

PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 17, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2024**Open to Public
Inspection**A** For the **2024** calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationTHE 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, RK1-85City or town, state or province, country, and ZIP or foreign postal code
INDEPENDENCE, OH 44131**F** Name and address of principal officer: TOMISLAV MIHALJEVIC, M.D.

9500 EUCLID AVE, CLEVELAND, OH 44195

D Employer identification number

91-2153073

E Telephone number

216-444-2200

G Gross receipts \$ 20,038,772,753.**H(a)** Is this a group return STMT 1for subordinates? ☒ Yes ☐ No**H(b)** Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number 3641**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CLEVELANDCLINIC.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation:**M** State of legal domicile:**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CARING FOR LIFE, RESEARCHING FOR HEALTH AND EDUCATING THOSE WHO SERVE.
	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) 725
	4	Number of independent voting members of the governing body (Part VI, line 1b) 511
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 89188
	6	Total number of volunteers (estimate if necessary) 2738
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 69,905,136.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 531,113.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 550,972,319.
	9	Program service revenue (Part VIII, line 2g) 14,374,021,129.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 169,299,324.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 509,520,144.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,603,812,916.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 165,595,508.
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,381,292,112.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 1,834,012.
b		Total fundraising expenses (Part IX, column (D), line 25) 26,529,863.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,227,586,074.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,776,307,706.
19		Revenue less expenses. Subtract line 18 from line 12 827,505,210.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 24,722,513,166.
	21	Total liabilities (Part X, line 26) 7,915,074,796.
	22	Net assets or fund balances. Subtract line 21 from line 20 16,807,438,370.

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	11/13/2025			
	DENNIS L. LARAWAY, EVP/CHIEF FINANCIAL OFFICER	Date			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LAUREN E. BENNETT		11/07/2025		P01787029
Preparer Use Only	Firm's name	Firm's EIN	34-6565596		
	ERNST & YOUNG, LLP				
Preparer Use Only	Firm's address	2005 MARKET ST., STE. 700			
	PHILADELPHIA, PA 19103				
Phone no. 215-448-5000					

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)

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THE CLEVELAND CLINIC FOUNDATION

Form 990 (2024)

GROUP RETURN

91-2153073

Page **2**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CARING FOR LIFE, RESEARCHING FOR HEALTH AND EDUCATING 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 \$ 14,518,948,182. including grants of \$ 174,159,105.) (Revenue \$ 15,804,035,800.)
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 on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,518,948,182.

Form **990** (2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2024)

GROUP RETURN

91-2153073

Page **3**

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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. See instructions</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990 (2024)

91-2153073

Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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? <i>If "Yes," complete Schedule J</i>	23 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 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?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	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? <i>If "Yes," complete Schedule L, Part I</i>	25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 3783	
b Enter the number of Forms W-2G included on 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	

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990 (2024)

91-2153073

Page 5

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

		Yes	No
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 89188		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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 <u>SEE SCHEDULE O</u> 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		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X	
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990 (2024)

91-2153073

Page 6

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 on Schedule O. See instructions.

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

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 725		
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 511		
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, 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 on 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 on 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 on 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 on 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 CA, FL, OR

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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

DENNIS LARAWAY - 216-312-5625

9500 EUCLID AVENUE, CLEVELAND, OH 44195

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2024)

GROUP RETURN

91-2153073

Page **7**

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MIHALJEVIC, M.D., TOMISLAV DIRECTOR, PRES, CHAIR, CEO - CCF	50.00 0.00	X		X				7,650,847.	0.	2,058,305.
(2) MALONE, JR., M.D., DONALD A. DIR, EVP, PRES NEO MKT (PART YR)	50.00 0.00	X		X				1,610,899.	0.	1,849,042.
(3) LARAWAY, DENNIS DIR, EVP, CFO, TREASURER	50.00 0.00	X		X				3,127,004.	0.	45,792.
(4) HANCOCK, DNP, RN, NE-BC, KELLY DIR, EVP, CHIEF CAREGIVER OFF & CAO	50.00 0.00	X		X				2,157,469.	0.	656,036.
(5) RIDGEWAY, M.D., BERI DIR, EVP, ENTERPRISE CHIEF OF STAFF	50.00 0.00	X		X				1,986,502.	0.	757,384.
(6) HABER, M.D., GEORGES-PASCAL CEO CCAD (PART YR)	50.00 0.00			X				2,538,489.	0.	51,057.
(7) GUZMAN, M.D., JORGE DIR, EVP, PRES NEO (PART YR)	50.00 0.00	X		X				1,929,479.	0.	650,840.
(8) SVENSSON, M.D., LARS INSTITUTE CHIEF - HVTI	50.00 0.00					X		2,433,081.	0.	58,577.
(9) DELANEY, M.D., PH.D., CONOR DIR, EVP, PRESIDENT - FL	50.00 0.00	X		X				1,876,563.	0.	552,883.
(10) ROWAN, DAVID W. DIR, SEC, CHIEF LEGAL OFF (PART YR)	50.00 0.00	X		X				2,224,430.	0.	53,703.
(11) PARKER, M.D., RICHARD PRES EAST SUBMKT HILLCREST, MENTOR	50.00 0.00			X				2,280,308.	0.	-41,739.
(12) STREIN, STEFAN VP, CHIEF INVESTMENT OFFICER	50.00 0.00					X		2,173,858.	0.	55,612.
(13) GILLINOV, M.D., A. MARC DEP CHAIR, THORACIC & CARDIOVAS SURG	50.00 0.00					X		2,141,240.	0.	61,996.
(14) LORENZ, M.D., ROBERT PRESIDENT, CLEVELAND CLINIC LONDON	0.00 50.00			X				0.	2,136,301.	48,970.
(15) CHANDRA, PH.D., ROHIT EVP, CHIEF DIGITAL OFFICER	50.00 0.00			X				2,133,862.	0.	50,892.
(16) PEACOCK, III WILLIAM M. DIR, EVP, COO	50.00 0.00	X		X				2,107,674.	0.	54,682.
(17) NAJM, M.D., HANI CHAIR, PEDIATRIC & CONGENITAL HEART	50.00 0.00					X		2,082,568.	0.	54,159.

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THE CLEVELAND CLINIC FOUNDATION

Form 990 (2024)

GROUP RETURN

91-2153073

Page **8**

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HULL, M.D., TRACY PHYSICIAN (RETIREE 2024)	50.00 0.00					X		2,081,704.	0.	-32,460.
(19) MACHADO, M.D., PH.D., ANDRE DIR-KMA; CHAIR NEURO INST	50.00 0.00	X						1,873,818.	0.	58,373.
(20) ERZURUM, M.D., SERPIL EVP, CHIEF RESEARCH & ACADEMIC OFF	50.00 0.00			X				1,706,633.	0.	-292,574.
(21) MILLER, SHEILA FORMER KE, CNO - AGHS; CNO CCL	0.00 50.00						X	0.	1,170,598.	182,553.
(22) GORDON, DEBORAH DIR, EVP, CLO, SEC (PART YR)	50.00 0.00	X		X				1,118,264.	0.	150,779.
(23) IANNOTTI, M.D., PH.D., JOSEPH DIR, CHF RES & ACAD OFF-FL	50.00 0.00	X		X				1,155,925.	0.	53,385.
(24) FALCONE, M.D., TOMMASO DIR, EVP, PRES INTL EMRG MKTS (PT Y	50.00 0.00	X		X				1,065,510.	0.	55,177.
(25) RASMUSSEN, M.D., PETER FORMER OFFICER - CCHSPA; PHYSICIAN	25.00 25.00						X	658,644.	340,743.	56,294.
(26) MILLER, M.D., PH.D., CHARLES CHIEF MEDICAL DIRECTOR - CCMS	50.00 0.00			X				969,819.	0.	53,172.
1b Subtotal								51,084,590.	3,647,642.	7,302,890.
c Total from continuation sheets to Part VII, Section A								47,507,805.	489,586.	4,056,756.
d Total (add lines 1b and 1c)								98,592,395.	4,137,228.	11,359,646.

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 17,281

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
QUALIVIS LLC PO BOX 674913, DALLAS, TX 75267	PERSONNEL SERVICES	199,590,256.
TURNER CONSTRUCTION CO, 1422 EUCLID AVE, STE 1400, CLEVELAND, OH 44115	CONSTRUCTION SERVICES	45,057,174.
SIEMENS MEDICAL SOLUTIONS INC. PO BOX 121102, DALLAS, TX 75312	HEALTHCARE IT & ENGINEERING SERVICES	33,251,685.
GILBANE BUILDING CO 950 MAIN AVE, #1410, CLEVELAND, OH 44113	CONSTRUCTION SERVICES	32,320,738.
WHITING-TURNER CONTRACTING, 5875 LANDERBROOK DR #100, CLEVELAND, OH 44124	CONSTRUCTION SERVICES	26,134,952.

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 821

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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) EL GHAMRY SABE, M.D., AHMED FORMER OFFICER - MERCY; PHYSICIAN	50.00 0.00						X	945,288.	0.	57,899.
(28) BLANDON, M.D., RODOLFO DIR-IRMH; PRES-CC FL, WESTON(PYR)	50.00 0.00	X		X				905,394.	0.	53,624.
(29) SINGH, M.D., RISHI DIR- CC, MMF; PRES (PART YR)-MARTIN	50.00 0.00	X		X				873,437.	0.	51,060.
(30) DAVIS, MARLEINA T. ASST SECRETARY - CCF, CCEF (PART YR)	50.00 0.00			X				866,687.	0.	54,704.
(31) HARTE, M.D., FACP, BRIAN DIR, PRES -SOUTH SUBMKT, AKRON	50.00 0.00	X		X				827,043.	0.	58,664.
(32) MURRAY, M.D., KAREN FORMER OFFICER - CCCHR	50.00 0.00						X	828,079.	0.	54,319.
(33) PAPPAS, M.D., RITA DIR, PRES, CHAIR - CCCHR (PART YR)	50.00 0.00	X		X				822,211.	0.	55,230.
(34) KALAFATIS, LARA DIR-KMA; SVP CHIEF PHILANTHROPY OFF	50.00 0.00	X						795,863.	0.	55,186.
(35) EATON JOHNSON, VICKIE EVP, CHIEF COMMUNITY OFF- (PART YR)	50.00 0.00			X				745,853.	0.	62,538.
(36) HEDRICK, M.D., DAVID DIR- AGMC, LODI; PHYSICIAN	50.00 0.00	X						747,999.	0.	53,254.
(37) STARCK, M.D., REBECCA VP/CMO AVON HOSP	50.00 0.00			X				744,973.	0.	55,983.
(38) MCKENZIE, M.D., MARGARET VP S. POINTE & MARYMOUNT HOSPS	50.00 0.00			X				731,184.	0.	57,054.
(39) YERIAN, M.D., LISA EVP CHIEF CLIN & OP IMPV OFF (PT YR)	50.00 0.00			X				731,946.	0.	51,698.
(40) DEWS, M.D., TERESA VP/CMO EUCLID HOSP	50.00 0.00			X				672,063.	0.	91,867.
(41) VOGLER, M.D., SARAH DIR; VP CHIEF OF STAFF - FL (PART YR)	50.00 0.00	X		X				703,210.	0.	50,262.
(42) NAPIERKOWSKI, M.D., DANIEL FORMER OFF - PRES MARYMOUNT HOSP	50.00 0.00						X	690,618.	0.	52,763.
(43) BARRETT, LISA FORMER OFF-AKRON; DEPUTY CLO	50.00 0.00						X	675,370.	0.	58,313.
(44) CATO, DAVID DIR, VP-FL, COO-FL	50.00 0.00	X		X				658,074.	0.	55,666.
(45) DEL CASTILLO, ESQ., BARBARA DIR - IR, GENL COUNSEL, SEC - FL	50.00 0.00	X		X				650,207.	0.	55,330.
(46) LONGVILLE, TIMOTHY L. DIR, VP, CAO - CCF	50.00 0.00	X		X				639,567.	0.	55,131.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(47) GROOFF, M.D., PAUL DIR, SEC, TREAS -CCHSPA; PHYSI	50.00 0.00	X		X				619,106.	0.	52,710.
(48) BARNETT, M.D., TIMOTHY VP/CMO LUTHERAN HOSP	50.00 0.00			X				617,097.	0.	52,469.
(49) LINDENTHAL, M.D., JOHN DIRECTOR - IRMH; PHYSICIAN	50.00 0.00	X						635,562.	0.	27,514.
(50) GIGAX, M.D., MICHAEL DIRECTOR - UNION HOSP; PHYSICIAN	50.00 0.00	X						628,205.	0.	30,619.
(51) SYED, M.D., QARAB DIR-MHF (PART YR); PHYSICIAN	50.00 0.00	X						586,765.	0.	51,837.
(52) ROSS, M.D., F. SCOTT DIR-IRMH; PRES-CC FL, WESTON (PT YR)	50.00 0.00	X		X				581,423.	0.	53,431.
(53) ROTHMAN, M.D., RICHARD DIR, PRES- IR (PART YR)	50.00 0.00	X		X				561,173.	0.	57,968.
(54) BENNETT, KRIS DIR-AGMC, LODI, VP OPS NE MKT	50.00 0.00	X						559,022.	0.	54,786.
(55) SMITH, D.O., NEIL PRESIDENT, WEST SUBMKT	50.00 0.00			X				549,817.	0.	52,038.
(56) STOLLER, M.D., M.S., JAMES K. CHAIR, EDUCATION INSTITUTE - CCEF	50.00 0.00			X				682,822.	0.	-81,771.
(57) ROCHESTER, DHA, CPA, CHARMAINE DIR - IR; CFO- FL (PART YR)	50.00 0.00	X		X				547,306.	0.	51,823.
(58) CHOUDHARY, M.D., CHIRAG DIR-CC, MMF; VP/CMO TRAD (PT YR)	50.00 0.00	X		X				546,800.	0.	51,501.
(59) VAZQUEZ-TORRES, M.D., DANIEL E DIRECTOR - AGMC, LODI; PHYSICIAN	50.00 0.00	X						542,362.	0.	55,119.
(60) VICKERS, M.D., JEAN DIR, PRES-COASTAL CARE (PART YR)	50.00 0.00	X		X				510,549.	0.	54,283.
(61) FENTON, M.D., ANDREW FORMER OFFICER - PPG; PHYSICIAN	50.00 0.00					X		521,592.	0.	24,236.
(62) WINT, M.D., DYLAN DIRECTOR - KMA; PHYSICIAN	50.00 0.00	X						479,642.	0.	57,699.
(63) CRONE, M.D., TIMOTHY DIR - UH, VP - MERCY (PART YR)	50.00 0.00	X		X				474,074.	0.	52,528.
(64) MALLOY, MARK DIR-AGMC, LODI, UHS; VP FIN, OH MKT	50.00 0.00	X		X				447,426.	0.	52,817.
(65) WILLIAMS, EMILY FORMER OFFICER - AKRON	50.00 0.00					X		444,472.	0.	54,461.
(66) RITTERSBACH, M.D. GEORGE DIRECTOR - MMF; PHYSICIAN	50.00 0.00	X						467,959.	0.	26,119.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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) DONLEY, M.D., BRIAN FORMER CEO CC LONDON	0.00 0.00						X	0.	489,586.	0.
(68) SHOOK, M.D., STEVEN DIR, PRES-CCF NY, TN, CCHSPA	50.00 0.00	X		X				429,488.	0.	54,894.
(69) KOLONICK, RENEE FORMER KE, VP AMBULATORY OPS	50.00 0.00						X	422,303.	0.	55,812.
(70) SHEWBRIDGE, M.D. RICHARD HOSP PRES- MEDINA HOSP (PART YR)	50.00 0.00			X				417,438.	0.	51,110.
(71) BURKE, D.O., DAVID DIR-MHF (PART YR), PHYSICIAN	50.00 0.00	X						410,243.	0.	53,064.
(72) ROGERS, M.D., THOMAS DIRECTOR, PRES - UH & UCHF	50.00 0.00	X		X				404,316.	0.	55,863.
(73) GLICKMAN, M.D., JEFFREY DIRECTOR - MMF; PHYSICIAN	50.00 0.00	X						443,156.	0.	16,430.
(74) JERUSALEM, M.D., ZACHARY DIR-AGMC, LODI (PART YR); PHYSICIAN	50.00 0.00	X						413,620.	0.	45,104.
(75) AUSTERMAN, D.O., JOSEPH DIRECTOR - CCCHR, PHYSICIAN	50.00 0.00	X						401,681.	0.	55,103.
(76) DAVIS, D.O., DENNIS DIRECTOR, PRES - PPG; PHYSICIAN	50.00 0.00	X		X				391,867.	0.	54,456.
(77) LASH-RITTER, M.D., THERESA DIR-AGF, AGP; PRES SOUTH (PART YR)	50.00 0.00	X						393,114.	0.	52,559.
(78) SIMON, M.D., ERIN DIRECTOR - AGMC, LODI; PHYSICIAN	50.00 0.00	X						421,071.	0.	22,358.
(79) STEWART, DAVID K. FORMER OFF-MDF; SR DIR OPS MERCY	50.00 0.00						X	385,256.	0.	37,112.
(80) POSK, M.D., LORI DIRECTOR - IRMH; PHYSICIAN	50.00 0.00	X						360,248.	0.	58,149.
(81) HOLMAN, M.D., LAINIE DIRECTOR - CCCHR, PHYSICIAN	50.00 0.00	X						368,362.	0.	49,273.
(82) ABDENOUR, STEPHEN FORMER KE, COO - AKRON GENERAL	50.00 0.00						X	394,061.	0.	20,480.
(83) PETER, M.D., DAVID DIR-IR, VP/CMO-IRHF; PRES-IR (PT YR)	50.00 0.00	X		X				361,716.	0.	51,748.
(84) MAJOR, MSN, RN, NE-BC, KERRY FORMER KE, VP CNO - CC FL REG	50.00 0.00						X	361,023.	0.	52,225.
(85) STEPP, LEONARD FORMER KE-EUCLID; HOSP PRES AMC	50.00 0.00						X	354,914.	0.	55,869.
(86) PETRY, D.O., FERNANDO FORMER OFFICER- COASTAL CARE	50.00 0.00						X	371,950.	0.	17,713.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(87) ESPINOSA, ALEXIS FORMER KE-FL; ED HOSP OPS-WESTON	50.00 0.00						X	360,127.	0.	26,143.
(88) PAGANO, M.D., TRINA DIR-AGMC/LODI (PART YR); PHYSICIAN	50.00 0.00	X						328,164.	0.	54,678.
(89) GREENWOOD, ALEXANDER DIR, VP-IR (PT YR); ED OPS FL	50.00 0.00	X		X				342,278.	0.	31,482.
(90) MILLS, JOHN FORMER KE-COO FAIRVIEW; ED HOSP OPS	50.00 0.00						X	358,537.	0.	12,595.
(91) MOEHRING, MICHAEL ASST TREAS - MMHS, MMC (PART YR)	50.00 0.00			X				301,074.	0.	61,234.
(92) MARKS, D.O., MICHELLE DIRECTOR - CCCHR, MEDICAL DIR	50.00 0.00	X		X				308,802.	0.	50,563.
(93) SNYDER, VICKY FORMER KE COO - HILLCREST	50.00 0.00						X	333,758.	0.	20,988.
(94) CLARK, CNO, CCMH, SUSAN DIR-CC (PART YR); VP CNO TRADITION	50.00 0.00	X						316,184.	0.	31,578.
(95) BALACHANDRAN, M.D., SILPA DIR-AGMC, LODI (PART YR); PHYSICIAN	50.00 0.00	X						313,802.	0.	30,618.
(96) BRUYERE, JOHN FRMR KE-COO SP HOSP; SR DIR HOSP OPS	50.00 0.00						X	299,812.	0.	38,506.
(97) SAUCERMAN-HOWARD, KELLI VP CNO - AKRON	50.00 0.00				X			310,054.	0.	26,817.
(98) THOBURN, MARY BETH VP CNO - FAIRVIEW (PART YR)	50.00 0.00				X			309,200.	0.	25,976.
(99) BEHRENS, SUE VP CNO HILLCREST	50.00 0.00				X			307,153.	0.	26,944.
(100) GORMAN, BRIDGET FMR KE COO-AVON; ED HOSP OPS MC	50.00 0.00						X	305,591.	0.	27,468.
(101) MADASZ, JIM DIR-MHF (PART YR); ED HOSP OPS SOUTH	50.00 0.00	X						301,977.	0.	30,144.
(102) BRAMAN, D.O., KENNETH FORMER OFFICER - PPG, PHYSICIAN	50.00 0.00						X	305,900.	0.	23,616.
(103) WICINA, M.D., GENON DIRECTOR - MMF; PHYSICIAN	50.00 0.00	X						307,982.	0.	19,749.
(104) LAIRD, TRAVIS VP-CC NV (PT YR); ED INTL OPS	50.00 0.00			X				291,594.	0.	31,060.
(105) KULIK, ALEC DIRECTOR - CCCHR; ED - PEDS	50.00 0.00	X						278,669.	0.	30,776.
(106) ZINNER, BARBARA VP CNO - MARYMOUNT	50.00 0.00				X			280,096.	0.	28,313.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(107) OBLANDER, R. JASON	50.00									
DIR- IRMH; ASST SEC & SEC - VARIOUS	0.00	X		X				277,914.	0.	27,852.
(108) VOLAS, PETER	50.00									
VICE PRESIDENT - CLINIC CARE	0.00			X				261,262.	0.	37,785.
(109) FETTO, JULIE	50.00									
DIRECTOR-UH; VP CNO - MEDINA	0.00	X						275,385.	0.	23,505.
(110) FRIGO, DAVID	50.00									
DIR, TREAS AKRON; ED FINANCE	0.00	X		X				268,906.	0.	27,614.
(111) MURRAY, TERRI	50.00									
VP CNO - S. POINTE	0.00				X			264,613.	0.	29,781.
(112) PIKE, JEFFREY	50.00									
FORMER OFFICER - MERCY	0.00						X	261,186.	0.	27,959.
(113) KUNBERGER, SHANNON	50.00									
VP CNO - EUCLID	0.00				X			256,759.	0.	31,948.
(114) LEHMAN, M.D., JOEL	50.00									
DIRECTOR - UNION HOSP; PHYSICIAN	0.00	X						258,564.	0.	25,403.
(115) MASON, M.D., NKOSI	50.00									
DIR-AGMC, LODI (PART YR); PHYSICIAN	0.00	X						261,758.	0.	17,420.
(116) TURNER, THOMAS	50.00									
PRES-MDF; SR DIR MAJOR GIFTS	0.00			X				251,598.	0.	25,760.
(117) VIDMAR, ERICK	50.00									
ED OF OPERATIONS - CC NV	0.00				X			249,630.	0.	27,067.
(118) RODRIGUEZ, CHRISTOPHER	50.00									
FORMER KE-COO; SR. DIR OPS-LH	0.00						X	245,572.	0.	30,984.
(119) BAKER, JOHN T.	50.00									
FORMER KE - LODI; VP CNO - UNION	0.00						X	253,279.	0.	22,799.
(120) SPENCER, SUSAN	50.00									
VP CNO - MERCY	0.00				X			246,059.	0.	26,919.
(121) OLIPHANT, DAVID	50.00									
FORMER KE-COO-MM; ED HOSP OPS EAST	0.00						X	248,314.	0.	23,988.
(122) MOROCCO, DARLENE	50.00									
VP CNO - LUTHERAN	0.00				X			245,561.	0.	25,009.
(123) HICKEY, CINDY	50.00									
FORMER OFFICER-MERCY; (2024 RETIREE)	0.00						X	166,007.	0.	101,138.
(124) WALTON, LINDA	50.00									
FORMER KE - IR; CNO - INDIAN RIVER	0.00						X	247,593.	0.	13,885.
(125) GIACHINO, M.D., JUAN-CARLOS	50.00									
DIRECTOR - MMF; PHYSICIAN	0.00	X						250,655.	0.	7,520.
(126) TOBIAS, CRAIG	50.00									
VP CNO - AVON	0.00				X			220,376.	0.	24,565.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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) ROGERS, M.D., KATHLEEN D.L.M. DIR-AGMC, LODI (PART YR); PHYSICIAN	50.00 0.00	X						224,181.	0.	18,979.
(128) BLASER, D.O., MARK DIRECTOR - MDF, PHYSICIAN	50.00 0.00	X						215,583.	0.	18,095.
(129) GORECKI, JULIA VP CNO - FAIRVIEW (PART YR)	50.00 0.00				X			219,939.	0.	3,699.
(130) BURNS (MAU), KATHLEEN FORMER OFF - MHF; SR. DIR NURSING	50.00 0.00						X	180,935.	0.	25,969.
(131) MARLO, JASON DIR-CCCHR; INST & MKT FINANCE DIR	50.00 0.00	X						181,996.	0.	24,383.
(132) FINDING, MBA, MSN, DONIELLE DIR, SEC-MHF; DIR NURSING	50.00 0.00	X		X				174,777.	0.	28,481.
(133) MANNING DETERING, JENNIFER DIR-CCCHR; SR. DIR INSTITUTE - PEDS	50.00 0.00	X						175,177.	0.	26,784.
(134) HOLT, MICHAEL DIR, TREAS - MDF; INST FINANCE DIR	50.00 0.00	X		X				161,712.	0.	21,349.
(135) MURPHY, CAROL DIR-UHCHF; DIR SAFETY QUALITY PT EXP	50.00 0.00	X						148,490.	0.	16,599.
(136) PIPER, ANDREW DIRECTOR-MHF; SR. DIR HOS OPS	50.00 0.00	X						156,569.	0.	6,738.
(137) WYLLIE, M.D., ROBERT FORMER OFFICER - CCCHR (RETIRED)	0.00 0.00						X	140,005.	0.	126.
(138) LAUTENSCHLEGER, DARRIN DIR-UHCHF; COMMUNICATION MGR	50.00 0.00	X						96,622.	0.	25,494.
(139) WIEDEMANN, M.D., HERBERT FORMER OFFICER - CCF (RETIRED)	0.00 0.00						X	210,113.	0.	-134,839.
(140) GORMSEN, D.O., DAVID DIR-MDF (PART YR); PHYSICIAN	50.00 0.00	X						68,478.	0.	245.
(141) MODIC, M.D., MICHAEL DIR- KMA, LRBI; RETIRED PHYSICIAN	5.00 0.00	X						109,916.	0.	-65,549.
(142) LINZ, MICHAEL H. DIRECTOR - MERCY DEV FD	3.00 0.00	X						7,500.	0.	0.
(143) ALLEX, PATRICIA A. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(144) ANDERSON, ANTHONY DIRECTOR - MMF	3.00 0.00	X						0.	0.	0.
(145) ANDREAS, LOIS DIRECTOR - UHCHF	3.00 0.00	X						0.	0.	0.
(146) AULETTA, PATRICK V. DIR-CCF, CCEF, REG HOSPS (PART YR)	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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) BAMBECK, DOUG DIRECTOR - UNION HOSP	3.00 0.00	X						0.	0.	0.
(148) BARKHEIMER, MARLENE DIRECTOR - AGMC, LODI (PART YR)	5.00 0.00	X						0.	0.	0.
(149) BARROW, CHRISTOPHER T. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(150) BENZ, K. MICHAEL DIR-CCF, CCEF, REG HOSPS (PART YR)	5.00 0.00	X						0.	0.	0.
(151) BERNHARD, BO DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(152) BIRSACH, WILLIAM D. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(153) BILLOW, CHARLES DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(154) BLANCHARD, ELIZABETH W. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(155) BLANCHARD, JOHN DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(156) BOTTI, MARGARET DIRECTOR - MDF	3.00 0.00	X						0.	0.	0.
(157) BROWN, JR. MICHAEL DIRECTOR - MMF	3.00 0.00	X						0.	0.	0.
(158) BROWN, KATHRYN DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(159) BURGER, STEVEN DIRECTOR - MDF	3.00 0.00	X						0.	0.	0.
(160) CAPUANO, H.M. SR. CAROLYN DIRECTOR - MDF	3.00 0.00	X						0.	0.	0.
(161) CAREY, WENDY G. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(162) CARTER, THERESA DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(163) CHAPMAN, CARLA DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(164) CONNORS, LOREE DIRECTOR - REG HOSPS	5.00 0.00	X						0.	0.	0.
(165) CORWIN, RUSSELL DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(166) COSTELLO, JOHN H. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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) COTTER, E. ROBERT DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(168) CRAIN, MARY KAY DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(169) CRAWFORD, DEBORAH A. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(170) CROSLEY, MARIANNE DIRECTOR - REG HOSPS (PART YR)	5.00 0.00	X						0.	0.	0.
(171) CUNNINGHAM, MARYBETH DIRECTOR - IRMH	3.00 0.00	X						0.	0.	0.
(172) DASH, NANDITA DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(173) DAVIS, MARK DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(174) DAVIS, REVERAND CHARMAYNE DIRECTOR - MMF	3.00 0.00	X						0.	0.	0.
(175) DICOLA, LAURA DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(176) DURKIN, SR. MARIAN DIRECTOR - MDF	3.00 0.00	X						0.	0.	0.
(177) FEDELI, UMBERTO P. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(178) FEDOROVICH, RICK DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(179) FEINOUR, EUGENE P. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(180) FETH, WILLIAM DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(181) FITZPATRICK, SCOTT DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(182) FORBES, JAMES DIRECTOR - IRMH (PART YR)	3.00 0.00	X						0.	0.	0.
(183) FUJITA, PH.D. HIROYUKI DIRECTOR - REG HOSPS	5.00 0.00	X						0.	0.	0.
(184) GAGE, M.D. JOSEPH DIRECTOR - MMF	3.00 0.00	X						0.	0.	0.
(185) GAHAN, M.D. DELORES R. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(186) GANSER, LINDA R. DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(187) GEIB DORRIS, ANNE DIRECTOR - UNION HOSP	3.00 0.00	X						0.	0.	0.
(188) GILMARTIN, RAY DIRECTOR - MMF	3.00 0.00	X						0.	0.	0.
(189) GINDLESBERGER, SCOTT DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(190) GOLDSTEIN, SHERYL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(191) GORSKY, ALEX DIR-CCF, CCEF, REG HOSPS (PART YR)	5.00 0.00	X						0.	0.	0.
(192) GRAHAM, GRETCHEN DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(193) GRAVO, JACK DIRECTOR - REG HOSPS (PART YR)	5.00 0.00	X						0.	0.	0.
(194) GRAY, KEVIN DIRECTOR - UNION HOSP	3.00 0.00	X						0.	0.	0.
(195) GRICE, TERRY DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(196) GUTWALD, DENNIS DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(197) GWIN, BONNIE W. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(198) HARRIS, JANET DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(199) HARVEY, CLARK DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(200) HENKEL, OLIVER DIRECTOR - IRMH (PART YR)	3.00 0.00	X						0.	0.	0.
(201) HOOVER, CAROLE F. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(202) HOROWITZ, FELICIA DIRECTOR - KMA (PART YR)	3.00 0.00	X						0.	0.	0.
(203) HURTT, STEPHANIE P. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(204) HUTSON, SEAN DIRECTOR - MEDINA HOSP FD (PART YR)	3.00 0.00	X						0.	0.	0.
(205) HUTSON, WILLIAM DIRECTOR - MEDINA HOSP FD (PART YR)	3.00 0.00	X						0.	0.	0.
(206) ISHRAK, PH.D., OMAR DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(207) JONES, STEPHEN C. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(208) KEMP III, JOHN B. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(209) KEMPER, R.N., BETTY J. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(210) KILBANE, ESQ., CATHERINE M. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(211) KNISELY, JAMES DIRECTOR - UNION HOSP	3.00 0.00	X						0.	0.	0.
(212) KOHL, STEWART A. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(213) KOST, SARAH DIRECTOR - MEDINA HOSP FD (PART YR)	3.00 0.00	X						0.	0.	0.
(214) KRAMER, RICHARD J. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(215) LEE, RALPH DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(216) LEVITT, JR., ARTHUR DIRECTOR - MMF	3.00 0.00	X						0.	0.	0.
(217) LOCKE, JONI DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(218) LOMAX-HOMIER, M.D., JULIETTE DIRECTOR - IRMH	3.00 0.00	X						0.	0.	0.
(219) LONG, JARROD DIRECTOR - MEDINA HOSP FD (PART YR)	3.00 0.00	X						0.	0.	0.
(220) MACDONALD, III, WILLIAM E. DIR-FL ENTITIES	5.00 0.00	X						0.	0.	0.
(221) MAHONEY, LOUISE F. DIRECTOR - MERCY DEV FD (PART YR)	3.00 0.00	X						0.	0.	0.
(222) MARKS, JEANNINE DIRECTOR - AGMC, LODI (PART YR)	5.00 0.00	X						0.	0.	0.
(223) MATTERA, VINCENT DIR-CC FL, CCFRHS, WESTON, MARTIN	5.00 0.00	X						0.	0.	0.
(224) MATTHEWS, TJ DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(225) MCCORKLE, RET LT GEN, FRED PUBLIC TRUSTEE - LORD FD OF OH	3.00 0.00	X						0.	0.	0.
(226) MCGAUGH, MICHAEL DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(227) MELIO, MARK	3.00									
DIRECTOR - KMA (PART YR)	0.00	X						0.	0.	0.
(228) MERRIMAN, JEFF	3.00									
DIRECTOR - MERCY DEV FD	0.00	X						0.	0.	0.
(229) MILBRANDT, AUDRA	3.00									
DIRECTOR - MERCY DEV FD (PART YR)	0.00	X						0.	0.	0.
(230) MILLER, PAMELA	5.00									
DIRECTOR - REG HOSPS	0.00	X						0.	0.	0.
(231) MILSTEN, M.D., RICHARD	3.00									
DIRECTOR - IRHF (PART YR)	0.00	X						0.	0.	0.
(232) MINTON, MICHAEL	3.00									
DIRECTOR - MMF	0.00	X						0.	0.	0.
(233) MITTAL, LAKSHMI N.	5.00									
DIRECTOR - REG HOSPS (PART YR)	0.00	X						0.	0.	0.
(234) MOORE, TERRY	3.00									
DIRECTOR - MERCY DEV FDN	0.00	X						0.	0.	0.
(235) MORINO, MARIO M.	5.00									
DIR-CCF, CCEF & REG HOSPS (PART YR)	0.00	X						0.	0.	0.
(236) MULROY, PATRICIA	3.00									
DIRECTOR - KMA	0.00	X						0.	0.	0.
(237) NANCE, ESQ., FREDERICK R.	5.00									
DIRECTOR - CCF, CCEF, REG HOSPS	0.00	X						0.	0.	0.
(238) O'BRIEN, KATHLEEN C.	3.00									
DIRECTOR - IRHF	0.00	X						0.	0.	0.
(239) OGLESBY, MARION B.	3.00									
DIRECTOR - IRHF	0.00	X						0.	0.	0.
(240) OLIVIERI, DEAN	3.00									
DIRECTOR - MERCY DEV FD	0.00	X						0.	0.	0.
(241) PARKER, QUINN	3.00									
DIRECTOR - MERCY DEV FD	0.00	X						0.	0.	0.
(242) PAUMIER, D.D.S., THOMAS M.	5.00									
DIRECTOR - REG HOSPS.	0.00	X						0.	0.	0.
(243) PELLEGRINI, DAVE	5.00									
DIRECTOR - AGMC, LODI	0.00	X						0.	0.	0.
(244) PETTIT, DAN	3.00									
DIRECTOR - KMA	0.00	X						0.	0.	0.
(245) POHL, PAUL M.	3.00									
PUBLIC TRUSTEE - LORD FD OF OH	0.00	X						0.	0.	0.
(246) POTTER, MARY	3.00									
DIRECTOR - IRHF	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(247) REISER, MATTHEW DIRECTOR - IRMH	3.00 0.00	X						0.	0.	0.
(248) RICH, JR., ROBERT E. DIR-CC FL, CCFRHS, WESTON, MARTIN	5.00 0.00	X						0.	0.	0.
(249) RICH, MELINDA R. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(250) ROBINSON, SCOTT DIRECTOR - UHCHF	3.00 0.00	X						0.	0.	0.
(251) ROGICH, SIGMOND DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(252) ROHRBACH, N. JACK DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(253) ROONEY, M.D., DINA DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(254) ROSS, MARK DIRECTOR - REG HOSPS	5.00 0.00	X						0.	0.	0.
(255) RUNDELS, MATTHEW DIRECTOR - IRHF (PART YR)	3.00 0.00	X						0.	0.	0.
(256) RYAN, JR., PATRICK DIR-CC FL, CCFRHS, WESTON, MARTIN	5.00 0.00	X						0.	0.	0.
(257) SALERNO, FREDERIC DIR-CC FL, CCFRHS, WESTON, MARTIN	5.00 0.00	X						0.	0.	0.
(258) SALVATORE, ESQ., ALBERT N. DIRECTOR - REG HOSPS	5.00 0.00	X						0.	0.	0.
(259) SAVAGE, MATT DIRECTOR - MERCY DEV FD (PART YR)	3.00 0.00	X						0.	0.	0.
(260) SCHROER, JR., JERRY DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(261) SCHULMAN, DAN DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(262) SCOTT, JR., HAROLD LEE DIR-FL, CCF, CCEF, OH HOSPS (PT YR)	5.00 0.00	X						0.	0.	0.
(263) SCOVILLE, ROGER DIRECTOR - IRHF (PART YR)	3.00 0.00	X						0.	0.	0.
(264) SEALY, KAREN DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(265) SEVERINI, GWEN DIRECTOR - MERCY DEV FD (PART YR)	3.00 0.00	X						0.	0.	0.
(266) SEVERINO, MICHAEL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(267) SOLOMON, SUSAN R. DIRECTOR - IRHF	3.00 0.00	X						0.	0.	0.
(268) STEELMAN, PAUL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(269) STEINER, DONALD DIRECTOR - KMA (PART YR)	3.00 0.00	X						0.	0.	0.
(270) STEPHENSON, ELIZABETH DIRECTOR - UNION HOSP, UHCHF	5.00 0.00	X						0.	0.	0.
(271) STURM, RICHARD DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(272) STURM, ROLAND DIRECTOR - KMA, LRBI	5.00 0.00	X						0.	0.	0.
(273) TAFFER, JON DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(274) TANG, MICHAEL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(275) THOMPSON, M.D., ROBY DIRECTOR - MMF	3.00 0.00	X						0.	0.	0.
(276) THOMSON, DAVE DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(277) TRUNDLE, SYLVIA DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(278) VASQUEZ, JOSE DIRECTOR - AGMC, LODI (PART YR)	5.00 0.00	X						0.	0.	0.
(279) VEGA, LORRAINE DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(280) WALDRON, JOHN DIRECTOR - REG HOSPS	5.00 0.00	X						0.	0.	0.
(281) WEBER, ESQ., ROBERT C. DIR-CC FL, CCFRHS, WESTON, MARTIN	5.00 0.00	X						0.	0.	0.
(282) WEINBERG, RONALD E. DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(283) WEXLER, NANCY DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(284) WILHELM, MARK DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(285) WILLIAMS, D.D.S., GEORGE T. DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
(286) YINGLING, BARBARA DIRECTOR - MERCY DEV FD	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(287) GULLQUIST, HERBERT DIRECTOR, ASST TREAS - IRHF	3.00 0.00	X		X				0.	0.	0.
(288) BIELSKI, PH.D., BRADLEY DIRECTOR, VICE CHAIR - UH	3.00 0.00	X		X				0.	0.	0.
(289) BROWN, SHERRY DIR, ASS SEC - IRHF	3.00 0.00	X		X				0.	0.	0.
(290) CLIFFORD, J. CHRISTOPHER DIR, V CHAIR - IRHF	3.00 0.00	X		X				0.	0.	0.
(291) DAKERS, KAREN DIRECTOR, CHAIR - MMF	3.00 0.00	X		X				0.	0.	0.
(292) GUNNING, II, DAVID DIRECTOR, CHAIR - CCCHR (PART YR)	3.00 0.00	X		X				0.	0.	0.
(293) HAMMES, MICHAEL DIR - FL; CHAIR - IR	5.00 0.00	X		X				0.	0.	0.
(294) HORN, ROBERT DIRECTOR - UH, UHCHF; CHAIR - UHCHF	5.00 0.00	X		X				0.	0.	0.
(295) HUNTER, ELLEN DIRECTOR, CHAIR - MEDINA HOSP FD	3.00 0.00	X		X				0.	0.	0.
(296) KAY, HARVEY DIR, VICE CHAIR - CCCHR (PART YR)	3.00 0.00	X		X				0.	0.	0.
(297) LAFAGE, JUDITH DIRECTOR - IRHF, IRMH; CHAIR - IRHF	5.00 0.00	X		X				0.	0.	0.
(298) LANG, SEAN DIR - FL, CHAIR- WESTON	5.00 0.00	X		X				0.	0.	0.
(299) LERNER, MARK S. DIRECTOR - REG HOSPS; CHAIR - AGHS	5.00 0.00	X		X				0.	0.	0.
(300) LICHTENBERGER, WILLIAM DIRECTOR - FL, CHAIR - MMHS	5.00 0.00	X		X				0.	0.	0.
(301) MAROONE, MICHAEL E. DIR-CCF, CCEF, REG HOSPS; CHAIR-FL	5.00 0.00	X		X				0.	0.	0.
(302) MIKSCH, DONALD DIR, CHAIR, V CHAIR- MHF (PART YR)	3.00 0.00	X		X				0.	0.	0.
(303) MILLER DAWSON, DIANE DIR, CHAIR-LODI, V CHAIR-AGMC (PT YR)	5.00 0.00	X		X				0.	0.	0.
(304) MONDELLO, JAMES DIRECTOR, SECRETARY - MMF	3.00 0.00	X		X				0.	0.	0.
(305) MOONEY, BETH E. DIR, CHAIR-CCF, CCEF & REG HOSPS	5.00 0.00	X		X				0.	0.	0.
(306) MORRIS, JAMES PUBLIC TRUSTEE, PRES - LORD FD OF OH	3.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(307) MUNN, WILLIAM H. DIRECTOR, TREASURER - IRHF	3.00 0.00	X		X				0.	0.	0.
(308) O'BRIEN, TIMOTHY DIRECTOR, CHAIR - CCCHR (PART YR)	3.00 0.00	X		X				0.	0.	0.
(309) PALOMBI, MARK DIRECTOR, VICE CHAIR - MMF	3.00 0.00	X		X				0.	0.	0.
(310) PETRAS, JR., MICHAEL B. DIR, V CHR, FIN & BUS DEV-CCF, CCEF	5.00 0.00	X		X				0.	0.	0.
(311) PLAZEK, RONALD DIR, TREAS - MHF (PART YR)	3.00 0.00	X		X				0.	0.	0.
(312) POLLOCK, LARRY DIR-CCF,CCEF, OH HOSPS; V CHAIR - CC	5.00 0.00	X		X				0.	0.	0.
(313) PRELAC, JOHN DIRECTOR, SEC - MERCY DEV FD	3.00 0.00	X		X				0.	0.	0.
(314) RUVO, CAMILLE DIRECTOR, VICE CHAIR - KMA	3.00 0.00	X		X				0.	0.	0.
(315) RUVO, LARRY DIRECTOR - KMA, LRBI, CHAIR - KMA	5.00 0.00	X		X				0.	0.	0.
(316) SALEK, ANN DIR, V CHAIR- MHF (PART YR)	3.00 0.00	X		X				0.	0.	0.
(317) SEANOR, GEORGE D. DIRECTOR, ASST TREAS - MERCY DEV FD	3.00 0.00	X		X				0.	0.	0.
(318) SHEIFFER, PAMELA J. DIRECTOR, SEC - IRHF	3.00 0.00	X		X				0.	0.	0.
(319) STRUTHERS, JR., HARVEY J. DIRECTOR, ASST SEC - IRHF	3.00 0.00	X		X				0.	0.	0.
(320) SWIGART, AGNES K. DIRECTOR, VICE CHAIR - UHCHF	3.00 0.00	X		X				0.	0.	0.
(321) TANSILL, DOUGLAS T. DIRECTOR, VICE CHAIR - IRHF	3.00 0.00	X		X				0.	0.	0.
(322) THORN, LEE ANN DIRECTOR, CHAIR - MERCY DEV FD	3.00 0.00	X		X				0.	0.	0.
(323) TREIER, J. BRET DIR-AGMC, LODI; CHAIR-AGMC (PART YR)	5.00 0.00	X		X				0.	0.	0.
(324) TUCKER, JOHN M. DIR, VICE CHAIR - MDF (PART YR)	3.00 0.00	X		X				0.	0.	0.
(325) WEBB, THEORA DIR-FL ENTITIES; V CHAIR - MMHS	5.00 0.00	X		X				0.	0.	0.
(326) WOODRUFF, ANTHONY C. DIRECTOR, CHAIR EMERITUS - IRHF	3.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

