AND
EDUCATION CENTER ON MAIN CAMPUS IS A PLACE WHERE PATIENTS, VISITORS,
AND EMPLOYEES CAN TAKE ADVANTAGE OF HEALTH INFORMATION RESOURCES
PREPARED FOR THE GENERAL PUBLIC. THE CONSUMER HEALTH INFORMATION STAFF
ALSO FULFILLS REQUESTS FOR HEALTH INFORMATION MADE IN WRITING, BY EMAIL
OR BY PHONE. IN 2015, THE CENTER FULFILLED 13,329 REQUESTS AND SERVED
13,301 PEOPLE WHO CAME INTO THE CENTER FOR INFORMATION.

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HEALTH TALKS AND CCTV: THE CENTER FOR CONSUMER HEALTH INFORMATION

HOSTED 26 COMMUNITY HEALTH TALKS/HEALTH EXCHANGE PROGRAMS AND MANAGED

3,472 SCHEDULED CLOSED-CIRCUIT TELEVISION WEEKLY PROGRAMS AND

APPROXIMATELY 787 WEEKLY ON-DEMAND TELEVISED PROGRAMS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CON'T)

INTERNET SITE: THE CENTER FOR CONSUMER HEALTH INFORMATION WEBSITE

(WWW.CLEVELANDCLINIC.ORG/HEALTH) CONTINUES TO BE A SOURCE OF

INFORMATION FOR USERS AROUND THE WORLD. THE WEBSITE ALSO FEATURES LIVE

WEBCHATS WITH A HEALTH EDUCATOR, ALLOWING THE PUBLIC TO POST QUESTIONS

AND HAVE THEM ANSWERED IN REAL TIME. WEBCHATS TAKE PLACE MONDAY THROUGH

FRIDAY, FROM 9:00 AM TO 3:00 PM. BY THE END OF 2015, WE HELD 10,055

WEBCHATS.

MEDICAID SHORTFALL

THE CLEVELAND CLINIC HEALTH SYSTEM IS A LEADING PROVIDER OF MEDICAID

SERVICES IN OHIO. IN MANY STATES, INCLUDING OHIO, MEDICAID PAYMENTS

HAVE NOT BEEN SUFFICIENT TO COVER THE COST OF TREATING MEDICAID

BENEFICIARIES. IN 2015, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS WERE

\$242.7 MILLION (THIS FIGURE IS NET OF AN HCAP BENEFIT OF \$12.3

MILLION).

SUBSIDIZED HEALTH SERVICES

IN ADDITION TO FINANCIAL ASSISTANCE AND COSTS NOT COVERED BY MEDICAID

PAYMENTS, ANOTHER CLINICAL COMMUNITY BENEFIT CATEGORY IS "SUBSIDIZED

HEALTH SERVICES." THESE SERVICES YIELD LOW OR NEGATIVE MARGINS BUT ARE

NEEDED IN THE COMMUNITY. CLEVELAND CLINIC PROVIDED SUBSIDIZED HEALTH

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SERVICES IN 2015 AT A COST OF \$18.6 MILLION.

COMMUNITY OUTREACH PROGRAMS

THE CLEVELAND CLINIC HEALTH SYSTEM IS ACTIVELY ENGAGED IN A BROAD ARRAY

OF COMMUNITY OUTREACH PROGRAMS, PROVIDING OR CONTRIBUTING TO MORE THAN

300 SUCH OUTREACH ACTIVITIES FOR A TOTAL NET COMMUNITY BENEFIT OF \$38.7

MILLION. THESE PROGRAMS ARE DESIGNED TO SERVE THE VULNERABLE AND

AT-RISK POPULATIONS IN OUR COMMUNITIES. OUR WELL-ESTABLISHED OUTREACH

PROGRAMS RANGE FROM FREE WELLNESS INITIATIVES, HEALTH SCREENINGS,

CLINICAL SERVICES, AND EDUCATION TO ENROLLMENT ASSISTANCE FOR

GOVERNMENT-FUNDED HEALTH PROGRAMS.

OUTREACH PROGRAMS ADDRESS DOCUMENTED HEALTH NEEDS OF OUR COMMUNITIES

AND FALL INTO THREE MAIN CATEGORIES: COMMUNITY HEALTH SERVICES, CASH

AND IN-KIND DONATIONS, AND COMMUNITY BUILDING. IN 2015, SOME

HIGHLIGHTS INCLUDED:

-WELLNESS INITIATIVES IN THE AREAS OF DISEASE/INJURY PREVENTION AND

BEHAVIORAL CHANGE, INCLUDING TOBACCO CESSATION, NUTRITION IMPROVEMENT,

EXERCISE, HELP WITH SUBSTANCE ABUSE, CHILD SAFETY, TEEN PARENTING AND

DOMESTIC VIOLENCE. PROGRAMS WERE PROVIDED TO SCHOOLS, FAITH-BASED

ORGANIZATIONS, COMMUNITY CENTERS, COLLABORATING CITIES AND COUNTIES.

-HEALTH FAIRS PROVIDED THOUSANDS OF PEOPLE WITH FREE HEALTH

SCREENINGS.. THE CLEVELAND CLINIC MINORITY MEN'S HEALTH FAIR,

CELEBRATING SISTERHOOD, AND NEIGHBORHOOD FAIRS EDUCATED COMMUNITY

MEMBERS ON THE BENEFITS OF PREVENTATIVE CARE.

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-CLEVELAND CLINIC PROVIDED NO-COST CLINICAL CARE TO UNDER- AND
UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH
& EDUCATION CENTER AND THE PEDIATRIC MOBILE UNIT, WHICH PROVIDED
WELLNESS SERVICES TO OUR COMMUNITIES. IN ADDITION, LABORATORY AND
VISION SERVICES WERE DONATED TO CLEVELAND-AREA ORGANIZATIONS.

-COMMUNITY CLASSES AND INTERACTIVE WEBCHATS OFFERED HEALTH EDUCATION ON
CHRONIC DISEASE MANAGEMENT IN THE AREAS OF HEART DISEASE, STROKE,
CANCER, DIABETES, ASTHMA AND BRAIN HEALTH. OUR HOSPITALS AND FAMILY
HEALTH CENTERS PROVIDED CLASSES FOR HEALTHY SENIOR AND YOUTH
LIFESTYLES.

-THE LET'S MOVE IT INITIATIVE CONNECTED RESIDENTS WITH LOCAL RESOURCES
IN A COLLABORATIVE EFFORT TO STRENGTHEN COMMUNITIES THROUGH WELLNESS
ACTIVITIES, ACADEMIC ACHIEVEMENT AND CAREER PREPAREDNESS.

-COMMUNITY FARMERS MARKETS, URBAN GARDENS AND A MOBILE FOOD PANTRY
PROVIDED ACCESS TO FRESH LOCAL PRODUCTS AND SUPPLEMENTAL FOOD PROGRAMS.

V. CONCLUSION

THE PURPOSE OF THE CLEVELAND CLINIC HEALTH SYSTEM IS TO BENEFIT
HUMANITY THROUGH THE EFFICIENT, EFFECTIVE, AND ETHICAL PRACTICE OF
MEDICINE, BY ADVANCING SCIENTIFIC INVESTIGATION AND MEDICAL EDUCATION,
BY MAINTAINING THE HIGHEST STANDARDS OF QUALITY, AND BY FOSTERING
CREATIVITY AND INNOVATION.

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FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CANADA, CAYMAN ISLANDS, LUXEMBOURG, GREECE,

SOUTH KOREA, TURKEY, UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 2:

LARRY RUVO, KMA DIRECTOR, AND CAMILLE RUVO, KMA DIRECTOR - FAMILY

LARRY RUVO, KMA AND LRBI DIRECTOR, AND MICHAEL SEVERINO, KMA AND LRBI

DIRECTOR - BUSINESS

JEFFREY CUMMINGS, CC NEVADA KEY EMPLOYEE, AND XUE ZHONG, CC NEVADA KEY

EMPLOYEE - FAMILY

JOSEPH SCAMINACE, CCF, CCEF, MEDINA, CCHS-EAST REGION, FAIRVIEW, LUTHERAN,

AND MEDINA TRUSTEE AND WILLIAM REIDY, CCF, CCEF, MEDINA, CCHS-EAST REGION,

FAIRVIEW, LUTHERAN, AND MEDINA TRUSTEE - BUSINESS

RONALD WEINBERG, CCF DIRECTOR, AND WILLIAM PEACOCK, CCF DIRECTOR AND

OFFICER - BUSINESS

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.

FORM 990, PART VI, SECTION A, LINE 4:

THE CODE OF REGULATIONS OF LAKEWOOD HOSPITAL WERE AMENDED TO AUTHORIZE THE

MEMBER TO MAKE IMMEDIATE AND ONGOING ACTIONS RELATED TO THE WIND DOWN OF

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THE OPERATION OF THE HOSPITAL FACILITY.

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.

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.

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,

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DISSOLUTION, SALE OF SUBSTANTIALLY ALL ASSETS, OR A MATERIAL CHANGE IN
MISSION.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY EXPERIENCED AND QUALIFIED MEMBERS OF THE
FINANCE DIVISION TAX DEPARTMENT. PRIOR TO FILING, KEY SECTIONS OF THE FORM
ARE REVIEWED WITH EXPERIENCED AND QUALIFIED MEMBERS OF THE LAW DEPARTMENT.
IN ADDITION, THE ENTIRE RETURN IS ALSO REVIEWED WITH THE CFO, THE AUDIT
COMMITTEE CHAIRPERSON AND AUDIT COMMITTEE VICE CHAIRPERSON PRIOR TO FILING.
THE PAID PREPARER (BIG 4 PUBLIC ACCOUNTING FIRM) CONDUCTS AN IN DEPTH
REVIEW OF THE FORM. ANNUALLY, THE 990 FILING IS REVIEWED AND DISCUSSED WITH
THE ENTIRE AUDIT COMMITTEE. UPON CONFIRMATION OF SUCCESSFUL E-FILING FROM
THE IRS, A COPY OF THE FINAL E-FILED RETURN WILL BE MADE AVAILABLE TO
APPROPRIATE MEMBERS OF THE GOVERNING BODY. IN ADDITION TO POSTING ON
GUIDESTAR, THE FINAL E-FILED RETURN WILL BE POSTED ON THE ORGANIZATION'S
WEBSITE AT WWW.CLEVELANDCLINIC.ORG.

FORM 990, PART VI, SECTION B, LINE 12C:

CCF HAS ADOPTED A CONFLICT OF INTEREST ("COI") POLICY CONSISTENT WITH THE
MODEL IRS COI POLICY. IT APPLIES TO DIRECTORS, OFFICERS AND TRUSTEES OF CCF
AND ALL ITS AFFILIATES, BOTH EXEMPT AND TAXABLE. UNDER THE BOARD OF
DIRECTORS POLICY AND PROCEDURES FOR DEALING WITH CONFLICT OF INTEREST
ISSUES (THE POLICY), A TRUSTEE OR DIRECTOR WHO HAS A CONFLICT OF INTEREST
WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION, OR ARRANGEMENT MUST
REFRAIN FROM VOTING ON ANY MATTER RELATING TO THE CONTRACT, TRANSACTION, OR
ARRANGEMENT. IN ADDITION, THE TRUSTEES, DIRECTORS AND OFFICERS MUST
ANNUALLY DISCLOSE ANY INTERESTS AS DEFINED IN THE POLICY THAT MAY BE
CONSIDERED A POTENTIAL CONFLICT OF INTEREST. FAILURE TO TIMELY REPLY IS TO

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BE ADDRESSED BY THE COMMITTEE UNDER THE POLICY. THE TRUSTEES, OFFICERS AND
DIRECTORS HAVE A CONTINUING OBLIGATION TO NOTIFY THE CHIEF GOVERNANCE
OFFICER AT ANY TIME DURING THE YEAR IF ANY OF THEIR DISCLOSURES CHANGE OR
IF A NEW DISCLOSURE IS REQUIRED UNDER THE POLICY. THE BOARD CONFLICT OF
INTEREST COMMITTEE MEETS AT LEAST FOUR TIMES A YEAR AND REVIEWS THE
DISCLOSURES, ANY PROPOSED ARRANGEMENTS THAT MAY INVOLVE A POTENTIAL
CONFLICT OF INTEREST, AND DOCUMENTS THEIR CONCLUSIONS. UNDER THE POLICY,
THE INTERESTED PERSONS MAY ATTEND A MEETING AT THE DISCRETION OF THE BOARD
OR COMMITTEE TO PROVIDE INFORMATION OR ANSWER QUESTIONS, BUT THEY MAY NOT
BE PRESENT DURING FINAL CONSIDERATION OR VOTING ON THE ARRANGEMENTS.

FORM 990, PART VI, SECTION B, LINE 15A:

ALL CCF OFFICERS AND KEY EMPLOYEE POSITIONS HAVE THEIR COMPENSATION
REVIEWED IN ADVANCE ANNUALLY BY THE COMPENSATION COMMITTEE OF THE CCF BOARD
OF DIRECTORS, WHICH IS VESTED WITH BOARD-DELEGATED POWERS TO ACT ON BEHALF
OF THE BOARD WITH RESPECT TO COMPENSATION MATTERS. IN REVIEWING AND
ESTABLISHING COMPENSATION FOR THESE OFFICERS AND KEY EMPLOYEES, THE
COMMITTEE USES A PROCESS WHICH IS INTENDED TO CREATE THE PRESUMPTION IN
REGULATION 53.4958-6(A) THAT PAYMENTS OF COMPENSATION TO THESE PERSONS
CONSTITUTE REASONABLE COMPENSATION, DEFINED AS AMOUNTS THAT ARE WITHIN THE
RANGE OF COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS TO SIMILARLY
QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS.

IN THIS PROCESS, NO MEMBER OF THE COMMITTEE WHO HAS A CONFLICT OF INTEREST
WITHIN THE MEANING OF REGULATION 53.4958-6(C)(1)(III) WITH RESPECT TO THE
COMPENSATION ARRANGEMENT AT ISSUE IS PERMITTED TO PARTICIPATE IN THE REVIEW
AND APPROVAL OF THAT COMPENSATION ARRANGEMENT.

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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.

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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.

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.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTION FOR

CAPITAL PURPOSES	45,740.
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GIFTS AND BEQUESTS	131,340,468.
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TRANSFER OF NET ASSETS	-147,589,712.
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NET INVESTMENT INCOME	-596,036.
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NET ASSETS RELEASED FROM RESTRICTION USED FOR OPERATIONS -44,060,610.

RETIREMENT BENEFITS ADJUSTMENT 25,546,013.

NET CHANGE IN UNREALIZED GAINS ON NON-TRADING INVESTMENTS -4,946,537.

CHANGE IN INTERESTS IN FOUNDATIONS -17,350,694.

EQUITY TRANSFERS -18,489,933.

EQUITY ADJUSTMENT 231,458.

COMBINED REPORTING ADJUSTMENT 650,000.

ROUNDING -2.

TOTAL TO FORM 990, PART XI, LINE 9 -75,219,845.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number	91-2153073
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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
CC CHINA, L.L.C. - 20-5776477 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CCF AMBULATORY SURGERY CENTERS, L.L.C. - 34-1939710, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTHCARE SERVICES	OHIO	18,624,598.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC CARE COORDINATION, L.L.C. - 45-5282492, 6801 BRECKSVILLE RD, INDEPENDENCE, OH 44131	HEALTHCARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC FLORIDA NAPLES, L.L.C. - 31-1741150, 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331	HEALTHCARE SERVICES	FLORIDA	0.	0.	CLEVELAND CLINIC FLORIDA (A NON-PROFIT CORPORATION)

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY WEST FOUNDATION - 34-1456398 20545 CENTER RIDGE ROAD ROCKY RIVER, OH 44116	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OHIO	501(C)(3)	LINE 7	N/A		X
LAKEWOOD HOSPITAL FOUNDATION, INC - 34-6519834, 14601 DETROIT AVENUE, STE 240, LAKEWOOD, OH 44107	SUPPORT LAKEWOOD HOSPITAL ASSOCIATION	OHIO	501(C)(3)	LINE 11C, III-FI	N/A		X
MEDINA COUNTY HEALTH CORPORATION - 27-0756266, 1000 E. WASHINGTON ST, MEDINA, OH 44256	SUPPORT MEDINA HOSPITAL	OHIO	501(C)(3)	LINE 11C, III-FI	MEDINA HOSPITAL		X
NATIONAL HEALTHCARE RESEARCH & EDUCATION FINANCE CORP - 31-1707979, 2001 ROSS AVENUE, DALLAS, TX 75201	SUPPORT CHARITABLE PURPOSES OF HOSPITALS & UNIVERSITIES	TEXAS	501(C)(3)	LINE 11C, III-FI	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
CLEVELAND CLINIC GLOBAL SOLUTIONS, L.L.C. - 26-3666730, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	LICENSING OF INTELLECTUAL PROPERTY	OHIO	7,968,533.	20,674,957.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC OB/GYN SPECIALTIES, L.L.C. - 34-1938153, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTHCARE SERVICES	OHIO	6,959,890.	17,906.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC WELLNESS ENTERPRISE, L.L.C. - 26-3859233, 1950 RICHMOND ROAD, LYNDHURST, OH 44124	HEALTHCARE SERVICES	OHIO	4,499,974.	0.	THE CLEVELAND CLINIC FOUNDATION
CLINIC MEDICAL SERVICES COMPANY, L.L.C. - 34-1932969, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTHCARE SERVICES	OHIO	61,485,893.	441,661.	THE CLEVELAND CLINIC FOUNDATION
CLINIC PHYSICIAN SERVICES COMPANY, L.L.C. - 34-1907574, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTHCARE SERVICES	OHIO	27,319,436.	32,757.	THE CLEVELAND CLINIC FOUNDATION
CLINIC REGIONAL PHYSICIANS, L.L.C. - 26-2636530, 25875 SCIENCE PARK DR, BEACHWOOD, OH 44122	HEALTHCARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
MEDINA HEALTH VENTURES, L.L.C. 1000 E WASHINGTON STREET MEDINA, OH 44256	INACTIVE	OHIO	0.	0.	MEDINA HOSPITAL
MERIDIA MEDICAL GROUP, L.L.C. - 34-1898545 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	INACTIVE	OHIO	0.	0.	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
NORTHEAST OHIO NEUROLOGICAL ASSOCIATES, L.L.C. - 20-0442351, 6801 BRECKSVILLE RD, INDEPENDENCE, OH 44131	HEALTHCARE SERVICES	OHIO	0.	0.	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
OHIO STAR IMAGING, L.L.C. 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION