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			
(327) WARTHER, RN, CCM, LHN PATRICIA	5.00									
DIR-REG HOSPS, UHS; CHAIR - UH	0.00	X		X				0.	0.	0.
(328) BANKS, JOHN H.	3.00									
TREASURER - MARYMOUNT	0.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c								47,507,805.	489,586.	4,056,756.

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2024)

GROUP RETURN

91-2153073

Page **9**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	27,399,919.			
	d	Related organizations	1d	29,041,737.			
	e	Government grants (contributions)	1e	216,523,788.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	293,012,683.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 24,161,362.			
	h	Total. Add lines 1a-1f		565,978,127.			
Program Service Revenue	2 a	NET PATIENT SERVICES	Business Code 620000	7,676,705,558.	7,663,654,869.	13,050,689.	
	b	MEDICARE/MEDICAID PAYM	921990	6,583,168,563.	6,583,168,563.		
	c	OTHER PROGRAM SERVICES	900099	1,459,370,870.	1,434,023,046.	25,347,824.	
	d	PARKING, PHONE & OTHER	720000	65,546,356.		25,807,523.	39,738,833.
	e	MANAGEMENT FEES	561000	15,365,757.	15,365,757.		
	f	All other program service revenue	900099	3,878,696.	2,622,847.	1,255,849.	
	g	Total. Add lines 2a-2f		15,804,035,800.			
	3	Investment income (including dividends, interest, and other similar amounts)		135,175,277.			135,175,277.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties		54,880,753.			54,880,753.	
Other Revenue	6 a	Gross rents	6a	(i) Real 35,111,053.	(ii) Personal		
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	35,111,053.			
	d	Net rental income or (loss)		35,111,053.			35,111,053.
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities 2857872819.	(ii) Other 1,158,952.		
	b	Less: cost or other basis and sales expenses	7b	2821596704.	2,222,631.		
	c	Gain or (loss)	7c	36,276,115.	-1,063,679.		
	d	Net gain or (loss)		35,212,436.			35,212,436.
	8 a	Gross income from fundraising events (not including \$ 27,399,919. of contributions reported on line 1c). See Part IV, line 18	8a	3,002,979.			
	b	Less: direct expenses	8b	8,244,785.			
	c	Net income or (loss) from fundraising events		-5,241,806.			-5,241,806.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	INCOME ON HEDGE FUNDS	Business Code 901101	545,229,057.		4,443,251.	540,785,806.
	b	INVESTMENT IN AFFILIAT	523000	24,973,001.			24,973,001.
	c	DERIVATIVE INCOME	525990	11,605,987.			11,605,987.
	d	All other revenue	525990	-251,052.			-251,052.
	e	Total. Add lines 11a-11d		581,556,993.			
	12	Total revenue. See instructions		17,206,708,633.	15,698,835,082.	69,905,136.	871,990,288.

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2024)

GROUP RETURN

91-2153073

Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	42,209,227.	42,209,227.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	129,036,554.	129,036,554.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,913,324.	2,913,324.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,781,073.	33,164,702.	53,616,371.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	11,829,122.	5,499,044.	6,330,078.	
7 Other salaries and wages	7,156,372,529.	6,211,843,102.	928,820,880.	15,708,547.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	406,908,116.	353,079,692.	52,812,336.	1,016,088.
9 Other employee benefits	897,321,382.	779,126,085.	116,462,751.	1,732,546.
10 Payroll taxes	459,974,261.	399,219,021.	59,699,756.	1,055,484.
11 Fees for services (nonemployees):				
a Management	8,114,199.	7,061,062.	1,053,137.	
b Legal	6,510,552.	5,664,878.	844,999.	675.
c Accounting	2,676,688.		2,676,688.	
d Lobbying	946,070.	946,070.		
e Professional fundraising services. See Part IV, line 17	1,787,790.			1,787,790.
f Investment management fees	31,973,842.		31,973,842.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	622,011,636.	538,022,896.	80,730,481.	3,258,259.
12 Advertising and promotion	48,629,787.	41,830,790.	6,311,628.	487,369.
13 Office expenses	177,090,841.	153,676,176.	22,984,504.	430,161.
14 Information technology	276,809,323.	240,822,148.	35,926,902.	60,273.
15 Royalties	1,581,873.	1,376,563.	205,310.	
16 Occupancy	235,862,360.	205,249,146.	30,612,420.	794.
17 Travel	43,371,208.	37,160,011.	5,629,120.	582,077.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,821,470.	9,101,118.	1,404,511.	315,841.
20 Interest	151,267,760.	131,634,817.	19,632,943.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	567,311,709.	493,680,696.	73,631,013.	
23 Insurance	143,349,773.	124,744,500.	18,605,273.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	3,534,015,632.	3,534,014,372.		1,260.
b BAD DEBT EXPENSE	531,564,610.	531,564,610.		
c STATE FRANCHISE FEE	213,940,778.	213,940,778.		
d TAXES	7,646,146.	7,646,146.		
e All other expenses	317,145,775.	284,720,654.	32,332,422.	92,699.
25 Total functional expenses. Add lines 1 through 24e	16,127,775,410.	14,518,948,182.	1,582,297,365.	26,529,863.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990 (2024)

91-2153073

Page **11**

Part X Balance Sheet

Check 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	251,957,875.	1	418,977,432.
	2 Savings and temporary cash investments	486,517,843.	2	837,121,008.
	3 Pledges and grants receivable, net	302,586,526.	3	269,406,260.
	4 Accounts receivable, net	1,982,017,175.	4	2,000,477,599.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	184,314.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	247,788,225.	7	192,737,504.
	8 Inventories for sale or use	326,397,441.	8	359,020,262.
	9 Prepaid expenses and deferred charges	131,744,777.	9	116,653,776.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	13,053,345,774.		
	b Less: accumulated depreciation	6,963,063,684.		
		5,431,657,329.	10c	6,090,282,090.
	11 Investments - publicly traded securities	5,949,002,451.	11	6,188,552,137.
	12 Investments - other securities. See Part IV, line 11	6,713,826,857.	12	7,237,036,826.
	13 Investments - program-related. See Part IV, line 11	465,007,785.	13	185,601,957.
	14 Intangible assets	202,283,432.	14	212,086,587.
15 Other assets. See Part IV, line 11	2,231,725,450.	15	2,425,876,269.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,722,513,166.	16	26,534,014,021.	
Liabilities	17 Accounts payable and accrued expenses	1,566,091,882.	17	1,860,542,811.
	18 Grants payable	0.	18	3,498,804.
	19 Deferred revenue	87,614,735.	19	111,261,076.
	20 Tax-exempt bond liabilities	4,313,710,371.	20	4,425,629,407.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,187,495.	23	896,392.
	24 Unsecured notes and loans payable to unrelated third parties	411,323,899.	24	524,597,393.
	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	1,535,146,414.	25	1,350,062,200.
	26 Total liabilities. Add lines 17 through 25	7,915,074,796.	26	8,276,488,083.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,995,574,600.	27	15,067,717,190.
	28 Net assets with donor restrictions	1,811,863,770.	28	3,189,808,748.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	16,807,438,370.	32	18,257,525,938.	
33 Total liabilities and net assets/fund balances	24,722,513,166.	33	26,534,014,021.	

Form **990** (2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2024)

GROUP RETURN

91-2153073

Page **12**

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	17,206,708,633.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,127,775,410.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,078,933,223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,807,438,370.
5	Net unrealized gains (losses) on investments	5	-195,503,564.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-810,653,281.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,377,311,190.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,257,525,938.

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 on 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		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	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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2024)

Schedule A (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 2

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	741,758,329.	629,033,712.	486,363,797.	550,972,319.	565,978,127.	2974106284.
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	741,758,329.	629,033,712.	486,363,797.	550,972,319.	565,978,127.	2974106284.
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.						2974106284.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	741,758,329.	629,033,712.	486,363,797.	550,972,319.	565,978,127.	2974106284.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	164,918,079.	203,214,903.	125,572,882.	225,004,077.	225,167,083.	943,877,024.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...		1,241,182.	467,836.	443,690.	531,113.	2,683,821.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	701,022,749.	900,292,610.	80,265,703.	431,412,850.	581,825,358.	2694819270.
11 Total support. Add lines 7 through 10						6615486399.
12 Gross receipts from related activities, etc. (see instructions)					12 15,698,835,082.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	44.96 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	44.32 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 3

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 ☐

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THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 5

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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).		
2		
3 By reason of the relationship described on line 2, above, 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.		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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.			
2a			
b Did the activities described on line 2a, above, 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .			
3a			
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.			
3b			

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THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 6

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 7

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

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

2020 AMOUNT: \$ 689,403,579.

2021 AMOUNT: \$ 870,791,094.

2023 AMOUNT: \$ 410,902,678.

2024 AMOUNT: \$ 545,229,057.

FOREIGN CURRENCY

2020 AMOUNT: \$ 92,893.

2021 AMOUNT: \$ 365,082.

2023 AMOUNT: \$ 155,673.

INCOME FROM FUNDRAISING/GAMING EVENTS

2020 AMOUNT: \$ 5,050.

DERIVATIVE INCOME

2021 AMOUNT: \$ 20,749,237.

2022 AMOUNT: \$ 68,101,917.

2023 AMOUNT: \$ 1,669,074.

2024 AMOUNT: \$ 11,605,987.

LIFE INSURANCE TRUST

2021 AMOUNT: \$ 331,326.

2022 AMOUNT: \$ 154,122.

2023 AMOUNT: \$ -118,136.

2024 AMOUNT: \$ 17,313.

INVESTMENT IN AFFILIATES

2020 AMOUNT: \$ 11,521,227.

2021 AMOUNT: \$ 8,055,871.

2022 AMOUNT: \$ 12,009,664.

2023 AMOUNT: \$ 18,803,561.

2024 AMOUNT: \$ 24,973,001.

PART I, PUBLIC CHARITY STATUS

BOX 3 HAS BEEN CHECKED AS THE MOST ACCURATE REPRESENTATION OF THE CLEVELAND CLINIC FOUNDATION GROUP RETURN'S PUBLIC CHARITY STATUS SINCE THE VAST MAJORITY OF THE INFORMATION REPORTED IN THE CLEVELAND CLINIC FOUNDATION GROUP RETURN RELATES TO SECTION 170(B)(1)(A)(III) HOSPITAL ENTITIES. ALL OF THE SUBORDINATE ORGANIZATIONS MAINTAIN A PUBLIC CHARITY STATUS PURSUANT TO SECTION 509(A) AND THE INFORMATION REQUIRED IN PARTS II THROUGH V HAS BEEN REPORTED IN PART VI WHERE APPLICABLE TO ONE OR MORE OF THE SUBORDINATE ORGANIZATIONS.

PART 1, LINE 12

PURSUANT TO THE INSTRUCTIONS FOR GROUP FILINGS, THE FOLLOWING INFORMATION FOR PARTS 12A-12G IS BEING PROVIDED.

LINE 12E

THE 509(A)(3) SUBORDINATES INCLUDED IN THIS GROUP RETURN ARE ALL RECOGNIZED AS TYPE I SUPPORTING ORGANIZATIONS UNDER THE CLEVELAND CLINIC FOUNDATION'S GROUP EXEMPTION.

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

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.)

LINE 12F

THE TOTAL NUMBER OF SUPPORTED ORGANIZATIONS: 9

LINE 12G

THE FOLLOWING INFORMATION IS PROVIDED ABOUT THE SUPPORTED ORGANIZATIONS: NAME OF SUPPORTED ORGANIZATION, EIN, TYPE OF ORGANIZATION DESCRIBED IN LINES 1-9 OF SCHEDULE A PART I, WHETHER THE SUPPORTED ORGANIZATION IS LISTED IN THE GOVERNING DOCUMENTS OF THE SUPPORTING ORGANIZATION, AMOUNT OF MONETARY SUPPORT AND SUPPORTING ORGANIZATION.

THE CLEVELAND CLINIC FOUNDATION, 34-0714585, 3, YES, \$0, CCF LYNDHURST PROPERTY CORP., CCF LYNDHURST PROPERTY II CORP., CCF NEW YORK MEDICAL SERVICES, P.C., CCF TENNESSEE MEDICAL SERVICES, P.C., CLEVELAND CLINIC CALIFORNIA, INC., CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION), CLEVELAND CLINIC HOME CARE SERVICES, INC., CLEVELAND CLINIC MEDICAL SERVICES DBA ALLOGEN LABORATORIES, CLEVELAND CLINIC NEVADA, CLEVELAND CLINIC SUPPORT SERVICES, CLINIC CARE, INC., LORD FOUNDATION OF OHIO, LOU RUVO BRAIN INSTITUTE, THE CORONARY CLUB, CLEVELAND CLINIC HEALTH SERVICES PROFESSIONAL ASSOCIATION, CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION, THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION AND CLEVELAND CLINIC ALLIANCE FOR PATIENT & CAREGIVER SAFETY PATIENT SAFETY ORGANIZATION.

CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, 34-0714570, 3, YES, \$0, PEDIATRIC MEDICAL MANAGEMENT, INC.

CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION, 34-0714593, 3, YES, \$0, CLEVELAND CLINIC HOME CARE, INC.

AKRON GENERAL MEDICAL CENTER, 34-0714478, 3, YES, \$0, AKRON GENERAL HEALTH SYSTEM, AKRON GENERAL PARTNERS AND PARTNERS PHYSICIAN GROUP.

THE UNION HOSPITAL ASSOCIATION, 34-0714771, 3, YES, \$0, UNION HEALTH SYSTEM.

CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION), 65-0003177, 12A, YES, \$0, CLEVELAND CLINIC FLORIDA PHARMACY SERVICES NONPROFIT CORPORATION.

INDIAN RIVER MEMORIAL HOSPITAL, INC., 59-2496294, 3, YES, \$0, INDIAN RIVER HEALTH SERVICES, INC. AND HEALTH SYSTEMS OF INDIAN RIVER, INC.

MARTIN MEMORIAL MEDICAL CENTER, INC., 59-0637874, 3, YES, \$0, COASTAL CARE CORPORATION AND MARTIN MEMORIAL HEALTH SYSTEM, INC.

CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION, 83-2249666, 12A, YES, \$0, MARTIN MEMORIAL HEALTH SYSTEM, INC.

PART IV, SECTION A AND SECTION B

PURSUANT TO THE INSTRUCTIONS, THE FOLLOWING INFORMATION FOR SECTIONS A AND B IS BEING PROVIDED:

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

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.)

PART IV -SECTION A - LINE 1 - THERE ARE 2 SUPPORTING ORGANIZATIONS THAT
DO NOT LIST THE SUPPORTED ORGANIZATION IN ITS GOVERNING DOCUMENTS (CCF
LYNDHURST PROPERTY CORPORATION AND CCF TENNESSEE MEDICAL SERVICES,
P.C.). INSTEAD, THE GOVERNING DOCUMENTS INDICATE THAT IF THE ENTITY
WERE TO DISSOLVE, THE SUPPORTED ORGANIZATION WOULD CONTROL THE ASSETS
OF THE SUPPORTING ORGANIZATION.

PART IV -SECTION A - LINE 2 - THERE ARE 3 ORGANIZATIONS THAT SUPPORT
OTHER 509(A)(3) SUPPORTING ORGANIZATIONS WHOSE PURPOSE IS TO SUPPORT
509(A)(1) ORGANIZATIONS.

PART IV -SECTION A - LINE 6 - THERE ARE 3 SUPPORTING ORGANIZATIONS
THAT PROVIDED SUPPORT TO OTHER ORGANIZATIONS EXEMPT UNDER 501(C)(3)
THAT WERE NOT LISTED IN THE SUPPORTING ORGANIZATION'S GOVERNING
DOCUMENTS. THIS INCLUDED SUPPORT TO ORGANIZATIONS SUCH AS LOCAL
HOSPITALS, MEDICAL/HEALTH ASSOCIATIONS, AND OTHER ORGANIZATIONS THAT
BENEFIT THE LOCAL COMMUNITIES.

ALL OTHER QUESTIONS IN PART IV OF SECTION A ARE ANSWERED EITHER "NO"
OR "N/A" FOR ALL OF THE SUPPORTING ORGANIZATIONS IN THE GROUP.