Part Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
PSVW, L.L.C. - 26-1614376 9500 EUCLID AVENUE CLEVELAND, OH 44195	REAL ESTATE HOLDINGS	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
REJ HOLDINGS, L.L.C. - 27-3245990 3050 SCIENCE PARK DRIVE BEACHWOOD, OH 44122	REAL ESTATE HOLDINGS	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
THE BRENTWOOD CENTER OF EXCELLENCE, L.L.C. - 20-1476092, 6801 BRECKSVILLE RD, INDEPENDENCE, OH 44131	HEALTHCARE SERVICES	OHIO	0.	0.	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
WOOSTER CLINIC, L.L.C. - 34-1855775 9500 EUCLID AVENUE CLEVELAND, OH 44195	HEALTHCARE SERVICES	OHIO	44,844,390.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC MEDICARE ACO, L.L.C. - 47-1281189, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTHCARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
ADEO, L.L.C. - 46-5704174 9500 EUCLID AVENUE CLEVELAND, OH 44195	TECHNOLOGY SERVICES	OHIO	3,421.	232,063.	THE CLEVELAND CLINIC FOUNDATION
CCF HOTEL SERVICES, L.L.C. - 34-0666034 9500 EUCLID AVENUE CLEVELAND, OH 44195	HOTEL OPERATIONS	OHIO	36,426,691.	148,035,343.	THE CLEVELAND CLINIC FOUNDATION
INTELLIS EPM, L.L.C. - 27-0645368 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	MEDICAL TECHNOLOGY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CC WEB SOLUTIONS, L.L.C. - 26-3222020 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	MEDICAL TECHNOLOGY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
TATARA VASCULAR, L.L.C. - 47-4282964 10000 CEDAR AVE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DELAWARE	0.	0.	THE CLEVELAND CLINIC FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CCF/MHS RENAL CARE COMPANY LTD. - 34-1863789, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	3,700,831.	12,877,420.		X	N/A	X		60.00%
CCHS WESTLAKE IMAGING CENTER, L.L.C. - 34-1914277, 6801 BRECKSVILLE ROAD, RK-85, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	FAIRVIEW HOSPITAL/LAKEW HOSP ASSN	RELATED	-525,175.	0.		X	N/A	X		.00%
CLEVELAND HEALTH NETWORK MSO, L.L.C. - 31-1566180, 4700 ROCKSIDE ROAD, STE 200, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	N/A	RELATED		22,014.		X	N/A	X		79.90%
PROGNOSTIX, L.L.C. - 30-0624422, 10000 CEDAR AVE, CLEVELAND, OH 44106	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	-413.	149,191.		X	N/A	X		78.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CCF BOLTON, INC. - 20-4596571 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.		X	
CCHS INDEMNITY CO., LTD. - 98-0207086 23 LIME TREE BAY, BOX 1051 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE COMPANY	CAYMAN ISLANDS	THE CLEVELAND CLINIC FOUNDATION	C CORP	53,110,698.	138,282,556.	100.00%	X	
CLEVELAND CLINIC CANADA-TORONTO, INC. 181 BAY STREET, BOX818 TORONTO, CANADA M5J 2T3	HEALTH CARE SERVICES	CANADA	THE CLEVELAND CLINIC FOUNDATION	C CORP	7,482,197.	1,825,981.	100.00%	X	
CLEVELAND CLINIC EMR, INC. - 20-4856025 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	2,137,747.	1,229,249.		X	
CLEVELAND CLINIC FLORIDA HEALTH PLAN, INC. - 65-0338016, 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	BUSINESS SERVICES	FL	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.	100.00%	X	

THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

Part IV Continuation of 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 CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION - 34-1877409, 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	8,831,099.	18,273,417.		X	
CLEVELAND HEALTH NETWORK - 34-1770780 6000 WEST CREEK ROAD, STE 20 INDEPENDENCE, OH 44131									
CLEVELAND HEALTH NETWORK MANAGED CARE ORGANIZATION - 34-1808138, 6000 WEST CREEK ROAD, STE 20, INDEPENDENCE, OH 44131	HEALTHCARE SERVICES	OH	N/A	C CORP	419.	1,379,148.		X	
CLINIC MEDICAL SOLUTIONS, INC. - 34-1695388 18101 LORAIN AVENUE CLEVELAND, OH 44111									
CMCD, INC. - 34-1256599 1000 E WASHINGTON STREET MEDINA, OH 44256	REAL ESTATE	OH	MEDINA HOSPITAL	C CORP	0.	311,040.	100.00%	X	
CUSTOM ORTHOPAEDIC SOLUTIONS, INC. - 27-4838981, 10000 CEDAR AVENUE, CLEVELAND, OH 44106									
I-COMET TECHNOLOGIES INC. - 45-2063841 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	960,231.	740,959.	100.00%	X	
IMAGEIQ, INC. - 27-4427530 10000 CEDAR AVENUE CLEVELAND, OH 44106									
INFUSEON THERAPEUTICS, INC. - 46-1776182 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	329,766.	100.00%	X	
ION-VAC, INC. - 46-1560044 10000 CEDAR AVENUE CLEVELAND, OH 44106									
IVHR, INC. - 45-4657632 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	54,515.	100.00%	X	
LAKESWOOD HEALTHCARE FOUNDATION - 34-1574608 14519 DETROIT AVENUE LAKESWOOD, OH 44107									
	HEALTHCARE SERVICES	OH	N/A	C CORP	0.	0.		X	

THE CLEVELAND CLINIC FOUNDATION

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Part IV Continuation of 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
MCZ, INC. - 34-1256598 1000 E WASHINGTON STREET MEDINA, OH 44256	LEASING	OH	MEDINA HOSPITAL	C CORP	8,457.	500.	100.00%	X	
MEDINVEST, INC. - 20-3978297 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HOLDING COMPANY	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.	100.00%	X	
MERIDIA HEALTH VENTURES, INC. - 34-1533871 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OH	CLEVELAND CLINIC HOME CARE	C CORP	0.	0.	100.00%	X	
MERLOT ORTHOPEDIX, INC. - 11-3779414 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL DEVICE MANUFACTURING	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	88,658.	55.00%		X
NEOMEDICS, INC. - 02-0656818 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.	100.00%	X	
OPTOQUEST CORPORATION - 26-3589643 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	179,744.	29,911.	100.00%	X	
PINE FALLS CONDOMINIUM ASSOCIATES, INC. - 34-1617589, 6100 WEST CREEK, SUITE 25, INDEPENDENCE, OH 44131	CONDO RENTALS	OH	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	75.00%		X
SHIELD BIOTECH, INC. - 46-2880975 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	6,143,387.	72.00%		X
CENTERLINE BIOMEDICAL, INC. - 47-2238759 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	530,860.	32.90%		X
PIVOT DRUG, INC. - 47-2855062 10000 CEDAR AVENUE CLEVELAND, OH 44106	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100.00%	X	
NEUROTHERAPIA, INC. - 47-3977513 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	784,689.	100.00%	X	
VIVERE PHARMA, INC. - 47-5397125 10000 CEDAR AVENUE CLEVELAND, OH 44106	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100.00%	X	

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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	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLEVELAND CLINIC CANADA - TORONTO, INC.	A	100,000.FMV	
(2) CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	21,845,588.FMV	
(3) CLEVELAND CLINIC UK HOLDINGS, LTD.	B	60,396,574.FMV	
(4) EXCELERATE STRATEGIC HEALTH SOURCING, L.L.C.	B	1,200,000.FMV	
(5) CLEVELAND CLINIC CANADA - TORONTO, INC.	C	215,740.FMV	
(6) THE CLEVELAND CLINIC FOUNDATION	C	21,845,588.FMV	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) CCHS INDEMNITY COMPANY, LTD.	D	831,000.	FMV
(8) CUSTOM ORTHOPAEDIC SOLUTIONS, INC.	D	608,333.	FMV
(9) IVHR, INC.	D	14,083,000.	FMV
(10) NEUROTHERAPIA, INC.	D	1,020,833.	FMV
(11) SHIELD BIOTECH, INC.	D	71,066.	FMV
(12) CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	3,003,814.	FMV
(13) CLEVELAND CLINIC MEDICAL SERVICES, INC.	J	439,728.	FMV
(14) THE CLEVELAND CLINIC FOUNDATION	J	2,672,608.	FMV
(15) THE CLEVELAND CLINIC FOUNDATION	J	330,879.	FMV
(16) THE CLEVELAND CLINIC FOUNDATION	J	1,121,089.	FMV
(17) THE CLEVELAND CLINIC FOUNDATION	J	671,461.	FMV
(18) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	2,672,608.	FMV
(19) CLINIC MEDICAL SOLUTIONS, INC.	K	281,327.	FMV
(20) FAIRVIEW HOSPITAL	K	330,879.	FMV
(21) LAKEWOOD HOSPITAL ASSOCIATION	K	1,121,089.	FMV
(22) MARYMOUNT HOSPITAL, INC.	K	671,461.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	K	3,003,814.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	K	439,728.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	L	5,005,466.	FMV
(8) CLEVELAND CLINIC NEVADA	L	122,542.	FMV
(9) EXCELERATE STRATEGIC HEALTH SOURCING, L.L.C.	L	422,558.	FMV
(10) FAIRVIEW HOSPITAL	L	2,934,000.	FMV
(11) LAKEWOOD HOSPITAL ASSOCIATION	L	1,310,000.	FMV
(12) LUTHERAN HOSPITAL	L	609,000.	FMV
(13) MARYMOUNT HOSPITAL, INC.	L	2,031,130.	FMV
(14) MEDINA HOSPITAL	L	212,862.	FMV
(15) SHIELD BIOTECH, INC.	L	576,980.	FMV
(16) THE CLEVELAND CLINIC FOUNDATION	L	9,833,000.	FMV
(17) CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION	M	1,600,000.	FMV
(18) CLEVELAND CLINIC MEDICAL SERVICES, INC.	M	9,833,000.	FMV
(19) THE CLEVELAND CLINIC FOUNDATION	M	122,542.	FMV
(20) THE CLEVELAND CLINIC FOUNDATION	M	212,862.	FMV
(21) THE CLEVELAND CLINIC FOUNDATION	M	609,000.	FMV
(22) THE CLEVELAND CLINIC FOUNDATION	M	5,005,466.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	M	2,031,130.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	M	2,934,000.	FMV

THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) THE CLEVELAND CLINIC FOUNDATION	M	1,310,000.	FMV
(8) CCHS INDEMNITY COMPANY, LTD.	P	37,147,935.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	P	1,132,611.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	P	65,633.	FMV
(11) THE CLEVELAND CLINIC FOUNDATION	P	13,859,835.	FMV
(12) THE CLEVELAND CLINIC FOUNDATION	P	44,723,780.	FMV
(13) THE CLEVELAND CLINIC FOUNDATION	P	16,424,935.	FMV
(14) THE CLEVELAND CLINIC FOUNDATION	P	19,076,806.	FMV
(15) THE CLEVELAND CLINIC FOUNDATION	P	2,799,733.	FMV
(16) THE CLEVELAND CLINIC FOUNDATION	P	12,651,327.	FMV
(17) THE CLEVELAND CLINIC FOUNDATION	P	13,263,320.	FMV
(18) THE CLEVELAND CLINIC FOUNDATION	P	71,963,596.	FMV
(19) THE CLEVELAND CLINIC FOUNDATION	P	12,020,538.	FMV
(20) THE CLEVELAND CLINIC FOUNDATION	P	6,102,646.	FMV
(21) CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	Q	2,799,733.	FMV
(22) CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Q	1,132,611.	FMV
(23) CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)	Q	13,263,320.	FMV
(24) CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION	Q	12,651,327.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	Q	71,963,596	FMV
(8) CLEVELAND CLINIC HOME CARE SERVICES	Q	6,102,646	FMV
(9) CLINIC MEDICAL SOLUTIONS, INC.	Q	65,633	FMV
(10) FAIRVIEW HOSPITAL	Q	44,725,036	FMV
(11) LAKEWOOD HOSPITAL ASSOCIATION	Q	16,424,935	FMV
(12) LUTHERAN HOSPITAL	Q	12,020,538	FMV
(13) MARYMOUNT HOSPITAL, INC.	Q	19,076,806	FMV
(14) MEDINA HOSPITAL	Q	13,859,835	FMV
(15) AKRON GENERAL HEALTH SYSTEM	R	64,862,469	FMV
(16) EXCELERATE STRATEGIC HEALTH SOURCING, L.L.C.	S	192,655	FMV
(17) I-COMET TECHNOLOGIES, INC.	S	976,890	FMV
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

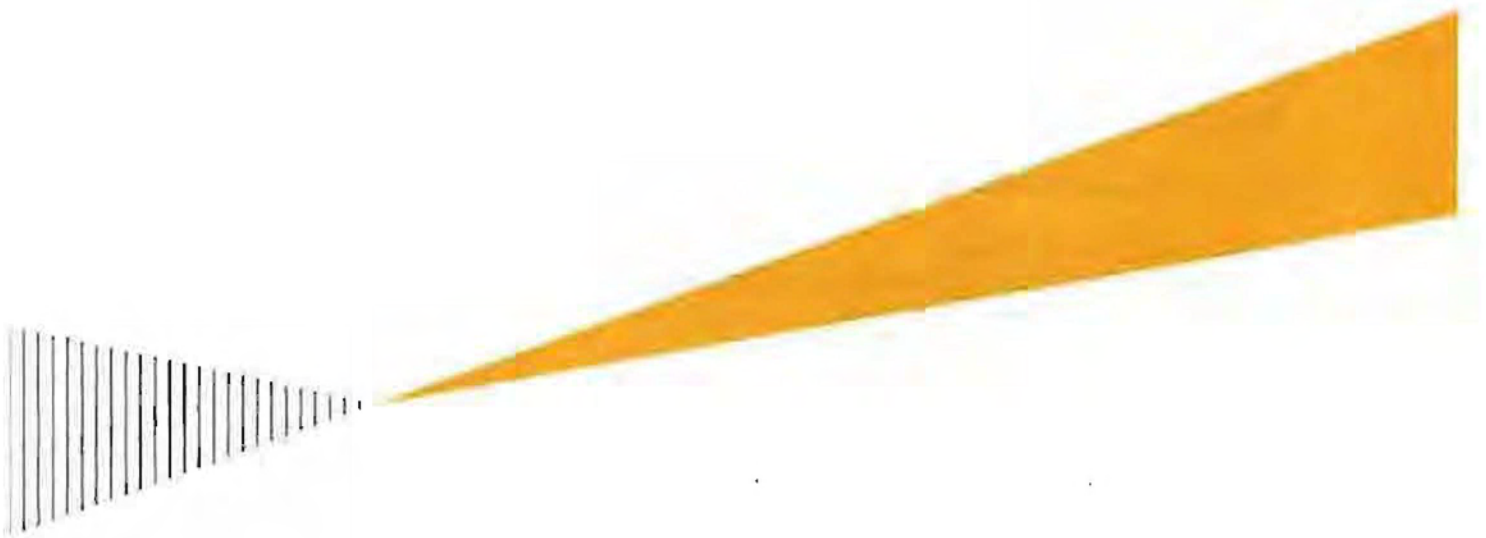
Part VII Supplemental Information

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

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

The Cleveland Clinic Foundation
d.b.a. Cleveland Clinic Health System
Years Ended December 31, 2015 and 2014
With Report of Independent Auditors

Ernst & Young LLP



EY

Building a better
working world

Cleveland Clinic Health System
Consolidated Financial Statements
and Supplementary Information
Years Ended December 31, 2015 and 2014

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Ernst & Young LLP
Suite 1400
1500 Main Avenue
Cleveland, OH 44115-7218

Report Date: March 31, 2016
Per: 1601-1804784
Report:

Report of Independent Auditors

The Board of Directors
The Cleveland Clinic Foundation

We have audited the accompanying consolidated financial statements of The Cleveland Clinic Foundation and controlled affiliates, d.b.a. Cleveland Clinic Health System, which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Cleveland Clinic Foundation and controlled affiliates, d.b.a. Cleveland Clinic Health System, at December 31, 2015 and 2014, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

March 31, 2016

Cleveland Clinic Health System

Consolidated Balance Sheets

(In Thousands)

	December 31	
	2015	2014
Assets		
Current assets:		
Cash and cash equivalents	\$ 249,580	\$ 70,322
Patient receivables, net of allowances for uncollectible accounts of \$213,516 in 2015 and \$211,391 in 2014	950,304	819,074
Investments for current use	53,852	144,838
Other current assets	408,139	332,075
Total current assets	1,661,875	1,366,309
Investments:		
Long-term investments	6,184,378	5,950,076
Funds held by trustees	125,723	119,388
Assets held for self-insurance	93,662	106,317
Donor-restricted assets	565,161	474,227
	6,968,924	6,650,008
Property, plant, and equipment, net	4,388,667	3,599,607
Other assets:		
Pledges receivable, net	141,468	161,757
Trusts and interests in foundations	86,741	122,498
Other noncurrent assets	376,938	367,381
	605,147	651,636
Total assets	<u>\$ 13,624,613</u>	<u>\$ 12,267,560</u>

	December 31	
	2015	2014
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 412,559	\$ 335,475
Compensation and amounts withheld from payroll	295,668	238,938
Current portion of long-term debt	95,694	55,778
Variable rate debt classified as current	520,960	386,875
Other current liabilities	467,042	434,815
Total current liabilities	1,791,923	1,451,881
Long-term debt:		
Hospital revenue bonds	2,748,950	2,798,062
Notes payable and capital leases	466,020	175,548
	3,214,970	2,973,610
Other liabilities:		
Professional and general liability insurance reserves	139,617	143,240
Accrued retirement benefits	490,753	452,897
Other noncurrent liabilities	478,352	443,437
	1,108,722	1,039,574
Total liabilities	6,115,615	5,465,065
Net assets:		
Unrestricted	6,627,406	5,998,053
Temporarily restricted	586,276	519,730
Permanently restricted	295,316	284,712
Total net assets	7,508,998	6,802,495
Total liabilities and net assets	<u>\$ 13,624,613</u>	<u>\$ 12,267,560</u>

See accompanying notes.