PART IV -SECTION B - LINE 1 - YES

PART IV - SECTION B - LINE 2 - NO

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.**
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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 foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
1		\$ 44,218,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 25,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 16,295,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 4,420,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,500,025.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 1,954,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,575,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,574,889.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 984,525.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 970,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 937,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 813,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 752,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 672,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 529,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 429,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 425,326.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 401,564.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 301,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 296,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
43		\$ 240,852.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 232,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 211,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 198,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 180,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 170,538.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 150,044.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 149,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 147,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
67		\$ 141,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 141,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 117,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
73		\$ 112,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 109,769.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 109,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 106,977.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 106,777.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
79		\$ 105,135.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 104,314.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
85		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
97		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
103		\$ 78,678.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 66,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 66,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
109		\$ 62,586.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 61,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
115		\$ 58,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 50,958.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
121		\$ 50,622.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 50,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
127		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
133		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 49,989.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
139		\$ 48,548.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ 40,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
145		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 38,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
151		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 32,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
157		\$ 25,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 25,291.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
163		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
169		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
175		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
181		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183		\$ 24,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184		\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185		\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186		\$ 22,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
187		\$ 20,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
193		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
199		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 18,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
205		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 17,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 17,106.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
211		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
217		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 13,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 13,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 11,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 11,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
223		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224		\$ 10,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225		\$ 10,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226		\$ 10,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227		\$ 10,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
229		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
235		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
241		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
247		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
253		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
259		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
265		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266		\$ 9,761.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
267		\$ 9,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268		\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269		\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **2**

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
271		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276		\$ 5,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (Rev. 12-2024)

Page **3**

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
5	VARIOUS SHARES OF STOCK <hr/> <hr/> <hr/>	\$ 2,500,025.	04/01/24
16	VARIOUS SHARES OF STOCK <hr/> <hr/> <hr/>	\$ 984,525.	12/04/24
27	VARIOUS SHARES OF STOCK <hr/> <hr/> <hr/>	\$ 425,326.	04/29/24
29	VARIOUS SHARES OF STOCK <hr/> <hr/> <hr/>	\$ 401,564.	01/31/24
43	VARIOUS SHARES OF STOCK <hr/> <hr/> <hr/>	\$ 240,852.	04/03/24
62	VARIOUS SHARES OF STOCK <hr/> <hr/> <hr/>	\$ 170,538.	04/30/24

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Schedule B (Form 990) (Rev. 12-2024)

Page **3**

Name of organization

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Employer identification number

91-2153073

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
63	VARIOUS SHARES OF STOCK	\$ 150,044.	04/03/24
75	VARIOUS SHARES OF STOCK	\$ 109,769.	07/08/24
77	VARIOUS SHARES OF STOCK	\$ 106,977.	12/26/24
78	VARIOUS SHARES OF STOCK	\$ 106,777.	12/09/24
79	VARIOUS SHARES OF STOCK	\$ 105,135.	12/24/24
81	VARIOUS SHARES OF STOCK	\$ 104,314.	03/18/24

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Schedule B (Form 990) (Rev. 12-2024)

Page **3**

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
109	VARIOUS SHARES OF STOCK	\$ 62,586.	12/20/24
120	VARIOUS SHARES OF STOCK	\$ 50,958.	12/17/24
121	VARIOUS SHARES OF STOCK	\$ 50,622.	03/20/24
138	VARIOUS SHARES OF STOCK	\$ 49,989.	10/31/24
139	VARIOUS SHARES OF STOCK	\$ 48,548.	12/16/24
158	VARIOUS SHARES OF STOCK	\$ 25,291.	04/18/24

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Schedule B (Form 990) (Rev. 12-2024)

Page **3**

Name of organization

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Employer identification number

91-2153073

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
183	VARIOUS SHARES OF STOCK	\$ 24,984.	04/05/24
186	VARIOUS SHARES OF STOCK	\$ 22,018.	12/11/24
266	VARIOUS SHARES OF STOCK	\$ 9,761.	09/05/24
		\$	
		\$	
		\$	

PUBLIC INSPECTION COPY

Schedule B (Form 990) (Rev. 12-2024)

Page **4**

Name of organization

THE CLEVELAND CLINIC FOUNDATION

Employer identification number

91-2153073

GROUP RETURN

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

FORM 990

LINE H(B) - LIST OF SUBORDINATE
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
AKRON GENERAL FOUNDATION	1 AKRON GENERAL AVENUE - AKRON, OH 44307	34-1127047
AKRON GENERAL HEALTH SYSTEM	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-1546466
AKRON GENERAL MEDICAL CENTER	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714478
AKRON GENERAL PARTNERS INC.	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	20-1801493
CCF LYNDHURST PROPERTY CORP	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	30-0023640
CCF LYNDHURST PROPERTY II CORP	9500 EUCLID AVE, H 18 - CLEVELAND, OH 44195	20-0570360
CCF NEW YORK MEDICAL SERVICES PC	9500 EUCLID AVE, RK 15 - CLEVELAND, OH 44195	20-0239257
CCF TENNESSEE MEDICAL SERVICES PC	9500 EUCLID AVE - CLEVELAND, OH 44195	27-1442158
CLEVELAND CLINIC ALLIANCE FOR PATIENT AND CAREGIVER SAFETY PSO	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	87-2634602
CLEVELAND CLINIC AVON HOSPITAL	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	47-4442902
CLEVELAND CLINIC CALIFORNIA, INC.	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	99-3749360
CLEVELAND CLINIC CHILDREN'S HOSPITAL	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714570
CLEVELAND CLINIC FLORIDA A NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-0003177
CLEVELAND CLINIC FLORIDA FOUNDATION NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-1133985

STATEMENT(S) 1

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THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

CLEVELAND CLINIC FLORIDA PHARMACY SERVICES NONPROFIT CORPORATION	2950 CLEVELAND CLINIC BLVD - WESTON, FL 33331	46-2633774
CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	83-2249666
CLEVELAND CLINIC HEALTH SERVICES PROFESSIONAL ASSOCIATION INC	9500 EUCLID AVENUE RK 15 - CLEVELAND, OH 44195	82-1803735
CLEVELAND CLINIC HEALTH SYSTEM EAST REGION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714593
CLEVELAND CLINIC HOME CARE	6801 BRECKSVILLE ROAD, SUITE 20, RK15 - INDEPENDENCE, OH 44131	34-1435257
CLEVELAND CLINIC HOME CARE SERVICES	6801 BRECKSVILLE ROAD, SUITE 20, RK15 - INDEPENDENCE, OH 44131	34-1720934
CLEVELAND CLINIC MEDICAL SERVICES INC	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	31-1562102
CLEVELAND CLINIC MERCY HOSPITAL	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-1893439
CLEVELAND CLINIC NEVADA	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	26-4367036
CLEVELAND CLINIC SUPPORT SERVICES	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	45-5384988
CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-0844880
CLINIC CARE INC	6100 W CREEK RD STE 25 - INDEPENDENCE, OH 44131	34-0777619
COASTAL CARE CORPORATION	PO BOX 9033 - STUART, FL 34995	59-2333374
CORONARY CLUB	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	23-7156175
FAIRVIEW HOSPITAL	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714618
HEALTH SYSTEMS OF INDIAN RIVER, INC	1000 36TH ST - VERO BEACH, FL 32960	65-0705680
INDIAN RIVER HEALTH SERVICES INC	1000 36TH ST - VERO BEACH, FL 32960	65-0029298
INDIAN RIVER HOSPITAL FOUNDATION INC	1000 36TH ST - VERO BEACH, FL 32960	59-0760215
INDIAN RIVER MEMORIAL HOSPITAL, INC	1000 36TH ST - VERO BEACH, FL 32960	59-2496294
KEEP MEMORY ALIVE	888 BONNEVILLE AVE - LAS VEGAS, NV 89106	88-0515534
LODI COMMUNITY HOSPITAL	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0718390
LORD FOUNDATION OF OHIO	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-1298884
LOU RUVO BRAIN INSTITUTE	888 W BONNEVILLE AVE - LAS VEGAS, NV 89106	20-8077691
LUTHERAN HOSPITAL	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714684
MARTIN MEMORIAL FOUNDATION INC	PO BOX 9033 - STUART, FL 34995	59-2343938
MARTIN MEMORIAL HEALTH SYSTEMS INC	PO BOX 9033 - STUART, FL 34995	59-2307522

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

MARTIN MEMORIAL MEDICAL CENTER, INC	PO BOX 9010 - STUART, FL 34995	59-0637874
MARYMOUNT HOSPITAL INC	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714458
MEDINA HOSPITAL	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0733166
MEDINA HOSPITAL FOUNDATION	1000 E WASHINGTON ST - MEDINA, OH 44256	34-1657989
MERCY DEVELOPMENT FOUNDATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	35-2408321
PARTNERS PHYSICIAN GROUP	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-1843403
PEDIATRIC MEDICAL MANAGEMENT INC	6801 BRECKSVILLE ROAD, SUITE 20, RK 15 - INDEPENDENCE, OH 44131	34-1837018
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714553
THE UNION HOSPITAL ASSOCIATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714771
UNION HEALTH SYSTEM	6801 BRECKSVILLE ROAD STE 20 - INDEPENDENCE, OH 44131	82-5279835
UNION HOSPITAL COMMUNITY HEALTH FOUNDATION	659 BOULEVARD ST - DOVER, OH 44622	82-4952635

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SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN)	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 campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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 EINs 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) 2024

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THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990) 2024

GROUP RETURN

91-2153073

Page 2

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												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2 a 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) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990) 2024

GROUP RETURN

91-2153073

Page 3

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	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		190,384.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		755,686.
j Total. Add lines 1c through 1i			946,070.
2a Did the activities in line 1 cause the organization to not be 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 campaign activity 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 expenditures 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

CLEVELAND CLINIC ENGAGES IN HEALTH CARE RELATED LOBBYING ACTIVITIES IN FURTHERANCE OF ITS EXEMPT PURPOSE AND IN SUPPORT OF ITS MISSION OF CARING FOR LIFE, RESEARCHING FOR HEALTH, AND EDUCATING THOSE WHO SERVE. FURTHER DETAIL ON THE TYPES OF ACTIVITIES IS PROVIDED BELOW.

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 CONDUCTED BY MEMBERS OF THE CCF GOVERNMENT RELATIONS OFFICE.

PART II-B, 1I OTHER ACTIVITIES - REPRESENTS PAYMENT TO CERTAIN ORGANIZATIONS FOR LOBBYING SERVICES AS WELL AS PAYMENT OF DUES TO CERTAIN TRADE ORGANIZATIONS WHERE A PORTION OF THE DUES ARE USED TO CONDUCT

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THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990) 2024

GROUP RETURN

91-2153073

Page **4**

Part IV	Supplemental Information <i>(continued)</i>
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LOBBYING ACTIVITIES.

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SCHEDULE D

(Form 990)

(Rev. December 2024)

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.

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

OMB No. 1545-0047

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 5
b Total acreage restricted by conservation easements	2b 60.31
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located 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 38

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 66,464.

8 Does each conservation easement reported on line 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page **2**

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ 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:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,206,011,052.	599,213,231.	622,607,959.	537,603,872.	467,849,153.
b Contributions	1,371,027,064.	3,522,850,076.	33,478,101.	22,489,147.	26,948,322.
c Net investment earnings, gains, and losses	425,355,156.	186,605,100.		72,345,109.	59,710,925.
d Grants or scholarships			40,664,988.		
e Other expenditures for facilities and programs	240,679,111.	102,657,355.	16,207,841.	9,830,169.	16,904,528.
f Administrative expenses					
g End of year balance	5,761,714,161.	4,206,011,052.	599,213,231.	622,607,959.	537,603,872.

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 %

c Term 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? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		372,675,405.		372,675,405.
b Buildings		7,373,851,884.	4,138,074,657.	3,235,777,227.
c Leasehold improvements		243,061,126.	186,958,453.	56,102,673.
d Equipment		3,777,412,447.	2,496,016,402.	1,281,396,045.
e Other		1,286,344,912.	142,014,172.	1,144,330,740.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,090,282,090.

Schedule D (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page **3**

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) OTHER SECURITIES (PRIVATE EQUITY)	3,638,797,629.	COST
(B) OTHER SECURITIES (HEDGE FUNDS)	3,598,239,197.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	7,237,036,826.	

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, line 13, col. (B))		

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) PERPETUAL & BENEFICIAL TRUSTS	97,561,650.
(2) INVESTMENT IN AFFILIATES	1,377,042,956.
(3) OTHER ASSETS	245,722,524.
(4) DEFERRED ANNUITIES	527,534,192.
(5) DUE FROM AFFILIATES	178,014,947.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,425,876,269.

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	761,299.
(2) DEFERRED ANNUITY TRUST	4,509,514.
(3) OTHER LIABILITIES	88,014,313.
(4) FUTURE GIFT ANNUITIES	14,308,681.
(5) INTEREST RATE SWAP	6,077,839.
(6) ACCRUED PENSION	742,258,296.
(7) ACCRUED BENEFITS	276,021,593.
(8) DUE TO AFFILIATES	218,110,665.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,350,062,200.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page **4**

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 FIVE WETLANDS LOCATED ON THE CLEVELAND CLINIC HEALTH SYSTEM'S PROPERTY IN TWINSBURG, OHIO; AVON, OHIO; COPLEY, OH; AND WESTON, FLORIDA (2). 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 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.

PART X, LINE 2:

THE CLEVELAND CLINIC HEALTH SYSTEM'S ("THE SYSTEM") AUDITED FINANCIAL STATEMENTS ARE REPORTED ON A CONSOLIDATED BASIS, INCLUDING EXEMPT, TAXABLE, AND FOREIGN ENTITIES TO WHICH THE ASC 740-10 LIABILITY RELATES. THE ASC 740-10 FOOTNOTE ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE SYSTEM READS AS FOLLOWS:

UNCERTAIN INCOME TAX POSITIONS WERE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023. THE SYSTEM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS. THE SYSTEM RECOGNIZES ACCRUED INTEREST AND PENALTIES RELATED TO THE LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS.

THE CLEVELAND CLINIC FOUNDATION

Page 5

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SCHEDULE F (Form 990)

(Rev. December 2024)
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.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Employer identification number

91-2153073

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	72,120,000.
NORTH AMERICA	2	0	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	49,235,000.
EUROPE	4	18	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	1223072000.
MIDDLE EAST & NORTH AFRICA	1	91	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	5,288,000.
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATION/PATIENT CARE	22,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATION/PATIENT CARE	238,000.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATION/PATIENT CARE	933,000.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATION/PATIENT CARE	1,114,000.
3 a Subtotal	7	109			1352022000.
b Total from continuation sheets to Part I	0	0			4333619000.
c Totals (add lines 3a and 3b)	7	109			5685641000.

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

Schedule F (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990)

GROUP RETURN

91-2153073

Page 1

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
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATION/PATIENT CARE	637,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATION/PATIENT CARE	150,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATION/PATIENT CARE	44,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATION/PATIENT CARE	3,000.
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	ASSIST PATIENTS WITH APPOINTMENTS, TRAVEL, ETC.	290,000.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ASSIST PATIENTS WITH APPOINTMENTS, TRAVEL, ETC.	141,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	ASSIST PATIENTS WITH APPOINTMENTS, TRAVEL, ETC.	146,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ASSIST PATIENTS WITH APPOINTMENTS, TRAVEL, ETC.	238,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ASSIST PATIENTS WITH APPOINTMENTS, TRAVEL, ETC.	57,000.
MIDDLE EAST & NORTH AFRICA	0	0	FUNDRAISING		0.
Totals					

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990)

GROUP RETURN

91-2153073

Page 1

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
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		0.
SOUTH AMERICA	0	0	FUNDRAISING		0.
NORTH AMERICA	0	0	FUNDRAISING		0.
SOUTH ASIA	0	0	FUNDRAISING		0.
EUROPE	0	0	FUNDRAISING		0.
EUROPE	0	0	INVESTING		71,472,000.
SUB-SAHARAN AFRICA	0	0	INVESTING		109,567,000.
MIDDLE EAST & NORTH AFRICA	0	0	INVESTING		2,419,000.
NORTH AMERICA	0	0	INVESTING		66,026,000.
SOUTH ASIA	0	0	INVESTING		2,211,000.
Totals					

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990)

GROUP RETURN

91-2153073

Page 1

Part I	Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)
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(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTING		4077791000.
EAST ASIA AND THE PACIFIC	0	0	UNRELATED BUSINESS		979,000.
EUROPE	0	0	UNRELATED BUSINESS		1,448,000.
Totals					4333619000.

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THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH	49,708.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	31,379.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	6,453.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	10,000.	CHECK AND/OR WIRE	0.		
		EUROPE	EDUCATION	23,780.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	12,832.	CHECK AND/OR WIRE	0.		
		SOUTH AMERICA	RESEARCH	98,960.	CHECK AND/OR WIRE	0.		
		SOUTH AMERICA	RESEARCH	70,869.	CHECK AND/OR WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 22

3 Enter total number of other organizations or entities 15

Schedule F (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Schedule F (Form 990)

Page **2**

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)
		CENTRAL AMERICA & THE CARIBBEAN	RESEARCH	13,202.	CHECK AND/OR WIRE	0.		
		CENTRAL AMERICA & THE CARIBBEAN	RESEARCH	104,875.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	99,340.	CHECK AND/OR WIRE	0.		
		EUROPE	EDUCATION	14,132.	CHECK AND/OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	54,000.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	13,301.	CHECK AND/OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	109,400.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	388,009.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	7,130.	CHECK AND/OR WIRE	0.		

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Schedule F (Form 990)

Page **2**

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)
		EAST ASIA AND THE PACIFIC	RESEARCH	74,400.	CHECK AND/OR WIRE	0.		
		EUROPE	EDUCATION	5,530.	CHECK AND/OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	696,499.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	61,300.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	25,018.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	14,704.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	EDUCATION	5,100.	CHECK AND/OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	93,595.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	10,034.	CHECK AND/OR WIRE	0.		

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Schedule F (Form 990)

Page **2**

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)
		NORTH AMERICA	RESEARCH	32,701.	CHECK AND/OR WIRE	0.		
		SOUTH AMERICA	RESEARCH	17,377.	CHECK AND/OR WIRE	0.		
		SOUTH AMERICA	RESEARCH	84,112.	CHECK AND/OR WIRE	0.		
		SOUTH AMERICA	RESEARCH	29,826.	CHECK AND/OR WIRE	0.		
		CENTRAL AMERICA & THE CARIBBEAN	RESEARCH	56,939.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	140,500.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	39,000.	CHECK AND/OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	54,601.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	286,274.	CHECK AND/OR WIRE	0.		

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Schedule F (Form 990)

Page **2**

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)
		MIDDLE EAST & NORTH AFRICA	EDUCATION	17,998.	CHECK AND/OR WIRE	0.		
		SOUTH AMERICA	RESEARCH	5,250.	CHECK AND/OR WIRE	0.		

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	NORTH AMERICA	1	23,500.	CHECK AND/OR WIRE	0.		
RESEARCH	MIDDLE EAST & NORTH AFRICA	1	10,863.	CHECK AND/OR WIRE	0.		
HONORARIUM	NORTH AMERICA	1	8,868.	CHECK AND/OR WIRE	0.		
HONORARIUM	NORTH AMERICA	1	6,250.	CHECK AND/OR WIRE	0.		
HONORARIUM	NORTH AMERICA	1	5,714.	CHECK AND/OR WIRE	0.		

Schedule F (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 4

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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☒ Yes ☐ No

Schedule F (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 5

Part V Supplemental Information

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

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.

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SCHEDULE G (Form 990)

(Rev. December 2024)

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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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 e ☒ Solicitation of nongovernment grants
b ☒ Internet and email solicitations f ☐ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CLASSY - 350 TENTH AVE, STE 1300, SAN DIEGO, CA 92101	ONLINE SOLICITATION		X	8,679,899.	261,185.	8,418,714.
RR DONNELLEY - 35 W. WACKER DR, CHICAGO, IL 60601	DIRECT MAIL		X	6,073,287.	1,374,723.	4,698,564.
COMMUNITY BRANDS - 9620 EXECUTIVE CENTER DR N, STE ONECAUSE, INC - P.O. BOX 779171, CHICAGO, IL 60677	ONLINE SOLICITATION		X	672,025.	34,138.	637,887.
779171, CHICAGO, IL 60677	ONLINE SOLICITATION		X	481,744.	31,083.	450,661.
TSM DONOR ENGAGEMENT TEAM - 155 COMMERCE DR, FREEDOM, PA PUBLISHING CONCEPTS, LP - 875 REGAL ROW, DALLAS, TX 75247	PHONE SOLICITATION		X	23,775.	67,018.	-43,243.
	PHONE SOLICITATION		X	6,775.	50,725.	-43,950.
Total				15,937,505.	1,818,872.	14,118,633.

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.

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule G (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
Revenue	POWER OF LOVE GALA	VELOSANO	8		
	(event type)	(event type)	(total number)		
	1 Gross receipts	14,353,932.	7,002,062.	9,046,904.	30,402,898.
	2 Less: Contributions	12,292,595.	6,995,935.	8,111,389.	27,399,919.
3 Gross income (line 1 minus line 2)	2,061,337.	6,127.	935,515.	3,002,979.	
Direct Expenses	4 Cash prizes	0.	0.	10,000.	10,000.
	5 Noncash prizes	0.	0.	0.	
	6 Rent/facility costs	60,641.	339,726.	515,155.	915,522.
	7 Food and beverages	684,886.	200,264.	850,108.	1,735,258.
	8 Entertainment	0.	24,028.	626,568.	650,596.
	9 Other direct expenses	2,441,624.	1,467,052.	1,024,733.	4,933,409.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				8,244,785.
11 Net income summary. Subtract line 10 from line 3, column (d)				-5,241,806.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule G (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 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 the name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

b Enter the amount of distributions required under state law 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.

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Part IV	Supplemental Information <i>(continued)</i>
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SCHEDULE H
(Form 990)Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

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 Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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 FAP 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 FAP 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?		X
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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			332,946,431.		332,946,431.	2.13%
b Medicaid (from Worksheet 3, column a)			1863619911.	1263961051.	599,658,860.	3.84%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
d Total. Financial assistance and means-tested government programs			2196566342.	1263961051.	932,605,291.	5.97%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			22,337,084.	34,619,650.	0.	.00%
f Health professions education (from Worksheet 5)			444,704,285.	86,786,862.	357,917,423.	2.29%
g Subsidized health services (from Worksheet 6)			173,243,955.	144,491,190.	28,752,765.	.18%
h Research (from Worksheet 7)			390,335,595.	243,036,792.	147,298,803.	.94%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			19,742,817.	120.	19,742,697.	.13%
j Total. Other benefits			1050363736.	508,934,614.	553,711,688.	3.54%
k Total. Add lines 7d and 7j			3246930078.	1772895665.	1486316979.	9.51%

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 2

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			25,476.		25,476.	.00%
2 Economic development			129,951.		129,951.	.00%
3 Community support			2,201,120.	5,790.	2,195,330.	.01%
4 Environmental improvements			0.			.00%
5 Leadership development and training for community members			5,045.	812.	4,233.	.00%
6 Coalition building			2,715,202.		2,715,202.	.02%
7 Community health improvement advocacy			4,886.		4,886.	.00%
8 Workforce development			113,872.		113,872.	.00%
9 Other			0.			.00%
10 Total			5,195,552.	6,602.	5,188,950.	.03%

Part III	Bad Debt, Medicare, & Collection Practices
-----------------	---

Section A. Bad Debt Expense

Section A. Bad Debt Expense		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	531,564,610.
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME)	5	1,907,182,573.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	2,005,078,299.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-97,895,726.
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year?	9a	X
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

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

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 3

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 26

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 HILLCREST HOSPITAL 6780 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1019AHR	X	X		X		X	X			A
3 FAIRVIEW HOSPITAL 18101 LORAIN AVENUE CLEVELAND, OH 44111 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1145AHR	X	X		X		X	X			A
4 AKRON GENERAL MEDICAL CENTER 1 AKRON GENERAL AVENUE AKRON, OH 44307 WWW.CLEVELANDCLINIC.ORG OHIO STATE ID 1276AHR	X	X		X		X	X			A
5 CLEVELAND CLINIC WESTON HOSPITAL 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 WWW.CLEVELANDCLINIC.ORG FL LICENSE NUMBER 4299	X	X		X		X	X			C
6 MEDINA HOSPITAL 1000 E WASHINGTON STREET MEDINA, OH 44256 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1236AHR	X	X		X		X	X			A
7 CLEVELAND CLINIC AVON HOSPITAL 33300 CLEVELAND CLINIC BOULEVARD AVON, OH 44011 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1531AHR	X	X		X		X	X			A
8 LUTHERAN HOSPITAL 1730 WEST 25TH STREET CLEVELAND, OH 44113 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1149AHR	X	X		X		X	X			A
9 SOUTH POINTE HOSPITAL 20000 HARVARD ROAD WARRENSVILLE HTS, OH 44122 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1297AHR	X	X		X		X	X			A
10 MARYMOUNT HOSPITAL 12300 MCCracken GARFIELD HEIGHTS, OH 44125 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1136AHR	X	X		X		X	X			A

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 3

Part V Facility Information

Section A. Hospital Facilities

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

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

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
11 CLEVELAND CLINIC MARTIN SOUTH HOSPITAL										
2100 SE SALERNO ROAD										
STUART, FL 34997										
WWW.CLEVELANDCLINIC.ORG										
FL LICENSE 4102	X	X					X			C
12 EUCLID HOSPITAL										
18901 LAKESHORE BOULEVARD										
EUCLID, OH 44119										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1133AHR	X	X		X		X	X			A
13 CLEVELAND CLINIC TRADITION HOSPITAL										
10000 SW INNOVATION WAY										
PORT ST. LUCIE, FL 34987										
WWW.CLEVELANDCLINIC.ORG										
FL LICENSE 4102	X	X					X			C
14 CLEVELAND CLINIC MERCY HOSPITAL										
1320 MERCY DRIVE NW										
CANTON, OH 44708										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1271AHR	X	X		X			X			A
15 MENTOR HOSPITAL (OPENED IN 2023)										
8300 NORTON PARKWAY										
MENTOR, OH 44060										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1932	X	X					X			
16 CLEVELAND CLINIC MARTIN NORTH HOSPITAL										
200 HOSPITAL AVENUE										
STUART, FL 34994										
WWW.CLEVELANDCLINIC.ORG										
FL LICENSE 4102	X	X					X			C
17 INDIAN RIVER MEMORIAL HOSPITAL										
1000 36TH STREET										
VERO BEACH, FL 32960										
WWW.CLEVELANDCLINIC.ORG										
FL LICENSE 4029	X	X					X			C
18 LODI COMMUNITY HOSPITAL										
225 ELYRIA STREET										
LODI, OH 44254										
WWW.CLEVELANDCLINIC.ORG										
OHIO STATE ID 1234AHR	X	X			X		X			A
19 THE UNION HOSPITAL ASSOCIATION										
659 BOULEVARD										
DOVER, OH 44622										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1285AHR	X	X					X			A
20 SELECT SPECIALTY - FAIRHILL										
11900 FAIRHILL ROAD										
CLEVELAND, OH 44195										
WWW.SELECTMEDICAL.COM										
OH STATE ID 1468	X									B

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Page 3

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 4

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: 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, 6, 7, 8, 9, 10, 12, 14, 18, 19, 23

	Yes	No
Community Health Needs Assessment (CHNA)		
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?		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		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</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	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	X	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	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>SEE PART V, SECTION C</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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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? \$		

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 5

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: REPORTING GROUP A

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>250</u> % 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	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>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 6

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: REPORTING GROUP A

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	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)			

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 7

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: REPORTING GROUP A

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 4

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: REPORTING GROUP B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 20, 21, 22, 24, 25, 26

	Yes	No
Community Health Needs Assessment (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a 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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</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>SEE PART V, SECTION C</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: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	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? \$		

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 5

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: REPORTING GROUP B

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>250</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	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>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 6

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: REPORTING GROUP B

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

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 7

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: REPORTING GROUP B

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 4

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: REPORTING GROUP C

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5, 11, 13, 16, 17

	Yes	No
Community Health Needs Assessment (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a 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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 24</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>SEE PART V, SECTION C</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: <u>20 24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	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? \$		

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 5

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: REPORTING GROUP C

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>250</u> % 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	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>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 6

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: REPORTING GROUP C

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	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)			

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 7

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: REPORTING GROUP C

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 4

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: MENTOR HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 15

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 5

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: MENTOR HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>250</u> % 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	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>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 6

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MENTOR HOSPITAL

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	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)		

Schedule H (Form 990) 2024

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 7

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: MENTOR HOSPITAL

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2024

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

MENTOR HOSPITAL:

PART V, SECTION B, LINE 2: CLEVELAND CLINIC MENTOR HOSPITAL WAS PLACED INTO SERVICE IN JULY 2023 AND BEGAN SEEING PATIENTS ON JULY 11, 2023. THE HOSPITAL IS MANAGED BY HILLCREST HOSPITAL. MENTOR HOSPITAL WAS NOT REQUIRED TO COMPLETE A CHNA OR IMPLEMENTATION STRATEGY IN 2024.

MENTOR 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.

MENTOR 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. UNINSURED PATIENTS THAT ARE DETERMINED 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.

MENTOR HOSPITAL:

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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.

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

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: THE CLEVELAND CLINIC FOUNDATION
- FACILITY 3: FAIRVIEW HOSPITAL
- FACILITY 2: HILLCREST HOSPITAL
- FACILITY 10: MARYMOUNT HOSPITAL
- FACILITY 9: SOUTH POINTE HOSPITAL
- FACILITY 8: LUTHERAN HOSPITAL
- FACILITY 6: MEDINA HOSPITAL
- FACILITY 12: EUCLID HOSPITAL
- FACILITY 23: CLEV CLINIC CHILDREN'S HOSP FOR REHAB
- FACILITY 18: LODI COMMUNITY HOSPITAL
- FACILITY 4: AKRON GENERAL MEDICAL CENTER
- FACILITY 7: CLEVELAND CLINIC AVON HOSPITAL

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Schedule H (Form 990) 2024

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

- FACILITY 19: THE UNION HOSPITAL ASSOCIATION
- FACILITY 14: CLEVELAND CLINIC MERCY HOSPITAL

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC FOUNDATION MAIN CAMPUS CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. COLLABORATIONS WERE ALSO DONE WITH CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING: ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

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 FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 6A: FAIRVIEW HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. FAIRVIEW ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE

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Schedule H (Form 990) 2024

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY INCOME.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 2 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 6A: HILLCREST HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. HILLCREST ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 2 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 2 -- 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.

GROUP A-FACILITY 2 -- 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. UNINSURED PATIENTS THAT ARE DETERMINED 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 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 10 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 6A: MARYMOUNT HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. MARYMOUNT ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 10 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 10 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY INCOME.

GROUP A-FACILITY 10 -- 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. UNINSURED PATIENTS THAT ARE DETERMINED THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 10 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

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 AND ONLINE. 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 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 6A: SOUTH POINTE HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MERCY HOSPITAL, MEDINA HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, AND UNION HOSPITAL. SOUTH POINTE ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY INCOME.