Cleveland Clinic Health System

Consolidated Statements of Operations and Changes in Net Assets (In Thousands)

Operations

	Year Ended December 31	
	2015	2014
Unrestricted revenues		
Net patient service revenue	\$ 6,712,483	\$ 6,428,938
Provision for uncollectible accounts	(231,304)	(358,821)
Net patient service revenue less provision for uncollectible accounts	6,481,179	6,070,117
Other	675,793	617,262
Total unrestricted revenues	7,156,972	6,687,379
Expenses		
Salaries, wages, and benefits	3,799,214	3,635,964
Supplies	664,846	627,535
Pharmaceuticals	701,236	558,984
Purchased services and other fees	398,378	382,549
Administrative services	175,834	167,587
Facilities	300,652	281,898
Insurance	62,067	66,943
	6,102,227	5,721,460
Operating income before interest, depreciation, and amortization expenses	1,054,745	965,919
Interest	124,141	110,393
Depreciation and amortization	409,453	387,983
Operating income before special charges	521,151	467,543
Special charges – Lakewood Hospital	40,927	—
Operating income	480,224	467,543
Nonoperating gains and losses		
Investment return	(56,328)	316,217
Derivative losses	(25,010)	(79,786)
Gain on remeasurement of Akron General equity investment	38,777	—
Akron General member substitution contribution	242,822	—
Goodwill impairment loss	(63,060)	—
Other, net	793	(352)
Net nonoperating gains	137,994	236,079
Excess of revenues over expenses	618,218	703,622

(continued on next page)

Changes in Net Assets

	Net Assets			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances at January 1, 2014	\$ 5,478,927	\$ 461,110	\$ 268,369	\$ 6,208,406
Excess of revenues over expenses	703,622	—	—	703,622
Donated capital and assets released from restrictions for capital purposes	5,894	(5,824)	—	70
Gifts and bequests	—	83,935	12,152	96,087
Transfer of net assets	(708)	(292)	1,000	—
Net investment income	—	18,079	—	18,079
Net assets released from restrictions used for operations included in other unrestricted revenues	—	(36,190)	—	(36,190)
Retirement benefits adjustment	(193,150)	—	—	(193,150)
Change in interests in foundations	—	(1,088)	955	(133)
Change in value of perpetual trusts	—	—	2,236	2,236
Net change in unrealized gains on nontrading investments	3,163	—	—	3,163
Other	305	—	—	305
Increase in net assets	519,126	58,620	16,343	594,089
Balances at December 31, 2014	5,998,053	519,730	284,712	6,802,495
Excess of revenues over expenses	618,218	—	—	618,218
Donated capital and assets released from restrictions for capital purposes	5,806	(5,760)	—	46
Gifts and bequests	—	107,982	24,639	132,621
Transfer of net assets	653	(653)	—	—
Net investment loss	—	(732)	—	(732)
Net assets released from restrictions used for operations included in other unrestricted revenues	—	(44,493)	—	(44,493)
Retirement benefits adjustment	21,747	—	—	21,747
Change in interests in foundations	—	(17,351)	(17,480)	(34,831)
Change in value of perpetual trusts	—	—	(676)	(676)
Net change in unrealized gains on nontrading investments	(4,947)	—	—	(4,947)
Akron General member substitution contribution	—	27,553	4,121	31,674
Other	(12,124)	—	—	(12,124)
Increase in net assets	629,353	66,546	10,604	706,503
Balances at December 31, 2015	<u>\$ 6,627,406</u>	<u>\$ 586,276</u>	<u>\$ 295,316</u>	<u>\$ 7,508,998</u>

See accompanying notes.

Cleveland Clinic Health System

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended December 31	
	2015	2014
Operating activities and net nonoperating gains and losses		
Increase in net assets	\$ 706,503	\$ 594,089
Adjustments to reconcile increase in net assets to net cash provided by operating activities and net nonoperating gains and losses:		
Loss on extinguishment of debt	209	—
Retirement benefits adjustment	(21,747)	193,150
Net realized and unrealized losses (gains) on investments	97,816	(296,905)
Depreciation and amortization	418,890	387,983
Provision for uncollectible accounts	231,304	358,821
Gain on change in terms of long-term lease	(6,856)	—
Donated capital	(46)	(70)
Restricted gifts, bequests, investment income, and other	(96,382)	(116,269)
Accreted interest and amortization of bond premiums	(2,552)	(2,533)
Net (gain) loss in value of derivatives	(558)	53,993
Goodwill impairment loss	63,060	—
Gain on remeasurement of Akron General equity investment	(38,777)	—
Akron General member substitution contribution	(274,496)	—
Changes in operating assets and liabilities:		
Patient receivables	(299,939)	(398,219)
Other current assets	(48,770)	(38,214)
Other noncurrent assets	(77,581)	(42,035)
Accounts payable and other current liabilities	35,818	53,878
Other liabilities	(3,495)	(17,516)
Net cash provided by operating activities and net nonoperating gains and losses	682,401	730,153
Financing activities		
Proceeds from long-term borrowings	375,000	400,000
Principal payments on long-term debt	(71,073)	(55,356)
Debt issuance costs	(89)	(5,471)
Change in pledges receivable, trusts, and interests in foundations	63,560	(29,326)
Restricted gifts, bequests, investment income, and other	96,382	116,269
Net cash provided by financing activities	463,780	426,116
Investing activities		
Expenditures for property and equipment	(453,536)	(440,642)
Proceeds from sale of property and equipment	1,170	341
Investment in Akron General	—	(10,000)
Cash acquired through member substitution	15,367	—
Acquisition of business, net of cash acquired	(420,144)	—
Net change in cash equivalents reported in long-term investments	305,575	(409,139)
Purchases of investments	(2,828,674)	(1,822,328)
Sales of investments	2,413,319	1,524,921
Net cash used in investing activities	(966,923)	(1,156,847)
Increase (decrease) in cash and cash equivalents	179,258	(578)
Cash and cash equivalents at beginning of year	70,322	70,900
Cash and cash equivalents at end of year	\$ 249,580	\$ 70,322
Supplemental disclosure of noncash activity		
Assets acquired through notes payable and capital leases	\$ 17,333	\$ 103,418

See accompanying notes.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

1. Organization and Consolidation

The Cleveland Clinic Foundation (Foundation) is a nonprofit, tax-exempt, Ohio corporation organized and operated to provide medical and hospital care, medical research, and education. The accompanying consolidated financial statements include the accounts of the Foundation and its controlled affiliates, d.b.a. Cleveland Clinic Health System (System).

The System is the leading provider of healthcare services in northeast Ohio. As of December 31, 2015, the System operates fourteen hospitals with approximately 4,000 staffed beds. Thirteen of the hospitals are operated in the Northeast Ohio area, anchored by the Foundation. The System operates twenty-one outpatient Family Health Centers, ten ambulatory surgery centers, as well as numerous physician offices, which are located throughout a seven-county area of northeast Ohio, and specialized cancer centers in Sandusky and Mansfield, Ohio. In addition, the System operates a hospital and a clinic in Weston, Florida, health and wellness centers in West Palm Beach, Florida and Toronto, Canada, and a specialized neurological clinical center in Las Vegas, Nevada (Keep Memory Alive). Pursuant to agreements, the System also provides management services for Ashtabula County Medical Center, located in Ashtabula, Ohio, with approximately 180 staffed beds, Cleveland Clinic Abu Dhabi, a multispecialty hospital offering critical and acute care services that is part of Mubadala Development Company's network of healthcare facilities located in Abu Dhabi, United Arab Emirates with approximately 364 staffed beds, and in cooperation with Abu Dhabi Health Services Company, the Sheikh Khalifa Medical City, a network of healthcare facilities in Abu Dhabi, United Arab Emirates with approximately 711 staffed beds.

In November 2015, the Foundation became the sole member of Akron General Health System (Akron General), an integrated healthcare delivery system with a 532-bed flagship medical center located in Akron, Ohio. In addition to the flagship medical center, Akron General also includes Lodi Community Hospital, Edwin Shaw Rehabilitation Institute, a rehabilitation hospital that provides inpatient and outpatient services, three health and wellness centers, Visiting Nurse Services and affiliates, a physician group practice and other outpatient locations. The System previously had a 35% special membership interest in Akron General pursuant to an affiliation agreement that was effective in September 2014 that was accounted for under the equity method of accounting.

All significant intercompany balances and transactions have been eliminated in consolidation.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Business Combinations

Effective November 1, 2015, the Foundation became the sole member of Akron General through a non-cash business combination transaction. The business combination was recorded under the acquisition method of accounting. Prior to November 1, 2015, the Foundation was a minority member in Akron General with limited reserve powers pursuant to an affiliation agreement that was effective in September 2014. The affiliation agreement provided for a \$100 million capital investment, comprised of \$10 million cash and \$90 million note payable, in Akron General in exchange for a 35% special membership interest.

The Foundation's investment in Akron General was \$147.8 million and \$103.5 million at October 31, 2015 and December 31, 2014, respectively, which amounts were recorded under the equity method of accounting and included in other noncurrent assets in the consolidated balance sheets. The Foundation recorded \$5.5 million and \$3.5 million in equity earnings in 2015 and 2014, respectively, prior to the business combination transaction. Equity earnings on the Foundation's investment in Akron General are recorded in other unrestricted revenues in the consolidated statements of operations and changes in net assets.

On October 31, 2015, immediately prior to the business combination transaction, the investment in Akron General was remeasured to fair value using a combination of techniques consistent with the income and market approaches. As a result of this remeasurement, the System recorded a \$38.8 million gain on remeasurement of the 35% equity investment, which is reported in nonoperating gains and losses in the consolidated statement of operations and changes in net assets for the year ended December 31, 2015. The Foundation's investment in Akron General of \$147.8 million was derecognized on November 1, 2015 in conjunction with the accounting for the business combination transaction.

The fair value of Akron General's net assets as of November 1, 2015 by major type is as follows (in thousands):

Net working capital	\$ 29,869
Intangible assets	32,280
Property and equipment	330,176
Investments	215,966
Other assets	92,106
Noncurrent liabilities assumed	(278,096)
Subtotal	422,301
Less October 31, 2015 investment in Akron General	(147,805)
Fair value of net assets	<u>\$ 274,496</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Business Combinations (continued)

The fair value of net assets of \$274.5 million in the preceding table was recognized in the consolidated statement of operations and changes in net assets for the year ended December 31, 2015 as a nonoperating member substitution contribution of \$242.8 million, contributions of temporarily restricted net assets of \$27.6 million and contributions of permanently restricted net assets of \$4.1 million.

The results of operations for Akron General are included in the consolidated statements of operations and changes in net assets beginning on November 1, 2015. For the two months ended December 31, 2015, Akron General had total unrestricted revenues of \$121.8 million, operating income of \$5.9 million and an excess of revenues over expenses of \$4.1 million. Additionally, for the two months ended December 31, 2015, Akron General recognized an increase in unrestricted net assets of \$1.1 million, including excess of revenues over expenses of \$4.1 million, and a decrease in temporarily and permanently restricted net assets of \$1.0 million.

On October 13, 2015, the Foundation through its subsidiary purchased all of the share capital of 33 Grosvenor Place Limited (Grosvenor Place) for approximately \$424.8 million, including net working capital. Grosvenor Place is a limited liability company existing under Luxembourg law and a private company incorporated under Jersey law that has a long-term leasehold interest in a six-story 198,000 square-foot building in London, England. Grosvenor Place currently leases office space to various tenants. The Foundation has established a plan to convert the building to a healthcare facility upon receiving the necessary approvals from local authorities. The business combination was recorded under the acquisition method of accounting. Purchase price amounts have been assigned to assets acquired and liabilities assumed based on their respective fair values. The excess of the purchase price over the fair value of acquired net assets has been recorded as goodwill.

The fair value of Grosvenor Place's net assets as of October 13, 2015 by major type is as follows (in thousands):

Net working capital	\$ 2,833
Goodwill	63,060
Property	358,875
Fair value of net assets	<u>\$ 424,768</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Business Combinations (continued)

The results of operations for Grosvenor Place are included in the consolidated statements of operations and changes in net assets beginning on October 13, 2015. From October 13, 2015 through December 31, 2015, Grosvenor Place had total unrestricted revenues of \$3.9 million, operating income of \$0.1 million and a deficiency of revenues over expenses of \$63.0 million. The operations of Grosvenor Place had no impact on temporarily and permanently restricted net assets.

The following unaudited pro forma financial information presents the combined results of operations and changes in net assets of the System, Akron General and Grosvenor Place for the years ended December 31, 2015 and 2014, as though the business combination transactions had occurred on January 1, 2014. This pro forma financial information is not necessarily indicative of the results of operations and changes in net assets that would have occurred had the System, Akron General and Grosvenor Place constituted a single entity during those periods, nor is it necessarily indicative of future operating results and changes in net assets.

	Year Ended December 31	
	2015	2014
Total unrestricted revenues	\$ 7,734,115	\$ 7,333,965
Total unrestricted expenses	7,242,571	6,851,159
Operating income	491,544	482,806
Nonoperating gains and losses	(80,814)	455,535
Excess of revenues over expenses	410,730	938,341
Increase in unrestricted net assets	426,459	730,145
Increase in temporarily restricted net assets	38,922	86,897
Increase in permanently restricted net assets	6,547	20,457

The pro forma financial information in the table above includes certain adjustments attributable to the Akron General and Grosvenor Place business combination transactions. The nonoperating gains and losses, excess of revenues over expenses and the increase in unrestricted net assets for the year ended December 31, 2015 in the table above excludes the gain on remeasurement, unrestricted member substitution contribution and impairment loss of \$38.8 million, \$242.8 million and \$63.1 million, respectively, that were reflected in the consolidated statement of operations and changes in net assets for the year ended December 31, 2015. The preceding amounts are included in the table above for the year ended December 31, 2014 as if the business

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Business Combinations (continued)

combinations occurred on January 1, 2014. In addition, the increases in temporarily restricted net assets and permanently restricted net assets for the year ended December 31, 2015 in the table above exclude the member substitution contributions of \$27.6 million and \$4.1 million, respectively, that were reflected in the consolidated statement of operations and changes in net assets for the year ended December 31, 2015. The preceding amounts are included in the table above for the year ended December 31, 2014 as if the business combinations occurred on January 1, 2014.

3. Accounting Policies

Recent Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers*, which outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance, and requires significantly expanded disclosures about revenue recognition. The core principle of the revenue model is that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The guidance is effective for the System as of January 1, 2018. The System is currently evaluating the impact on the consolidated financial statements and the options of adopting using either a full retrospective or a modified approach.

In April 2015, the FASB issued ASU 2015-03, *Imputation of Interest, Simplifying the Presentation of Debt Issuance Costs*. This ASU requires debt issuance costs to be presented in the balance sheet as a direct deduction from the associated debt liability, consistent with the presentation of a debt discount. This amends current guidance that requires debt issuance costs to be presented as assets on the balance sheet. ASU 2015-03 is effective for the System for reporting periods beginning after December 15, 2015 with early adoption permitted. Upon adoption, the System is required to apply the new guidance retrospectively to all periods presented in the consolidated financial statements. The System has \$23.2 million and \$24.1 million of debt issuance costs at December 31, 2015 and 2014, respectively, which would be reclassified under the new guidance. The System will adopt the provisions of ASU 2015-03 upon the effective date.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. This ASU eliminates the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. The System has commingled equity, fixed-income and commodity investment funds that are valued using net asset value per share as a practical expedient. The guidance is effective for fiscal years beginning after December 15, 2015 and early adoption is permitted. The System early adopted the provisions of ASU 2015-07 for the year ended December 31, 2015 and retrospectively adjusted all periods presented in the consolidated financial statements. As a result of the adoption, commingled investment funds that are valued using net asset value as a practical expedient are no longer reported in the table measuring financial instruments at fair value on a recurring basis in Note 8, *Fair Value Measurements*, and Note 15, *Pensions and Other Postretirement Benefits*. The adoption of ASU 2015-07 had no impact on previously reported excess of revenues over expenses or net assets.

In February 2016, the FASB issued ASU 2016-02, *Leases*. This ASU requires lessees to recognize assets and liabilities on the balance sheet for leases with lease terms greater than twelve months. The recognition, measurement and presentation of expenses and cash flows arising from a lease by a lessee primarily will depend on its classification as a finance or operating lease. This amends current guidance that requires only capital leases to be recognized on the lessee balance sheet. ASU 2016-02 will also require additional disclosures on the amount, timing and uncertainty of cash flows arising from leases. The guidance is effective for the System for reporting periods beginning after December 15, 2018 with early adoption permitted. The System is currently evaluating the impact that ASU 2016-02 will have on its consolidated financial statements and will adopt the provisions upon the effective date.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

Net Patient Service Revenue and Patient Receivables

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others, including retroactive adjustments under payment agreements with third-party payors. The System has agreements with third-party payors that generally provide for payments to the System at amounts different from its established rates. For uninsured patients who do not qualify for charity care, the System recognizes revenue based on established rates, subject to certain discounts as determined by the System. An estimated provision for uncollectible accounts is recorded that results in net patient service revenue being reported at the net amount expected to be received. The System has determined, based on an assessment at the consolidated entity level, that patient service revenue is primarily recorded prior to assessing the patient's ability to pay and as such, the entire provision for uncollectible accounts related to patient service revenue is recorded as a deduction from patient service revenue.