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 12 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 12 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 6A: EUCLID HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, THE CLEVELAND CLINIC FOUNDATION, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. EUCLID ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 12 -- EUCLID HOSPITAL

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 12 -- 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 12 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 12 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 8 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 6A: LUTHERAN HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. LUTHERAN ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 8 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 8 -- 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 8 -- 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. UNINSURED PATIENTS THAT ARE DETERMINED THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 8 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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.

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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GROUP A-FACILITY 6 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 6 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 6A: MEDINA HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MERCY HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. MEDINA ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 6 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 6 -- 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 6 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED 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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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CONSIDERATION.

GROUP A-FACILITY 6 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 23 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS. CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 23 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. CCCHR ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 23 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH (INCLUDING AUTISM SPECTRUM DISORDER), AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 23 -- 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 23 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED 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 23 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB
PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 18 -- LODI COMMUNITY HOSPITAL
PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 18 -- LODI COMMUNITY HOSPITAL
PART V, SECTION B, LINE 6A: LODI COMMUNITY HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, THE CLEVELAND CLINIC FOUNDATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. LODI ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 18 -- LODI COMMUNITY HOSPITAL
PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 18 -- LODI COMMUNITY HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY INCOME.

GROUP A-FACILITY 18 -- LODI COMMUNITY HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED 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 18 -- LODI COMMUNITY HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 -- CLEVELAND CLINIC AVON HOSPITAL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC AVON HOSPITAL CONDUCTED ITS

CHNA WITH OTHER CLEVELAND CLINIC HOSPITALS INCLUDING: CLEVELAND CLINIC

MAIN CAMPUS, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION,

AKRON GENERAL MEDICAL CENTER, EUCLID HOSPITAL, FAIRVIEW HOSPITAL,

HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT

HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND

UNION HOSPITAL. AVON ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB

HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH

DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE

CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH

INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE

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

HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE

PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY

HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY,

SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

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

INCOME.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED

THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME

UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND

NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR

ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR

CONSIDERATION.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

REGISTRATION AREAS AND ONLINE. 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 -- AKRON GENERAL MEDICAL CENTER

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS

RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS "(CAC)". CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY ADVISORY COUNCIL MEMBERS. DURING THE SESSION, CAC MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 4 -- AKRON GENERAL MEDICAL CENTER

PART V, SECTION B, LINE 6A: AKRON GENERAL MEDICAL CENTER CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: MAIN CAMPUS, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. AKRON ALSO COLLABORATED WITH: CLEVELAND CLINIC REHAB HOSPITALS - SELECT CLEVELAND HOSPITALS, STATE AND COUNTY HEALTH DEPARTMENTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP A-FACILITY 4 -- AKRON GENERAL MEDICAL CENTER

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED THREE ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, AND MEDICAL EDUCATION AND RESEARCH.

GROUP A-FACILITY 4 -- AKRON GENERAL MEDICAL CENTER

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY INCOME.

GROUP A-FACILITY 4 -- AKRON GENERAL MEDICAL CENTER

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED 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 -- AKRON GENERAL MEDICAL CENTER

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 19 -- THE UNION HOSPITAL ASSOCIATION

PART V, SECTION B, LINE 5: UNION HOSPITAL IS A MEMBER OF "HEALTHY TUSC," A COLLABORATION OF TUSCARAWAS COUNTY HEALTHCARE AND COMMUNITY BASED AGENCIES. HEALTHY TUSC PROVIDED COORDINATION OF THE ASSESSMENT COMMUNITY SURVEY AND DATA ANALYSIS, AND CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT OF NORTHWEST HOSPITAL ASSOCIATION OF OHIO. THE RESULTS OF THAT ASSESSMENT DONE IN 2022 PROVIDED THE DATA NECESSARY FOR UNION HOSPITAL TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IT SERVES. IN CONDUCTING THE CHNA, HEALTHY TUSC CREATED A PANEL WHICH INCLUDED REPRESENTATIVES FROM UNITED WAY, LOCAL FAMILY PHYSICIANS, DENTISTS, MENTAL HEALTH AND ADDICTION COUNSELORS FROM THE ALCOHOL, DRUG, ADDICTION AND MENTAL HEALTH SERVICES ("ADAMHS") BOARD, REPRESENTATIVES FROM THE LOCAL SCHOOL DISTRICTS, REPRESENTATIVES FROM COUNTY AND CITY HEALTH DEPARTMENTS, LOCAL YMCA LEADERS, AND HOSPITAL LEADERS. UNION HOSPITAL ALSO COLLABORATED WITH OTHER CLEVELAND CLINIC HOSPITALS TO ALIGN CHNA DATA AND RESOURCES.

GROUP A-FACILITY 19 -- THE UNION HOSPITAL ASSOCIATION

PART V, SECTION B, LINE 6A: UNION HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT WITH TRINITY TWIN CITY HOSPITAL, AN UNRELATED ENTITY, AND COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, THE CLEVELAND CLINIC FOUNDATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, MERCY HOSPITAL, AND SOUTH POINTE HOSPITAL. UNION HOSPITAL ALSO ENGAGED WITH OTHER LOCAL HOSPITALS AND COMMUNITY ORGANIZATIONS.

GROUP A-FACILITY 19 -- THE UNION HOSPITAL ASSOCIATION

PART V, SECTION B, LINE 11: THE UNION HOSPITAL ASSOCIATION'S ("UNION") COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED THE FOLLOWING THREE PRIORITY AREAS: HEALTH BEHAVIORS, ACCESS TO CARE, AND MENTAL HEALTH AND ADDICTION. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 19 -- THE UNION HOSPITAL ASSOCIATION

PART V, SECTION B, LINE 13B: THE FINANCIAL ASSISTANCE POLICY AT UNION HOSPITAL IS SUBSTANTIALLY THE SAME AS OTHER HOSPITALS WITHIN THE CLEVELAND CLINIC HEALTH SYSTEM. UNION DOES OFFER FREE CARE UP TO 100% OF THE FEDERAL POVERTY LIMIT AND A SLIDING DISCOUNT BETWEEN 100% AND 200%.

GROUP A-FACILITY 19 -- THE UNION HOSPITAL ASSOCIATION

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

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. UNINSURED PATIENTS THAT ARE DETERMINED 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 19 -- THE UNION HOSPITAL ASSOCIATION

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 14 -- MERCY HOSPITAL

PART V, SECTION B, LINE 5: MERCY HOSPITAL'S CHNA WAS DEVELOPED IN 2022 IN COLLABORATION WITH STARK COUNTY HEALTH DEPARTMENT, ALLIANCE CITY HEALTH DEPARTMENT, CANTON CITY HEALTH DEPARTMENT, MASSILLON HEALTH DEPARTMENT AND AULTMAN HOSPITALS. THE HEALTH DEPARTMENTS AND HOSPITALS ENGAGED CENTER FOR MARKETING & OPINION, LLC (CMOR) TO PROVIDE RESEARCH, DATA ANALYSIS, AND NARRATIVE FOR THE REPORT. FIVE HEALTHCARE PRIORITIES WERE IDENTIFIED, WHICH INCLUDES ACCESS TO HEALTH CARE, ADDICTION, INFANT MORTALITY AND MATERNAL HEALTH, MENTAL HEALTH, AND OBESITY AND HEALTHY LIFESTYLE CHOICES. THESE PRIORITY AREAS ARE IN ALIGNMENT WITH THE PRIORITY HEALTH NEEDS FOR THE CLEVELAND CLINIC HEALTH SYSTEM AS WELL AS THE STATE OF OHIO. MERCY HOSPITAL ALSO COLLABORATED WITH OTHER CLEVELAND CLINIC HOSPITALS TO ALIGN CHNA DATA AND RESOURCES.

GROUP A-FACILITY 14 -- MERCY HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC MERCY HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC FOUNDATION MAIN CAMPUS, AKRON GENERAL MEDICAL CENTER, AVON HOSPITAL, CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, AND UNION HOSPITAL. CLEVELAND CLINIC MERCY HOSPITAL ALSO ENGAGED WITH OTHER LOCAL HOSPITALS AND COMMUNITY ORGANIZATIONS.

GROUP A-FACILITY 14 -- MERCY HOSPITAL

PART V, SECTION B, LINE 11: DURING THE CHNA, THE FOLLOWING HEALTH NEEDS WERE IDENTIFIED FROM A COMMUNITY PERSPECTIVE AND INCORPORATED INTO MERCY'S IMPLEMENTATION PLAN: ACCESS TO HEALTHCARE, ADDICTION, INFANT MORTALITY AND MATERNAL HEALTH, MENTAL HEALTH, AND OBESITY AND HEALTHY LIFESTYLE CHOICES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

GROUP A-FACILITY 14 -- MERCY 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 14 -- MERCY 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. UNINSURED PATIENTS THAT ARE DETERMINED THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 14 -- MERCY HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP B
FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 22: CLEVELAND CLINIC REHABILITATION-AVON
- FACILITY 25: SELECT SPECIALTY - REGENCY WEST
- FACILITY 26: SELECT SPECIALTY - REGENCY EAST
- FACILITY 20: SELECT SPECIALTY - FAIRHILL
- FACILITY 24: CLEVELAND CLINIC REHAB - EDWIN SHAW
- FACILITY 21: CLEVELAND CLINIC REHAB - BEACHWOOD

GROUP B-FACILITY 22 -- CLEVELAND CLINIC REHABILITATION- AVON

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH MEMBERS OF THE COMMUNITY. CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY MEMBERS. DURING THE SESSION, COMMUNITY MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

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Schedule H (Form 990) 2024

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

GROUP B-FACILITY 22 -- CLEVELAND CLINIC REHABILITATION- AVON

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC REHABILITATION - AVON

CONDUCTED ITS CHNA WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST. CC REHAB - AVON ALSO COLLABORATED WITH: STATE AND COUNTY HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS.

GROUP B-FACILITY 22 -- CLEVELAND CLINIC REHABILITATION- AVON

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED FOR CLEVELAND CLINIC REHABILITATION HOSPITAL, AVON WERE THE FOLLOWING: ACCESS TO HEALTHCARE, ADULT HEALTH, AND COMMUNITY SAFETY. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP B-FACILITY 25 -- SELECT SPECIALTY - REGENCY WEST

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH MEMBERS OF THE COMMUNITY. CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY MEMBERS. DURING THE SESSION, COMMUNITY MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP B-FACILITY 25 -- SELECT SPECIALTY - REGENCY WEST

PART V, SECTION B, LINE 6A: SELECT SPECIALTY - REGENCY WEST CONDUCTED ITS CHNA WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW. SELECT SPECIALTY - WEST ALSO COLLABORATED WITH: STATE AND COUNTY HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS.

GROUP B-FACILITY 25 -- SELECT SPECIALTY - REGENCY WEST

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED FOR SELECT SPECIALTY - REGENCY WEST WERE THE FOLLOWING: ACCESS TO HEALTHCARE, ADULT HEALTH, AND COMMUNITY SAFETY. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP B-FACILITY 26 -- SELECT SPECIALTY - REGENCY EAST

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

SESSIONS WITH MEMBERS OF THE COMMUNITY. CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY MEMBERS. DURING THE SESSION, COMMUNITY MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP B-FACILITY 26 -- SELECT SPECIALTY - REGENCY EAST

PART V, SECTION B, LINE 6A: SELECT SPECIALTY - REGENCY EAST CONDUCTED ITS CHNA WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND WEST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW. SELECT SPECIALTY - EAST ALSO COLLABORATED WITH: STATE AND COUNTY HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS.

GROUP B-FACILITY 26 -- SELECT SPECIALTY - REGENCY EAST

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED FOR SELECT SPECIALTY - REGENCY EAST WERE THE FOLLOWING: ACCESS TO HEALTHCARE, ADULT HEALTH, AND COMMUNITY SAFETY. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP B-FACILITY 20 -- SELECT SPECIALTY - FAIRHILL

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH MEMBERS OF THE COMMUNITY. CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY MEMBERS. DURING THE SESSION, COMMUNITY MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP B-FACILITY 20 -- SELECT SPECIALTY - FAIRHILL

PART V, SECTION B, LINE 6A: SELECT SPECIALTY - FAIRHILL CONDUCTED ITS CHNA WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: REGENCY HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW. SELECT SPECIALTY - FAIRHILL ALSO COLLABORATED WITH: STATE AND COUNTY

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS.

GROUP B-FACILITY 20 -- SELECT SPECIALTY - FAIRHILL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED FOR SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL WERE THE FOLLOWING: ACCESS TO HEALTHCARE, ADULT HEALTH, AND COMMUNITY SAFETY. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP B-FACILITY 21 -- CLEVELAND CLINIC REHAB - BEACHWOOD

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH MEMBERS OF THE COMMUNITY. CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY MEMBERS. DURING THE SESSION, COMMUNITY MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF THE HOSPITAL FACILITY'S CHNA.

GROUP B-FACILITY 21 -- CLEVELAND CLINIC REHAB - BEACHWOOD

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC REHABILITATION - BEACHWOOD CONDUCTED ITS CHNA WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW, SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF CLEVELAND WEST. CC REHAB - BEACHWOOD ALSO COLLABORATED WITH: STATE AND COUNTY HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS.

GROUP B-FACILITY 21 -- CLEVELAND CLINIC REHAB - BEACHWOOD

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED FOR CLEVELAND CLINIC REHABILITATION HOSPITAL - BEACHWOOD, WERE THE FOLLOWING: ACCESS TO HEALTHCARE, ADULT HEALTH, AND COMMUNITY SAFETY. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP B-FACILITY 24 -- CLEVELAND CLINIC REHAB - EDWIN SHAW

PART V, SECTION B, LINE 5: DURING 2022, INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH MEMBERS OF THE COMMUNITY. CONDUENT HEALTHY COMMUNITIES INSTITUTE INTERVIEWED 20 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY -BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, THE CLEVELAND CLINIC FOUNDATION AND CONDUENT HEALTHY COMMUNITIES INSTITUTE FACILITATED A COMMUNITY ENGAGEMENT SESSION FEATURING COMMUNITY MEMBERS. DURING THE SESSION, COMMUNITY MEMBERS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

IMPROVING HEALTH, IDENTIFIED THE MOST UNDERSERVED POPULATIONS, DISCUSSED
POTENTIAL SOLUTIONS TO HEALTH CHALLENGES FACED, AND OFFERED SUCCESS
STORIES FROM EXISTING PROGRAM IMPLEMENTATION.

A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX A OF
THE HOSPITAL FACILITY'S CHNA.

GROUP B-FACILITY 24 -- CLEVELAND CLINIC REHAB - EDWIN SHAW
PART V, SECTION B, LINE 6A: CLEVELAND CLINIC REHABILITATION - EDWIN SHAW
CONDUCTED ITS CHNA WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE
FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION -
AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, SELECT SPECIALTY
HOSPITAL - CLEVELAND FAIRHILL, REGENCY HOSPITAL OF CLEVELAND EAST, AND
REGENCY HOSPITAL OF CLEVELAND WEST. CC REHAB - EDWIN SHAW ALSO
COLLABORATED WITH: STATE AND COUNTY HEALTH DEPARTMENTS AND COMMUNITY BASED
ORGANIZATIONS.

GROUP B-FACILITY 24 -- CLEVELAND CLINIC REHAB - EDWIN SHAW
PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED FOR CLEVELAND CLINIC
REHABILITATION HOSPITAL, EDWIN SHAW WERE THE FOLLOWING: ACCESS TO
HEALTHCARE, ADULT HEALTH, AND COMMUNITY SAFETY. HOW THE FACILITY WILL
ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL
FACILITY'S IMPLEMENTATION STRATEGY REPORT.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP C
FACILITY REPORTING GROUP C CONSISTS OF:

- FACILITY 5: CLEVELAND CLINIC WESTON HOSPITAL
- FACILITY 17: INDIAN RIVER MEMORIAL HOSPITAL
- FACILITY 16: CLEVELAND CLINIC MARTIN NORTH HOSPITAL
- FACILITY 13: CLEVELAND CLINIC TRADITION HOSPITAL
- FACILITY 11: CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

GROUP C-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL
PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH
KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH
COMMUNITY ADVISORY COMMITTEE MEMBERS. CARNAHAN GROUP INTERVIEWED 15 KEY
STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY-BASED ORGANIZATIONS AND
PUBLIC HEALTH DEPARTMENTS AND EXPERTS. TO PROVIDE ADDITIONAL SUPPORT AND
CORROBORATION OF VITAL COMMUNITY INPUT, CLEVELAND CLINIC WESTON HOSPITAL
AND CARNAHAN GROUP CONSULTED WITH OTHER HEALTHCARE COMMUNITY ADVOCATES,
LOCAL GOVERNMENT OFFICIALS, AND NONPROFIT ORGANIZATIONS. DURING THE
INTERVIEWS AND CONSULTATIONS, THESE VARIOUS GROUPS OFFERED PERSPECTIVES ON
THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND
CHALLENGES TO IMPROVING HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND
CHALLENGES TO IMPROVING HEALTH, AND DISCUSSION OF POTENTIAL SOLUTIONS TO
HEALTH CHALLENGES SUCH AS MATERNAL AND CHILD HEALTH. A LIST OF EACH
PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL
FACILITY'S CHNA.

GROUP C-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL
PART V, SECTION B, LINE 6A: CLEVELAND CLINIC WESTON HOSPITAL CONDUCTED ITS
CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING:
CLEVELAND CLINIC MARTIN NORTH HOSPITAL, CLEVELAND CLINIC TRADITION
HOSPITAL, INDIAN RIVER MEMORIAL HOSPITAL, CLEVELAND CLINIC MARTIN SOUTH
HOSPITAL. STATE AND COUNTY HEALTH DEPARTMENTS AND EXPERTS, AND COMMUNITY

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

BASED ORGANIZATIONS.

GROUP C-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH, SUBSTANCE USE, AND ANXIETY AND DEPRESSION, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED SEVERAL ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, TRANSPORTATION, PROVIDER SUPPLY, AND ESTABLISHMENT OF PROGRAMS FOR THE MOST VULNERABLE POPULATIONS.

GROUP C-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY INCOME.

GROUP C-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED 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 C-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 C-FACILITY 17 -- INDIAN RIVER MEMORIAL HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS. CARNAHAN GROUP INTERVIEWED 17 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY-BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS AND EXPERTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, INDIAN RIVER MEMORIAL HOSPITAL AND CARNAHAN GROUP CONSULTED WITH OTHER HEALTHCARE COMMUNITY ADVOCATES, LOCAL GOVERNMENT OFFICIALS, AND NONPROFIT ORGANIZATIONS. DURING THE INTERVIEWS AND CONSULTATIONS, THESE VARIOUS GROUPS OFFERED PERSPECTIVES ON THE MOST

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Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO
IMPROVING HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO
IMPROVING HEALTH, AND DISCUSSION OF POTENTIAL SOLUTIONS TO HEALTH
CHALLENGES SUCH AS MATERNAL AND CHILD HEALTH. A LIST OF EACH PARTICIPANT
ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP C-FACILITY 17 -- INDIAN RIVER MEMORIAL HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC INDIAN RIVER MEMORIAL
HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM
HOSPITALS, INCLUDING: CLEVELAND CLINIC TRADITION HOSPITAL, CLEVELAND
CLINIC MARTIN SOUTH HOSPITAL, CLEVELAND CLINIC MARTIN NORTH HOSPITAL,
CLEVELAND CLINIC WESTON HOSPITAL, STATE AND COUNTY HEALTH DEPARTMENTS AND
EXPERTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP C-FACILITY 17 -- INDIAN RIVER MEMORIAL HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE
CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH
INCLUDING MENTAL HEALTH, SUBSTANCE USE, AND ANXIETY AND DEPRESSION,
CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND
SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS
DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION
STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA
IDENTIFIED SEVERAL ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN
CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF
HEALTH, TRANSPORTATION, PROVIDER SUPPLY, AND ESTABLISHMENT OF PROGRAMS FOR
THE MOST VULNERABLE POPULATIONS.

GROUP C-FACILITY 17 -- INDIAN RIVER MEMORIAL HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL CRITERIA
FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR
ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 25% OF THEIR ANNUAL FAMILY
INCOME.

GROUP C-FACILITY 17 -- INDIAN RIVER MEMORIAL HOSPITAL

PART V, SECTION B, LINE 15E: IN ADDITION TO APPLYING BY COMPLETING A
FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON
SCHEDULING OR PRIOR TO ADMISSION. UNINSURED PATIENTS THAT ARE DETERMINED
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 C-FACILITY 17 -- INDIAN RIVER MEMORIAL HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE
IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM
AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION
WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION
ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC
WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE
FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL
ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT
REGISTRATION AREAS AND ONLINE. A DESCRIPTION OF THE POLICY IS ALSO
INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH

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Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP C-FACILITY 16 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS. CARNAHAN GROUP INTERVIEWED 17 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY-BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS AND EXPERTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, CLEVELAND CLINIC MARTIN NORTH HOSPITAL AND CARNAHAN GROUP CONSULTED WITH OTHER HEALTHCARE COMMUNITY ADVOCATES, LOCAL GOVERNMENT OFFICIALS, AND NONPROFIT ORGANIZATIONS. DURING THE INTERVIEWS AND CONSULTATIONS, THESE VARIOUS GROUPS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, AND DISCUSSION OF POTENTIAL SOLUTIONS TO HEALTH CHALLENGES SUCH AS MATERNAL AND CHILD HEALTH. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP C-FACILITY 16 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC MARTIN NORTH HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC MARTIN SOUTH HOSPITAL, CLEVELAND CLINIC TRADITION HOSPITAL, INDIAN RIVER MEMORIAL HOSPITAL, CLEVELAND CLINIC WESTON HOSPITAL, STATE AND COUNTY HEALTH DEPARTMENTS AND EXPERTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP C-FACILITY 16 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH, SUBSTANCE USE, AND ANXIETY AND DEPRESSION, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED SEVERAL ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, TRANSPORTATION, PROVIDER SUPPLY, AND ESTABLISHMENT OF PROGRAMS FOR THE MOST VULNERABLE POPULATIONS.

GROUP C-FACILITY 16 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL ASSISTANCE 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 C-FACILITY 16 -- CLEVELAND CLINIC MARTIN NORTH 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. UNINSURED PATIENTS THAT ARE DETERMINED 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

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Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

Part V Facility Information *(continued)*

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

CONSIDERATION.

GROUP C-FACILITY 16 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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 C-FACILITY 13 -- CLEVELAND CLINIC TRADITION HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH COMMUNITY ADVISORY COMMITTEE MEMBERS. CARNAHAN GROUP INTERVIEWED 17 KEY STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY-BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS AND EXPERTS. TO PROVIDE ADDITIONAL SUPPORT AND CORROBORATION OF VITAL COMMUNITY INPUT, CLEVELAND CLINIC TRADITION HOSPITAL AND CARNAHAN GROUP CONSULTED WITH OTHER HEALTHCARE COMMUNITY ADVOCATES, LOCAL GOVERNMENT OFFICIALS, AND NONPROFIT ORGANIZATIONS. DURING THE INTERVIEWS AND CONSULTATIONS, THESE VARIOUS GROUPS OFFERED PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH PROBLEMS IN THE COMMUNITY, BARRIERS AND CHALLENGES TO IMPROVING HEALTH, AND DISCUSSION OF POTENTIAL SOLUTIONS TO HEALTH CHALLENGES SUCH AS MATERNAL AND CHILD HEALTH. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP C-FACILITY 13 -- CLEVELAND CLINIC TRADITION HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC TRADITION HOSPITAL CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: CLEVELAND CLINIC INDIAN RIVER MEMORIAL HOSPITAL, CLEVELAND CLINIC MARTIN SOUTH HOSPITAL, CLEVELAND CLINIC MARTIN NORTH HOSPITAL, CLEVELAND CLINIC WESTON HOSPITAL, STATE AND COUNTY HEALTH DEPARTMENTS AND EXPERTS, AND COMMUNITY BASED ORGANIZATIONS.

GROUP C-FACILITY 13 -- CLEVELAND CLINIC TRADITION HOSPITAL

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH, SUBSTANCE USE, AND ANXIETY AND DEPRESSION, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED SEVERAL ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, TRANSPORTATION, PROVIDER SUPPLY, AND ESTABLISHMENT OF PROGRAMS FOR THE MOST VULNERABLE POPULATIONS.

GROUP C-FACILITY 13 -- CLEVELAND CLINIC TRADITION HOSPITAL

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL ASSISTANCE
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 C-FACILITY 13 -- CLEVELAND CLINIC TRADITION 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. UNINSURED PATIENTS THAT ARE DETERMINED
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 C-FACILITY 13 -- CLEVELAND CLINIC TRADITION HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE
IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM
AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION
WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION
ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC
WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE
FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL
ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT
REGISTRATION AREAS AND ONLINE. 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 C-FACILITY 11 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH
KEY INFORMANT INTERVIEWS AS WELL AS COMMUNITY ENGAGEMENT SESSIONS WITH
COMMUNITY ADVISORY COMMITTEE MEMBERS. CARNAHAN GROUP INTERVIEWED 17 KEY
STAKEHOLDERS FROM A DIVERSE SPECTRUM OF COMMUNITY-BASED ORGANIZATIONS AND
PUBLIC HEALTH DEPARTMENTS AND EXPERTS. TO PROVIDE ADDITIONAL SUPPORT AND
CORROBORATION OF VITAL COMMUNITY INPUT, CLEVELAND CLINIC MARTIN SOUTH
HOSPITAL AND CARNAHAN GROUP CONSULTED WITH OTHER HEALTHCARE COMMUNITY
ADVOCATES, LOCAL GOVERNMENT OFFICIALS, AND NONPROFIT ORGANIZATIONS.
DURING THE INTERVIEWS AND CONSULTATIONS, THESE VARIOUS GROUPS OFFERED
PERSPECTIVES ON THE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY,
BARRIERS AND CHALLENGES TO IMPROVING HEALTH PROBLEMS IN THE COMMUNITY,
BARRIERS AND CHALLENGES TO IMPROVING HEALTH, AND DISCUSSION OF POTENTIAL
SOLUTIONS TO HEALTH CHALLENGES SUCH AS MATERNAL AND CHILD HEALTH. A LIST
OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE
HOSPITAL FACILITY'S CHNA.

GROUP C-FACILITY 11 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC MARTIN SOUTH HOSPITAL
CONDUCTED ITS CHNA WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS,
INCLUDING: CLEVELAND CLINIC TRADITION HOSPITAL, CLEVELAND CLINIC WESTON
HOSPITAL, CLEVELAND CLINIC MARTIN NORTH HOSPITAL, INDIAN RIVER MEMORIAL
HOSPITAL, STATE AND COUNTY HEALTH DEPARTMENTS AND EXPERTS, AND COMMUNITY
BASED ORGANIZATIONS.

GROUP C-FACILITY 11 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

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Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 8

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 11: THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA WERE THE FOLLOWING : ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH, SUBSTANCE USE, AND ANXIETY AND DEPRESSION, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND CHILD HEALTH, AND SOCIOECONOMIC ISSUES. HOW THE FACILITY WILL ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT. IN ADDITION TO THE PRIORITIZED HEALTH NEEDS, THE CHNA IDENTIFIED SEVERAL ADDITIONAL COMMUNITY HEALTH ISSUES PREVALENT IN CONSIDERING COMMUNITY HEALTH: HEALTH EQUITY, SOCIAL DETERMINANTS OF HEALTH, TRANSPORTATION, PROVIDER SUPPLY, AND ESTABLISHMENT OF PROGRAMS FOR THE MOST VULNERABLE POPULATIONS.