The System is paid a prospectively determined rate for the majority of inpatient acute care and outpatient, skilled nursing, and rehabilitation services provided (principally Medicare, Medicaid, and certain insurers). These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Medicare payments for capital are received on a prospective basis and on a cost reimbursement methodology for Medicaid. Payments are received on a prospective basis for the System's medical education costs, subject to certain limits. The System is paid for cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor. Provision for estimated retroactive adjustments, if any, resulting from regulatory matters or other adjustments under payment agreements are estimated in the period the related services are provided. The System recorded an increase in net patient service revenue of \$24.0 million and \$1.4 million in 2015 and 2014, respectively, related to changes in estimates.

In 2014, the Provider Reimbursement Review Board provided a favorable decision to the System regarding the graduate medical education program for Weston Hospital. The decision requires the Centers for Medicare and Medicaid Services (CMS) to reimburse Weston Hospital on its annual cost reports for graduate medical education under new program regulations, which includes all years since the hospital opened in 2001. As a result, the System recorded a change in estimate that resulted in an increase in net patient service revenue of \$3.2 million and \$29.4 million in 2015 and 2014, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation as well as significant regulatory action, and, in the normal course of business, the System is subject to contractual reviews and audits, including audits initiated by the Medicare Recovery Audit Contractor program. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term. The System believes it is in compliance with applicable laws and regulations governing the Medicare and Medicaid programs and that adequate provisions have been made for any adjustments that may result from final settlements.

As part of integration efforts involving Akron General and through review of contractual relationships between Akron General and an independent physician practice group, the System identified possible violations to the Federal Anti-Kickback Statute and Limitations on Certain Physician Referrals regulation (commonly referred to as the "Stark Law"), which may have resulted in false claims to federal and/or state health care programs and may result in liability under the False Claims Act. Akron General is communicating such possible violations to the appropriate government authorities.

There is a probable liability associated with the matter described above, which may put at risk federal reimbursements related to services provided to patients at Akron General by the practice group, and potential fines and penalties that could be assessed. It is not possible to estimate the amount of the liability at this time and therefore no amount has been recognized in the consolidated financial statements.

Patient receivables are reduced by an allowance for uncollectible accounts. The allowance for uncollectible accounts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, major payor sources and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category. The results of this review are then used to make modifications to the provision for uncollectible accounts to establish an appropriate allowance for uncollectible receivables. After satisfaction of amounts due from insurance, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

Electronic Health Record Incentive Program

CMS implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide annual incentive payments for the meaningful use of certified electronic health record (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The objectives and clinical quality measures are implemented in stages with increasing requirements for participation. The Medicare EHR incentive program provides annual incentive payments to eligible professionals and eligible hospitals, as defined, that are meaningful users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology in the first year of participation and successfully demonstrating meaningful use of certified EHR technology in subsequent participation years. Incentive payments are subject to retrospective adjustments after the submission of the annual cost reports by the System and audits thereof by the Medicare administrative contractor.

The System utilizes a grant accounting model to recognize EHR incentive revenues. The System records EHR incentive revenue ratably throughout the incentive reporting period when it is reasonably assured that it will meet the meaningful use objectives for the required reporting period and that the grants will be received. Beginning in 2015, CMS updated the EHR incentive reporting period for all hospitals to be based on the calendar year. For the 2015 program year, CMS established the EHR reporting period for eligible professionals as any continuous 90-day period during the calendar year 2015 and for eligible hospitals as any continuous 90-day period between October 1, 2014 and December 31, 2015. Attestations for the 2015 program year were accepted by CMS beginning January 4, 2016 for both eligible professionals and eligible hospitals. The System believes that the hospitals that met meaningful use objectives for the 2014 federal fiscal year, and that are eligible for EHR incentive payments in the 2015 program year, will continue to meet these objectives for the 2015 program year. Therefore, for the year ended December 31, 2015, the System has accrued EHR revenues related to the EHR reporting period in 2015. In 2015, the System recorded EHR incentive revenues of \$7.0 million, comprised of \$5.7 million of Medicare revenues and \$1.3 million of Medicaid revenues. In 2014, the System recorded EHR incentive revenues of \$22.0 million, comprised of \$18.8 million of Medicare revenues and \$3.2 million of Medicaid revenues. EHR incentive revenues are included in other unrestricted revenues in the consolidated statements of operations and changes in net assets.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

Charity Care

The System provides care to patients who do not have the ability to pay and who qualify for charity care pursuant to established policies of the System. Charity care is defined as services for which patients have the obligation and willingness to pay but do not have the ability to do so. The System does not report charity care as net patient service revenue. The cost of charity care provided in 2015 and 2014 approximated \$65 million and \$101 million, respectively. The System estimated these costs by calculating a ratio of cost to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients. The decrease in charity care is primarily attributable to the increase in Medicaid patients due to the expansion of Medicaid eligibility in the State of Ohio and the resulting decrease in the number of charity patients.

The System participates in the Hospital Care Assurance Program (HCAP). Ohio created HCAP to financially support those hospitals that service a disproportionate share of low-income patients unable to pay for care. HCAP funds basic, medically necessary hospital services for patients whose family income is at or below the federal poverty level, which includes Medicaid patients and patients without health insurance. The System recorded HCAP revenues of \$9.3 million and \$9.1 million for the years ended December 31, 2015 and 2014, respectively, which are included in net patient service revenue.

International Contract Revenue Recognition

The System has management agreements with international organizations to provide advisory services for various healthcare ventures. The scope of these services ranges from managing current healthcare operations to managing the construction, training, organizational infrastructure, and operational management of future foreign healthcare entities. The fees are received in advance and recorded as deferred revenue until the services have been provided. The System has recorded deferred revenue related to international management agreements, included in other current liabilities, of \$15.0 million and \$7.5 million at December 31, 2015 and 2014, respectively. Revenue related to international management agreements for 2015 and 2014 was \$26.5 million and \$30.5 million, respectively, and is included in other unrestricted revenues.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

Clinical and Innovation Agreements

The System has various agreements with national and regional partners to provide advisory services that are designed to improve clinical quality, innovation, patient care, medical education and research at other healthcare organizations and educational institutions. Clinical agreements consist of consulting services that include support, expansion and development of integrated patient care strategies, medical education and research. Services related to innovation agreements include assisting partners in the commercial application of scientific and clinical innovation by creating new companies, mentoring inventors and licensing technology. The System recognizes revenues related to clinical and innovation agreements on a pro rata basis over the term of the agreements. The System recorded revenues related to clinical and innovation agreements of \$31.8 million and \$26.5 million in 2015 and 2014, respectively, which are included in other unrestricted revenues.

Cash and Cash Equivalents

The System considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents. Cash equivalents are recorded at fair value in the consolidated balance sheets and exclude amounts included in long-term investments and investments for current use.

Inventories

Inventories (primarily supplies and pharmaceuticals) are stated at an average cost or the lower of cost (first-in, first-out method) or market and are recorded in other current assets.

Property, Plant, and Equipment

Property, plant, and equipment purchased by the System are recorded at cost. Donated property, plant, and equipment are recorded at fair value at the date of donation. Expenditures that substantially increase the useful lives of existing assets are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation, including amortization of capital leased assets, is computed by the straight-line method using the estimated useful lives of individual assets. Buildings and building components are assigned useful lives ranging from five years to forty years. Equipment is assigned a useful life ranging from three to twenty years. Interest cost incurred on borrowed funds during the period of construction of capital assets and interest

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

income on unexpended project funds are capitalized as a component of the cost of acquiring those assets. The System records costs and legal obligations associated with long-lived asset retirements. Assets acquired through capital lease arrangements are excluded from the consolidated statements of cash flows.

Impairment of Long-Lived Assets

The System evaluates the recoverability of long-lived assets and the related estimated remaining lives when indicators of impairment are present. For purposes of impairment analysis, assets are grouped with other assets and liabilities at the lowest level for which identifiable cash flows are largely independent of the cash flows of other assets and liabilities. The System records an impairment charge or changes the useful life if events or changes in circumstances indicate that the carrying amount may not be recoverable or the useful life has changed.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the consolidated balance sheets. Investments, excluding alternative investments, are primarily classified as trading. Investment transactions are recorded on a settlement date basis. Realized gains and losses are determined using the average cost method.

Commingled investment funds are valued using, as a practical expedient, the net asset value as provided by the respective investment companies and partnerships. There are no significant redemption restrictions on the commingled investment funds.

Investments in alternative investments, which include hedge funds, private equity/venture funds and real estate funds, are primarily limited partnerships that invest in marketable securities, privately held securities, real estate, and derivative products and are reported using the equity method of accounting based on net asset value information provided by the respective partnership or third-party fund administrators. Investments held by the partnerships consist of marketable securities as well as securities that do not have readily determinable values. The values of the securities held by the limited partnerships that do not have readily determinable values are determined by the general partner and are based on historical cost, appraisals, or other valuation estimates that require varying degrees of judgment. There is inherent uncertainty in such valuations, and the estimated fair values may differ from the values

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

that would have been used had a ready market for the securities existed. Generally, the equity method investment balance of the System's holdings in alternative investments reflects net contributions to the partnerships and the System's share of realized and unrealized investment income and expenses. The investments may individually expose the System to securities lending, short sales, and trading in futures and forward contract options and other derivative products. The System's risk is limited to its carrying value. The financial statements of the limited partnerships are audited annually.

Alternative investments can be divested only at specified times in accordance with terms of the partnership agreements. Hedge fund redemptions typically contain restrictions that allow for a portion of the withdrawal proceeds to be held back from distribution while the underlying investments are liquidated. These redemptions are subject to lock-up provisions that are generally imposed upon initial investment in the fund. Private equity/venture funds and real estate funds are generally closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

Investment return, including equity method income on alternative investments, is reported as nonoperating gains and losses, except for earnings on funds held by bond trustees and interest and dividends earned on assets held for self-insurance, which are included in other unrestricted revenues. Donor-restricted investment return on temporarily and permanently restricted investments is included in temporarily restricted net assets.

Certain of the System's assets and liabilities are exposed to various risks, such as interest rate, market, and credit risks.

Fair Value Measurements

Fair value measurements are defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Authoritative guidance provides an option to elect fair value as an alternative measurement for selected financial assets and liabilities not previously recorded at fair value. The System did not elect fair value accounting for any assets or liabilities that are not currently required to be measured at fair value.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

The framework for measuring fair value is comprised of a three-level hierarchy based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Goodwill and Other Intangibles

Goodwill has resulted from business combinations, primarily international business and physician practice acquisitions, and is based on the purchase price in excess of the fair values of assets acquired and liabilities assumed at the acquisition date. Annually, or when indicators of impairment exist, the System evaluates goodwill for impairment to determine whether there are events or circumstances that indicate it is more likely than not that the fair value of a reporting unit is less than its carrying amount. The System considers assets to be impaired and writes them down to fair value if the expected undiscounted cash flows are less than the carrying amounts.

Intangible assets other than goodwill are recorded at fair value in the period of acquisition. Intangible assets with finite lives, which consist primarily of patient medical records, non-compete agreements and leasehold interests, are amortized over their estimated useful lives, ranging from 1 to 8 years, with a weighted-average amortization period of approximately 3 years.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

Derivatives and Hedging Activities

The System's derivative financial instruments consist of interest rate swaps (Note 13), which are recognized as assets or liabilities in the consolidated balance sheets at fair value.

The System accounts for changes in the fair value of derivative instruments depending on whether they are designated and qualified as part of a hedging relationship and further, on the type of hedging relationship. The System has not designated any derivative instruments as hedges. Accordingly, the changes in fair value of derivative instruments and the related cash payments are recorded in derivative losses in the consolidated statements of operations and changes in net assets.

Bond Financing Costs

Bond financing costs are amortized over the period the obligation is outstanding using the straight-line method, which approximates the interest method.

Contributions

Unconditional donor pledges to give cash, marketable securities, and other assets are reported at fair value at the date the pledge is made to the extent estimated to be collectible by the System. Conditional donor promises to give and indications of intentions to give are not recognized until the condition is satisfied. Pledges received with donor restrictions that limit the use of the donated assets are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are transferred to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as other unrestricted revenues if the purpose relates to operations or reported as a change in unrestricted net assets if the purpose relates to capital.

No amounts have been reflected in the consolidated financial statements for donated services. The System pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the System with various programs.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Accounting Policies (continued)

Grants

Grant revenue is recognized in the period it is earned based on when the applicable project expenses are incurred and project milestones are achieved. Grant payments received in advance of related project expenses are deferred until the expenditure has been incurred and recorded as deferred revenue and included in other current liabilities. The System recorded research grant revenue, included in other unrestricted revenues, of \$176.5 million and \$179.8 million in 2015 and 2014, respectively.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are used to differentiate resources, the use of which is restricted by donors or grantors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the System. Temporarily restricted gifts and bequests are recorded as an addition to temporarily restricted net assets in the period received. Permanently restricted net assets consist of amounts held in perpetuity or for terms designated by donors, including the fair value of several perpetual trusts for which the System is an income beneficiary, or the beneficial interest in the fair value of underlying trust assets. Earnings on permanently restricted net assets are recorded as investment income in temporarily restricted net assets and subsequently used in accordance with the donor's designation. Temporarily and permanently restricted net assets are primarily restricted for research, education, and strategic capital projects.

In 2015, the System transferred \$0.2 million from unrestricted net assets to temporarily restricted net assets to maintain donor restricted endowment funds at the level required by donor stipulations or law. In 2014, the System returned \$0.3 million from temporarily restricted net assets to unrestricted net assets that had been transferred in prior years for the purpose of maintaining donor-restricted endowment funds at the level required by donor stipulations or law.

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets, which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments classified as nontrading, retirement benefits adjustments, contributions of long-lived assets (including assets acquired using grants or contributions that by donor restriction were to be used for the purpose of acquiring such assets), and transfers of net assets to maintain donor-restricted endowment funds at the level required by donor stipulations or law.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

4. Net Patient Service Revenue and Patient Receivables

Net patient service revenue before the provision for uncollectible accounts by major payor source for the years ended December 31, 2015 and 2014, are as follows (in thousands):

	2015		2014	
Medicare	\$ 2,012,743	30%	\$ 1,885,973	29%
Medicaid	420,960	6	260,724	4
Managed care and commercial	3,983,065	60	3,943,338	62
Self-pay	295,715	4	338,903	5
	<u>\$ 6,712,483</u>	<u>100%</u>	<u>\$ 6,428,938</u>	<u>100%</u>

The System has experienced an increase in Medicaid revenue and a decrease in self-pay revenue resulting from expansion of Medicaid eligibility in the State of Ohio, which has increased enrollment in the Medicaid program and decreased the number of self-pay patients. The System records an estimated provision for uncollectible accounts in the year of service for patient receivables associated with self-pay patients, including patients with deductible and copayment balances for which third-party coverage provides for a portion of the services provided. The System's allowance for doubtful accounts was 18% and 21% of accounts receivable at December 31, 2015 and 2014, respectively. Write-offs on self-pay accounts receivable decreased \$125.9 million in 2015 compared to 2014. The System does not maintain a material allowance for uncollectible accounts for third-party payors.

The System's concentration of credit risk relating to patient receivables is limited due to the diversity of patients and payors. Patient receivables consist of amounts due from government programs, commercial insurance companies, other group insurance programs, and private pay patients. Patient receivables due from Medicare, Medicaid, and one commercial payor account for approximately 25%, 6%, and 24% at December 31, 2015, and 22%, 7%, and 23% at December 31, 2014, respectively, of the System's total patient receivables. Revenues from the Medicare and Medicaid programs and one commercial payor account for approximately 30%, 6%, and 17% for 2015, and 29%, 4%, and 17% for 2014, respectively, of the System's net patient service revenue. Excluding these payors, no one payor represents more than 10% of the System's patient receivables or net patient service revenue.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

5. Cash, Cash Equivalents, and Investments

The composition of cash, cash equivalents, and investments at December 31, 2015 and 2014, is as follows (in thousands):

	<u>2015</u>	<u>2014</u>
Cash and cash equivalents	\$ 562,406	\$ 661,610
Fixed income securities:		
U.S. treasuries	810,036	629,321
U.S. government agencies	22,158	20,416
U.S. corporate	147,703	172,947
U.S. government agencies asset-backed securities	18,519	21,582
Corporate asset-backed securities	7,295	8,802
Foreign	40,774	47,115
Fixed income mutual funds	172,996	53,235
Commingled fixed income funds	690,372	779,183
Common and preferred stocks:		
U.S.	418,135	611,748
Foreign	252,376	237,609
Equity mutual funds	262,774	238,320
Commingled equity funds	1,453,528	1,165,477
Commingled commodity funds	117,100	—
Alternative investments:		
Hedge funds	1,350,427	1,275,549
Private equity/venture funds	541,009	434,798
Real estate	404,748	357,456
Pending purchases of investments	—	150,000
Total cash, cash equivalents, and investments	<u>\$ 7,272,356</u>	<u>\$ 6,865,168</u>

Pending purchases of investments of \$150 million at December 31, 2014, were invested as \$50 million in commingled equity funds and \$100 million in hedge funds on January 1, 2015.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

5. Cash, Cash Equivalents, and Investments (continued)

Investments are primarily maintained in a master trust fund administered using a bank as trustee. The management of the majority of the System's investments is conducted by numerous external investment management organizations that are monitored by management and an external third-party advisor. Of these investment managers, 20 managers focus on equity investments, 13 managers focus on fixed income investments, and 106 managers focus on alternative investments. The alternative investments have separate administrators and custodian arrangements. Alternative investments also include three holdings in which the System invests directly.

Total investment (loss) return is comprised of the following for the years ended December 31, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
Other unrestricted revenues:		
Interest income and dividends	\$ 2,123	\$ 1,425
Nonoperating (losses) gains, net:		
Interest income and dividends	49,851	52,357
Net realized gains on sales of investments	156,710	150,550
Net change in unrealized (losses) gains on investments	(314,771)	24,850
Equity method income on alternative investments	69,600	104,540
Investment management fees	(17,718)	(16,080)
	<u>(56,328)</u>	316,217
Other changes in net assets:		
Net change in unrealized (losses) gains		
on nontrading investments	(4,947)	3,163
Investment (loss) income on restricted investments	(732)	18,079
Total investment (loss) return	<u>\$ (59,884)</u>	<u>\$ 338,884</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

6. Other Current Assets and Liabilities and Other Noncurrent Assets and Liabilities

Other current and noncurrent assets at December 31, 2015 and 2014, consist of the following (in thousands):

	2015	2014
Current:		
Inventories	\$ 125,536	\$ 110,873
Estimated amounts due from third-party payors	90,045	67,409
Prepaid expenses	54,211	35,531
Pledges receivable current (<i>see Note 10</i>)	37,703	43,698
Research receivables	35,099	27,868
Other	65,545	46,696
Total other current assets	<u>\$ 408,139</u>	<u>\$ 332,075</u>
Noncurrent:		
Deferred compensation plan assets	\$ 136,012	\$ 140,239
Goodwill and other intangible assets	90,407	40,954
Investments in affiliates	33,868	132,755
Unamortized debt issuance costs	23,187	24,078
Note receivable	13,535	—
Other	79,929	29,355
Total other noncurrent assets	<u>\$ 376,938</u>	<u>\$ 367,381</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

6. Other Current Assets and Liabilities and Other Noncurrent Assets and Liabilities (continued)

Other current and noncurrent liabilities at December 31, 2015 and 2014 consist of the following (in thousands):

	2015	2014
Current:		
Research deferred revenue	\$ 73,639	\$ 67,186
Interest payable	61,314	56,534
Current portion of professional and general liability insurance reserves (<i>see Note 14</i>)	52,223	46,828
Estimated amounts due to third-party payors	48,639	66,522
State assessment liabilities	40,869	35,847
International contracts and other deferred revenue	40,432	31,174
Employee benefit related liabilities	38,452	37,700
Other	111,474	93,024
Total other current liabilities	<u>\$ 467,042</u>	<u>\$ 434,815</u>
Noncurrent:		
Employee benefit related liabilities	\$ 190,962	\$ 183,749
Interest rate swap liability (<i>see Note 13</i>)	159,333	152,395
Pledge liabilities	33,518	1,033
Estimated amounts due to third-party payors	16,284	16,677
Gift annuity liabilities	10,480	10,811
Accrued income tax liabilities (<i>see Note 16</i>)	4,062	9,664
Other	63,713	69,108
Total other noncurrent liabilities	<u>\$ 478,352</u>	<u>\$ 443,437</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

7. Goodwill and Other Intangible Assets

In 2015, the System recorded goodwill of \$79.2 million related to the acquisitions of Grosvenor Place and various physician practices. In 2014, the System recorded goodwill of \$18.5 million related to various physician practice acquisitions. Subsequent to the acquisition of Grosvenor Place, the System established a plan to change the use of the facility. As a result of the expected changes in the business, the System determined that the fair value of the reporting unit was below the carrying amount. The fair value of the reporting unit was determined using techniques consistent with the market approach. The System recorded a goodwill impairment loss of \$63.1 million in the consolidated statement of operations and changes in net assets for the year ended December 31, 2015. There was no goodwill impairment for the year ended December 31, 2014. Goodwill is recorded in other noncurrent assets in the consolidated balance sheets.

The changes in the carrying amount of goodwill for the years ended December 31, 2015 and 2014 are as follows (in thousands):

	Year Ended December 31	
	2015	2014
Balance, beginning of year	\$ 38,319	\$ 19,838
Goodwill acquired	79,152	18,481
Goodwill impairment loss	(63,060)	—
Balance, end of year	\$ 54,411	\$ 38,319

In 2015, the System acquired other intangible assets of \$34.7 million, comprised of \$32.3 million related to the member substitution of Akron General and \$2.4 million related to physician practice acquisitions. In 2014, the System acquired other intangible assets of \$2.8 million related to physician practice acquisitions. Other intangible assets are recorded in other noncurrent assets in the consolidated balance sheets.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

7. Goodwill and Other Intangible Assets (continued)

Other intangible assets at December 31, 2015 and 2014 consist of the following (in thousands):

	2015		2014	
	Historical Cost	Accumulated Amortization	Historical Cost	Accumulated Amortization
Trade name	\$ 31,700	\$ –	\$ –	\$ –
Finite-lived intangible assets	6,261	1,965	3,289	654
Total	\$ 37,961	\$ 1,965	\$ 3,289	\$ 654

Amortization related to finite-lived intangible assets was \$1.3 million and \$0.4 million in 2015 and 2014, respectively, and is included in depreciation and amortization in the consolidated statements of operations and changes in net assets. Future amortization is as follows (in thousands): 2016 – \$2,010; 2017 – \$1,688; 2018 – \$495; 2019 – \$78; and 2020 – \$25.

8. Fair Value Measurements

The carrying values of accounts receivable and accounts payable are reasonable estimates of fair value due to the short-term nature of these financial instruments. Investments, other than alternative investments, are recorded at their fair value. Other current and noncurrent assets and liabilities have carrying values that approximate fair value.

The fair value of the System's pledges receivable is based on discounted cash flow analysis using treasury yield curve interest rates consistent with the maturities of the pledges receivable and adjusted for consideration of the donor's credit. The fair value of pledges receivable was \$185.4 million and \$213.3 million (see carrying value at Note 10) at December 31, 2015 and 2014, respectively. Pledges receivable would be classified as Level 3 in the fair value hierarchy.

The fair value of the System's long-term debt is estimated by discounted cash flow analyses using current borrowing rates for similar types of borrowing arrangements and adjusted for the System's credit. Inputs, which include reported/comparable trades, broker/dealer quotes, bids and offerings, are obtained from various sources, including market participants, dealers, brokers and various news media/market information. The fair value of long-term debt was \$3.5 billion and \$3.3 billion (see carrying value at Note 12) at December 31, 2015 and 2014, respectively. Long-term debt would be classified as Level 2 in the fair value hierarchy.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)

The following tables present the financial instruments measured at fair value on a recurring basis as of December 31, 2015 and 2014, based on the valuation hierarchy (in thousands):

December 31, 2015	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 562,350	\$ 56	\$ —	\$ 562,406
Fixed income securities:				
U.S. treasuries	810,036	—	—	810,036
U.S. government agencies	—	22,158	—	22,158
U.S. corporate	—	147,703	—	147,703
U.S. government agencies asset-backed securities	—	18,519	—	18,519
Corporate asset-backed securities	—	7,295	—	7,295
Foreign	—	40,774	—	40,774
Fixed income mutual funds	172,996	—	—	172,996
Common and preferred stocks:				
U.S.	416,316	1,819	—	418,135
Foreign	251,046	1,330	—	252,376
Equity mutual funds	262,774	—	—	262,774
Total cash and investments	2,475,518	239,654	—	2,715,172
Perpetual and charitable trusts	—	65,305	—	65,305
Total assets at fair value	\$ 2,475,518	\$ 304,959	\$ —	\$ 2,780,477
Liabilities				
Interest rate swaps	\$ —	\$ 159,333	\$ —	\$ 159,333
Total liabilities at fair value	\$ —	\$ 159,333	\$ —	\$ 159,333

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)

December 31, 2014	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 661,598	\$ 12	\$ —	\$ 661,610
Fixed income securities:				
U.S. treasuries	629,321	—	—	629,321
U.S. government agencies	—	20,416	—	20,416
U.S. corporate	—	172,947	—	172,947
U.S. government agencies asset-backed securities	—	21,582	—	21,582
Corporate asset-backed securities	—	8,802	—	8,802
Foreign	—	47,115	—	47,115
Fixed income mutual funds	53,235	—	—	53,235
Common and preferred stocks:				
U.S.	609,133	2,615	—	611,748
Foreign	235,907	1,702	—	237,609
Equity mutual funds	238,320	—	—	238,320
Total cash and investments	2,427,514	275,191	—	2,702,705
Perpetual and charitable trusts	—	66,231	—	66,231
Total assets at fair value	<u>\$ 2,427,514</u>	<u>\$ 341,422</u>	<u>\$ —</u>	<u>\$ 2,768,936</u>
Liabilities				
Interest rate swaps	\$ —	\$ 152,395	\$ —	\$ 152,395
Total liabilities at fair value	<u>\$ —</u>	<u>\$ 152,395</u>	<u>\$ —</u>	<u>\$ 152,395</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)

Financial instruments at December 31, 2015 and 2014 are reflected in the consolidated balance sheets as follows (in thousands):

	<u>2015</u>	<u>2014</u>
Cash, cash equivalents, and investments measured at fair value	\$ 2,715,172	\$ 2,702,705
Commingled funds measured at net asset value	2,261,000	1,944,660
Alternative investments accounted for under the equity method	2,296,184	2,067,803
Pending purchases of investments	–	150,000
Total cash, cash equivalents, and investments	<u>\$ 7,272,356</u>	<u>\$ 6,865,168</u>
Perpetual and charitable trusts measured at fair value	\$ 65,305	\$ 66,231
Interests in foundations	21,436	56,267
Trusts and interests in foundations	<u>\$ 86,741</u>	<u>\$ 122,498</u>

Interest rate swaps (Note 13) are reported in other noncurrent liabilities in the consolidated balance sheets.

The following is a description of the System's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is determined as follows:

Investments classified as Level 2 are primarily determined using techniques that are consistent with the market approach. Valuations are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs, which include broker/dealer quotes, reported/comparable trades, and benchmark yields, are obtained from various sources, including market participants, dealers, and brokers.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)

The fair value of perpetual and charitable trusts in which the System receives periodic payments from the trust is determined based on the present value of expected cash flows to be received from the trust using discount rates ranging from 1.9% to 5.0%, which are based on Treasury yield curve interest rates or the assumed yield of the trust assets. The fair value of charitable trusts in which the System is a remainder beneficiary is based on the System's beneficial interest in the investments held in the trust, which are measured at fair value.

The fair value of interest rate swaps is determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved. The valuations include a credit spread adjustment to market interest rate curves to appropriately reflect nonperformance risk. The credit spread adjustment is derived from other comparably rated entities' bonds recently priced in the market. The System manages credit risk based on the net portfolio exposure with each counterparty.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

9. Property, Plant, and Equipment

Property, plant, and equipment at December 31, 2015 and 2014 consist of the following (in thousands):

	<u>2015</u>	<u>2014</u>
Land and improvements	\$ 382,832	\$ 355,503
Buildings	5,075,427	4,428,136
Leasehold improvements	30,254	29,360
Equipment	1,541,883	1,409,358
Computer hardware and software	760,757	740,051
Construction-in-progress	468,380	261,979
Leased facilities and equipment	144,794	92,883
	<u>8,404,327</u>	<u>7,317,270</u>
Accumulated depreciation and amortization	<u>(4,015,660)</u>	<u>(3,717,663)</u>
	<u>\$ 4,388,667</u>	<u>\$ 3,599,607</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

9. Property, Plant, and Equipment (continued)

Included in the preceding table is unamortized computer software of \$81.1 million and \$83.4 million at December 31, 2015 and 2014, respectively. Amortization of computer software totaled \$32.1 million and \$26.3 million in 2015 and 2014, respectively. Amortization of computer software for the five years subsequent to December 31, 2015, is as follows (in millions): 2016 – \$29.0; 2017 – \$20.4; 2018 – \$12.1; 2019 – \$7.4; and 2020 – \$4.6.

Accumulated amortization of leased facilities and equipment was \$40.2 million and \$28.7 million at December 31, 2015 and 2014, respectively.

10. Pledges Receivable

Outstanding pledges receivable from various corporations, foundations, and individuals at December 31, 2015 and 2014, are as follows (in thousands):

	2015	2014
Pledges due:		
In less than one year	\$ 58,082	\$ 62,699
In one to five years	83,460	103,391
In more than five years	99,958	103,946
	<u>241,500</u>	<u>270,036</u>
Allowance for uncollectible pledges and discounting	(62,329)	(64,581)
Current portion (net of allowance for uncollectible pledges of \$20.4 million in 2015 and \$19.0 million in 2014)	(37,703)	(43,698)
	<u>\$ 141,468</u>	<u>\$ 161,757</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

11. Notes Payable and Capital Leases

Notes payable and capital leases at December 31, 2015 and 2014 consist of the following (in thousands):

	2015	2014
Installments and mortgage notes with interest rates up to 6.0%	\$ 390,099	\$ 106,908
Capital leases for facilities and equipment	108,085	70,144
City of Lakewood lease	2,715	10,134
	500,899	187,186
Less current portion	(34,879)	(11,638)
Total notes payable and capital leases	\$ 466,020	\$ 175,548

In 2014, the Foundation executed a \$90.0 million promissory note in connection with the investment in Akron General. Payments on the promissory note were to be made to Akron General in accordance with the affiliation agreement. The promissory note was excluded from the consolidated statement of cash flows. In November 2015, the Foundation became the sole member of Akron General and has included Akron General's balance sheet in the System's consolidated balance sheet at December 31, 2015. Therefore, the promissory note has been eliminated in the accompanying consolidated balance sheet at December 31, 2015.

In 2015, the System executed a \$375.0 million term loan agreement with a financial institution. The proceeds of the term loan were used to finance the System's international business strategy. The term loan matures in 2018 and bears interest at a variable rate based on the London Interbank Offered Rate (LIBOR) plus an applicable spread. The interest rate on the term loan ranged from 0.69% to 0.73% in 2015 (average rate 0.72%).

Maturities of the installment and mortgage notes for the five years subsequent to December 31, 2015, are as follows (in thousands): 2016 – \$8,869; 2017 – \$4,788; 2018 – \$376,416; 2019 – \$26; and 2020 – \$0.

Future minimum capital lease payments, including total interest of \$28.2 million, are as follows (in thousands): 2016 – \$30,318; 2017 – \$16,675; 2018 – \$14,695; 2019 – \$14,540; 2020 – \$10,721; and thereafter – \$49,305. Assets acquired through capital lease arrangements are included in property, plant, and equipment.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

11. Notes Payable and Capital Leases (continued)

The City of Lakewood, Ohio (the City) leases real and personal property to Lakewood Hospital Association (LHA) for the purpose of enabling the operation of certain healthcare services at Lakewood Hospital. In connection with executing an Amended Lease with the City, LHA had agreed to make additional payments to the City. In 2015, the Amended Lease was further amended to shorten the lease term and to reduce the total payments due under the lease. The payments under the current lease as amended range in annual amounts up to \$1.2 million through 2018, or until certain provisions in the lease are satisfied. The net present value of the additional payments discounted at an interest rate of 6% is \$2.7 million and \$10.1 million at December 31, 2015 and 2014, respectively. The System recorded a \$6.9 million gain in special charges (Note 20) related to the change in lease terms for the year ended December 31, 2015. LHA has approximately \$50 million of net assets, included in the System's unrestricted net assets at December 31, 2015, available for use under the terms of the current lease but unavailable to other members of the System.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

12. Bonds

Bonds at December 31, 2015 and 2014 consist of the following (in thousands):

	Interest Rate(s)	Final Maturity	Amount Outstanding at December 31	
			2015	2014
Series 2014	4.86%	2114	\$ 400,000	\$ 400,000
Series 2014A, Akron	Variable rate	2031	70,925	—
Series 2014B, Akron	Variable rate	2031	20,000	—
Series 2013A	3.62% to 4.04%	2042	81,225	89,380
Series 2013B	Variable rate	2039	201,160	201,160
Series 2013, Keep Memory Alive	Variable rate	2037	65,030	66,850
Series 2012A	0.97% to 4.07%	2039	469,485	469,485
Series 2012, Akron	3.80% to 5.00%	2031	39,835	—
Series 2012 taxable, Akron	Variable rate	2019	17,370	—
Series 2011A	2.04% to 4.83%	2032	181,180	190,085
Series 2011B	2.94%	2031	31,250	33,270
Series 2011C	2.73% to 4.72%	2032	170,995	170,995
Series 2009A	5.58%	2039	305,400	305,400
Series 2009B	3.49% to 5.58%	2039	380,455	395,165
Series 2008A	4.09% to 5.55%	2043	419,690	429,500
Series 2008B	Variable rate	2043	369,250	369,250
Series 2003C	Variable rate	2035	41,905	41,905
Series 2002	Variable rate	2032	9,940	10,225
			<u>3,275,095</u>	<u>3,172,670</u>
Net unamortized premium			55,630	56,407
Current portion			(60,815)	(44,140)
Long-term variable rate debt classified as current			<u>(520,960)</u>	<u>(386,875)</u>
			<u>\$ 2,748,950</u>	<u>\$ 2,798,062</u>

The majority of the System's outstanding revenue bonds are limited obligations of various issuing authorities payable solely by the System pursuant to loan agreements between the borrowing entities and the issuing authorities. Under various financing agreements, the System must meet certain operating and financial performance covenants. The Series 2014 bonds and the Keep Memory Alive Series 2013 bonds are issued directly by the Foundation and Keep Memory Alive, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

12. Bonds (continued)

In September 2014, the System issued \$400.0 million of Taxable Bonds (the Series 2014 Bonds). The System used the proceeds of the Series 2014 Bonds for authorized corporate purposes, which included payment of capital expenditures, current operating expenses and costs related to the issuance of the Series 2014 Bonds. The Series 2014 Bonds are century bonds with a single bullet principal maturity date in 2114. The System capitalized \$5.0 million of bond financing costs in connection with the issuance of the Series 2014 Bonds.