GROUP C-FACILITY 11 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL ASSISTANCE 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 C-FACILITY 11 -- CLEVELAND CLINIC MARTIN SOUTH 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. UNINSURED PATIENTS THAT ARE DETERMINED 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 C-FACILITY 11 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

PART V, SECTION B, LINE 16J: INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. 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, SECTION B, LINES 7A, 10A, 16A-16C

THE URL LINK TO VIEW THE CHNA CAN BE FOUND DIRECTLY AT:
[HTTPS://MY.CLEVELANDCLINIC.ORG/ABOUT/COMMUNITY/REPORTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORTS#2024-CHNAS-TAB](https://my.clevelandclinic.org/about/community/reports/community-health-needs-assessment-reports#2024-CHNAS-TAB)

THE URL LINK TO VIEW THE IMPLEMENTATION STRATEGY CAN BE FOUND DIRECTLY AT:
[HTTPS://MY.CLEVELANDCLINIC.ORG/ABOUT/COMMUNITY/REPORTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORTS#OVERVIEW-TAB](https://my.clevelandclinic.org/about/community/reports/community-health-needs-assessment-reports#OVERVIEW-TAB)

THE URL LINK TO VIEW THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY CAN BE FOUND DIRECTLY AT:

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Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **8**

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

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Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
1 TWINSBURG FAMILY HEALTH & SURGERY CE 8701 DARROW ROAD TWINSBURG, OH 44087	FAMILY HEALTH CENTER
2 BEACHWOOD FAMILY HEALTH & SURGERY CE 26900 CEDAR ROAD BEACHWOOD, OH 44122	FAMILY HEALTH CENTER
3 RICHARD E. JACOBS HEALTH CENTER 33100 CLEVELAND CLINIC BOULEVARD AVON, OH 44011	FAMILY HEALTH CENTER
4 STRONGSVILLE FAMILY HEALTH & SURGERY 16761 SOUTH PARK CENTER STRONGSVILLE, OH 44136	FAMILY HEALTH CENTER
5 INDEPENDENCE FAMILY HEALTH CENTER 5001 ROCKSIDE RD, CROWN CENTRE II INDEPENDENCE, OH 44131	FAMILY HEALTH CENTER
6 LORAIN FAMILY HEALTH & SURGERY CENTE 5700 COOPER FOSTER PARK ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
7 WILLOUGHBY HILLS FAMILY HEALTH CENTE 2550 & 2570 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	FAMILY HEALTH CENTER
8 AKRON GENERAL HEALTH & WELLNESS CENT 4125 MEDINA ROAD AKRON, OH 44333	FAMILY HEALTH CENTER
9 WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND ROAD WOOSTER, OH 44691	FAMILY HEALTH CENTER
10 AKRON GENERAL HEALTH & WELLNESS CENT 4300 ALLEN ROAD STOW, OH 44224	FAMILY HEALTH CENTER

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
11 HILLCREST MEDICAL OFFICE I & II 6803 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
12 AKRON GENERAL HEALTH & WELLNESS CENT 1940 TOWN PARK BLVD UNIONTOWN, OH 44685	FAMILY HEALTH CENTER
13 CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DRIVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
14 BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER ROAD BRUNSWICK, OH 44212	FAMILY HEALTH CENTER
15 CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	FAMILY HEALTH CENTER
16 AKRON GENERAL PHYSICIAN OFFICE 224 W EXCHANGE STREET AKRON, OH 44307	OUTPATIENT PHYSICIAN CLINIC
17 WESTLAKE MEDICAL CAMPUS A 850 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC & DIAGNOSTIC CTR
18 LAKEWOOD FAMILY HEALTH CENTER 14601 DETROIT AVENUE LAKEWOOD, OH 44107	FAMILY HEALTH CENTER
19 MIDDLEBURG HEIGHTS FAMILY HEALTH CEN 17840 BAGLEY ROAD MIDDLEBURG HEIGHTS, OH 44130	FAMILY HEALTH CENTER
20 MARTIN HEALTH, ROBERT AND CAROL WEIS 501 SE OSCEOLA STREET STUART, FL 34994	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
21 SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE ROAD SOLON, OH 44139	FAMILY HEALTH CENTER
22 WESTON FAMILY HEALTH CENTER 1825 N CORPORATE LAKES BLVD WESTON, FL 33326	FAMILY HEALTH CENTER
23 CLEVELAND CLINIC HOME CARE SERVICES 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HOME CARE SERVICES
24 MARTIN HEALTH AT ST. LUCIE WEST 1095 NW ST LUCIE WEST BOULEVARD PORT ST LUCIE, FL 34986	FAMILY HEALTH CENTER
25 SKILLED NURSING SOUTH 6011 SE TOWER ROAD STUART, FL 34997	HOME CARE SERVICES
26 TOMSICH HEALTH AND MEDICAL CENTER OF 525 OKEECHOBEE BOULEVARD, CITY PLACE WEST PALM BEACH, FL 33401	FAMILY HEALTH CENTER
27 AMHERST FAMILY HEALTH CENTER 5172 LEAVITT ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
28 MEDINA MEDICAL OFFICE 970 E WASHINGTON MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
29 CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA COURT MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
30 ELYRIA FAMILY HEALTH & SURGERY CENTE 303 CHESTNUT COMMONS DRIVE ELYRIA, OH 44035	FAMILY HEALTH CENTER

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
31 CORAL SPRINGS FAMILY HEALTH CENTER 5701 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067	FAMILY HEALTH CENTER
32 MERCY MEDICAL OFFICE BUILDING 1330 MERCY DRIVE NW CANTON, OH 44708	OUTPAIENT PHYSICIAN CLINIC
33 PALM BEACH GARDENS 4520 DONALD ROSS ROAD STE 200 PALM BEACH GARDENS, FL 33418	OUTPATIENT PHYSICIAN CLINIC
34 SPORTS HEALTH CENTER 5555 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
35 VERO RADIOLOGY ASSOCIATES 3725 11TH CIRCLE VERO BEACH, FL 32960	DIAGNOSTIC CENTER
36 TRADITION HEALTHPARK I 10000 SW INNOVATION WAY PORT ST LUCIE, FL 34987	OUTPATIENT PHYSICIAN CLINIC
37 CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022	FAMILY HEALTH CENTER
38 MARYMOUNT MEDICAL CENTER 2001 E ROYALTON ROAD BROADVIEW HTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
39 AKRON GENERAL EXPRESS CARE CLINIC 4494 STATE ROUTE 43 KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
40 WEST VALLEY MEDICAL 20455 LORAIN ROAD, #301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
41 NORTH OHIO GASTROENTEROLOGY 30701 CLEMENS ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
42 MERCY HEALTH CENTER AND STATCARE OF 7337 CARITAS CIRCLE NW MASSILLON, OH 44646	OUTPATIENT PHYSICIAN CLINIC
43 SCULLY WELSH CANCER CENTER 3555 10TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
44 SHEFFIELD FAMILY HEALTH CENTER 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	FAMILY HEALTH CENTER
45 SOUTHSIDE MEDICAL BUILDING 5595 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
46 AKRON GENERAL OBSTETRICS AND GYNECOL 3634 WEST MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
47 SUMMIT GASTROENTEROLOGY ASSOCIATES 3939 S CLEVELAND MASSILLON ROAD BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
48 AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER
49 STOW-FALLS MEDICAL OUTPATIENT CENTER 857 GRAHAM RD STOW, OH 44221	OUTPATIENT PHYSICIAN CLINIC
50 MERCY HEALTH CENTER AND STATCARE OF 6200 WHIPPLE AVENUE NW CANTON, OH 44720	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
51 STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVENUE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
52 FAIRVIEW HOSPITAL MEDICAL OFFICE 24700 LORAIN AVENUE NORTH OLMSTED, OH 44070	OUTPATIENT PHYSICIAN CLINIC
53 CLEVELAND CLINIC ADMINISTRATIVE CAMP 3275 SCIENCE PARK DRIVE, BLDG 5 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
54 AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN ROAD AVON LAKE, OH 44012	FAMILY HEALTH CENTER
55 UNION PHYSICIAN SERVICES CENTRAL 205 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
56 MARTIN HEALTH AT PALM CITY 3066 SW MARTIN DOWNS BOULEVARD PALM CITY, FL 34990	OUTPATIENT PHYSICIAN CLINIC
57 MADISON MEDICAL OFFICE 2999 MCMACKIN ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
58 EUCLID MEDICAL OFFICE 99 NORTHLINE CIRCLE EUCLID, OH 44119	OUTPATIENT PHYSICIAN CLINIC
59 MERCY HEALTH CENTER AND STATCARE OF 125 CANTON ROAD NW CARROLLTON, OH 44615	OUTPATIENT PHYSICIAN CLINIC
60 COMMUNITY PEDIATRICS 8254 MAYFIELD ROAD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
61 MENTOR MEDICAL OFFICE 7060 WAYSIDE DRIVE MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
62 MARTIN HEALTH AT TIFFANY 1651 SE TIFFANY AVENUE PORT ST LUCIE, FL 34952	OUTPATIENT PHYSICIAN CLINIC
63 UNION MEDICAL OFFICE 3 400 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
64 OLMSTED TOWNSHIP PRIMARY CARE 27089 BAGLEY ROAD OLMSTED TOWNSHIP, OH 44138	OUTPATIENT PHYSICIAN CLINIC
65 PRIMARY CARE OF TREASURE COAST 1265 36TH STREET VERO BEACH, FL 32958	OUTPATIENT PHYSICIAN CLINIC
66 CLEVELAND CLINIC CHILDRENS STOW 3925 DARROW ROAD STOW, OH 44224	OUTPATIENT PHYSICIAN CLINIC
67 WESTLAKE PHYSICIANS CENTER 805 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
68 COLUMBUS STAR IMAGING, BEECHER 425 BEECHER ROAD COLUMBUS, OH 43230	DIAGNOSTIC CENTER
69 WADSWORTH PRIMARY CARE ONE PARK CENTER DRIVE WADSWORTH, OH 44281	OUTPATIENT PHYSICIAN CLINIC
70 CONCORD MEDICAL OUTPATIENT CENTER 7519 FREDLE DRIVE CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
71 KRUPA CENTER 3250 MERIDIAN PARKWAY WESTON, FL 33331	OUTPATIENT PHYSICIAN CLINIC
72 AKRON GENERAL SPINE & PAIN INSTITUTE 2603 W MARKET ST #200-210 AKRON, OH 44313	OUTPATIENT PHYSICIAN CLINIC
73 MARYMOUNT REHABILITATION AND SPORTS 2525 EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
74 MARTIN MAGNETIC IMAGING 625 SE RIVERSIDE DRIVE STUART, FL 34994	DIAGNOSTIC CENTER
75 CLEVELAND CLINIC COLE EYE OF STREETS 9424 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT PHYSICIAN CLINIC
76 WOOSTER MILLTOWN SPECIALTY & SURGERY 721 EAST MILLTOWN ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
77 MACEDONIA EXPRESS AND OUTPATIENT CAR 8210 MACEDONIA COMMONS BOULEVARD MACEDONIA, OH 44056	OUTPATIENT PHYSICIAN CLINIC
78 AKRON GENERAL TALLMADGE HEALTH CENTE 33 NORTH AVENUE TALLMADGE, OH 44278	OUTPATIENT PHYSICIAN CLINIC
79 CLEVELAND CLINIC URGENT CARE, ROCKY 19895 DETROIT ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
80 CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVENUE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
81 COLUMBUS STAR IMAGING 921 JASONWAY AVENUE COLUMBUS, OH 43214	DIAGNOSTIC CENTER
82 SPINE & PAIN INSTITUTE 307 W MAIN ST #C KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
83 MERCY HEALTH CENTER AND STATCARE OF 2935 LINCOLN WAY NW MASSILLON, OH 44647	OUTPATIENT PHYSICIAN CLINIC
84 FAIRVIEW HOSPITAL WELLNESS CENTER 3035 WOOSTER ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
85 TWINSBURG MEDICAL OFFICE 2365 EDISON BOULEVARD TWINSBURG, OH 44087	OUTPATIENT PHYSICIAN CLINIC
86 BAINBRIDGE URGENT CARE 17747 CHILLICOTHE ROAD, STE 100 BAINBRIDGE, OH 44023	OUTPATIENT PHYSICIAN CLINIC
87 THERAPY SERVICES WEST 826 WESTPOINT PKWY, STE 1200 WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
88 SPINE & PAIN INSTITUTE 265 WEST MAIN STREET KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
89 MENTOR REHABILITATION AND SPORTS THE 7533 CENTER STREET MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
90 PARKLAND 7857 N. UNIVERSITY DRIVE STE 401 PARKLAND, FL 33067	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
91 CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
92 SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD ROAD WARRENSVILLE HEIGHTS, OH 44122	OUTPATIENT PHYSICIAN CLINIC
93 ASHLAND OPHTHALMOLOGY/SUGARBUSH EYE 21 SUGARBUSH COURT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
94 NILES STAR IMAGING 650 YOUNGSTOWN-WARREN ROAD NILES, OH 44446	DIAGNOSTIC CENTER
95 SUMMIT MEDICAL 3600 WEST MARKET STREET AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
96 EXPRESS CARE 82 WEST STREETSBORO STREET HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
97 EAST OHIO ORTHOPAEDICS 515 UNION AVENUE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
98 LAKEWOOD MEDICAL BUILDING 1450 BELLE AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
99 BOARDMAN STAR IMAGING 7067 TIFFANY BOULEVARD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
100 PARTNERS IN WOMEN'S HEALTH 1050 37TH PLACE VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
101 MERCY MEDICAL CENTER HOME CARE AND H 4215 WHIPPLE AVENUE NW CANTON, OH 44718	OUTPATIENT PHYSICIAN CLINIC
102 CLEVELAND CLINIC FLORIDA WELLINGTON 2789 S STATE RD 7, STE 100/200 WELLINGTON, FL 33414	OUTPATIENT PHYSICIAN CLINIC
103 LAKEWOOD MEDICAL OFFICE 16215 MADISON AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
104 MEDICAL OFFICE PAVILION 1946 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
105 MERCY HEALTH CENTER AND STATCARE OF 2638 EASTON STREET NE CANTON, OH 44721	OUTPATIENT PHYSICIAN CLINIC
106 LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
107 CLEVELAND CLINIC DIABETES AND ENDOCR 3733 PARK EAST DRIVE, STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
108 GEMINI RECREATION CENTER 21225 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
109 NEW FAMILY PHYSICIANS, WILLOUGHBY HI 34500 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
110 WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
111 SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE ROAD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
112 CONCORD MRI 7515 FREDLE DRIVE CONCORD, OH 44077	DIAGNOSTIC CENTER
113 SUBURBAN HEALTH FAMILY PHYSICIANS 2818 S. ARLINGTON ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
114 CHARDON REHABILITATION AND SPORTS TH 325 CENTER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
115 BRECKSVILLE EXPRESS CARE 8805 BRECKSVILLE ROAD BRECKSVILLE, OH 44141	OUTPATIENT PHYSICIAN CLINIC
116 YMCA SOUTH FLORIDA 20201 SADDLE CLUB ROAD WESTON, FL 33327	OUTPATIENT PHYSICIAN CLINIC
117 MERCY HEALTH CENTER OF LAKE 1025 LAKE CENTER STREET NW UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
118 CLEVELAND CLINIC UROGYNECOLOGY 809 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
119 THERAPY SERVICES SOUTH 17800 JEFFERSON PARK DRIVE, STE 101 MIDDLEBURG HTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
120 UNION HOSPITAL HEALTHPLEX 500 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

Schedule H (Form 990) 2024

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Page 9

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? 272

Name and address	Type of facility (describe)
121 BROOKPARK COMPREHENSIVE FAMILY CARE 14401 SNOW ROAD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC
122 NOMS AMBULATORY ENDOSCOPY CENTER 5319 HOAG DRIVE ELYRIA, OH 44035	OUTPATIENT PHYSICIAN CLINIC
123 RIDGE PARK OBSTETRICS AND GYNECOLOGY 7575 NORTHCLIFF AVENUE, #302 BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
124 SEBASTIAN MEDICAL SUITES 801 WELLNESS WAY SEBASTIAN, FL 32958	OUTPATIENT PHYSICIAN CLINIC
125 CLEVELAND CLINIC LOU RUVO CENTER FOR 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106	OUTPATIENT PHYSICIAN CLINIC
126 SMITHFIELD PLAZA 2157-2221 SE OCEAN BOULEVARD STUART, FL 34996	OUTPATIENT PHYSICIAN CLINIC
127 UNION HOSPITAL FIRSTCARE URGENT CARE 110 DUBLIN DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
128 WEST END PEDIATRICS (CLEVELAND CLINI 14701 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
129 CHARDON PLAZA MEDICAL OUTPATIENT CEN 425 WATER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
130 COMMUNITY PEDIATRICS 2001 CROCKER ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
131 GREAT LAKES CARE, INC. 29001 CEDAR ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
132 MADISON REHABILITATION AND SPORTS TH 2622 HUBBARD ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
133 AKRON GENERAL REHABILITATION AND SPO 1500 AKRON CANTON RD AKRON, OH 44312	OUTPATIENT REHABILITATION
134 UNION MEDICAL OFFICE 1 200 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
135 CANFIELD ORTHOPAEDICS AND REHABILITA 3736 BOARDMAN CANFIELD ROAD CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC
136 MERCY HEALTH CENTER AND STATCARE OF 1039 WEST HIGH AVENUE NEW PHILADELPHIA, OH 44663	OUTPATIENT PHYSICIAN CLINIC
137 MERCY PRIMARY CARE BELDEN 4909 MUNSON STREET NW CANTON, OH 44718	OUTPATIENT PHYSICIAN CLINIC
138 AKRON GENERAL REHABILITATION AND SPO 585 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT REHABILITATION
139 NEWCOMERSTOWN UNION PHYSICIAN SERVIC 60881 COUNTY ROAD 9 #1 NEWCOMERSTOWN, OH 43832	OUTPATIENT PHYSICIAN CLINIC
140 CLEVELAND CLINIC SUPERIOR MEDICAL CA 1959 COOPER FOSTER PARK ROAD AMHERST, OH 44053	DIAGNOSTIC CENTER

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
141 SLEEP DISORDERS CENTER 3122 EASTPOINTE DRIVE MEDINA, OH 44256	DIAGNOSTIC CENTER
142 WESTOWN PHYSICIAN CENTER 10654 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
143 AGMC PPG - STEINBERGER PRACTICE 2708 CRAWFIS BLVD FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
144 CLEVELAND CLINIC CHILDREN'S CENTER F 21016 HILLIARD BOULEVARD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
145 CLEVELAND CLINIC FAMILY MEDICINE - N 2055 ALEXANDRIA WAY MACEDONIA, OH 44056	OUTPATIENT PHYSICIAN CLINIC
146 CROSSROADS SLEEP DISORDER CENTER 721 BOARDMAN POLAND ROAD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
147 DAYTON STAR IMAGING 5529 FAR HILLS AVENUE DAYTON, OH 45429	DIAGNOSTIC CENTER
148 LORAIN ORTHOPAEDICS 5800 COOPER FOSTER PARK ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
149 MERCY PRIMARY CARE PORTAGE 1413 PORTAGE STREET NW CANTON, OH 44720	OUTPATIENT PHYSICIAN CLINIC
150 BELDEN CENTER 4677 FULTON DRIVE NW CANTON, OH 44718	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
151 VALLEY CITY FAMILY MEDICINE 6605 CENTER ROAD VALLEY CITY, OH 44280	OUTPATIENT PHYSICIAN CLINIC
152 STARK MEDICAL SPECIALTIES, MASSILLON 323 MARION AVENUE MASSILLON, OH 44646	OUTPATIENT PHYSICIAN CLINIC
153 DOWNTOWN EXPRESS CARE 315 EUCLID AVENUE, STE 2 CLEVELAND, OH 44114	OUTPATIENT PHYSICIAN CLINIC
154 MEDICAL OFFICE BUILDING 2 300 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
155 MIDDLEBURG HEIGHTS ORTHOPAEDICS 7010 ENGLE ROAD STE 105 MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
156 MEDICAL OUTPATIENT CENTER, WILLOUGHBY 35040 CHARDON ROAD, BUILDING 7 WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
157 NORTH RIDGEVILLE MEDICAL OUTPATIENT 34960 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
158 NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
159 OHIO RENAL CARE GROUP, WEST 14670 SNOW ROAD BROOKPARK, OH 44142	DIALYSIS CENTER
160 AKRON GENERAL HEALTH CENTER 676 S BROADWAY STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
161 MERCY PRIMARY CARE AARONWOOD 2859 AARONWOOD AVENUE, NE MASSILLON, OH 44646	OUTPATIENT PHYSICIAN CLINIC
162 MERCY MEDICAL CENTER OF ST. PAUL SQU 1459 SUPERIOR AVENUE NE CANTON, OH 44705	OUTPATIENT PHYSICIAN CLINIC
163 THE LANGSTON HUGHES CENTER CLEVELAND 2390 E 79TH ST. CLEVELAND, OH 44104	OUTPATIENT PHYSICIAN CLINIC
164 MEDINA COMMUNITY RECREATION CENTER 855 WEYMOUTH ROAD MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
165 ALPINE FAMILY MEDICINE 126 1/2 NORTH BROADWAY SUGARCREEK, OH 44681	OUTPATIENT PHYSICIAN CLINIC
166 LUTHERAN HOSPITAL MEDICAL OFFICES 6412 FRANKLIN BOULEVARD CLEVELAND, OH 44102	OUTPATIENT PHYSICIAN CLINIC
167 SUMMIT OPHTHALMOLOGY 1587 BOETTLER ROAD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
168 OHIO RENAL CARE GROUP, WESTLAKE 26024 DETROIT AVENUE WESTLAKE, OH 44145	DIALYSIS CENTER
169 MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
170 AGMC PPG - CAMERON PRACTICE 551 WABASH AVENUE NW NEW PHILADELPHIA, OH 44663	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
171 OBERLIN OPHTHALMOLOGY 309 WEST LORAIN STREET OBERLIN, OH 44074	OUTPATIENT PHYSICIAN CLINIC
172 OHIO RENAL CARE GROUP, HERITAGE 1160 E BROAD ST ELYRIA, OH 44035	DIALYSIS CENTER
173 THERAPY SERVICES MEDINA 2498 - 2508 MEDINA ROAD MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
174 CLEVELAND CLINIC HEALTH & WELLNESS C 3450 11TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
175 HEALTH SPOT LAKEWOOD HIGH SCHOOL 14100 FRANKLIN BOULEVARD LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
176 OHIO RENAL CARE GROUP, FARNSWORTH 3280 W 25TH ST CLEVELAND, OH 44109	DIALYSIS CENTER
177 LANDERBROOK OFFICE AND ENDOSCOPY CEN 5900 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
178 OHIO RENAL CARE GROUP, AMHERST 100 COPPER FOSTER PARK RD AMHERST, OH 44001	DIALYSIS CENTER
179 OHIO RENAL CARE, CLEVELAND EAST 2429 MARTIN LUTHER KING JR. DR CLEVELAND, OH 44104	DIALYSIS CENTER
180 OHIO RENAL CARE GROUP, MENTOR 8840 TYLER BLVD MENTOR, OH 44060	DIALYSIS CENTER

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
181 OHIO RENAL CARE GROUP, EUCLID 26450 EUCLID AVENUE EUCLID, OH 44132	DIALYSIS CENTER
182 MERCY HEALTH CENTER OF LOUISVILLE 13030 CALIFORNIA AVENUE LOUISVILLE, OH 44641	OUTPATIENT PHYSICIAN CLINIC
183 OHIO RENAL CARE GROUP, STREETSBORO 9200 STAPLES DR STREETSBORO, OH 44241	DIALYSIS CENTER
184 MOHICAN EYE CENTER 637 NORTH UNION STREET LOUDONVILLE, OH 44842	OUTPATIENT PHYSICIAN CLINIC
185 OHIO RENAL CARE GROUP, GARFIELD HEIG 9729 GRANGER RD GARFIELD HTS, OH 44125	DIALYSIS CENTER
186 OHIO RENAL CARE GROUP, OHIO ACUTES 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	DIALYSIS CENTER
187 OHIO RENAL CARE, NORTH RANDALL 5035 RICHMOND ROAD BEDFORD HEIGHTS, OH 44146	DIALYSIS CENTER
188 OHIO RENAL CARE GROUP, LTAC ACUTE/WH 690 WHITE POND DR AKRON, OH 44320	DIALYSIS CENTER
189 OHIO RENAL CARE GROUP, SOLON 6020 ENTERPRISE PARKWAY SOLON, OH 44139	DIALYSIS CENTER
190 OHIO RENAL CARE GROUP, KENT 401 DEVON PL #100 KENT, OH 44240	DIALYSIS CENTER

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
191 OHIO RENAL CARE GROUP, ELYRIA 5316 HOAG DR SHEFFILED, OH 44035	DIALYSIS CENTER
192 OHIO RENAL CARE GROUP, WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
193 OHIO RENAL CARE GROUP, CUYAHOGA FALL 320 BROADWAY ST E E CUYAHOGA FALLS, OH 44221	DIALYSIS CENTER
194 OHIO RENAL CARE GROUP, HINCKLEY 2583 CENTER RD HINCKLEY, OH 44233	DIALYSIS CENTER
195 OHIO RENAL CARE GROUP, MEDINA 3995 MEDINA RD STE 150 MEDINA, OH 44256	DIALYSIS CENTER
196 OHIO RENAL CARE GROUP, SOUTHPOINT DI 4200 WARRENSVILLE CENTER RD, STE 100 WARRENSVILLE HTS, OH 44122	DIALYSIS CENTER
197 CLEVELAND CLINIC MERCY HOSPITAL LAB 506 WEST MAIN STREET LOUISVILLE, OH 44641	DIAGNOSTIC CENTER
198 OHIO RENAL CARE GROUP, MARYMOUNT 12532 ROCKSIDE RD GARFIELD HEIGHTS, OH 44125	DIALYSIS CENTER
199 PARMA ROCKSIDE LABORATORY SERVICE CE 1440 ROCKSIDE ROAD PARMA, OH 44134	OUTPATIENT PHYSICIAN CLINIC
200 MEDICAL OFFICE BUILDING 3 400 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
201 VERO BEACH CONCIERGE MEDICINE 920 37TH PLACE VERO BEACH, FL 32961	OUTPATIENT PHYSICIAN CLINIC
202 OHIO RENAL CARE GROUP, LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44107	DIALYSIS CENTER
203 OHIO RENAL CARE GROUP, ASHTABULA 2117 LAKE AVENUE ASHTABULA, OH 44004	DIALYSIS CENTER
204 ADVANCED CARDIOVASCULAR CONSULTANTS 531 FIFTH AVENUE CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
205 AKRON GENERAL GAMMA KNIFE CENTER 762 S CLEVELAND-MASSILLON RD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
206 AKRON GENERAL JUSTIN T. ROGERS HOSPI 3358 RIDGEWOOD ROAD AKRON, OH 44333	HOSPICE
207 AKRON GENERAL OBSTETRICS AND GYNECOL 1622 E. TURKEYFOOT LAKE ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
208 AKRON LABORATORY SERVICE CENTER 577 GRANT STREET AKRON, OH 44311	DIAGNOSTIC CENTER
209 ALLIANCE AND SALEM UROLOGY 885 S. SAWBURG AVENUE ALLIANCE, OH 44601	OUTPATIENT PHYSICIAN CLINIC
210 ALLIANCE LABORATORY SERVICE CENTER 1207 WEST STATE STREET ALLIANCE, OH 44591	DIAGNOSTIC CENTER

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
211 ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
212 AUSTINTOWN MEDICAL OUTPATIENT CENTER 1570 SOUTH CANFIELD NILES ROAD AUSTINTOWN, OH 44515	OUTPATIENT PHYSICIAN CLINIC
213 BRUNSWICK EMERGENCY CARE 3724 CENTER ROAD BRUNSWICK, OH 44212	OUTPATIENT PHYSICIAN CLINIC
214 CENTER FOR UROLOGIC HEALTH 320 W EXCHANGE STREET AKRON, OH 44302	OUTPATIENT PHYSICIAN CLINIC
215 CHARLESTON AREA MEDICAL CENTER 1201 WASHINGTON STREET EAST, STE 100 CHARLESTON, WV 25301	OUTPATIENT PHYSICIAN CLINIC
216 CLEVELAND CLINIC EXPRESS CARE 7580 NORTHCLIFF AVENUE BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
217 CLEVELAND CLINIC FAMILY HEALTH CENTE 3801 S KANNER HIGHWAY STUART, FL 34994	FAMILY HEALTH CENTER
218 CLEVELAND CLINIC INDIAN RIVER AMBULA 3650 10TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
219 CLEVELAND CLINIC MEDICAL OUTPATIENT 19800 DETROIT ROAD ROCKY RIVER, OH 44116	DIAGNOSTIC CENTER
220 CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD ROAD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
221 CLEVELAND CLINIC SUMMIT OPHTHALMOLOG 1 PARK WEST BOULEVARD, STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
222 COLE EYE INSTITUTE 2000 AUBURN DRIVE, STE 100 BEACHWOOD, OH 44122	
223 COMMUNITY ACTION HEAD START 660 WEST EXCHANGE STREET AKRON, OH 44302	
224 COMMUNITY MENTAL HEALTH, INC. 201 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
225 EL CENTRO COMMUNITY CENTER PRIMARY C 2800 PEARL AVENUE LORAIN, OH 44055	
226 ENCOMPASS HEALTH REHABILITATION 5850 SE COMMUNITY DRIVE STUART, FL 34994	
227 ERADIOLOGY (WESTON TOWN CENTER) 1792 BELL TOWER LANE WESTON, FL 33326	DIAGNOSTIC CENTER
228 FAIRLAWN UROLOGY 2651 W MARKET STREET FAIRLAWN, OH 44333	
229 FORT LAUDERDALE CONCIERGE MEDICINE 1301 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33301	
230 HOSPICE TCIH 1201 SE INDIAN STREET STUART, FL 34997	HOSPICE

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
231 INDIAN RIVER BEHAVIORAL HEALTH CENTE 1190 37TH STREET VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
232 INDIAN RIVER HEALTH & WELLNESS CENTE 3450 11TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
233 INDIAN RIVER PRIMARY CARE SOUTH 4165 9TH STREET SW VERO BEACH, FL 32968	OUTPATIENT PHYSICIAN CLINIC
234 KINSMAN MEDICAL OUTPATIENT CENTER 8511 MAIN STREET KINSMAN, OH 44428	OUTPATIENT PHYSICIAN CLINIC
235 LAKEWOOD CITY SCHOOL DISTRICT 13701 LAKE AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
236 LAKEWOOD LAKE POINTE LAB DRAW SITE 15800 DETROIT AVENUE LAKEWOOD, OH 44107	DIAGNOSTIC CENTER
237 LAKEWOOD YMCA 16915 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
238 LAND STUDIO COMMUNITY WELLNESS 1701 WEST 25TH STREET CLEVELAND, OH 44113	OUTPATIENT PHYSICIAN CLINIC
239 LAS VEGAS CONCIERGE MEDICINE 6111 SOUTH BUFFALO DRIVE LAS VEGAS, NV 89113	OUTPATIENT PHYSICIAN CLINIC
240 LORAIN COUNTY LONG-TERM CARE 1130 TOWER BOULEVARD LORAIN, OH 44052	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
241 MARTIN HEALTH AT HOBE SOUND 11600 SE FEDERAL HIGHWAY HOBE SOUND, FL 33455	OUTPATIENT PHYSICIAN CLINIC
242 MARTIN HEALTH AT JENSEN BEACH 3496 NW FEDERAL HIGHWAY JENSEN BEACH, FL 34957	OUTPATIENT PHYSICIAN CLINIC
243 MARTIN HEALTH MEDICAL OFFICE AND SUR 509 RIVERSIDE DRIVE STUART, FL 34994	OUTPATIENT PHYSICIAN CLINIC
244 MARTIN HEALTH OCCUPATIONAL HEALTH SE 432 SE OSCEOLA STREET STUART, FL 34994	OUTPATIENT PHYSICIAN CLINIC
245 MARTIN HEALTH REHAB & FITNESS CENTER 6001 SE TOWER ROAD STUART, FL 34997	OUTPATIENT PHYSICIAN CLINIC
246 MARYMOUNT/CCF PAIN MANAGEMENT CENTER 12000 MCCracken RD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
247 MEDICAL OUTPATIENT CENTER, STUART 1951 NW FEDERAL HIGHWAY STUART, FL 34994	OUTPATIENT PHYSICIAN CLINIC
248 MEDINA FIRE STATION 1 300 WEST REAGAN PARKWAY MEDINA, OH 44256	OTHER
249 MEDINA FIRE STATION 5 6665 WADSWORTH ROAD MEDINA, OH 44256	OTHER
250 MENTOR ORTHOPAEDIC & REHAB (NORTON P 8160 NORTON PARKWAY MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
251 MERCY MEDICAL CENTER PHYSICAL THERAP 1001 CANTON ROAD CARROLLTON, OH 44615	OUTPATIENT PHYSICIAN CLINIC
252 MONTROSE SLEEP CENTER 4880 S. MAIN STREET AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC
253 NEW FAMILY PHYSICIANS, LYNDHURST 5187 MAYFIELD ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
254 NORTHEASTERN OHIO MEDICAL SPECIALIST 470 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
255 OLIVERIO PRACTICE 5225 WOOSTER ROAD, W. BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
256 PARKLAND 7857-7869 NORTH UNIVERSITY DRIVE, BU PARKLAND, FL 33067	OUTPATIENT PHYSICIAN CLINIC
257 POINTE WEST MEDICAL OFFICE 1960 POINTE WEST DRIVE VERO BEACH, FL 32966	OUTPATIENT PHYSICIAN CLINIC
258 PREMIER LAB CARE 37121 EUCLID AVENUE WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
259 PRIMARY CARE PHYSICIAN ASSOCIATES 4575 STEPHEN CIRCLE NW CANTON, OH 44718	OUTPATIENT PHYSICIAN CLINIC
260 SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BOULEVARD NORTH OLMSTED, OH 44070	DIAGNOSTIC CENTER

Schedule H (Form 990) 2024

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page **9**

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? 272

Name and address	Type of facility (describe)
261 SLEEP DISORDERS CENTER 8971 WILCOX DRIVE TWINSBURG, OH 44087	DIAGNOSTIC CENTER
262 SLEEP DISORDERS CENTER 5051 WEST CREEK ROAD INDEPENDENCE, OH 44131	DIAGNOSTIC CENTER
263 STAR IMAGING DUBLIN 333 W. BRIDGE STREET DUBLIN, OH 43017	DIAGNOSTIC CENTER
264 STUART SURGERY CENTER 2096 SE OCEAN BOULEVARD STUART, FL 34996	OUTPATIENT PHYSICIAN CLINIC
265 THERAPY SERVICES WEST - BLDG 11 800 WESTPOINT PARKWAY WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
266 TUSCARAWAS VALLEY REGIONAL CANCER CE 659 BOULEVARD ST DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
267 UNION HOSPITAL IMAGING & HOME MEDICA 101 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
268 UNION HOSPITAL REGIONAL CANCER CENTE 300 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
269 UNION HOSPITAL TUSCARAWAS AMBULATORY 320 OXFORD STREET DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
270 WEST PALM BEACH CONCIERGE 1515 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Page 9

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Page 9

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Page 9

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2024

GROUP RETURN

91-2153073

Page 10

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.
- 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 (for example, 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, IN GENERAL, CCHS PROVIDES FREE CARE TO INDIVIDUALS WITHOUT INSURANCE WITH INCOMES UP TO 250% OF THE FEDERAL POVERTY LEVEL AND DISCOUNTED CARE UP TO 400% OF THE FEDERAL POVERTY LEVEL. IN ADDITION, THE POLICY CONTAINS ADDITIONAL WAYS TO QUALIFY BASED ON FINANCIAL AND MEDICAL NEED.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM A COST ACCOUNTING SYSTEM. IN OTHER CATEGORIES, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THAT CATEGORY.

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, 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 7B

THE NET COMMUNITY BENEFIT EXPENSE FIGURE REPORTED FOR UNREIMBURSED MEDICAID IS NET OF CCHS'S HOSPITAL CARE ASSURANCE PROGRAM (HCAP) BENEFIT OF \$7,159,889.

PART I, LINE 7K

NOTE THAT THE TOTAL AMOUNT OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS OF \$1,486,316,979 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 THAT THE IRS DOES NOT CONSIDER COMMUNITY BUILDING ACTIVITIES AS

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

Part VI Supplemental Information *(Continuation)*

REPORTED IN PART II TO BE COMMUNITY BENEFIT WHERE THESE ACTIVITIES ARE INCLUDED IN COMMUNITY BENEFIT PER CHA GUIDELINES.

PART I, LINE 2

CLEVELAND CLINIC REHABILITATION AND SELECT SPECIALTY FACILITIES HAVE THEIR OWN FINANCIAL ASSISTANCE POLICIES, WHICH COMPLY WITH ALL 501(R) REGULATIONS.

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:

SEE EXPLANATION OF IMPLICIT PRICE CONCESSIONS IN FOOTNOTE #2 ON PG. 10 OF THE AUDITED FINANCIAL STATEMENTS, WHICH ARE ATTACHED TO THE FORM 990.

PART III, LINE 8:

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

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. DEBT COLLECTION IS PART OF THE FINANCIAL ASSISTANCE POLICY, HOWEVER, IF AFTER COLLECTION PRACTICES HAVE BEGUN IT LATER BECOMES KNOWN THAT A PATIENT QUALIFIES, THE COLLECTION EFFORTS CEASE. ADDITIONALLY, OUR EXTERNAL THIRD PARTY (COLLECTION) AGENCIES ARE TRAINED ON OUR FINANCIAL ASSISTANCE POLICY AND ASSIST A PATIENT IN NEED BY SUPPLYING OUR APPLICATION FOR FINANCIAL ASSISTANCE.

PART III, LINES 5, 6, & 7

IN ADDITION TO THE MEDICARE PROGRAMS REFLECTED IN THE COST REPORTS, CLEVELAND CLINIC INCURS ADDITIONAL COSTS FOR OTHER MEDICARE ELIGIBLE SERVICES. TOTAL MEDICARE SHORTFALL FOR CLEVELAND CLINIC IS \$1,593,990,371 WHICH IS INCLUSIVE OF THE MEDICARE SHORTFALL OF \$97,895,726 REPORTED ON PART III, LINE 7.

PART V, SECTION A

THE FACILITIES LISTED IN FACILITY REPORTING GROUP A ARE ALL SUBSTANTIALLY THE SAME AND SHARE SIMILAR ATTRIBUTES ALBEIT FOR A FEW EXCEPTIONS:

CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHAB DOES NOT OPERATE A 24-HOUR EMERGENCY ROOM, AS THE BUILDING ITSELF IS RESTRICTIVE FOR

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

Part VI Supplemental Information *(Continuation)*

OPERATION OF ONE.

UNION HOSPITAL AND MERCY HOSPITAL CONDUCTED THEIR LATEST COMMUNITY HEALTH NEEDS ASSESSMENT WITH OTHER CLEVELAND CLINIC FACILITIES, HOWEVER ALSO ENGAGED WITH OTHER VARIOUS LOCAL HOSPITALS AND COMMUNITY ORGANIZATIONS.

PART VI, LINE 2:

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

PART VI, LINE 3:

INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND THE CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATIONS WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY AND AN INSERT DESCRIBING THE FINANCIAL ASSISTANCE PROGRAM IS INCLUDED WITH BILLING STATEMENTS. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS AND ONLINE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS.

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. DEMOGRAPHIC DATA BY ZIP CODE WAS ANALYZED TO ENSURE THAT MEDICALLY UNDERSERVED, LOW-INCOME, OR MINORITY POPULATIONS WHO LIVE IN THE GEOGRAPHIC AREAS FROM WHICH THE HOSPITALS DRAW PATIENTS WERE NOT EXCLUDED FROM THE DEFINED COMMUNITY. ADDITIONALLY, THE COMMUNITY INCLUDES PATIENTS WHO REQUIRE THE EXPERTISE AND SPECIALIZED SERVICES OF THE CLEVELAND CLINIC. THE COMMUNITY FOR MEDICAL RESEARCH AND EDUCATION IS THE PUBLIC AT LARGE. ADDITIONAL DETAIL DESCRIBING THE COMMUNITY THE ORGANIZATION SERVES CAN BE FOUND IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

PART VI, LINE 5:

ONE OF THE HALLMARKS OF A CHARITABLE ORGANIZATION IS THAT THE ORGANIZATION SERVES A BROAD, INDEFINITE CHARITABLE CLASS. ONE OF THE KEY INDICATORS THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS LEADERSHIP BY BOARDS COMPRISED OF 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 AFFILIATES. 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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

Part VI Supplemental Information *(Continuation)*

USED TO FURTHER CHARITABLE PURPOSES AND ACTIVITIES. SURPLUS FUNDS FOR
CCF AND ITS AFFILIATES ARE REINVESTED AND USED TO CARRY OUT THE
ORGANIZATION'S EXEMPT MISSION -- PATIENT CARE, RESEARCH, AND EDUCATION.

PART VI, LINE 6:

CLEVELAND CLINIC IS THE PARENT ORGANIZATION OF THE HEALTH SYSTEM, AN
INTEGRATED HEALTH SYSTEM CONSISTING OF AN ACADEMIC MEDICAL CENTER, MEDICAL
SCHOOL, COMMUNITY HOSPITALS, FAMILY HEALTH CENTERS, VARIOUS ANCILLARY
SERVICES, AND A LARGE GROUP OF EMPLOYED PHYSICIANS AND PHYSICIAN
RESEARCHERS.

PART VI, LINE 7

THE STATE OF OHIO COLLECTS SCHEDULE H DATA, HOWEVER, NO COMMUNITY
BENEFIT REPORT IS FILED IN ANY STATE.

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public
Inspection**Name of the organization THE CLEVELAND CLINIC FOUNDATION
GROUP RETURNEmployer 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	61-1416525	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
AATS FOUNDATION 800 CUMMINGS CENTER, 350-V BEVERLY, MA 01915	23-7288866	501(C)(3)	105,000.	0.			COMMUNITY SUPPORT
AKRON CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501(C)(3)	5,012.	0.			COMMUNITY SUPPORT
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 44307	34-1087615	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
AKRON ROUNDTABLE PO BOX 1051 CUYAHOGA FALLS, OH 44223	34-1249338	501(C)(3)	10,450.	0.			COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY 10501 EUCLID AVENUE CLEVELAND, OH 44106	13-1788491	501(C)(3)	343,800.	0.			COMMUNITY SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 119.
- 3 Enter total number of other organizations listed in the line 1 table 5.

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

Schedule I (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	335,000.	0.			COMMUNITY SUPPORT
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE, STE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES - 431 18TH STREET NW - WASHINGTON, DC 20006	53-0196605	501(C)(3)	37,500.	0.			COMMUNITY SUPPORT
AMERICAN SOCIETY OF ECHOCARDIOGRAPHY INC - 2530 MERIDIAN PARKWAY, STE 450 - DURHAM, NC 27713	31-0899106	501(C)(6)	6,350.	0.			COMMUNITY SUPPORT
ARTHRITIS FOUNDATION INC 1355 PEACHTREE STREET NE, STE 600 ATLANTA, GA 30309	58-1341679	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
AUTISM SPEAKS INC 50 F STREET NW 360 WASHINGTON, DC 20001	20-2329938	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
BIKUR CHOLIM OF CLEVELAND 1845 SOUTH TAYLOR ROAD CLEVELAND HEIGHTS, OH 44118	34-1809885	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
BIRTHING BEAUTIFUL COMMUNITIES 1416 EAST 105TH STREET CLEVELAND, OH 44106	47-4453278	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
BOYS & GIRLS CLUB OF MARTIN COUNTY INC - PO BOX 910 - HOBE SOUND, FL 33475	65-0253002	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

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BOYS & GIRLS CLUBS OF BROWARD COUNTY INC - 877 NW 61ST STREET - FORT LAUDERDALE, FL 33309	59-1108790	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
BOYS AND GIRLS CLUB OF ST LUCIE COUNTY INC - 3104 AVE J - FORT PIERCE, FL 34947	65-0505369	501(C)(3)	18,900.	0.			COMMUNITY SUPPORT
BROWARD PARTNERSHIP FOR THE HOMELESS INC - 920 NW 7TH AVENUE - FORT LAUDERDALE, FL 33311	65-0777033	501(C)(3)	35,400.	0.			COMMUNITY SUPPORT
BUILDING HOPE IN THE CITY 3274 W 58TH STREET CLEVELAND, OH 44102	33-1072830	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CANTON REGIONAL CHAMBER OF COMMERCE - 222 MARKET AVENUE N - CANTON, OH 44702	34-0129930	501(C)(6)	10,938.	0.			COMMUNITY SUPPORT
CARBON COUNTY ACTION COMMITTEE FOR HUMAN SERVICES - 267 S 2ND STREET - LEHIGHTON, PA 18235	23-1673781	501(C)(3)	35,000.	0.			COMMUNITY SUPPORT
CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT ROAD CLEVELAND, OH 44106	34-1018992	501(C)(3)	205,200.	0.			COMMUNITY SUPPORT
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD, 505 COLUMBUS, OH 43229	23-7303509	501(C)(3)	130,000.	0.			COMMUNITY SUPPORT
CLARK COUNTY MEDICAL SOCIETY INC 2590 E RUSSELL ROAD LAS VEGAS, NV 89120	88-6004317	501(C)(6)	9,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

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CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION - 6780 MAYFIELD ROAD - MAYFIELD HEIGHTS, OH 44124	34-0714593	501(C)(3)	0.	226,898.	FAIR MARKET VALUE	MEDICAL SUPPLIES	COMMUNITY SUPPORT
CLEVELAND LEADERSHIP CENTER 1240 HURON ROAD E, ST 450 CLEVELAND, OH 44115	34-1927317	501(C)(3)	17,575.	0.			COMMUNITY SUPPORT
COLLEGE NOW GREATER CLEVELAND INC 1500 W 3RD STREET, STE 125 CLEVELAND, OH 44113	34-6580096	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
COLORECTAL CANCER ALLIANCE 1025 VERMONT AVENUE NW, STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
COVENANT HOUSE FLORIDA INC 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	50,000.	0.			COMMUNITY SUPPORT
CUYAHOGA COMMUNITY COLLEGE FOUNDATION - 700 CARNEGIE AVENUE - CLEVELAND, OH 44115	23-7320719	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
DIGITALC 6815 EUCLID AVENUE CLEVELAND, OH 44103	81-1731053	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
EAST MT ZION BAPTIST CHURCH 9990 EUCLID AVENUE CLEVELAND, OH 44106	34-1432055	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
ELLIS ISLAND HONORS SOCIETY INC 867 HEMPSTEAD TURNPIKE BOX 100 FRANKLIN SQUARE, NY 11010	11-2899820	501(C)(3)	150,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

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ENVIRONMENTAL HEALTH WATCH FOREMAN 4600 EUCLID AVENUE CLEVELAND, OH 44103	34-1443935	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
EPILEPSY FLORIDA INC 7300 NORTH KENDALL DRIVE, STE 760 MIAMI, FL 33156	59-2164525	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
ESPERANZA INC 3104 WEST 25TH STREET, 4TH FLOOR CLEVELAND, OH 44109	34-1403492	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
EUCLID CHAMBER OF COMMERCE INC 22639 EUCLID AVENUE EUCLID, OH 44117	34-1181067	501(C)(6)	6,000.	0.			COMMUNITY SUPPORT
FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION - 8111 QUINCY AVENUE, STE 100 - CLEVELAND, OH 44104	34-1706856	501(C)(3)	152,049.	0.			COMMUNITY SUPPORT
FAMICOS FOUNDATION, INC. 1325 ANSEL ROAD CLEVELAND, OH 44106	34-1053534	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
FORCES4QUALITY NORTHEAST OHIO 2500 METRO HEALTH DRIVE, STE R245A CLEVELAND, OH 44109	26-1725657	501(C)(3)	64,000.	0.			COMMUNITY SUPPORT
FORT LAUDERDALE INDEPEDENCE TRAINING & EDUCATION CENTER INC - 5201 NW 33RD AVENUE - FORT LAUDERDALE, FL 33309	26-4155794	501(C)(3)	15,901.	0.			COMMUNITY SUPPORT
GALION COMMUNITY HOSPITAL 269 PORTLAND WAY SOUTH GALION, OH 44833	34-4451872	501(C)(3)	7,128.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

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GAY MEN'S CHORUS OF SOUTH FLORIDA INC - 2038 N DIXIE HIGHWAY, STE 201 - WILTON MANORS, FL 33305	27-3533074	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
GILDA'S CLUB OF SOUTH FLORIDA INC 4850 W PROSPECT ROAD FORT LAUDERDALE, FL 33309	65-0528626	501(C)(3)	35,000.	0.			COMMUNITY SUPPORT
GREATER AKRON CHAMBER OF COMMERCE 388 S MAIN STREET, STE 205 AKRON, OH 44311	34-1156576	501(C)(6)	76,250.	0.			COMMUNITY SUPPORT
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501(C)(3)	717,571.	0.			COMMUNITY SUPPORT
HANLEY CENTER FOUNDATION INC 933 45TH STREET WEST PALM BEACH, FL 33407	20-2871945	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
HAUS OF TRANSCENDENT 908 HERRICK ROAD CLEVELAND, OH 44108	92-1577766	501(C)(3)	15,500.	0.			COMMUNITY SUPPORT
HEALTHCARE ANCHOR NETWORK INC 2202 18TH STREET NW, STE 317 WASHINGTON, DC 20009	86-2147253	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
HEALTHY LAKEWOOD FOUNDATION PO BOX 770230 LAKEWOOD, OH 44107	83-2537125	501(C)(3)	4,600,000.	0.			COMMUNITY SUPPORT
HIBISCUS CHILDRENS CENTER FOUNDATION INC - 4001 NE SAVANNAH ROAD - JENSEN BEACH, FL 34957	65-0411920	501(C)(3)	15,791.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

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HISPANIC ROUNDTABLE COMMUNITY PROGRAMS - 127 PUBLIC SQUARE, STE 2000 - CLEVELAND, OH 44114	20-0932464	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
HOPE RECOVERY COMMUNITY 200 HIGHLAND DRIVE MEDINA, OH 44256	83-2330980	501(C)(3)	20,900.	0.			COMMUNITY SUPPORT
I AM MINISTRIES PO BOX 2458 VERO BEACH, FL 32961	59-3354241	501(C)(3)	12,000.	0.			COMMUNITY SUPPORT
INDIAN RIVER STATE COLLEGE FOUNDATION INC - 3209 VIRGINIA AVENUE - FORT PIERCE, FL 34981	59-1105591	501(C)(3)	18,181.	0.			COMMUNITY SUPPORT
INTERNATIONAL LIVER TRANSPLANTATION SOCIETY - 520 WILLIAM STREET, STE E - FREDERICKSBURG, VA 22401	54-1624149	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
JESUS HOUSE OF HOPE INC 2484 SEBONITA STREET STUART, FL 34997	59-2422998	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
JOSEPHS HOME 2475 E 22ND STREET CLEVELAND, OH 44115	34-1901676	501(C)(3)	26,556.	0.			COMMUNITY SUPPORT
LAKE-GAUGA HABITAT FOR HUMANITY INC - 100 PARKER COURT 6 - CHARDON, OH 44024	34-1715023	501(C)(3)	6,278.	0.			COMMUNITY SUPPORT
LEADERSHIP AKRON 37 N HIGH STREET AKRON, OH 44308	31-1655877	501(C)(3)	16,125.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

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LEGAL AID SOCIETY OF CLEVELAND 1223 WEST SIXTH STREET CLEVELAND, OH 44113	34-0866026	501(C)(3)	391,000.	0.			COMMUNITY SUPPORT
MAIN STREET MEDINA 39 PUBLIC SQUARE, STE 305 MEDINA, OH 44256	26-1802645	501(C)(3)	7,900.	0.			COMMUNITY SUPPORT
MAKE THEM KNOW YOUR NAME FOUNDATION - 5815 LANDERBROOK DRIVE - CLEVELAND, OH 44124	83-1911111	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
MARCH OF DIMES INC 1550 CRYSTAL DRIVE, STE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	45,000.	0.			COMMUNITY SUPPORT
MEDWISH INTERNATIONAL 17325 EUCLID AVENUE CLEVELAND, OH 44112	34-1903712	501(C)(3)	0.	3,432,939.	FAIR MARKET VALUE	MEDICAL SUPPLIES	COMMUNITY SUPPORT
MIB AGENTS INC PO BOX 858 BARNARD, VT 05031	81-1109906	501(C)(3)	16,000.	0.			COMMUNITY SUPPORT
MILESTONES AUTISM RESOURCES 4853 GALAXY PARKWAY, STE A WARRENSVILLE HEIGHTS, OH 44128	20-0721205	501(C)(3)	7,750.	0.			COMMUNITY SUPPORT
MOBILE SCHOOL PANTRY INC SOUTH FLORIDA - PO BOX 223126 - HOLLYWOOD, FL 33022	32-0420453	501(C)(3)	21,000.	0.			COMMUNITY SUPPORT
NAMI TREASURE COAST 101 SE CENTRAL PARKWAY STUART, FL 34994	59-2444160	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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NATIONAL FOOTBALL MUSEUM INC 2121 GEORGE HALAS DRIVE NW CANTON, OH 44708	34-0898576	501(C)(3)	5,947.	0.			COMMUNITY SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVENUE - NEW YORK, NY 10017	13-5661935	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
NEIGHBORHOOD ALLIANCE 1536 E 30TH STREET LORAIN, OH 44055	34-0714471	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
NORTH UNION FARMERS MARKET 13111 SHAKER SQUARE, STE 301 CLEVELAND, OH 44120	34-1812026	501(C)(3)	33,500.	0.			COMMUNITY SUPPORT
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 44308	34-1636766	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
OHIO CITY INCORPORATED 3308 LORAIN AVENUE CLEVELAND, OH 44113	34-1372076	501(C)(3)	11,000.	0.			COMMUNITY SUPPORT
OHIO HEALTH INFORMATION PARTNERSHIP INC - 3455 MILL RUN DRIVE, STE 315 - HILLIARD, OH 43026	27-0851935	501(C)(3)	240,000.	0.			COMMUNITY SUPPORT
OHIO MINORITY SUPPLIER DEVELOPMENT COUNCIL - 100 EAST BROAD STREET, STE 2460 - COLUMBUS, OH 43215	31-1022688	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
OLD BROOKLYN COMMUNITY DEVELOPMENT CORPORATION - 4274 PEARL ROAD - CLEVELAND, OH 44109	34-1177633	501(C)(3)	13,470.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

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ONETEN COALITION INC 28 VALLEY ROAD, STE 1 MONTCLAIR, NJ 07042	86-1528485	501(C)(3)	150,000.	0.			COMMUNITY SUPPORT
OPEN HEART MAGIC 67 EAST MADISON STREET, STE 1504 CHICAGO, IL 60603	27-0095889	501(C)(3)	9,250.	0.			COMMUNITY SUPPORT
OPPORTUNITY PARSH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
OUTRUN OVARIAN CANCER PO BOX 40332 BAY VILLAGE, OH 44140	80-0093560	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
PACE CENTER FOR GIRLS INC 6745 PHILIPS INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32256	59-2414492	501(C)(3)	47,500.	0.			COMMUNITY SUPPORT
PALM BEACH CIVIC ASSOCIATION INC PO BOX 286 PALM BEACH, FL 33480	59-0542089	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
PARKINSON'S FOUNDATION INC 200 SE 1ST STREET, STE 800 MIAMI, FL 33131	13-1866796	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
PLACE OF HOPE INC 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	65-0841384	501(C)(3)	5,450.	0.			COMMUNITY SUPPORT
PREGNANT WITH POSSIBILITIES RESOURCE CENTER - 16004 BROADWAY AVENUE - MAPLE HEIGHTS, OH 44137	47-2882533	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO INC - 10415 EUCLID AVENUE - CLEVELAND, OH 44106	34-1269123	501(C)(3)	108,295.	0.			COMMUNITY SUPPORT
SAY YES CLEVELAND SCHOLARSHIP INC 1422 EUCLID AVE, STE 1300 CLEVELAND, OH 44115	83-3463932	501(C)(3)	100,000.	0.			COMMUNITY SUPPORT
SCHOLARSHIP AMERICA INC 7900 INTERNATIONAL DRIVE, STE 500 MINNEAPOLIS, MN 55425	04-2296967	501(C)(3)	16,000.	0.			COMMUNITY SUPPORT
SECOND HARVEST FOODBANK OF NORTH CENTRAL OHIO - 5510 BAUMHART ROAD - LORAIN, OH 44053	34-1446685	501(C)(3)	29,215.	0.			COMMUNITY SUPPORT
SENIOR RESOURCE ASSOCIATION INC. 694 14TH STREET VERO BEACH, FL 32960	59-1539957	501(C)(3)	10,600.	0.			COMMUNITY SUPPORT
SOUTH FLORIDA SYMPHONY ORCHESTRA INC - 2201 WILTON DRIVE, STE 12 - WILTON MANORS, FL 33305	65-0846695	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	23-7181560	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
SPRINGS PRESERVE FOUNDATION 333 S VALLEY VIEW BLVD LAS VEGAS, NV 89107	88-0412966	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
ST IGNATIUS HIGH SCHOOL 1911 WEST 30TH STREET CLEVELAND, OH 44113	34-0714500	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUCIE COUNTY HEALTH ACCESS NETWORK INC - 3855 S US HIGHWAY 1 - FORT PIERCE, FL 34981	26-3945016	501(C)(3)	15,200.	0.			COMMUNITY SUPPORT
STARK ECONOMIC DEVELOPMENT BOARD INC - 400 THIRD STREET, STE 310 - CANTON, OH 44702	34-1476938	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
STEWARTS CARING PLACE INC AND SUBSIDIARY - 3501 RIDGE PARK DRIVE - FAIRLAWN, OH 44333	20-0181338	501(C)(3)	6,406.	0.			COMMUNITY SUPPORT
THE CHILDREN'S MUSEUM OF THE TREASURE COAST INC - PO BOX 2147 - STUART, FL 34995	65-1091607	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
THE CHILDRENS PLACE AT HOME SAFE INC - 2840 SIXTH AVENUE SOUTH - LAKE WORTH, FL 33461	59-1935485	501(C)(3)	26,000.	0.			COMMUNITY SUPPORT
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION - 9500 EUCLID AVE - CLEVELAND, OH 44195	34-0714553	501(C)(3)	28,802,439.	0.			COMMUNITY SUPPORT
THE COUNCIL ON AGING OF MARTIN COUNTY INC - 900 SE SALERNO ROAD - STUART, FL 34997	52-1007762	501(C)(3)	26,950.	0.			COMMUNITY SUPPORT
THE COUNCIL ON AGING OF ST LUCIE INC - 2501 SW BAYSHORE BLVD - PORT ST LUCIE, FL 34984	59-1474012	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
THE GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE INC - 2040 N DIXIE HIGHWAY - WILTON MANORS, FL 33305	65-0431045	501(C)(3)	5,125.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HAVEN HOME LLC 6114 FRANCIS AVENUE CLEVELAND, OH 44127	82-2847184	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
THE LORDS PLACE INC PO BOX 3265 WEST PALM BEACH, FL 33402	59-2240502	501(C)(3)	20,750.	0.			COMMUNITY SUPPORT
THE MARFAN FOUNDATION INC 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
THE PAID IN FULL FOUNDATION 5940 S RAINBOW BLVD PMB 21746 400 LAS VEGAS, NV 89118	88-1168893	501(C)(3)	12,000.	0.			COMMUNITY SUPPORT
THE WORD CHURCH 18909 S MILES ROAD WARRENSVILLE HEIGHTS, OH 44128	03-0415420	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
TRANSPLANT HOUSE OF CLEVELAND 2029 E 115TH STREET CLEVELAND, OH 44106	27-2834616	501(C)(3)	13,500.	0.			COMMUNITY SUPPORT
TREASURE COAST FOOD BANK INC 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
TREASURE COAST HEALTH COUNCIL INC 600 SANDTREE DRIVE, STE 101 PALM BEACH GARDENS, FL 33403	59-2242689	501(C)(3)	9,000.	0.			COMMUNITY SUPPORT
TUSCARAWAS CLINIC FOR THE WORKING UNINSURED - 420 REEVES AVENUE, STE D - DOVER, OH 44622	20-8456793	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED AGAINST POVERTY INC 1400 27TH STREET VERO BEACH, FL 32960	11-3697936	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CLEVELAND - 10011 EUCLID AVENUE - CLEVELAND, OH 44106	34-0753561	501(C)(3)	98,826.	0.			COMMUNITY SUPPORT
UNITED WAY OF MARTIN COUNTY INC PO BOX 362 STUART, FL 34995	23-7273540	501(C)(3)	28,500.	0.			COMMUNITY SUPPORT
UNITED WAY OF ST LUCIE & OKEECHOBEE INC - 4800 SOUTH US HIGHWAY 1 - FORT PIERCE, FL 34982	59-6212157	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF SUMMIT AND MEDINA 37 NORTH HIGH STREET, STE A AKRON, OH 44308	34-1169257	501(C)(3)	50,500.	0.			COMMUNITY SUPPORT
URBAN LEAGUE OF BROWARD COUNTY INC 560 NW 27TH AVENUE FORT LAUDERDALE, FL 33311	59-1564384	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
WOMENS BUSINESS ENTERPRISE COUNCIL OHIO RIVER VALLEY INC - 3458 READING ROAD - CINCINNATI, OH 45229	92-2926370	501(C)(3)	6,250.	0.			COMMUNITY SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF CLEVELAND - 1301 EAST 9TH STREET - CLEVELAND, OH 44114	34-0714728	501(C)(3)	37,500.	0.			COMMUNITY SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTH FLORIDA INC - 900 SE 3RD AVENUE, STE 210 - FORT LAUDERDALE, FL 33316	59-0624464	501(C)(3)	13,212.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

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 noncash assistance
SCHOLARSHIPS	237	9,142,341.	0.		
FELLOWSHIPS	2156	119,894,213.	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 QUALITY OF PATIENT CARE AND RESEARCH THROUGH EDUCATION.

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SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

Part I Questions Regarding Compensation

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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

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 on line 1a?

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

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.