In November 2014, pursuant to certain agreements between the System and the State of Ohio (State) acting by and through the Ohio Higher Education Facility Commission, the System established the Cleveland Clinic Health System Obligated Group Commercial Paper Program, which provides for the issuance of Taxable Hospital Revenue Commercial Paper Notes (the Series 2014A CP Notes) for the benefit of the System. The Series 2014A CP Notes may be issued from time to time in a maximum outstanding face amount of \$100.0 million. There were no amounts outstanding on the Series 2014A CP Notes at December 31, 2015 and 2014. Proceeds from the sale of the Series 2014A CP Notes will be used to pay or reimburse costs of acquiring, constructing, reconstructing, renovating, equipping, furnishing and improving healthcare facilities of certain System entities in the State of Ohio. The System capitalized \$0.5 million of bond financing costs in connection with the establishment of the Cleveland Clinic Health System Obligated Group Commercial Paper Program.

Certain of the System's current outstanding bonds bear interest at a variable rate. During 2015 and 2014, the rates for the System's variable rate bonds ranged from 0.01% to 1.59% (average rate 0.11%) and 0.01% to 0.15% (average rate 0.08%), respectively.

Certain variable rate revenue bonds are secured by irrevocable direct pay letters of credit and standby bond purchase agreements totaling \$379.7 million at December 31, 2015. Bonds are classified as current in the consolidated balance sheets if they are supported by lines of credit or standby bond purchase agreements that expire within one year, require repayment of a remarketing draw within one year or contain a subjective clause that, if declared by the lender, could cause immediate repayment of the bonds.

The System provides self-liquidity on the Series 2003C Bonds and certain sub-series of the Series 2008B Bonds. These bonds are classified as current liabilities in the consolidated balance sheets. In November 2014, certain sub-series of the 2008B Bonds totaling \$99.3 million were substituted with a liquidity facility providing support through a standby bond purchase agreement that qualifies for long-term classification of the bonds. Previously, the bonds were supported by the System's self-liquidity program.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

12. Bonds (continued)

During the term of agreements with the issuing authorities, the System is required to make specified deposits with trustees to fund principal and interest payments when due. Also, unexpended bond proceeds are held by the trustee and released to the System for approved requisition requests for capital projects. Unexpended bond proceeds representing a reserve fund related to the Series 2012 Akron Bonds were \$4.0 million at December 31, 2015. There were no unexpended bond proceeds at December 31, 2014. The current portion of the funds held by trustees, which consists of deposits with the trustees to fund current principal and interest payments, were \$1.6 million and \$98.0 million at December 31, 2015 and 2014, respectively, and is included in investments for current use.

The System is subject to certain restrictive covenants, including provisions relating to certain debt ratios, days cash on hand, and other matters. The System was in compliance with these covenants at December 31, 2015 and 2014.

Combined current aggregate scheduled maturities, assuming the remarketing of the variable rate demand bonds, for the five years subsequent to December 31, 2015, are as follows (in thousands): 2016 – \$60,815; 2017 – \$65,600; 2018 – \$68,030; 2019 – \$71,445; and 2020 – \$73,875.

Total interest paid approximated \$122.1 million and \$108.4 million in 2015 and 2014, respectively. Capitalized interest cost approximated \$2.8 million and \$2.9 million in 2015 and 2014, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

13. Interest Rate Swaps

The System's objective with respect to interest rate risk is to manage the risk of rising interest rates on the System's variable rate debt and certain variable rate operating lease payments. Consistent with its interest rate risk management objective, the System entered into various interest rate swap agreements with a total outstanding notional amount of \$653.1 million and \$612.6 million at December 31, 2015 and 2014, respectively. During the term of these transactions, the System pays interest at a fixed rate and receives interest at a variable rate based on the London Interbank Offered Rate (LIBOR) or the Securities Industry and Financial Markets Association Index (SIFMA). The swap agreements are not designated as hedging instruments. Net interest paid or received under the swap agreements is included in derivative losses in the consolidated statements of operations and changes in net assets.

The following table summarizes the System's interest rate swap agreements (in thousands):

Swap Type	Expiration Date	System Pays	System Receives	Notional Amount at December 31	
				2015	2014
Fixed	2016	5.28%	100% of SIFMA	\$ 4,150	\$ 8,080
Fixed	2021	3.21%	68% of LIBOR	34,770	36,240
Fixed	2024	3.42%	68% of LIBOR	28,300	28,800
Fixed	2027	3.56%	68% of LIBOR	132,212	135,939
Fixed	2028	5.12%	100% of LIBOR	39,815	40,785
Fixed	2028	3.51%	68% of LIBOR	30,755	31,495
Fixed	2030	5.07%	100% of LIBOR	62,500	62,500
Fixed	2030	5.06%	100% of LIBOR	62,500	62,500
Fixed	2031	3.04%	68% of LIBOR	53,900	—
Fixed	2032	4.32%	79% of LIBOR	2,438	2,509
Fixed	2032	4.33%	70% of LIBOR	4,874	5,017
Fixed	2032	3.78%	70% of LIBOR	2,438	2,509
Fixed	2036	4.90%	100% of LIBOR	50,000	50,000
Fixed	2036	4.90%	100% of LIBOR	79,375	79,375
Fixed	2037	4.62%	100% of SIFMA	65,030	66,850
				<u>\$ 653,057</u>	<u>\$ 612,599</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

13. Interest Rate Swaps (continued)

The following table summarizes the location and fair value for the System's interest rate swap agreements (in thousands):

	Derivatives Liability			
	December 31, 2015		December 31, 2014	
	Balance Sheet		Balance Sheet	
	Location	Fair Value	Location	Fair Value
Derivatives not designated as hedging instruments				
Interest rate swap agreements	Other noncurrent liabilities	\$ 159,333	Other noncurrent liabilities	\$ 152,395

The following table summarizes the location and amounts of derivative losses on the System's interest rate swap agreements (in thousands):

		Year Ended	
		December 31	
		2015	2014
		Location of Loss Recognized	
Derivatives not designated as hedging instruments			
Interest rate swap agreements		Derivative losses	\$ (25,010) \$ (79,786)

The System has used various derivative contracts in connection with certain prior obligations and investments. Although minimum credit ratings are required for counterparties, this does not eliminate the risk that a counterparty may fail to honor its obligations. Derivative contracts are subject to periodic "mark-to-market" valuations. A derivative contract may, at any time, have a positive or negative value to the System. In the event that the negative value reaches certain thresholds established in the derivative contracts, the System is required to post collateral, which could adversely affect its liquidity. At December 31, 2015 and 2014, the System posted \$94.1 million and \$88.2 million, respectively, of collateral with counterparties that is included in funds held by trustees in the consolidated balance sheets. In addition, if the System were to choose to terminate a derivative contract or if a derivative contract were terminated pursuant to an event of default or a termination event as described in the derivative contract, the System could be required to pay a termination payment to the counterparty.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

14. Professional and General Liability Insurance

The System manages its professional and general liability insurance program through a captive insurance arrangement, except for Akron General which is self-insured for professional and general liability claims.

In the ordinary course of business, professional and general liability claims have been asserted against the System by various claimants. These claims are in various stages of processing or, in certain instances, are in litigation. In addition, there are known incidents, and there also may be unknown incidents, which may result in the assertion of additional claims. The System has accrued its best estimate of both asserted and unasserted claims based on actuarially determined amounts. These estimates are subject to the effects of trends in loss severity and frequency, and ultimate settlement of professional and general liability claims may vary significantly from the estimated amounts.

The System's professional and general liability insurance reserves of \$191.8 million and \$190.1 million at December 31, 2015 and 2014, respectively, are recorded as current and noncurrent liabilities and include discounted estimates of the ultimate costs for both asserted claims and unasserted claims. Asserted claims for the System's reserves, excluding Akron General, were discounted at 1.50% and 1.25% at December 31, 2015 and 2014, respectively. Asserted claims for Akron General's reserves were discounted at 1.75% at December 31, 2015. Unasserted claims were discounted at 2.00% and 1.75% at December 31, 2015 and 2014, respectively. Through the captive insurance subsidiary and an irrevocable trust at Akron General, the System has set aside investments of \$145.9 million (\$52.2 million included in investments for current use) and \$153.1 million (\$46.8 million included in investments for current use) at December 31, 2015 and 2014, respectively, of which \$36.6 million and \$36.1 million at December 31, 2015 and 2014, respectively, are restricted in accordance with reinsurance trust agreements related to coverage of the Florida operations and other reinsurance programs provided by the captive insurance subsidiary and \$7.6 million at December 31, 2015 is restricted in a separate irrevocable trust established for the payment of self-insured professional liability claims of Akron General.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

14. Professional and General Liability Insurance (continued)

Activity in the professional and general liability insurance reserves is summarized as follows (in thousands):

	<u>2015</u>	<u>2014</u>
Balance at beginning of year	\$ 190,068	\$ 180,482
Incurred related to:		
Current period	56,965	57,476
Prior period	(4,145)	(29)
Total incurred	<u>52,820</u>	<u>57,447</u>
Paid related to:		
Current period	2,167	1,666
Prior period	64,502	45,526
Total paid	<u>66,669</u>	<u>47,192</u>
	(13,849)	10,255
Decrease in unasserted claims	(2,174)	(236)
Decrease in reinsurance recoverable	(105)	(433)
Akron General member substitution	17,900	—
Balance at end of year	<u>\$ 191,840</u>	<u>\$ 190,068</u>

The foregoing reconciliation shows \$4.1 million and \$29 thousand of favorable development in 2015 and 2014, respectively, due to changes in the actuarial estimates as a result of lower claim activity, closed claims, and settlement amounts lower than expected due to risk management initiatives and the impact of a series of tort reforms passed by the Ohio General Assembly beginning in 2003. The System utilizes a combination of actual and industry statistics to estimate loss and loss adjustment expense reserves.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits

The System has four defined benefit pension plans, including two plans assumed by the System from the Akron General member substitution. The CCHS Retirement Plan covers substantially all employees of the System, except those employed by Akron General. The CCHS Retirement Plan ceased benefit accruals as of December 31, 2009 for substantially all employees, with benefit accruals for remaining employees ceasing at various intervals through December 31, 2012. Akron General has a defined benefit plan covering substantially all of its employees that were hired before 2004 who meet certain eligibility requirements. In 2009, Akron General ceased benefit accruals for substantially all nonunion employees. Benefits for union employees ceased at various intervals through May 16, 2013, except in certain circumstances. The benefits for the System's defined benefit pension plans are provided based on age, years of service, and compensation. The System's policy for its defined benefit pension plans is to fund at least the minimum amounts required by the Employee Retirement Income Security Act. The System also maintains two nonqualified defined benefit supplemental retirement plans, which cover certain of its employees.

In 2014, the System amended the CCHS Retirement Plan to allow deferred vested participants to commence benefits prior to age 55, effective January 1, 2015. As a result of this amendment, the System recorded a credit of \$11.4 million for the year ended December 31, 2014, which is included in retirement benefits adjustment in the accompanying consolidated statement of operations and changes in net assets.

In 2014, approximately 3,600 deferred vested participants in the CCHS Retirement Plan elected to receive a one-time enhanced distribution from the CCHS Retirement Plan. Elections for eligible participants expired in 2014 and all of the distributions occurred prior to the end of 2014. As a result of this transaction, along with additional lump-sum payments made in 2014 according to plan terms, the System recorded a settlement charge of \$14.0 million for the year ended December 31, 2014, which is recorded in salaries, wages, and benefits in the accompanying consolidated statement of operations and changes in net assets. Total settlement payments for the System were \$140.3 million for the year ended December 31, 2014. There were no settlement charges for the year ended December 31, 2015.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The System sponsors two noncontributory, defined contribution plans, and three contributory, defined contribution plans, including two contributory defined contribution plans assumed by the System from the Akron General member substitution. The Cleveland Clinic Investment Pension Plan (IPP) is a noncontributory, defined contribution plan, which covers substantially all of the System's employees, except those employed by Akron General. The System's contribution for the IPP is based upon a percentage of employee compensation and years of service. The System sponsors an additional noncontributory, defined contribution plan, which covers certain of its employees. The System's contribution to the plan is based upon a percentage of employee compensation, as defined, determined according to age. The System also sponsors three contributory, defined contribution plans, including two plans at Akron General, which cover substantially all employees. Any System contribution to the applicable contributory plan is determined based on employee contributions.

The System provides healthcare benefits upon retirement for substantially all of its employees who meet certain minimum age and years of service provisions at retirement. The System's healthcare plans generally provide for cost sharing, in the form of retiree contributions, deductibles, and coinsurance. The System's policy is to fund the annual cost of healthcare benefits from the general assets of the System. The estimated cost of these postretirement benefits is actuarially determined and accrued over the employees' service periods.

In 2014, the mortality tables used to calculate the benefit obligation for the System's defined benefit pension plans and postretirement health benefit plan were updated to separate mortality rates for non-annuitants (based on RP-2014 "Employees" table unadjusted, with generational projection) and annuitants (based on RP-2014 "Healthy Annuitants" table unadjusted, with generational projection). In 2015, the System also updated the generational mortality projections scale from Scale MP-2014 to Scale MP-2015. The System believes that the updated mortality rates are the best estimate of future experience.

The System expects to make contributions of \$10.3 million to the defined benefit pension plans in 2016. Pension benefit payments over the next ten years are estimated as follows: 2016 – \$96.9 million; 2017 – \$101.3 million; 2018 – \$107.8 million; 2019 – \$111.1 million; 2020 – \$113.7 million; and in the aggregate for the five years thereafter – \$575.9 million.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The System expects to make contributions of \$4.9 million to other postretirement benefit plans in 2016. Other postretirement benefit payments over the next ten years, net of the average annual Medicare Part D subsidy of approximately \$3.0 million, are estimated as follows: 2016 – \$4.9 million; 2017 – \$5.1 million; 2018 – \$5.1 million; 2019 – \$5.0 million; 2020 – \$4.9 million; and in the aggregate for the five years thereafter – \$20.9 million.

No plan assets are expected to be returned to the employer during 2016.

The System is required to recognize the funded status, which is the difference between the fair value of plan assets and the projected benefit obligations, of its pension and other postretirement benefit plans in the consolidated balance sheets, with a corresponding adjustment to unrestricted net assets. Amounts recorded in unrestricted net assets consist of actuarial gains and losses and prior service credits and costs. Actuarial gains and losses recorded in unrestricted net assets outside of the corridor, which is 10% of the greater of the projected benefit obligation or the fair value of the plan assets, will be recognized as a component of net periodic benefit cost immediately in the current period. Prior service credits and costs will be amortized over future periods, pursuant to the System's accounting policy.

Unrecognized prior service credits and costs are amortized on a straight-line basis over the estimated life of the plan participants. In 2016, the System is expected to amortize \$2.2 million of unrecognized prior service credits in net periodic benefit costs.

Included in unrestricted net assets at December 31, 2015 and 2014 are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2015	2014	2015	2014
Unrecognized actuarial losses (gains)	\$ 146,336	\$ 155,566	\$ (7,815)	\$ 7,730
Unrecognized prior service credit	(14,444)	(16,125)	(5,128)	(6,475)
Total	\$ 131,892	\$ 139,441	\$ (12,943)	\$ 1,255

Unrecognized actuarial losses (gains) included in unrestricted net assets represent amounts within the corridor that do not require recognition in net periodic benefit cost for each respective year.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

Changes in plan assets and benefit obligations recognized in unrestricted net assets during 2015 and 2014 are as follows (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2015	2014	2015	2014
Current year actuarial (loss) gain	\$ (16,382)	\$ (226,589)	\$ 15,545	\$ (6,394)
Recognition of actuarial loss in excess of corridor	25,612	17,489	—	—
Recognition of actuarial loss for settlement charge	—	14,022	—	—
Current year prior service credit	—	11,380	—	—
Amortization of prior service credit	(1,681)	(659)	(1,347)	(2,399)
Total	\$ 7,549	\$ (184,357)	\$ 14,198	\$ (8,793)

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The following table sets forth the funded status of the System's pensions and other postretirement benefit plans and the amounts recognized in the System's December 31, 2015 and 2014 consolidated balance sheets (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2015	2014	2015	2014
Change in projected benefit obligation:				
Projected benefit obligation at beginning of year	\$ 1,556,304	\$ 1,468,578	\$ 126,091	\$ 118,782
Service cost	2,463	2,324	261	1,032
Interest cost	65,703	71,870	5,430	6,129
Actuarial (gain) loss	(76,458)	192,301	(15,546)	6,394
Participant contributions	—	—	9,162	7,760
Plan amendments and benefit changes	—	(11,380)	—	—
Settlement payments	—	(140,285)	—	—
Benefits paid	(86,934)	(27,104)	(20,322)	(15,146)
Federal subsidy	—	—	1,212	1,140
Member substitution	188,053	—	5,021	—
Projected benefit obligation at end of year	1,649,131	1,556,304	111,309	126,091
Change in plan assets:				
Fair value of plan assets at beginning of year	1,213,402	1,309,251	—	—
Actual return on plan assets	(8,861)	66,432	—	—
Participant contributions	—	—	9,162	7,760
System contributions	6,019	5,108	11,160	7,386
Settlement payments	—	(140,285)	—	—
Benefits paid	(86,934)	(27,104)	(20,322)	(15,146)
Member substitution	131,805	—	—	—
Fair value of plan assets at end of year	1,255,431	1,213,402	—	—
Accrued retirement benefits	\$ (393,700)	\$ (342,902)	\$ (111,309)	\$ (126,091)
Current liabilities	\$ (9,382)	\$ (7,832)	\$ (4,874)	\$ (8,264)
Noncurrent liabilities	(384,318)	(335,070)	(106,435)	(117,827)
Net liability recognized in consolidated balance sheets	\$ (393,700)	\$ (342,902)	\$ (111,309)	\$ (126,091)

The accumulated benefit obligation for all defined benefit pension plans was \$1.6 billion and \$1.5 billion at December 31, 2015 and 2014, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The components of net periodic benefit cost are as follows (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2015	2014	2015	2014
Components of net periodic benefit cost:				
Service cost	\$ 2,463	\$ 2,324	\$ 261	\$ 1,032
Interest cost	65,703	71,870	5,430	6,129
Expected return on plan assets	(83,979)	(100,720)	—	—
Recognition of actuarial loss in excess of corridor	25,612	17,489	—	—
Amortization of unrecognized prior service credit	(1,681)	(659)	(1,347)	(2,399)
Settlement charge	—	14,022	—	—
Net periodic benefit cost	8,118	4,326	4,344	4,762
Defined contribution plans	188,247	187,580	—	—
Total included in operations	\$ 196,365	\$ 191,906	\$ 4,344	\$ 4,762

Weighted-average assumptions used to determine pension and postretirement benefit obligations and net periodic benefit cost (income) are as follows:

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2015	2014	2015	2014
Weighted-average assumptions:				
Discount rates:				
Used for benefit obligations	4.74%	4.23%	4.85%	4.41%
Used for net periodic benefit cost (income)	4.30%	5.07%	4.43%	5.29%
Expected rate of return on plan assets	7.06%	8.00%	—	—
Rate of compensation increase:				
Used for benefit obligations	2.25%	2.50%	—	—
Used for net periodic benefit cost (income)	2.37%	3.00%	—	—

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The System uses a direct cost approach to estimate its postretirement benefit obligation for healthcare services provided by the System (internally provided services). Healthcare services provided by non-System entities (externally provided services) are based on the System's historical cost experience.

The annual assumed healthcare cost trend rates for the next year and the assumed trend thereafter is as follows:

	2015	2014
Internally provided services:		
Initial rate	5.75%	6.00%
Ultimate rate	4.50%	4.50%
Year ultimate reached	2021	2021
Externally provided services:		
Initial rate	6.75%	7.00%
Ultimate rate	5.50%	5.50%
Year ultimate reached	2021	2021

A one-percentage-point increase or decrease in the healthcare cost trend rate would have increased or decreased the December 31, 2015 service and interest costs in total by \$2.9 million and \$1.8 million, respectively, and the December 31, 2014 service and interest costs in total by \$2.4 million and \$1.7 million, respectively.

The System's weighted-average asset allocation of pension plan assets at December 31, 2015 and 2014, by asset category, are as follows:

Asset category	Percentage of Plan Assets		
	December 31 2015	December 31 2014	Target Allocation
Interest-bearing cash	4.4%	2.8%	0%–10%
Fixed income securities	48.4	47.9	40%–80%
Common and preferred stocks	27.6	29.9	17%–37%
Alternative investments	19.6	19.4	3%–23%
Total	100.0%	100.0%	

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The System's investment strategy for its pension assets balances the liquidity needs of the pension plans with the long-term return goals necessary to satisfy future pension obligations. The target allocation ranges of the investment pool to various asset classes are designed to diversify the portfolio in a way that achieves an efficient trade-off between long-term return and risk while providing adequate liquidity to meet near-term expenses and obligations.

The System's weighted-average pension portfolio return assumption of 7.06% and 8.00% in 2015 and 2014, respectively, is based on the targeted assumed rate of return through its asset mix at the beginning of each year, which is designed to mitigate short-term return volatility and achieve an efficient trade-off between return and risk. Expected returns and risk for each asset class are formed using a global capital asset pricing model framework in which the expected return is the compensation earned from taking risk. Forward-looking adjustments are made to expected return, volatility, and correlation estimates as well. Additionally, constraints such as permissible asset classes, portfolio guidelines, and liquidity considerations are included in the model.

In 2014, the System updated its investment strategy and modified the target allocations of pension plan assets in the CCHS Retirement Plan based on the current funded status of the plan. Coincident with this update, the System reduced the asset allocation for common and preferred stocks with a corresponding increase in fixed income securities. The updated investment strategy was implemented because of the funded status of the pension plan and the anticipation that such changes in investment strategy will result in lower volatility of future changes in funded status. Once the new investment strategy is fully implemented, it is anticipated that the duration of the investment assets will match the liabilities of the pension plan over time. Additional revisions in asset allocations and expected rate of return on plan assets may occur based on future changes in the funded status of the pension plans.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The following tables present the financial instruments in the System's defined benefit pension plans measured at fair value on a recurring basis as of December 31, 2015 and 2014, based on the valuation hierarchy (in thousands):

December 31, 2015	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 56,113	\$ 9	\$ -	\$ 56,122
Fixed income securities:				
U.S. treasuries	308,329	-	-	308,329
U.S. government agencies	-	5,230	-	5,230
U.S. corporate	-	74,798	-	74,798
Foreign	-	10,909	-	10,909
Fixed income mutual funds	64,599	-	-	64,599
Common and preferred stocks:				
U.S.	61,930	382	-	62,312
Foreign	24,915	640	-	25,555
Equity mutual funds	36,133	-	-	36,133
Total assets at fair value	<u>\$ 552,019</u>	<u>\$ 91,968</u>	<u>\$ -</u>	<u>\$ 643,987</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

December 31, 2014	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 33,685	\$ 6	\$ —	\$ 33,691
Fixed income securities:				
U.S. treasuries	293,543	—	—	293,543
U.S. government agencies	—	6,065	—	6,065
U.S. corporate	—	53,201	—	53,201
Foreign	—	11,893	—	11,893
Fixed income mutual funds	49,477	—	—	49,477
Common and preferred stocks:				
U.S.	120,825	652	—	121,477
Foreign	24,070	424	—	24,494
Equity mutual funds	19,030	—	—	19,030
Total assets at fair value	<u>\$ 540,630</u>	<u>\$ 72,241</u>	<u>\$ —</u>	<u>\$ 612,871</u>

Total plan assets in the System's defined benefit pension plans at December 31, 2015 and 2014 are comprised of the following (in thousands):

	2015	2014
Plan assets measured at fair value	\$ 643,987	\$ 612,871
Commingled fixed-income funds measured at net asset value	143,018	167,000
Commingled equity funds measured at net asset value	222,351	198,205
Alternative investments measured at net asset value	246,075	235,326
Total fair value of plan assets at end of year	<u>\$ 1,255,431</u>	<u>\$ 1,213,402</u>

Fair value methodologies for Level 1 and Level 2 are consistent with the inputs described in Note 8.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

Fixed income securities include debt obligations of the U.S. government and various agencies, U.S. corporations, and other fixed income instruments such as mortgage-backed and asset-backed securities. The composition of these securities represents an expected return and risk profile that is commensurate with broadly defined fixed income indexes such as the Barclays Capital U.S. Aggregate Index. Additionally, investments include mutual funds and commingled fixed-income funds that may also invest in opportunistic as well as non-U.S. and high-yield debt instruments. Commingled fixed-income funds are valued using net asset value as a practical expedient.

Common and preferred stocks include investments of publicly traded common stocks of both U.S. and international corporations, the majority of which represent actively traded and liquid securities that are traded on many of the world's major exchanges and include large-, mid-, and small-capitalization securities. The composition of these securities represents an expected return and risk profile that is commensurate with broadly defined equity indexes such as the Russell 3000 Index and the Morgan Stanley Capital International (MSCI) All Country World ex-U.S. Index. Investments also include equity mutual funds and commingled equity funds whose underlying assets may include publicly traded equity securities. Commingled equity funds are valued using net asset value as a practical expedient.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

Alternative investments include hedge funds and private equity funds that are valued using net asset value as a practical expedient. Hedge funds are meant to provide returns between those expected from stocks and fixed income investments with commensurate levels of risk and lower correlation relative to traditional investments. Included in this category are investments that are well diversified across various strategies and may consist of absolute return funds, long/short funds, and other opportunistic/multi-strategy funds. The underlying investments in such funds may include publicly traded and privately held equity and debt instruments issued by U.S. and international corporations as well as various derivatives based on these securities. Hedge fund redemptions typically contain restrictions that allow for a portion of the withdrawal proceeds to be held back from distribution while the underlying investments are liquidated. Private equity investments make up a smaller portion of the alternative investments and generally consist of limited partnerships formed to invest in equity and debt investments in operating companies that are not publicly traded. Investment strategies in this category may include buyouts, distressed debt, and venture capital. Private equity funds are closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

16. Income Taxes

The Foundation and most of its controlled affiliates are tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code. These organizations are subject to income tax on any income from unrelated business activities. The System also owns or controls certain taxable affiliates.

The System files income tax returns in the U.S. federal jurisdiction and in various state and foreign jurisdictions. With few exceptions, the System is no longer subject to U.S. federal, state, and local or non-U.S. income tax examinations by tax authorities for years before 2012.

At December 31, 2015 and 2014, the liability for uncertainty in income taxes was \$4.1 million and \$9.7 million, respectively. The System does not expect a significant increase or decrease in unrecognized tax benefits within the next 12 months. The System recognizes interest and penalties accrued related to the liability for unrecognized tax benefits in the consolidated statements of operations and changes in net assets.

At December 31, 2015 and 2014, the System has net operating losses available for federal income tax purposes of \$121.5 million and \$114.3 million, respectively. These losses expire in varying amounts from 2018 through 2034. A valuation allowance has been recorded for the full amount of the deferred tax asset related to the net operating loss carryforwards due to the uncertainty regarding their use.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

17. Commitments and Contingent Liabilities

The System leases various equipment and facilities under operating lease arrangements. Total rental expense in 2015 and 2014 was \$63.0 million and \$64.9 million, respectively. Minimum operating lease payments over the next five years are as follows (in millions): 2016 – \$49.2; 2017 – \$42.0; 2018 – \$35.9; 2019 – \$19.9; and 2020 – \$15.9.

Included in the System's operating lease payments are the following off-balance-sheet financing agreements:

In 2003, the System entered into an operating lease agreement for the purpose of leasing a genetics and stem cell research building (Stem Cell Building Lease). Under the terms of the Stem Cell Building Lease, the System began to lease the facility upon the issuance of the certificate of occupancy in December 2004 and is required to lease the facility for 29 years. At December 31, 2015, total remaining minimum operating lease payments were \$28.3 million.

In 2006, the System entered into an operating lease agreement for the purpose of leasing a parking garage and service center building (Service Center Lease). Under the terms of the Service Center Lease, the System began to lease the facility upon issuance of a certificate of occupancy in October 2008 and is required to lease the facility for 21 years with an option (by the System) to extend the lease an additional five years. At December 31, 2015, total remaining minimum operating lease payments were \$79.4 million.

In 2007, the System entered into two operating lease agreements to lease an office complex comprised of four office buildings and a day care center facility, totaling approximately 707,000 square feet. The System is required to lease the facilities for 22 years with an option (by the System) to extend the leases an additional five years. At December 31, 2015, total remaining minimum operating lease payments were \$41.1 million.

At December 31, 2015, the System has commitments for construction and other related capital contracts of \$424 million and letters of credit of \$0.5 million. Guarantees of mortgage loans made by banks to certain staff members are \$14.9 million at December 31, 2015. In addition, the System has remaining commitments to invest approximately \$755 million in alternative and direct investments at December 31, 2015. The largest commitment at December 31, 2015, to any one alternative strategy manager is \$41.2 million. These investments are expected to occur over the next three to five years. No amounts have been recorded in the consolidated balance sheets for these commitments and guarantees.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

17. Commitments and Contingent Liabilities (continued)

Pledge liabilities to various foundations and other entities at December 31, 2015 are as follows (in thousands): 2016 – \$1,492; 2017 – \$292; 2018 – \$14,892; 2019 – \$500; 2020 – \$4,800; and thereafter - \$18,800. The unamortized discount on pledge liabilities at December 31, 2015 was \$5.8 million. Pledge liabilities are recorded in other current liabilities and other noncurrent liabilities in the consolidated balance sheets.

18. Endowment

The System's endowment consists of approximately 271 individual donor-restricted funds established for a variety of purposes. Net assets associated with endowment funds are classified and reported based on donor-imposed restrictions.

Interpretation of Relevant Law

In 2009, the Uniform Prudent Management of Institutional Funds Act (UPMIFA) was enacted to update and replace Ohio's previous law, the Uniform Management of Institutional Funds Act. The System has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the System classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the System in a manner consistent with the standard for expenditure prescribed by UPMIFA. In accordance with UPMIFA, the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund.
2. The purposes of the System and the donor-restricted endowment fund.
3. General economic conditions.
4. The possible effect of inflation and deflation.
5. The expected total return from income and the appreciation of investments.
6. Other resources of the System.
7. The investment policies of the System.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

18. Endowment (continued)

Funds With Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the System to retain as a fund of perpetual duration. Deficiencies of this nature that are reported in unrestricted net assets were \$0.7 million and \$0.5 million as of December 31, 2015 and 2014, respectively.

Return Objectives and Risk Parameters

The System has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under this policy, the endowment assets are invested in a highly diversified portfolio of U.S. and non-U.S. publicly traded equities, alternative investments, and fixed income securities structured to achieve an optimal balance between return and risk. The System expects its endowment funds, over time, to provide an average rate of return of approximately 7.5% annually. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the System relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The System targets a diversified asset allocation to achieve its long-term return objective within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The System has a policy of appropriating for distribution each year up to 5% of its endowment fund's average fair value over the prior three years through the calendar year-end preceding the fiscal year in which the distribution is planned. In establishing this policy, the System considered the long-term expected return on its endowment. Accordingly, over the long term, the System expects the current spending policy to allow its endowment to grow at an average of 2.5% annually. This is consistent with the System's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

18. Endowment (continued)

Changes in Endowment Net Assets (in thousands)

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, January 1, 2014	\$ 39,869	\$ 220,510	\$ 260,379
Investment return	2,088	—	2,088
Net appreciation	13,735	—	13,735
Contributions	—	11,533	11,533
Appropriation of endowment assets for expenditure	(8,126)	—	(8,126)
Endowment net assets, December 31, 2014	47,566	232,043	279,609
Investment return	1,287	—	1,287
Net depreciation	(2,281)	—	(2,281)
Contributions	—	25,049	25,049
Appropriation of endowment assets for expenditure	(7,785)	—	(7,785)
Akron General member substitution	—	3,218	3,218
Endowment net assets, December 31, 2015	\$ 38,787	\$ 260,310	\$ 299,097

19. Functional Expenses

The System provides healthcare services and education and performs research. Expenses related to these functions were as follows (in thousands):

	2015	2014
Healthcare services	\$ 5,337,903	\$ 4,917,538
Research	210,779	215,006
Medical education	290,506	279,365
General and administrative	755,065	733,709
Non-healthcare services	82,495	74,218
	<u>\$ 6,676,748</u>	<u>\$ 6,219,836</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

20. Special Charges

The System incurred and recorded \$40.9 million of special charges in 2015 related to Lakewood Hospital pursuant to an agreement between the City of Lakewood, Lakewood Hospital Association (LHA) and the Foundation that outlines the transition of healthcare services in the City of Lakewood. The agreement was approved by Lakewood City Council in December 2015. Under the terms of the agreement, the Foundation and LHA will make contributions over the next eighteen years for the creation of a new health and wellness community foundation to be used for the benefit of the Lakewood community and its citizens. In addition, the Foundation will construct, own and operate an approximately 62,000-square-foot family health center expected to open in 2018 that will be located adjacent to the current site of the hospital. LHA ceased inpatient operations at the hospital in February 2016, while the current emergency department and several outpatient services at the hospital will continue until the opening of the new family health center and emergency department. The cessation of inpatient services at the hospital is not considered a discontinued operation since the System provides inpatient hospital services at the Foundation and its subsidiary hospitals in the Northeast Ohio area. Special charges in 2015 include \$33.7 million of pledge liabilities in connection with the agreement, \$13.3 million of accelerated depreciation and other property, plant and equipment costs, \$0.8 million in employee retention costs, offset by a \$6.9 million gain related to changes in the terms of the lease between the City of Lakewood and LHA.

21. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2015 through March 31, 2016, the date the consolidated financial statements were issued. During this period, there were no subsequent events requiring recognition in the consolidated financial statements. In addition, there were no nonrecognized subsequent events requiring disclosure, except that in January 2016, the System entered into a line of credit with a financial institution totaling \$60.0 million. The System drew the full amount on the line of credit and also issued \$100.0 million of Series 2014A CP Notes. A portion of the proceeds from the draw on the line of credit and the issuance of the Series 2014A CP Notes were used to defease the Series 2012 Akron Bonds and redeem the Series 2012 taxable Akron Bonds, the Series 2014A Akron Bonds and the Series 2014B Akron Bonds. The balance of the proceeds will be used to finance certain capital expenditures of the System.