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?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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 aren't 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 and/or 1099-NEC 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) MIHALJEVIC, M.D., TOMISLAV DIRECTOR, PRES, CHAIR, CEO - CCF	(i)	7,016,406.	0.	634,441.	2,034,500.	23,805.	9,709,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MALONE, JR., M.D., DONALD A. DIR, EVP, PRES NEO MKT (PART YR)	(i)	1,370,113.	0.	240,786.	1,831,448.	17,594.	3,459,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LARAWAY, DENNIS DIR, EVP, CFO, TREASURER	(i)	3,075,569.	0.	51,435.	24,150.	21,642.	3,172,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HANCOCK, DNP, RN, NE-BC, KELLY DIR, EVP, CHIEF CAREGIVER OFF & CAO	(i)	1,983,915.	0.	173,554.	636,899.	19,137.	2,813,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RIDGEWAY, M.D., BERI DIR, EVP, ENTERPRISE CHIEF OF STAFF	(i)	1,833,668.	0.	152,834.	734,500.	22,884.	2,743,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HABER, M.D., GEORGES-PASCAL CEO CCAD (PART YR)	(i)	1,375,695.	100,000.	1,062,794.	34,500.	16,557.	2,589,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GUZMAN, M.D., JORGE DIR, EVP, PRES NEO (PART YR)	(i)	1,467,374.	0.	462,105.	634,500.	16,340.	2,580,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SVENSSON, M.D., LARS INSTITUTE CHIEF - HVTI	(i)	2,217,884.	0.	215,197.	34,500.	24,077.	2,491,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DELANEY, M.D., PH.D., CONOR DIR, EVP, PRESIDENT - FL	(i)	1,699,428.	0.	177,135.	534,500.	18,383.	2,429,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROWAN, DAVID W. DIR, SEC, CHIEF LEGAL OFF (PART YR)	(i)	2,001,854.	0.	222,576.	34,500.	19,203.	2,278,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PARKER, M.D., RICHARD PRES EAST SUBMKT HILLCREST, MENTOR	(i)	900,001.	0.	1,380,307.	-59,590.	17,851.	2,238,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STREIN, STEFAN VP, CHIEF INVESTMENT OFFICER	(i)	1,974,165.	0.	199,693.	34,500.	21,112.	2,229,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GILLINOV, M.D., A. MARC DEP CHAIR, THORACIC & CARDIOVAS SURG	(i)	1,962,715.	0.	178,525.	34,500.	27,496.	2,203,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LORENZ, M.D., ROBERT PRESIDENT, CLEVELAND CLINIC LONDON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	604,350.	0.	1,531,951.	34,500.	14,470.	2,185,271.	0.
(15) CHANDRA, PH.D., ROHIT EVP, CHIEF DIGITAL OFFICER	(i)	2,105,709.	0.	28,153.	34,500.	16,392.	2,184,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PEACOCK, III WILLIAM M. DIR, EVP, COO	(i)	1,910,720.	0.	196,954.	36,550.	18,132.	2,162,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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 aren't 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 and/or 1099-NEC 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) NAJM, M.D., HANI CHAIR, PEDIATRIC & CONGENITAL HEART	(i)	1,902,493.	0.	180,075.	34,500.	19,659.	2,136,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) HULL, M.D., TRACY PHYSICIAN (RETIREE 2024)	(i)	532,574.	0.	1,549,130.	-46,290.	13,830.	2,049,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MACHADO, M.D., PH.D., ANDRE DIR-KMA; CHAIR NEURO INST	(i)	1,716,544.	0.	157,274.	34,500.	23,873.	1,932,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ERZURUM, M.D., SERPIL EVP, CHIEF RESEARCH & ACADEMIC OFF	(i)	1,600,349.	0.	106,284.	-306,855.	14,281.	1,414,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MILLER, SHEILA FORMER KE, CNO - AGHS; CNO CCL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	247,548.	0.	923,050.	33,830.	148,723.	1,353,151.	0.
(22) GORDON, DEBORAH DIR, EVP, CLO, SEC (PART YR)	(i)	1,076,761.	0.	41,503.	134,500.	16,279.	1,269,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) IANNOTTI, M.D., PH.D., JOSEPH DIR, CHF RES & ACAD OFF-FL	(i)	1,043,386.	0.	112,539.	34,500.	18,885.	1,209,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) FALCONE, M.D., TOMMASO DIR, EVP, PRES INTL EMRG MKTS (PT Y	(i)	948,134.	0.	117,376.	34,500.	20,677.	1,120,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) RASMUSSEN, M.D., PETER FORMER OFFICER - CCHSPA; PHYSICIAN	(i)	616,129.	0.	42,515.	34,500.	21,794.	714,938.	0.
	(ii)	340,743.	0.	0.	0.	0.	340,743.	0.
(26) MILLER, M.D., PH.D., CHARLES CHIEF MEDICAL DIRECTOR - CCMS	(i)	872,180.	0.	97,639.	34,500.	18,672.	1,022,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) EL GHAMRY SABE, M.D., AHMED FORMER OFFICER - MERCY; PHYSICIAN	(i)	831,812.	0.	113,476.	34,500.	23,399.	1,003,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) BLANDON, M.D., RODOLFO DIR-IRMH; PRES-CC FL, WESTON(PART YR)	(i)	826,946.	0.	78,448.	34,500.	19,124.	959,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) SINGH, M.D., RISHI DIR- CC, MMF; PRES (PART YR)-MARTIN	(i)	790,710.	0.	82,727.	34,500.	16,560.	924,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) DAVIS, MARLEINA T. ASST SECRETARY - CCF, CCEF (PART YR)	(i)	772,364.	50,000.	44,323.	34,201.	20,503.	921,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) HARTE, M.D., FACP, BRIAN DIR, PRES -SOUTH SUBMKT, AKRON	(i)	759,112.	0.	67,931.	34,500.	24,164.	885,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) MURRAY, M.D., KAREN FORMER OFFICER - CCCHR	(i)	754,283.	0.	73,796.	34,500.	19,819.	882,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) PAPPAS, M.D., RITA	(i)	812,899.	0.	9,312.	35,625.	19,605.	877,441.	0.
DIR, PRES, CHAIR - CCCHR (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) KALAFATIS, LARA	(i)	728,683.	0.	67,180.	34,500.	20,686.	851,049.	0.
DIR-KMA; SVP CHIEF PHILANTHROPY OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) EATON JOHNSON, VICKIE	(i)	699,420.	0.	46,433.	34,500.	28,038.	808,391.	0.
EVP, CHIEF COMMUNITY OFF- (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) HEDRICK, M.D., DAVID	(i)	683,096.	0.	64,903.	34,500.	18,754.	801,253.	0.
DIR- AGMC, LODI; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) STARCK, M.D., REBECCA	(i)	681,396.	0.	63,577.	36,027.	19,956.	800,956.	0.
VP/CMO AVON HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) MCKENZIE, M.D., MARGARET	(i)	672,657.	0.	58,527.	34,500.	22,554.	788,238.	0.
VP S. POINTE & MARYMOUNT HOSPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) YERIAN, M.D., LISA	(i)	701,502.	0.	30,444.	34,500.	17,198.	783,644.	0.
EVP CHIEF CLIN & OP IMPV OFF (PT YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) DEWS, M.D., TERESA	(i)	613,790.	0.	58,273.	68,946.	22,921.	763,930.	0.
VP/CMO EUCLID HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) VOGLER, M.D., SARAH	(i)	681,603.	0.	21,607.	34,500.	15,762.	753,472.	0.
DIR; VP CHIEF OF STAFF - FL (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(42) NAPIERKOWSKI, M.D., DANIEL	(i)	625,839.	0.	64,779.	34,500.	18,263.	743,381.	0.
FORMER OFF - PRES MARYMOUNT HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(43) BARRETT, LISA	(i)	641,469.	0.	33,901.	34,552.	23,761.	733,683.	0.
FORMER OFF-AKRON; DEPUTY CLO	(ii)	0.	0.	0.	0.	0.	0.	0.
(44) CATO, DAVID	(i)	655,760.	0.	2,314.	34,500.	21,166.	713,740.	0.
DIR, VP-FL, COO-FL	(ii)	0.	0.	0.	0.	0.	0.	0.
(45) DEL CASTILLO, ESQ., BARBARA	(i)	616,714.	0.	33,493.	34,633.	20,697.	705,537.	0.
DIR - IR, GENL COUNSEL, SEC - FL	(ii)	0.	0.	0.	0.	0.	0.	0.
(46) LONGVILLE, TIMOTHY L.	(i)	582,809.	0.	56,758.	35,654.	19,477.	694,698.	0.
DIR, VP, CAO - CCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(47) GROOFF, M.D., PAUL	(i)	566,142.	0.	52,964.	34,500.	18,210.	671,816.	0.
DIR, SEC, TREAS -CCHSPA; PHYSI	(ii)	0.	0.	0.	0.	0.	0.	0.
(48) BARNETT, M.D., TIMOTHY	(i)	589,383.	0.	27,714.	34,500.	17,969.	669,566.	0.
VP/CMO LUTHERAN HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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(49) LINDENTHAL, M.D., JOHN	(i)	608,998.	3,500.	23,064.	10,350.	17,164.	663,076.	0.
DIRECTOR - IRMH; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(50) GIGAX, M.D., MICHAEL	(i)	586,243.	0.	41,962.	10,350.	20,269.	658,824.	0.
DIRECTOR - UNION HOSP; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(51) SYED, M.D., QARAB	(i)	535,872.	0.	50,893.	34,500.	17,337.	638,602.	0.
DIR-MHF (PART YR); PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(52) ROSS, M.D., F. SCOTT	(i)	567,589.	0.	13,834.	34,500.	18,931.	634,854.	0.
DIR-IRMH; PRES-CC FL, WESTON (PT YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(53) ROTHMAN, M.D., RICHARD	(i)	536,271.	0.	24,902.	34,191.	23,777.	619,141.	0.
DIR, PRES- IR (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(54) BENNETT, KRIS	(i)	555,816.	0.	3,206.	34,500.	20,286.	613,808.	0.
DIR-AGMC, LODI, VP OPS NE MKT	(ii)	0.	0.	0.	0.	0.	0.	0.
(55) SMITH, D.O., NEIL	(i)	500,604.	0.	49,213.	34,500.	17,538.	601,855.	0.
PRESIDENT, WEST SUBMKT	(ii)	0.	0.	0.	0.	0.	0.	0.
(56) STOLLER, M.D., M.S., JAMES K.	(i)	635,858.	0.	46,964.	-100,265.	18,494.	601,051.	0.
CHAIR, EDUCATION INSTITUTE - CCEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(57) ROCHESTER, DHA, CPA, CHARMAINE	(i)	489,369.	0.	57,937.	34,500.	17,323.	599,129.	0.
DIR - IR; CFO- FL (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(58) CHOUDHARY, M.D., CHIRAG	(i)	475,700.	0.	71,100.	34,500.	17,001.	598,301.	0.
DIR-CC, MMF; VP/CMO TRAD (PT YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(59) VAZQUEZ-TORRES, M.D., DANIEL E	(i)	459,637.	0.	82,725.	34,500.	20,619.	597,481.	0.
DIRECTOR - AGMC, LODI; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(60) VICKERS, M.D., JEAN	(i)	470,428.	0.	40,121.	34,500.	19,783.	564,832.	0.
DIR, PRES-COASTAL CARE (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(61) FENTON, M.D., ANDREW	(i)	489,301.	0.	32,291.	4,938.	19,298.	545,828.	0.
FORMER OFFICER - PPG; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(62) WINT, M.D., DYLAN	(i)	432,512.	0.	47,130.	34,500.	23,199.	537,341.	0.
DIRECTOR - KMA; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(63) CRONE, M.D., TIMOTHY	(i)	463,884.	0.	10,190.	33,560.	18,968.	526,602.	0.
DIR - UH, VP - MERCY (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(64) MALLOY, MARK	(i)	431,881.	0.	15,545.	34,031.	18,786.	500,243.	0.
DIR-AGMC, LODI, UHS; VP FIN, OH MKT	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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(65) WILLIAMS, EMILY	(i)	430,232.	0.	14,240.	34,500.	19,961.	498,933.	0.
FORMER OFFICER - AKRON	(ii)	0.	0.	0.	0.	0.	0.	0.
(66) RITTERSBACH, M.D. GEORGE	(i)	298,001.	166,590.	3,368.	10,350.	15,769.	494,078.	0.
DIRECTOR - MMF; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(67) DONLEY, M.D., BRIAN	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER CEO CC LONDON	(ii)	0.	0.	489,586.	0.	0.	489,586.	0.
(68) SHOOK, M.D., STEVEN	(i)	402,593.	0.	26,895.	34,500.	20,394.	484,382.	0.
DIR, PRES-CCF NY, TN, CCHSPA	(ii)	0.	0.	0.	0.	0.	0.	0.
(69) KOLONICK, RENEE	(i)	407,815.	0.	14,488.	34,847.	20,965.	478,115.	0.
FORMER KE, VP AMBULATORY OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(70) SHEWBRIDGE, M.D. RICHARD	(i)	407,742.	0.	9,696.	34,500.	16,610.	468,548.	0.
HOSP PRES- MEDINA HOSP (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(71) BURKE, D.O., DAVID	(i)	275,288.	0.	134,955.	34,500.	18,564.	463,307.	0.
DIR-MHF (PART YR), PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(72) ROGERS, M.D., THOMAS	(i)	396,039.	0.	8,277.	34,500.	21,363.	460,179.	0.
DIRECTOR, PRES - UH & UHCHF	(ii)	0.	0.	0.	0.	0.	0.	0.
(73) GLICKMAN, M.D., JEFFREY	(i)	427,174.	6,712.	9,270.	0.	16,430.	459,586.	0.
DIRECTOR - MMF; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(74) JERUSALEM, M.D., ZACHARY	(i)	387,448.	0.	26,172.	27,600.	17,504.	458,724.	0.
DIR-AGMC, LODI (PART YR); PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(75) AUSTERMAN, D.O., JOSEPH	(i)	398,999.	0.	2,682.	34,500.	20,603.	456,784.	0.
DIRECTOR - CCCHR, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(76) DAVIS, D.O., DENNIS	(i)	383,961.	0.	7,906.	34,500.	19,956.	446,323.	0.
DIRECTOR, PRES - PPG; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(77) LASH-RITTER, M.D., THERESA	(i)	385,793.	0.	7,321.	34,500.	18,059.	445,673.	0.
DIR-AGF, AGP; PRES SOUTH (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(78) SIMON, M.D., ERIN	(i)	395,045.	0.	26,026.	0.	22,358.	443,429.	0.
DIRECTOR - AGMC, LODI; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(79) STEWART, DAVID K.	(i)	359,795.	0.	25,461.	10,350.	26,762.	422,368.	0.
FORMER OFF-MDF; SR DIR OPS MERCY	(ii)	0.	0.	0.	0.	0.	0.	0.
(80) POSK, M.D., LORI	(i)	354,437.	0.	5,811.	34,500.	23,649.	418,397.	0.
DIRECTOR - IRMH; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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(81) HOLMAN, M.D., LAINIE DIRECTOR - CCCHR, PHYSICIAN	(i)	341,204.	0.	27,158.	34,500.	14,773.	417,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(82) ABDENOUR, STEPHEN FORMER KE, COO - AKRON GENERAL	(i)	0.	0.	394,061.	5,084.	15,396.	414,541.	395,305.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(83) PETER, M.D., DAVID DIR-IR, VP/CMO-IRHF; PRES-IR (PT YR)	(i)	319,807.	0.	41,909.	33,586.	18,162.	413,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(84) MAJOR, MSN, RN, NE-BC, KERRY FORMER KE, VP CNO - CC FL REG	(i)	338,568.	0.	22,455.	34,873.	17,352.	413,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(85) STEPP, LEONARD FORMER KE-EUCLID; HOSP PRES AMC	(i)	351,983.	0.	2,931.	34,500.	21,369.	410,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(86) PETRY, D.O., FERNANDO FORMER OFFICER- COASTAL CARE	(i)	0.	0.	371,950.	0.	17,713.	389,663.	379,501.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(87) ESPINOSA, ALEXIS FORMER KE-FL; ED HOSP OPS-WESTON	(i)	351,098.	0.	9,029.	7,797.	18,346.	386,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(88) PAGANO, M.D., TRINA DIR-AGMC/LODI (PART YR); PHYSICIAN	(i)	324,406.	0.	3,758.	33,261.	21,417.	382,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(89) GREENWOOD, ALEXANDER DIR, VP-IR (PT YR); ED OPS FL	(i)	337,692.	0.	4,586.	6,980.	24,502.	373,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(90) MILLS, JOHN FORMER KE-COO FAIRVIEW; ED HOSP OPS	(i)	356,177.	0.	2,360.	11,895.	700.	371,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(91) MOEHRING, MICHAEL ASST TREAS - MMHS, MMC (PART YR)	(i)	84,349.	0.	216,725.	36,338.	24,896.	362,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(92) MARKS, D.O., MICHELLE DIRECTOR - CCCHR, MEDICAL DIR	(i)	306,062.	0.	2,740.	31,298.	19,265.	359,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(93) SNYDER, VICKY FORMER KE COO - HILLCREST	(i)	52,439.	0.	281,319.	5,181.	15,807.	354,746.	281,319.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(94) CLARK, CNO, CCMH, SUSAN DIR-CC (PART YR); VP CNO TRADITION	(i)	306,600.	0.	9,584.	9,465.	22,113.	347,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(95) BALACHANDRAN, M.D., SILPA DIR-AGMC, LODI (PART YR); PHYSICIAN	(i)	281,048.	0.	32,754.	9,650.	20,968.	344,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(96) BRUYERE, JOHN FRMR KE-COO SP HOSP; SR DIR HOSP OPS	(i)	290,830.	0.	8,982.	17,744.	20,762.	338,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(97) SAUCERMAN-HOWARD, KELLI	(i)	308,723.	0.	1,331.	9,413.	17,404.	336,871.	0.
VP CNO - AKRON	(ii)	0.	0.	0.	0.	0.	0.	0.
(98) THOBURN, MARY BETH	(i)	305,573.	0.	3,627.	10,125.	15,851.	335,176.	0.
VP CNO - FAIRVIEW (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(99) BEHRENS, SUE	(i)	305,133.	0.	2,020.	9,312.	17,632.	334,097.	0.
VP CNO HILLCREST	(ii)	0.	0.	0.	0.	0.	0.	0.
(100) GORMAN, BRIDGET	(i)	299,016.	0.	6,575.	9,404.	18,064.	333,059.	0.
FMR KE COO-AVON; ED HOSP OPS MC	(ii)	0.	0.	0.	0.	0.	0.	0.
(101) MADASZ, JIM	(i)	292,109.	0.	9,868.	9,026.	21,118.	332,121.	0.
DIR-MHF (PART YR); ED HOSP OPS SOUTH	(ii)	0.	0.	0.	0.	0.	0.	0.
(102) BRAMAN, D.O., KENNETH	(i)	293,777.	0.	12,123.	0.	23,616.	329,516.	0.
FORMER OFFICER - PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(103) WICINA, M.D., GENON	(i)	306,640.	0.	1,342.	-323.	20,072.	327,731.	0.
DIRECTOR - MMF; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(104) LAIRD, TRAVIS	(i)	285,576.	0.	6,018.	17,135.	13,925.	322,654.	0.
VP-CC NV (PT YR); ED INTL OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(105) KULIK, ALEC	(i)	265,996.	0.	12,673.	9,621.	21,155.	309,445.	0.
DIRECTOR - CCCHR; ED - PEDS	(ii)	0.	0.	0.	0.	0.	0.	0.
(106) ZINNER, BARBARA	(i)	270,226.	771.	9,099.	10,162.	18,151.	308,409.	0.
VP CNO - MARYMOUNT	(ii)	0.	0.	0.	0.	0.	0.	0.
(107) OBLANDER, R. JASON	(i)	268,362.	0.	9,552.	8,260.	19,592.	305,766.	0.
DIR- IRMH; ASST SEC & SEC - VARIOUS	(ii)	0.	0.	0.	0.	0.	0.	0.
(108) VOLAS, PETER	(i)	251,095.	0.	10,167.	12,276.	25,509.	299,047.	0.
VICE PRESIDENT - CLINIC CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
(109) FETTO, JULIE	(i)	271,444.	0.	3,941.	8,939.	14,566.	298,890.	0.
DIRECTOR-UH; VP CNO - MEDINA	(ii)	0.	0.	0.	0.	0.	0.	0.
(110) FRIGO, DAVID	(i)	263,694.	0.	5,212.	8,987.	18,627.	296,520.	0.
DIR, TREAS AKRON; ED FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(111) MURRAY, TERRI	(i)	246,239.	0.	18,374.	7,655.	22,126.	294,394.	0.
VP CNO - S. POINTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(112) PIKE, JEFFREY	(i)	258,360.	0.	2,826.	7,952.	20,007.	289,145.	0.
FORMER OFFICER - MERCY	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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 aren't 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 and/or 1099-NEC 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				
(113) KUNBERGER, SHANNON	(i)	256,185.	0.	574.	12,296.	19,652.	288,707.	0.
VP CNO - EUCLID	(ii)	0.	0.	0.	0.	0.	0.	0.
(114) LEHMAN, M.D., JOEL	(i)	255,261.	0.	3,303.	0.	25,403.	283,967.	0.
DIRECTOR - UNION HOSP; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(115) MASON, M.D., NKOSI	(i)	255,805.	0.	5,953.	0.	17,420.	279,178.	0.
DIR-AGMC, LODI (PART YR); PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(116) TURNER, THOMAS	(i)	243,666.	0.	7,932.	7,488.	18,272.	277,358.	0.
PRES-MDF; SR DIR MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(117) VIDMAR, ERICK	(i)	242,423.	0.	7,207.	7,016.	20,051.	276,697.	0.
ED OF OPERATIONS - CC NV	(ii)	0.	0.	0.	0.	0.	0.	0.
(118) RODRIGUEZ, CHRISTOPHER	(i)	243,736.	0.	1,836.	7,640.	23,344.	276,556.	0.
FORMER KE-COO; SR. DIR OPS-LH	(ii)	0.	0.	0.	0.	0.	0.	0.
(119) BAKER, JOHN T.	(i)	237,032.	0.	16,247.	2,536.	20,263.	276,078.	0.
FORMER KE - LODI; VP CNO - UNION	(ii)	0.	0.	0.	0.	0.	0.	0.
(120) SPENCER, SUSAN	(i)	244,499.	0.	1,560.	7,546.	19,373.	272,978.	0.
VP CNO - MERCY	(ii)	0.	0.	0.	0.	0.	0.	0.
(121) OLIPHANT, DAVID	(i)	246,126.	0.	2,188.	8,178.	15,810.	272,302.	0.
FORMER KE-COO-MM; ED HOSP OPS EAST	(ii)	0.	0.	0.	0.	0.	0.	0.
(122) MOROCCO, DARLENE	(i)	242,108.	0.	3,453.	7,420.	17,589.	270,570.	0.
VP CNO - LUTHERAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(123) HICKEY, CINDY	(i)	84,715.	0.	81,292.	83,024.	18,114.	267,145.	0.
FORMER OFFICER-MERCY; (2024 RETIREE)	(ii)	0.	0.	0.	0.	0.	0.	0.
(124) WALTON, LINDA	(i)	239,404.	0.	8,189.	8,266.	5,619.	261,478.	0.
FORMER KE - IR; CNO - INDIAN RIVER	(ii)	0.	0.	0.	0.	0.	0.	0.
(125) GIACHINO, M.D., JUAN-CARLOS	(i)	250,655.	0.	0.	7,520.	0.	258,175.	0.
DIRECTOR - MMF; PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(126) TOBIAS, CRAIG	(i)	213,210.	0.	7,166.	6,392.	18,173.	244,941.	0.
VP CNO - AVON	(ii)	0.	0.	0.	0.	0.	0.	0.
(127) ROGERS, M.D., KATHLEEN D.L.M.	(i)	223,373.	0.	808.	0.	18,979.	243,160.	0.
DIR-AGMC, LODI (PART YR); PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(128) BLASER, D.O., MARK	(i)	211,558.	0.	4,025.	0.	18,095.	233,678.	0.
DIRECTOR - MDF, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.

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THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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 and/or 1099-NEC 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				
(129) GORECKI, JULIA	(i)	214,300.	0.	5,639.	2,634.	1,065.	223,638.	0.
VP CNO - FAIRVIEW (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(130) BURNS (MAU), KATHLEEN	(i)	169,134.	0.	11,801.	5,422.	20,547.	206,904.	0.
FORMER OFF - MHF; SR. DIR NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(131) MARLO, JASON	(i)	180,687.	0.	1,309.	5,613.	18,770.	206,379.	0.
DIR-CCCHR; INST & MKT FINANCE DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
(132) FINDING, MBA, MSN, DONIELLE	(i)	166,743.	0.	8,034.	5,612.	22,869.	203,258.	0.
DIR, SEC-MHF; DIR NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(133) MANNING DETERING, JENNIFER	(i)	172,682.	0.	2,495.	5,689.	21,095.	201,961.	0.
DIR-CCCHR; SR. DIR INSTITUTE - PEDS	(ii)	0.	0.	0.	0.	0.	0.	0.
(134) HOLT, MICHAEL	(i)	160,692.	0.	1,020.	2,774.	18,575.	183,061.	0.
DIR, TREAS - MDF; INST FINANCE DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
(135) MURPHY, CAROL	(i)	147,714.	0.	776.	0.	16,599.	165,089.	0.
DIR-UHCHF; DIR SAFETY QUALITY PT EXP	(ii)	0.	0.	0.	0.	0.	0.	0.
(136) PIPER, ANDREW	(i)	154,954.	0.	1,615.	6,253.	485.	163,307.	0.
DIRECTOR-MHF; SR. DIR HOS OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(137) WYLLIE, M.D., ROBERT	(i)	72,217.	0.	67,788.	126.	0.	140,131.	70,421.
FORMER OFFICER - CCCHR (RETIRED)	(ii)	0.	0.	0.	0.	0.	0.	0.
(138) WIEDEMANN, M.D., HERBERT	(i)	0.	0.	210,113.	-134,839.	0.	75,274.	210,113.
FORMER OFFICER - CCF (RETIRED)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

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:

SCHEDULE J, PART I, LINE 4A, SEVERANCE PAYMENTS

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS:

STEPHEN ABDENOUR \$395,305

DAVID GORMSEN, M.D. \$68,675

CINDY HICKEY \$78,062

DONALD MALONE, M.D. \$109,417

MICHAEL MOEHRING \$210,629

FERNANDO PETRY, D.O. \$379,501

VICKY SNYDER \$281,319

SEVERANCE PAYMENTS ACCRUED IN 2024 BUT NOT YET PAID ARE REPORTED IN PART VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS:

CINDY HICKEY \$83,024

DONALD MALONE, M.D. \$1,860,083

MICHAEL MOEHRING \$34,258

SCHEDULE J, PART I, LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

TRACY HULL, M.D. - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. FOR MEDICARE TAX PURPOSES \$1,509,430 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HER VESTED AMOUNT IN THE PLAN.

RICHARD PARKER, M.D. - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. FOR MEDICARE TAX PURPOSES \$1,277,982 OF INCOME REPORTED IN PART VII AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN.

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

Part III Supplemental Information

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THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL

NON-QUALIFIED RETIREMENT PLAN:

TRACY HULL, M.D. \$37,147

MICHAEL MODIC, M.D. \$109,916

HERBERT WIEDEMANN, M.D. \$210,113

ROBERT WYLLIE, M.D. \$70,421

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED
RETIREMENT PLAN AND/OR A QUALIFIED DEFINED BENEFIT PLAN AND THE ANNUAL
INCREASE OR DECREASE OF THE ACTUARIAL VALUE IS INCLUDED IN SCHEDULE J, PART
II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION:

STEPHEN ABDENOUR - \$5,084 INCREASE, JOHN T. BAKER - \$139 INCREASE, LISA
BARRETT - \$52 INCREASE, JOHN BRUYERE - \$8,767 INCREASE, KATHLEEN (MAU)
BURNS - \$104 INCREASE, MARLEINA DAVIS - \$299 DECREASE, BARBARA DEL
CASTILLO - \$133 INCREASE, THERESA DEWS, M.D. - \$34,446 INCREASE, SERPIL
ERZURUM, M.D. - \$341,355 DECREASE, ALEXIS ESPINOSA - \$613 INCREASE, ANDREW
FENTON, M.D. - \$4,938 INCREASE, JULIE FETTO - \$1,315 INCREASE, DONIELLE
FINDING, MSN, MBA \$294 INCREASE, DAVID FRIGO - \$888 INCREASE, BRIDGET
GORMAN - \$429 DECREASE, K. KELLY HANCOCK, DNP, RN, NE-BC - \$2,399 INCREASE,
TRACY HULL, M.D. - \$80,790 DECREASE, RENEE KOLONICK - \$347 INCREASE, ALEC
KULIK - \$1,377 INCREASE, TRAVIS LAIRD - \$64 DECREASE, TIMOTHY LONGVILLE -
\$1,154 INCREASE, KERRY MAJOR, MSN, RN, NE-BC - \$373 INCREASE, MARK MALLOY
- \$469 DECREASE, DONALD A. MALONE, JR, M.D. - \$63,135 DECREASE, JENNIFER
MANNING DETERING - \$246 INCREASE, JOHN MILLS - \$1,545 INCREASE, MICHAEL
MODIC, M.D. - \$65,549 DECREASE, MICHAEL MOEHRING - \$801 DECREASE, JASON
OBLANDER - \$8 DECREASE, RITA PAPPAS, M.D. - \$1,125 INCREASE, RICHARD
PARKER, M.D. - \$94,090 DECREASE, WILLIAM PEACOCK - \$2,050 INCREASE, VICKY
SNYDER - \$3,442 INCREASE, REBECCA STARCK, M.D. - \$1,527 INCREASE, JAMES K.
STOLLER, M.S., M.D. - \$134,765 DECREASE, MARYBETH THOBURN - \$822 INCREASE,
CRAIG TOBIAS - \$179 DECREASE, ERICK VIDMAR - \$462 DECREASE, PETER VOLAS -
\$4,374 INCREASE, GENON WICINA, M.D. - \$323 DECREASE, HERBERT P. WIEDEMANN,
M.D. \$134,839 DECREASE, BARBARA ZINNER - \$1,858 INCREASE.

FORM 990, PART VII, SECTION A AND SCHEDULE J

THE COMPENSATION OF DR. TOMMASO FALCONE, DR. JORGE GUZMAN, DR.

GEORGES-PASCAL HABER, DR. ROBERT LORENZ, DR. DAVID BURKE AND SHEILA MILLER,

AS REPORTED ON PART VII, SECTION A AND SCHEDULE J, INCLUDES REGULAR WAGES

AND TAXABLE EXPATRIATE BENEFITS. THE COMPENSATION OF DR. BRIAN DONLEY ONLY

Schedule J (Form 990) (Rev. 12-2024)

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THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

Part III	Supplemental Information
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INCLUDES TAXABLE EXPATRIATE BENEFITS.

Schedule J (Form 990) (Rev. 12-2024)

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**SCHEDULE K
(Form 990)**

(Rev. December 2024)

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.

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

ENTITY

1

OMB No. 1545-0047

**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
COLLIER COUNTY HEALTH FACILITIES A AUTHORITY	59-2351395	19463LAB9	04/16/03	118,200,000.	BOND 2003C: REFUND FL SERIES 1999; FINANCING WE		X		X		X
OHIO HIGHER EDUCATIONAL FACILITY B COMMISSION	34-6849674	67756AJ37	10/15/08	670,000,000.	BOND 2008B: REFUND 06A, 04A, AND 01A; FACILITY IM		X		X		X
OHIO HIGHER EDUCATIONAL FACILITY C COMMISSION	34-6849674	NONEAVAIL	11/02/11	41,120,000.	BOND 2011B: REFUND 1992A & B AND 1989 SERIES		X		X		X
OHIO HIGHER EDUCATIONAL FACILITY D COMMISSION	34-6849674	67756DAY2	05/29/13	309,434,915.	BOND 2013: REFUND 2004B, 2003A AND FACILITY IMPROV		X		X		X

Part II Proceeds		A		B		C		D	
1	Amount of bonds retired	76,295,000.		342,425,000.		24,825,000.		70,490,000.	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	118,200,000.		670,000,000.		41,120,000.		309,434,915.	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	412,525.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	13,520,714.		324,315,217.				20,001,498.	
11	Other spent proceeds	104,266,761.		373,906,929.		41,120,000.		289,433,417.	
12	Other unspent proceeds								
13	Year of substantial completion	2003		2008		2011		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) (Rev. 12-2024)

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SCHEDULE K (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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ENTITY

2

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

Part I	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	MARTIN COUNTY HEALTH FACILITIES AUTHORITY	36-2646523	NONEAVAIL	09/24/13	26,555,000.	BOND 2013: REFUND 5/2007 BOND ISSUE		X		X		X
	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	NONEAVAIL	12/21/17	9,305,000.	BOND 2017C: REFUND 2002 SERIES		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561KS0	08/29/17	939,576,748.	BOND 2017A: REFUND 2008A, 2008B, 2009A, 2009B, 2012		X		X		X
	MARTIN COUNTY HEALTH FACILITIES D AUTHORITY	59-6000743	573903FZ9	05/09/19	259,345,371.	BOND 2019AREFINANCE 2012, 2012B & 2015 MHS BONDS &		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired	12,100,000.		2,645,000.		122,615,000.			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	26,555,000.		9,305,000.		939,576,748.		259,345,371.	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds							257,297,825.	
11	Other spent proceeds	26,555,000.		9,305,000.		939,576,748.		1,225,374.	
12	Other unspent proceeds								
13	Year of substantial completion	2013		2017		2017		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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Schedule K (Form 990) (Rev. 12-2024)

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**SCHEDULE K
(Form 990)**

(Rev. December 2024)

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.