Supplementary Information



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Report of Independent Auditors on Supplementary Information

The Board of Directors
The Cleveland Clinic Foundation

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The following consolidating balance sheets, statements of operations and changes in net assets, and statements of cash flows are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst & Young LLP

March 31, 2016

Cleveland Clinic Health System

Consolidating Balance Sheet

December 31, 2015

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Assets				
Current assets:				
Cash and cash equivalents	\$ 176,869	\$ 72,711	\$ —	\$ 249,580
Patient receivables, net	879,420	94,544	(23,660)	950,304
Due from affiliates	916	40	(956)	—
Investments for current use	—	53,852	—	53,852
Other current assets	343,901	66,682	(2,444)	408,139
Total current assets	1,401,106	287,829	(27,060)	1,661,875
Investments:				
Long-term investments	5,813,363	371,015	—	6,184,378
Funds held by trustees	116,046	9,677	—	125,723
Assets held for self-insurance	—	93,662	—	93,662
Donor-restricted assets	520,474	44,687	—	565,161
	6,449,883	519,041	—	6,968,924
Property, plant, and equipment, net	3,384,312	1,004,355	—	4,388,667
Other assets:				
Pledges receivable, net	140,137	1,331	—	141,468
Trusts and interests in foundations	77,416	9,325	—	86,741
Other noncurrent assets	348,474	81,515	(53,051)	376,938
	566,027	92,171	(53,051)	605,147
Total assets	\$ 11,801,328	\$ 1,903,396	\$ (80,111)	\$ 13,624,613

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$ 345,228	\$ 69,508	\$ (2,177)	\$ 412,559
Compensation and amounts withheld from payroll	253,615	42,053	—	295,668
Current portion of long-term debt	84,392	11,302	—	95,694
Variable rate debt classified as current	371,825	149,135	—	520,960
Due to affiliates	27	929	(956)	—
Other current liabilities	379,854	111,115	(23,927)	467,042
Total current liabilities	1,434,941	384,042	(27,060)	1,791,923
Long-term debt:				
Hospital revenue bonds	2,690,730	58,220	—	2,748,950
Notes payable and capital leases	95,327	420,296	(49,603)	466,020
	2,786,057	478,516	(49,603)	3,214,970
Other liabilities:				
Professional and general liability insurance reserves	52,587	87,030	—	139,617
Accrued retirement benefits	426,180	64,573	—	490,753
Other noncurrent liabilities	425,155	53,197	—	478,352
	903,922	204,800	—	1,108,722
Total liabilities	5,124,920	1,067,358	(76,663)	6,115,615
Net assets:				
Unrestricted	5,851,045	779,809	(3,448)	6,627,406
Temporarily restricted	548,408	37,868	—	586,276
Permanently restricted	276,955	18,361	—	295,316
Total net assets	6,676,408	836,038	(3,448)	7,508,998
Total liabilities and net assets	\$ 11,801,328	\$ 1,903,396	\$ (80,111)	\$ 13,624,613

See accompanying note.

Cleveland Clinic Health System

Consolidating Balance Sheet

December 31, 2014

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Assets				
Current assets:				
Cash and cash equivalents	\$ 2,952	\$ 67,370	\$ —	\$ 70,322
Patient receivables, net	807,085	36,257	(24,268)	819,074
Due from affiliates	1,466	119	(1,585)	—
Investments for current use	98,010	46,828	—	144,838
Other current assets	305,379	27,794	(1,098)	332,075
Total current assets	1,214,892	178,368	(26,951)	1,366,309
Investments:				
Long-term investments	5,739,503	210,573	—	5,950,076
Funds held by trustees	119,388	—	—	119,388
Assets held for self-insurance	—	106,317	—	106,317
Donor-restricted assets	459,401	14,826	—	474,227
	6,318,292	331,716	—	6,650,008
Property, plant, and equipment, net	3,329,725	269,882	—	3,599,607
Other assets:				
Pledges receivable, net	160,774	983	—	161,757
Trusts and interests in foundations	80,971	41,527	—	122,498
Other noncurrent assets	378,275	3,242	(14,136)	367,381
	620,020	45,752	(14,136)	651,636
 Total assets	 \$ 11,482,929	 \$ 825,718	 \$ (41,087)	 \$ 12,267,560

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$ 307,962	\$ 28,611	\$ (1,098)	\$ 335,475
Compensation and amounts withheld from payroll	233,438	5,500	—	238,938
Current portion of long-term debt	50,763	5,015	—	55,778
Variable rate debt classified as current	321,845	65,030	—	386,875
Due to affiliates	22	1,563	(1,585)	—
Other current liabilities	387,019	72,064	(24,268)	434,815
Total current liabilities	1,301,049	177,783	(26,951)	1,451,881
Long-term debt:				
Hospital revenue bonds	2,798,062	—	—	2,798,062
Notes payable and capital leases	165,875	20,361	(10,688)	175,548
	2,963,937	20,361	(10,688)	2,973,610
Other liabilities:				
Professional and general liability insurance reserves	54,760	88,480	—	143,240
Accrued retirement benefits	452,897	—	—	452,897
Other noncurrent liabilities	436,676	6,761	—	443,437
	944,333	95,241	—	1,039,574
Total liabilities	5,209,319	293,385	(37,639)	5,465,065
Net assets:				
Unrestricted	5,533,572	467,929	(3,448)	5,998,053
Temporarily restricted	486,218	33,512	—	519,730
Permanently restricted	253,820	30,892	—	284,712
Total net assets	6,273,610	532,333	(3,448)	6,802,495
Total liabilities and net assets	\$ 11,482,929	\$ 825,718	\$ (41,087)	\$ 12,267,560

See accompanying note.

Cleveland Clinic Health System

Consolidating Statements of Operations and Changes in Net Assets

Year Ended December 31, 2015
(In Thousands)

Operations

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Unrestricted revenues				
Net patient service revenue	\$ 6,557,092	\$ 350,239	\$ (194,848)	\$ 6,712,483
Provision for uncollectible accounts	(216,960)	(14,344)	—	(231,304)
Net patient service revenue less provision for uncollectible accounts	6,340,132	335,895	(194,848)	6,481,179
Other	572,069	238,172	(134,448)	675,793
Total unrestricted revenues	6,912,201	574,067	(329,296)	7,156,972
Expenses				
Salaries, wages, and benefits	3,753,065	276,086	(229,937)	3,799,214
Supplies	611,439	54,397	(990)	664,846
Pharmaceuticals	677,496	23,740	—	701,236
Purchased services and other fees	370,608	40,078	(12,308)	398,378
Administrative services	127,155	74,694	(26,015)	175,834
Facilities	271,167	35,174	(5,689)	300,652
Insurance	59,798	56,626	(54,357)	62,067
	5,870,728	560,795	(329,296)	6,102,227
Operating income before interest, depreciation, and amortization expenses	1,041,473	13,272	—	1,054,745
Interest	120,318	3,823	—	124,141
Depreciation and amortization	380,440	29,013	—	409,453
Operating income (loss) before special charges	540,715	(19,564)	—	521,151
Special charges	8,701	32,226	—	40,927
Operating income (loss)	532,014	(51,790)	—	480,224
Nonoperating gains and losses				
Investment return	(48,924)	(7,404)	—	(56,328)
Derivative losses	(22,325)	(2,685)	—	(25,010)
Gain on remeasurement of Akron General equity investment	38,777	—	—	38,777
Acron General member substitution	—	242,822	—	242,822
Goodwill impairment loss	—	(63,060)	—	(63,060)
Other, net	477	316	—	793
Net nonoperating (losses) gains	(31,995)	169,989	—	137,994
Excess of revenues over expenses	500,019	118,199	—	618,218

Cleveland Clinic Health System
Consolidating Statements of Operations and
Changes in Net Assets

Year Ended December 31, 2014
(In Thousands)

Operations

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Unrestricted revenues				
Net patient service revenue	\$ 6,386,203	\$ 253,946	\$ (211,211)	\$ 6,428,938
Provision for uncollectible accounts	(345,882)	(12,939)	—	(358,821)
Net patient service revenue less provision for uncollectible accounts	6,040,321	241,007	(211,211)	6,070,117
Other	527,332	218,873	(128,943)	617,262
Total unrestricted revenues	6,567,653	459,880	(340,154)	6,687,379
Expenses				
Salaries, wages, and benefits	3,672,795	206,685	(243,516)	3,635,964
Supplies	584,864	43,841	(1,170)	627,535
Pharmaceuticals	543,631	15,353	—	558,984
Purchased services and other fees	362,653	32,442	(12,546)	382,549
Administrative services	128,196	64,716	(25,325)	167,587
Facilities	259,680	28,212	(5,994)	281,898
Insurance	58,419	60,127	(51,603)	66,943
	5,610,238	451,376	(340,154)	5,721,460
Operating income before interest, depreciation, and amortization expenses	957,415	8,504	—	965,919
Interest	108,334	2,059	—	110,393
Depreciation and amortization	367,102	20,881	—	387,983
Operating income (loss)	481,979	(14,436)	—	467,543
Nonoperating gains and losses				
Investment return	300,537	15,680	—	316,217
Derivative losses	(76,694)	(3,092)	—	(79,786)
Other, net	(300)	(52)	—	(352)
Net nonoperating gains	223,543	12,536	—	236,079
Excess (deficiency) of revenues over expenses	705,522	(1,900)	—	703,622

Cleveland Clinic Health System

Consolidating Statements of Operations and Changes in Net Assets (continued)

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Total net assets at January 1, 2014	\$ 5,681,819	\$ 530,035	\$ (3,448)	\$ 6,208,406
Excess (deficiency) of revenues over expenses	705,522	(1,900)	—	703,622
Donated capital, excluding assets released from restrictions for capital purposes of \$5,824	70	—	—	70
Restricted gifts and bequests	93,139	2,948	—	96,087
Restricted net investment income	16,991	1,088	—	18,079
Net assets released from restrictions used for operations included in other unrestricted revenues	(32,416)	(3,774)	—	(36,190)
Retirement benefits adjustment	(193,150)	—	—	(193,150)
Transfers (to) from affiliates	(1,378)	1,378	—	—
Change in restricted net assets related to interest in foundations	(1,667)	1,534	—	(133)
Change in restricted net assets related to value of perpetual trusts	1,711	525	—	2,236
Net change in unrealized gains on nontrading investments	3,163	—	—	3,163
Other	(194)	499	—	305
Increase in total net assets	591,791	2,298	—	594,089
Total net assets at December 31, 2014	6,273,610	532,333	(3,448)	6,802,495
Excess of revenues over expenses	500,019	118,199	—	618,218
Donated capital, excluding assets released from restrictions for capital purposes of \$5,760	46	—	—	46
Restricted gifts and bequests	132,253	368	—	132,621
Restricted net investment (loss) income	(972)	240	—	(732)
Net assets released from restrictions used for operations included in other unrestricted revenues	(38,438)	(6,055)	—	(44,493)
Retirement benefits adjustment	25,546	(3,799)	—	21,747
Transfers (to) from affiliates	(207,971)	207,971	—	—
Change in restricted net assets related to interest in foundations	(1,478)	(33,353)	—	(34,831)
Change in restricted net assets related to value of perpetual trusts	(480)	(196)	—	(676)
Net change in unrealized losses on nontrading investments	(4,947)	—	—	(4,947)
Akron General member substitution contribution of restricted net assets	—	31,674	—	31,674
Other	(780)	(11,344)	—	(12,124)
Increase in total net assets	402,798	303,705	—	706,503
Total net assets at December 31, 2015	\$ 6,676,408	\$ 836,038	\$ (3,448)	\$ 7,508,998

See accompanying note.

Cleveland Clinic Health System
Consolidating Statement of Cash Flows

Year Ended December 31, 2015
(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Operating activities and net nonoperating gains and losses				
Increase in total net assets	\$ 402,798	\$ 303,705	\$	\$ 706,503
Adjustments to reconcile increase in total net assets to net cash provided by operating activities and net nonoperating gains and losses:				
Loss on extinguishment of debt	209	—	—	209
Retirement benefits adjustment	(25,546)	3,799	—	(21,747)
Net realized and unrealized losses on investments	87,709	10,107	—	97,816
Depreciation and amortization	380,440	38,450	—	418,890
Provision for uncollectible accounts	216,960	14,344	—	231,304
Gain on change in terms of long-term lease	—	(6,856)	—	(6,856)
Donated capital	(46)	—	—	(46)
Restricted gifts, bequests, investment income, and other	(129,323)	32,941	—	(96,382)
Transfers to (from) affiliates	207,971	(207,971)	—	—
Accreted interest and amortization of bond premiums	(2,533)	(19)	—	(2,552)
Net loss (gain) in value of derivatives	57	(615)	—	(558)
Goodwill impairment loss	—	63,060	—	63,060
Gain on remeasurement of Akron General equity investment	(38,777)	—	—	(38,777)
Acron General member substitution contribution	—	(274,496)	—	(274,496)
Changes in operating assets and liabilities:				
Patient receivables	(289,295)	(10,036)	(608)	(299,939)
Other current assets	(37,760)	5,091	(16,101)	(48,770)
Other noncurrent assets	(81,420)	27,953	(24,114)	(77,581)
Accounts payable and other current liabilities	15,025	20,902	(109)	35,818
Other liabilities	(14,922)	11,427	—	(3,495)
Net cash provided by operating activities and net nonoperating gains and losses	691,547	31,786	(40,932)	682,401
Financing activities				
Proceeds from long-term borrowings	—	378,777	(3,777)	375,000
Principal payments on long-term debt	(109,280)	(6,502)	44,709	(71,073)
Debt issuance costs	—	(89)	—	(89)
Change in pledges receivables, trusts and interests in foundations	23,980	39,580	—	63,560
Restricted gifts, bequests, investment income, and other	129,323	(32,941)	—	96,382
Net cash provided by financing activities	44,023	378,825	40,932	463,780
Investing activities				
Expenditures for property and equipment	(380,380)	(73,156)	—	(453,536)
Proceeds from sale of property and equipment	183	987	—	1,170
Cash acquired through member substitution	—	15,367	—	15,367
Acquisition of business, net of cash acquired	—	(420,144)	—	(420,144)
Net change in cash equivalents reported in long-term investments	327,466	(21,891)	—	305,575
Purchases of investments	(2,534,242)	(294,432)	—	(2,828,674)
Sales of investments	2,085,486	327,833	—	2,413,319
Transfers (to) from affiliates	(60,166)	60,166	—	—
Net cash used in investing activities	(561,653)	(405,270)	—	(966,923)
Increase in cash and cash equivalents	173,917	5,341	—	179,258
Cash and cash equivalents at beginning of year	2,952	67,370	—	70,322
Cash and cash equivalents at end of year	\$ 176,869	\$ 72,711	\$	\$ 249,580

See accompanying note.

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Cleveland Clinic Health System
Consolidating Statement of Cash Flows

Year Ended December 31, 2014
(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Operating activities and net nonoperating gains and losses				
Increase in total net assets	\$ 591,791	\$ 2,298	\$ —	\$ 594,089
Adjustments to reconcile increase in total net assets to net cash provided by operating activities and net nonoperating gains and losses:				
Retirement benefits adjustment	193,150	—	—	193,150
Net realized and unrealized gains on investments	(283,175)	(13,730)	—	(296,905)
Depreciation and amortization	367,102	20,881	—	387,983
Provision for uncollectible accounts	345,882	12,939	—	358,821
Donated capital	(70)	—	—	(70)
Restricted gifts, bequests, investment income, and other	(110,174)	(6,095)	—	(116,269)
Transfers to (from) affiliates	1,378	(1,378)	—	—
Accreted interest and amortization of bond premiums	(2,533)	—	—	(2,533)
Net loss in value of derivatives	53,993	—	—	53,993
Changes in operating assets and liabilities:				
Patient receivables	(385,225)	(16,471)	3,477	(398,219)
Other current assets	(38,113)	794	(895)	(38,214)
Other noncurrent assets	(46,929)	132	4,762	(42,035)
Accounts payable and other current liabilities	56,979	(519)	(2,582)	53,878
Other liabilities	(28,277)	10,761	—	(17,516)
Net cash provided by operating activities and net nonoperating gains and losses	715,779	9,612	4,762	730,153
Financing activities				
Proceeds from long-term borrowings	400,000	4,762	(4,762)	400,000
Principal payments on long-term debt	(50,405)	(4,951)	—	(55,356)
Debt issuance costs	(5,471)	—	—	(5,471)
Change in pledges receivables, trusts and interests in foundations	(27,664)	(1,662)	—	(29,326)
Restricted gifts, bequests, investment income, and other	110,174	6,095	—	116,269
Net cash provided by financing activities	426,634	4,244	(4,762)	426,116
Investing activities				
Expenditures for property and equipment	(423,459)	(17,183)	—	(440,642)
Proceeds from sale of property and equipment	341	—	—	341
Investment in Akron General	(10,000)	—	—	(10,000)
Net change in cash equivalents reported in long-term investments	(424,814)	15,675	—	(409,139)
Purchases of investments	(1,709,536)	(112,792)	—	(1,822,328)
Sales of investments	1,429,385	95,536	—	1,524,921
Transfers (to) from affiliates	(1,378)	1,378	—	—
Net cash used in investing activities	(1,139,461)	(17,386)	—	(1,156,847)
Increase (decrease) in cash and cash equivalents	2,952	(3,530)	—	(578)
Cash and cash equivalents at beginning of year	—	70,900	—	70,900
Cash and cash equivalents at end of year	\$ 2,952	\$ 67,370	\$ —	\$ 70,322

See accompanying note.

Cleveland Clinic Health System
Note to Consolidating Financial Statements

December 31, 2015 and 2014

1. Presentation of Consolidating Financial Statements

The accompanying financial statement information presents consolidating financial statement information for the Obligated Group (as defined herein) and certain controlled affiliates of The Cleveland Clinic Foundation (collectively referred to as the Non-Obligated Group), which have no liability under the Master Trust Indenture (Indenture), amended and restated as of April 1, 2003 (as supplemented, the Indenture), between the Foundation and The Huntington National Bank, as successor Master Trustee. The Foundation, Cleveland Clinic Health System – East Region, Fairview Hospital, Lutheran Hospital, Marymount Hospital, Inc., Medina Hospital, Cleveland Clinic Florida (a nonprofit corporation) and Cleveland Clinic Florida Health System Nonprofit Corporation are the sole members of the Obligated Group under the Indenture.

With respect to the Obligated Group, certain properties and interests are considered to be Excluded Property under the Indenture. In addition, the provisions of the Indenture provide that additional property may be categorized as Excluded Property upon satisfaction of various financial tests. As such, these properties and interests are not subject to the restrictions contained in the Indenture and, under the Indenture, are not subject to the restriction on liens and other encumbrances that may be placed on property of the Obligated Group. Furthermore, the revenues derived from the Excluded Property are not subject to the restrictions contained in the Indenture until they are received and commingled with other revenues of the Obligated Group. The accompanying financial statement information is presented by legal entity and no adjustment has been made for the Excluded Property.

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