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

ENTITY

3

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

Part I	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	67756CDN5	05/09/19	351,450,108.	BOND 2019BC: FUND CAPITAL PROJECTS		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561KZ4	05/09/19	380,150,000.	BOND 2019DEF: FUND CAPITAL PROJECTS		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561LP5	07/28/21	82,791,709.	BOND 2021A: ACQUIRE MEMBERSHIP IN MERCY HOSPI		X		X		X
D	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561MG4	10/05/21	249,692,662.	BOND 2021B: REFUND SERIES 2011A		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired							12,685,000.	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	351,450,108.		380,150,000.		82,791,709.		249,692,662.	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	1,125,388.		1,262,472.				2,103,785.	
10	Capital expenditures from proceeds	348,905,103.		378,404,897.		82,791,709.			
11	Other spent proceeds	1,419,617.		482,631.				247,588,877.	
12	Other unspent proceeds								
13	Year of substantial completion	2019		2019		2021		2021	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X	X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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Schedule K (Form 990) (Rev. 12-2024)

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SCHEDULE K (Form 990)

(Rev. December 2024)

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.

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

ENTITY

4

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

Part I	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	67756CGG7	06/27/24	503,218,055.	BOND 2024: REFUND SERIES 2023 AND FINANCE VARIOUS		X		X		X
B												
C												
D												

Part II Proceeds											
		A		B		C		D			
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue	503,218,055.									
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds										
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds	3,218,055.									
10	Capital expenditures from proceeds	200,000,000.									
11	Other spent proceeds	300,000,000.									
12	Other unspent proceeds										
13	Year of substantial completion	2024									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16	Has the final allocation of proceeds been made?	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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Schedule K (Form 990) (Rev. 12-2024)

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THE CLEVELAND CLINIC FOUNDATION

ENTITY 1

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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	
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 .....	.00 %		.03 %				.01 %	
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 %		.00 %				.00 %	
6 Total of lines 4 and 5 .....	.00 %		.03 %				.01 %	
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	

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THE CLEVELAND CLINIC FOUNDATION

ENTITY 2

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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	
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 .....	.12 %				.09 %			
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 .....					.01 %			
6 Total of lines 4 and 5 .....	.12 %				.10 %			
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

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THE CLEVELAND CLINIC FOUNDATION

ENTITY 3

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

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	
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	2.75 %		2.54 %		1.63 %		.12 %	
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 %		.03 %		.08 %		.00 %	
6 Total of lines 4 and 5	2.78 %		2.57 %		1.71 %		.12 %	
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

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THE CLEVELAND CLINIC FOUNDATION

ENTITY

4

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
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 .....	.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 %		% %		% %		% %	
6 Total of lines 4 and 5 .....	.00 %		% %		% %		% %	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	% %		% %		% %		% %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

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THE CLEVELAND CLINIC FOUNDATION

ENTITY 1

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

Part IV	Arbitrage <i>(continued)</i>
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		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?								
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 isn't available under applicable regulations?	X		X		X		X	

Part VI	Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.
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THE CLEVELAND CLINIC FOUNDATION

ENTITY 2

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

Part IV Arbitrage (continued)

4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X			X		X		X
b Name of provider		WELLS FARGO							
c Term of hedge		25.0000000							
d Was the hedge superintegrated?			X						
e Was the hedge terminated?			X						
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 isn't available under applicable regulations?	X		X		X		X	

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

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THE CLEVELAND CLINIC FOUNDATION

ENTITY

3

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

Part IV	Arbitrage <i>(continued)</i>
----------------	-------------------------------------

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?								
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 isn't available under applicable regulations?	X		X		X		X	

Part VI	Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.
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THE CLEVELAND CLINIC FOUNDATION

ENTITY

4

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 3

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	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: COLLIER COUNTY HEALTH FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

BOND 2003C: REFUND FL SERIES 1999; FINANCING WESTON CLINIC

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BOND 2008B: REFUND 06A, 04A, AND 01A; FACILITY IMPROVEMENTS

(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:

BOND 2013: REFUND 2004B, 2003A AND FACILITY IMPROVEMENTS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: BOND 2017C: REFUND 2002 SERIES

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THE CLEVELAND CLINIC FOUNDATION

Schedule K (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 4

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

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BOND 2017A: REFUND 2008A, 2008B, 2009A, 2009B, 2012A SERIES

(A) ISSUER NAME: MARTIN COUNTY HEALTH FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

BOND 2019AREFINANCE 2012, 2012B & 2015 MHS BONDS & ACQUIRE MEMBERSHIP IN MH

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: BOND 2019BC: FUND CAPITAL PROJECTS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: BOND 2019DEF: FUND CAPITAL PROJECTS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BOND 2021A: ACQUIRE MEMBERSHIP IN MERCY HOSPITAL

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: BOND 2021B: REFUND SERIES 2011A

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BOND 2024: REFUND SERIES 2023 AND FINANCE VARIOUS CAPITAL PROJECTS

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: COLLIER COUNTY HEALTH FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 04/16/2023

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/15/2023

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 11/02/2021

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 05/29/2023

(A) ISSUER NAME: MARTIN COUNTY HEALTH FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 05/15/2023

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SCHEDULE L

(Form 990)

(Rev. December 2024)

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.

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

OMB No. 1545-0047

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 section 501(c)(29) organizations only)

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) CONOR DELANEY	EVP, PRE	EMPLOYEE		X	125,000.	21,047.		X		X	X	
(2) DEBORAH GORDO	EVP, CLO	EMPLOYEE		X	125,000.	112,067.		X		X	X	
(3) DENNIS LARAWA	EVP, CFO	EMPLOYEE		X	125,000.	51,200.		X		X	X	
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					\$	184,314.						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

SEE PART V FOR CONTINUATIONS

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THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990) (Rev. 12-2024) GROUP RETURN

91-2153073

Page 2

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ADRIENNE JAROCKI	FAMILY MEMBER OF CO	67,247.	EMPLOYMENT		X
(2) AMANDA HANCOCK	FAMILY MEMBER OF KE	70,391.	EMPLOYMENT		X
(3) ELLEN IANNOTTI	FAMILY MEMBER OF JO	48,447.	EMPLOYMENT		X
(4) FRANK IANNOTTI	FAMILY MEMBER OF JO	34,459.	EMPLOYMENT		X
(5) JIM HALLORAN	FAMILY MEMBER OF KE	28,499.	EMPLOYMENT		X
(6) JOANNE MCDONALD KILBANE	FAMILY MEMBER OF CA	96,101.	EMPLOYMENT		X
(7) LAURA SWEENEY	FAMILY MEMBER OF TI	52,056.	EMPLOYMENT		X
(8) MATTHEW BRUYERE	FAMILY MEMBER OF JO	37,007.	EMPLOYMENT		X
(9) ROBERT SYTO	FAMILY MEMBER OF BE	65,380.	EMPLOYMENT		X
(10) RYAN OAKLEY	FAMILY MEMBER OF WI	84,408.	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: CONOR DELANEY, M.D., PH.D.

(B) RELATIONSHIP WITH ORGANIZATION: EVP, PRESIDENT OF FL MKT

(C) PURPOSE OF LOAN: EMPLOYEE LOAN

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 125,000. (F) BALANCE DUE \$ 21,047.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = NO

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: DEBORAH GORDON

(B) RELATIONSHIP WITH ORGANIZATION: EVP, CLO, SECRETARY

(C) PURPOSE OF LOAN: EMPLOYEE LOAN

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 125,000. (F) BALANCE DUE \$ 112,067.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = NO

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: DENNIS LARAWAY

(B) RELATIONSHIP WITH ORGANIZATION: EVP, CFO & TREASURER

(C) PURPOSE OF LOAN: EMPLOYEE LOAN

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 125,000. (F) BALANCE DUE \$ 51,200.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = NO

(I) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ADRIENNE JAROCKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CONOR DELANEY, M.D., PH.D., CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 67,247.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: AMANDA HANCOCK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KELLY HANCOCK, DNP, RN, NE-BC, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 70,391.

Schedule L (Form 990) (Rev. 12-2024)

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THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990)

GROUP RETURN

91-2153073

Page 2

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: ELLEN IANNOTTI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOSEPH IANNOTTI, M.D., PH.D., CC FLORIDA TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 48,447.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CC FL

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: FRANK IANNOTTI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOSEPH IANNOTTI, M.D., PH.D., CC FLORIDA TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 34,459.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CC FL

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JIM HALLORAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KELLY HANCOCK, DNP, RN, NE-BC, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 28,499.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOANNE MCDONALD KILBANE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CATHERINE M. KILBANE, ESQ., CCF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 96,101.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LAURA SWEENEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TIMOTHY L. LONGVILLE, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 52,056.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MATTHEW BRUYERE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOHN BRUYERE, CCHS EAST KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 37,007.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCHS EAST

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROBERT SYTO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BERI RIDGEWAY, M.D., CCF OFFICER & DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 65,380.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RYAN OAKLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF WILLIAM M. PEACOCK, III, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 84,408.

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THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990)

GROUP RETURN

91-2153073

Page 2

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: VICTORIA JAVOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KELLY HANCOCK, DNP, RN, NE-BC, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 106,521.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: AYLIN OZDEMIR-LORENZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF ROBERT LORENZ, M.D., CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 101,535.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PETER DELANEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CONOR DELANEY, M.D., PH.D., CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 64,782.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KAITLIN VAZQUEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DANIEL E VAZQUEZ-TORRES, M.D., AGMC DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 23,850.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH AGMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: AIMEE HABER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF GEORGES-PASCAL HABER, M.D., CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 748,802.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JENNIFER HANCOCK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KELLY HANCOCK, DNP, RN, NE-BC, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 56,406.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ERIC HANCOCK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KELLY HANCOCK, DNP, RN, NE-BC, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 61,454.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JENNIFER HEDRICK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DAVID HEDRICK, M.D., AGMC DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 40,833.

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THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990)

GROUP RETURN

91-2153073

Page 2

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 AGMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART II LOANS TO AND FROM INTERESTED PERSONS, COLUMN (H)
THE COMPENSATION COMMITTEE, AUTHORIZED BY THE BOARD OF DIRECTORS,
OVERSEES ALL COMPENSATION DECISIONS FOR THE CEO AND EXECUTIVE TEAM.
THE COMPENSATION COMMITTEE ENGAGES THE SERVICES OF AN INDEPENDENT
COMPENSATION CONSULTANT WHO PROVIDES COMPARABILITY AND FAIR MARKET
VALUE DATA FOR EXECUTIVE ROLES. MANAGEMENT WORKED WITH THE INDEPENDENT
COMPENSATION CONSULTANT TO DETERMINE ELEMENTS OF COMPENSATION,
INCLUDING THE EMPLOYEE LOANS REPORTED. LOAN DOCUMENTS WERE EXECUTED,
WITH FAIR MARKET VALUE INTEREST RATES, AND THE LOANS WERE REPORTED TO
THE COMPENSATION COMMITTEE AS PART OF THE ANNUAL PROCESS.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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	15	134,900.	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		130,935.	SALE COMPARABLE GOODS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	227	23,445,962.	AVERAGE HIGH/LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential	X	1	385,000.	APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	10	25,165.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EVENT TICKETS)	X	13	39,400.	COST
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 4

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2024

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THE CLEVELAND CLINIC FOUNDATION

Schedule M (Form 990) 2024 GROUP RETURN

91-2153073

Page 2

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, PART I, LINE 32B:

CLEVELAND CLINIC HEALTH SYSTEM WILL AT TIMES HIRE INDEPENDENT THIRD
PARTIES TO SELL CERTAIN NON-CASH CONTRIBUTIONS.

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SCHEDULE O
(Form 990)

(Rev. December 2024)
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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number	91-2153073
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FORM 990, PART III, PROGRAM SERVICE STATEMENT

CLEVELAND CLINIC, HEADQUARTERED IN CLEVELAND, OHIO, IS A NONPROFIT, TAX-EXEMPT ACADEMIC MEDICAL CENTER THAT INTEGRATES CLINICAL AND HOSPITAL CARE WITH RESEARCH AND EDUCATION. THE CLEVELAND CLINIC FOUNDATION IS THE PARENT OF THE CLEVELAND CLINIC HEALTH SYSTEM ("SYSTEM").

CLEVELAND CLINIC WAS ESTABLISHED IN 1921. THE SYSTEM'S MISSION STATEMENT IS AS FOLLOWS: CARING FOR LIFE, RESEARCHING FOR HEALTH AND EDUCATING 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 THE SYSTEM FULFILLS ITS CHARITABLE PURPOSES, BUT RATHER IS A SUMMARY OF ITS PRIMARY PROGRAM SERVICES AND CONTRIBUTIONS TO THE COMMUNITY. THE SYSTEM DEFINES AND MEASURES COMMUNITY BENEFIT (INCLUDING FINANCIAL ASSISTANCE) USING THE CATHOLIC HEALTH ASSOCIATION ("CHA") COMMUNITY BENEFIT MODEL, WHICH RECOMMENDS REPORTING COMMUNITY BENEFIT ON A COST BASIS. USING THIS MODEL, IN 2024 CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$1.49 BILLION IN BENEFITS TO THE COMMUNITIES SERVED. THE COMMUNITY BENEFIT THAT THE SYSTEM PROVIDES INCLUDES PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, EDUCATION, MEDICAID SHORTFALL, SUBSIDIZED HEALTH SERVICES, AND COMMUNITY OUTREACH PROGRAMS. THE CURRENT COMMUNITY BENEFIT REPORT IS AVAILABLE AT WWW.CLEVELANDCLINIC.ORG.

I. PATIENT CARE

THE SYSTEM IS A WORLD-RENOWNED PROVIDER OF HEALTHCARE SERVICES THAT ATTRACTED PATIENTS FROM ACROSS THE UNITED STATES AND FROM 178 OTHER COUNTRIES IN 2024. AS OF DECEMBER 31, 2024, THE SYSTEM OPERATES 21 HOSPITALS AND IS THE LEADING PROVIDER OF HEALTHCARE SERVICES IN NORTHEAST OHIO. 15 OF THE HOSPITALS ARE OPERATED IN THE NORTHEAST OHIO AREA, ANCHORED BY THE CLEVELAND CLINIC FOUNDATION. THE SYSTEM OPERATES 22 OUTPATIENT FAMILY HEALTH CENTERS, NINE AMBULATORY SURGERY CENTERS, AS WELL AS NUMEROUS PHYSICIAN OFFICES, WHICH ARE LOCATED THROUGHOUT NORTHEAST OHIO, AND SPECIALIZED CANCER CENTERS IN SANDUSKY AND MANSFIELD, OHIO. IN FLORIDA, THE SYSTEM OPERATES FIVE HOSPITALS, AND A CLINIC LOCATED THROUGHOUT SOUTHEAST FLORIDA, OUTPATIENT FAMILY HEALTH CENTERS IN PORT ST. LUCIE, STUART AND WEST PALM BEACH, AN OUTPATIENT FAMILY HEALTH AND AMBULATORY SURGERY CENTER IN CORAL SPRINGS AND NUMEROUS PHYSICIAN OFFICES LOCATED THROUGHOUT SOUTHEAST FLORIDA. IN ADDITION, THE SYSTEM OPERATES A HEALTH AND WELLNESS CENTER AND A SPORTS MEDICINE CLINIC IN TORONTO, CANADA AND A SPECIALIZED NEUROLOGICAL CLINICAL CENTER IN LAS VEGAS, NEVADA. PURSUANT TO AGREEMENTS, THE SYSTEM ALSO PROVIDES MANAGEMENT SERVICES FOR ASHTABULA COUNTY MEDICAL CENTER, LOCATED IN ASHTABULA, OHIO, AND CLEVELAND CLINIC ABU DHABI, A MULTISPECIALTY HOSPITAL OFFERING CRITICAL AND ACUTE CARE SERVICES THAT IS PART OF M42 HEALTH'S NETWORK OF HEALTHCARE FACILITIES LOCATED IN ABU DHABI, UNITED ARAB EMIRATES.

THE SYSTEM IS DEDICATED TO THE COMMUNITIES IT SERVES STRIVING TO PROVIDE COMPASSIONATE, HIGH-QUALITY HEALTHCARE TO ALL WHO NEED IT; AND

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Schedule O (Form 990) 2024

Page **2**

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
<p>SUPPORTING PROGRAMS AND INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES. THROUGH ITS FINANCIAL ASSISTANCE EFFORTS AND AS A LEADING MEDICAID PROVIDER IN OHIO, CLEVELAND CLINIC PROVIDES HEALTHCARE TO THOSE WHO OTHERWISE COULD NOT AFFORD IT.</p> <p>IN 2024, CLEVELAND CLINIC RECORDED 5,454 TOTAL STAFFED BEDS, 993,993 EMERGENCY VISITS, 319,935 SURGICAL CASES, 269,462 ADMISSIONS, AND MORE THAN 14 MILLION TOTAL CLINIC VISITS. IT IS THE POLICY OF THE SYSTEM TO TREAT ALL PATIENTS WITH COMPASSION, DIGNITY AND RESPECT, REGARDLESS OF THEIR RACE, CREED, OR ABILITY TO PAY.</p> <p>AFTER YEARS OF PLANNING, IN 2024 THE SYSTEM IMPLEMENTED A NEW OPERATING MODEL THAT REDEFINES HOW CLEVELAND CLINIC ORGANIZES AND ADMINISTERS ITS CLINICAL SERVICES. THE SYSTEM IS A COMPLEX GLOBAL ORGANIZATION. THIS NEW FRAMEWORK PREPARES CLEVELAND CLINIC FOR FUTURE GROWTH BY SIMPLIFYING ITS STRUCTURE, MAKING IT REPRODUCIBLE AND ENSURING THAT CLEVELAND CLINIC OPERATES OPTIMALLY, EFFICIENTLY AND UNIFORMLY EVERYWHERE IT SERVES PATIENTS. THAT CREATES THE BEST ENVIRONMENT FOR ITS CAREGIVERS TO PROVIDE CARE. A KEY FEATURE OF THE OPERATING MODEL INCLUDES 11 CLINICAL INSTITUTES, WHICH OVERSEE SPECIFIC TYPES OF SPECIALIZED CARE. EACH INSTITUTE'S LEADERSHIP DIRECTS A GLOBAL COMMUNITY OF CAREGIVERS, ENSURING COLLABORATION, EXCELLENCE AND CONSISTENCY OF CARE ACROSS ALL LOCATIONS.</p> <p>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. THE INSTITUTES ARE CANCER; HEART, VASCULAR AND THORACIC; MEDICAL SPECIALTY; DIGESTIVE DISEASE; PRIMARY CARE; INTEGRATED SURGICAL; INTEGRATED HOSPITAL BASED CARE; NEUROLOGICAL; DIAGNOSTICS; OBSTETRICS & GYNECOLOGY AND CHILDREN'S.</p> <p>NOTABLE ACHIEVEMENTS</p> <p>THE CLINIC WAS NAMED BY U.S. NEWS AND WORLD REPORT TO THE HONOR ROLL IN ITS 2024-2025 EDITION OF "AMERICA'S BEST HOSPITALS." THE HONOR ROLL RECOGNIZES 20 TOP-PERFORMING HOSPITALS BASED ON THEIR RANKINGS IN VARIOUS SPECIALTIES AND PROCEDURES. THE CLINIC'S HEART AND VASCULAR INSTITUTE, LOCATED ON THE CLINIC'S MAIN CAMPUS, WAS RECOGNIZED AS THE BEST CARDIOLOGY AND HEART SURGERY PROGRAM IN THE UNITED STATES, AN HONOR THE CLINIC HAS RECEIVED ANNUALLY FOR 30 CONSECUTIVE YEARS. THE CLINIC WAS NATIONALLY RANKED IN 14 SPECIALTIES, INCLUDING EIGHT IN THE TOP TEN NATIONWIDE.</p> <p>EIGHT CLEVELAND CLINIC SPECIALTIES ALSO RANKED IN THE TOP 10. OF THESE, FIVE PLACED IN THE TOP FIVE INCLUDING: CARDIOLOGY & HEART SURGERY; UROLOGY; GASTROENTEROLOGY & GI SURGERY; OBSTETRICS & GYNECOLOGY; RHEUMATOLOGY. CLEVELAND CLINIC WAS NATIONALLY RANKED IN 13 ADULT SPECIALTIES AND 11 CHILDREN'S SPECIALTIES. CLEVELAND CLINIC WAS ALSO RATED HIGH PERFORMING IN NINETEEN PROCEDURES AND CONDITIONS.</p> <p>CLEVELAND CLINIC HAS ACHIEVED THE DISTINGUISHED MAGNET RECOGNITION. MAGNET STATUS IS THE HIGHEST NATIONAL RECOGNITION AWARDED TO A HOSPITAL OR MEDICAL CENTER FOR EXCELLENCE IN NURSING. AMERICAN NURSES CREDENTIALING CENTER, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR.</p> <p>CLEVELAND CLINIC RECEIVED THE ENVIRONMENTAL EXCELLENCE AWARD FROM PRACTICE GREENHEALTH. PRACTICE GREENHEALTH RECOGNIZES ORGANIZATIONS WITHIN THE HEALTHCARE SECTOR THAT SUPPORT AND CREATE BETTER, SAFER, AND GREENER WORKPLACES AND COMMUNITIES. IN 2024, CLEVELAND CLINIC AND ITS</p>		

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Schedule O (Form 990) 2024

Page **2**

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

FACILITIES RECEIVED: THE TOP 25 ENVIRONMENTAL EXCELLENCE AWARD, THE CIRCLE OF EXCELLENCE AWARD AND THE GREENHEALTH PARTNER FOR CHANGE AWARD. THESE AWARDS RECOGNIZE SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY, COVERING A RANGE OF DIFFERENT SUSTAINABILITY PROGRAMS AND ACTIVITIES. WINNERS HAVE ALSO MADE SUBSTANTIVE PROGRESS ON MERCURY ELIMINATION. OTHER ADDITIONAL PROGRAM SERVICE ACCOMPLISHMENTS ARE HIGHLIGHTED BELOW.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

OHIO

FOUNDED IN 1914, AKRON GENERAL IS A NONPROFIT HEALTHCARE ORGANIZATION THAT SERVES AS THE HUB FOR CLEVELAND CLINIC'S SOUTHERN REGION. THE 498 STAFFED BED TEACHING AND RESEARCH MEDICAL CENTER INCLUDES LODI HOSPITAL AND HEALTH & WELLNESS CENTERS. THE LEVEL 1 TRAUMA CENTER, AS DESIGNATED BY THE AMERICAN COLLEGE OF SURGEONS, OFFERS THE TECHNOLOGY, EXPERTISE, AND STAFFING TO TREAT ALL INJURIES REGARDLESS OF SEVERITY. IN 2024 U.S. NEWS & WORLD REPORT RANKED AKRON GENERAL AS THE FIFTH BEST HOSPITAL IN OHIO AND THE NUMBER ONE HOSPITAL IN AKRON. AKRON GENERAL WAS ALSO RANKED AS HIGH PERFORMING IN FIVE ADULT MEDICAL SPECIALTIES AND TEN COMMON ADULT PROCEDURES AND CONDITIONS. THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS MAGNET STATUS DESIGNATION TO AKRON GENERAL. AKRON GENERAL IS ACCREDITED BY JOINT COMMISSION, ALSO RECEIVING ITS GOLD SEAL OF APPROVAL STROKE CARE. IT IS SUMMIT COUNTY'S FIRST ACCREDITED CHEST PAIN CENTER, MEETING STRICT CRITERIA FROM THE SOCIETY OF CHEST PAIN CENTERS AND PROVIDERS. AKRON GENERAL'S MCDOWELL CANCER INSTITUTE IS THE ONLY AKRON CANCER HOSPITAL TO RECEIVE AN OUTSTANDING ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER. AKRON GENERAL PARTICIPATES IN NATIONAL CANCER INSTITUTE (NCI) SPONSORED CLINICAL TRIALS, AS WELL AS PHARMACEUTICAL INDUSTRY SPONSORED TRIALS. MEMBERSHIP IN SIX NCI COOPERATIVE GROUPS PROVIDES PATIENTS WITH ACCESS TO A WIDE MENU OF CLINICAL TRIALS. IN 2024, AKRON GENERAL WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY. AKRON GENERAL WAS NATIONALLY RECOGNIZED FOR THE WELLNESS PHILOSOPHY - HEALTH & WELLNESS CENTER, LIFESTYLES AND FITNESS PROGRAMS THAT INCORPORATES INTEGRATED OUTPATIENT CLINICAL CARE, PREVENTION, REHABILITATION AND NUTRITIONAL COUNSELING. OPENED IN NOVEMBER 2016, CLEVELAND CLINIC AVON HOSPITAL HAS 126 STAFFED BEDS AND PROVIDES INPATIENT AND OUTPATIENT SERVICES. THE FIVE-STORY HOSPITAL WAS DESIGNED TO ACCOMMODATE FUTURE ADVANCES IN MEDICAL CARE. AVON HOSPITAL'S FEATURES INCLUDE SIX OPERATING ROOMS, AN INTENSIVE CARE UNIT, IMAGING AND RADIOLOGY, PHARMACY AND LABORATORY SERVICES, A CARDIAC CATHETERIZATION LABORATORY AS WELL AS AN EXPANDED EMERGENCY DEPARTMENT. AVON HOSPITAL HAS OBTAINED AN ADVANCED CERTIFICATION FOR PRIMARY STROKE BY THE JOINT COMMISSION. IN 2024, AVON HOSPITAL WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY. IN 2022, THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS MAGNET STATUS TO CLEVELAND CLINIC AVON HOSPITAL, WHICH IS A DESIGNATION OF THE HIGHEST HONOR FOR PROFESSIONAL NURSING PRACTICE. AVON HOSPITAL ALSO HOLDS ACCREDITATIONS AND AWARDS BY THE COMMISSION ON CANCER, AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS AND JOINT COMMISSION ACCREDITATION OF HEALTH ORGANIZATIONS

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
<p>CLEVELAND CLINIC MENTOR HOSPITAL, THE SYSTEM'S 21ST HOSPITAL, IS IN LAKE COUNTY, OHIO AND HAS 34 INPATIENT BEDS. THE HOSPITAL IS MANAGED BY HILLCREST HOSPITAL AND OFFERS BOTH INPATIENT AND OUTPATIENT SERVICES INCLUDING 34 INPATIENT BEDS, FOUR OPERATING ROOMS, AN EMERGENCY DEPARTMENT, OUTPATIENT EXAM AND PROCEDURE ROOMS, LAB AND IMAGING SERVICES. THE NEW FACILITY, WHICH HAS A FLEXIBLE MODULAR DESIGN THAT WILL ALLOW IT TO ADAPT TO CHANGING COMMUNITY NEEDS, WILL EXPAND THE SYSTEM'S SERVICES AND CARE TO THE RESIDENTS OF LAKE AND GEauga COUNTIES.</p> <p>CLEVELAND CLINIC MERCY HOSPITAL IS A 323 LICENSED BED HOSPITAL SERVING STARK, CARROLL, WAYNE, HOLMES, AND TUSCARAWAS COUNTIES AND PARTS AFTER BECOMING A FULL MEMBER OF THE SYSTEM, MERCY EXPERIENCED MANY BENEFITS, INCLUDING EXPANDING HIGH-QUALITY SERVICES, IMPROVING TECHNOLOGY, PROVIDING SUPPORT AND INVESTMENT TO ADDRESS ADDITIONAL NEEDS IN THE COMMUNITY, BUILDING OPPORTUNITIES FOR PHYSICIAN COLLABORATION AND INCREASING ACCESS TO HIGHLY SPECIALIZED SERVICES FOR PATIENTS IN STARK COUNTY AND SURROUNDING COMMUNITIES. IN 2024, U.S. NEWS & WORLD REPORT RECOGNIZED MERCY HOSPITAL AS HIGH PERFORMING IN THREE ADULT PROCEDURES & CONDITION.</p> <p>FOUNDED IN 1907, EUCLID HOSPITAL HAS BECOME ONE OF THE REGION'S LEADING SUB-ACUTE CARE, OUTPATIENT REHABILITATION AND ORTHOPEDIC CENTERS. THE HOSPITAL, WITH 146 STAFFED BEDS, OFFERS A COMPLETE CONTINUUM OF CARE WITH NATIONALLY RENOWNED SPECIALTIES THAT INCLUDE: SUB-ACUTE CARE, CLEVELAND CLINIC NEURO-REHABILITATION PROGRAM, EMERGENCY DEPARTMENT, GERIATRIC ASSESSMENT PROGRAM, HEALING GARDEN WITH LAKEFRONT VIEWS, ORTHOPEDICS, AND OUTPATIENT REHABILITATION. IN 2024, EUCLID HOSPITAL WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY.</p> <p>FOUNDED IN 1892, FAIRVIEW HOSPITAL IS A FAITH-BASED COMMUNITY HOSPITAL WITH 498 STAFFED BEDS. IT IS A FULLY ACCREDITED HOSPITAL BY THE JOINT COMMISSION, WITH A CERTIFIED LEVEL II TRAUMA CENTER. CLEVELAND CLINIC CANCER CENTER AT FAIRVIEW HOSPITAL HAS BEEN AWARDED THE OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS, COMMISSION ON CANCER. THE HOSPITAL ALSO RECEIVED THE AMERICAN DIABETES ASSOCIATION EDUCATION RECOGNITION CERTIFICATE FOR ITS QUALITY DIABETES SELF-MANAGEMENT EDUCATION PROGRAM. FAIRVIEW HOSPITAL'S ADDITIONAL CLINICAL CENTERS OF EXCELLENCE INCLUDE: BIRTHING CENTER, HEART SURGERY, CANCER, AND SURGERY. IN 2024, U.S. NEWS & WORLD REPORT RECOGNIZED FAIRVIEW HOSPITAL AS THE NUMBER FOUR HOSPITAL IN THE CLEVELAND METROPOLITAN AREA AND NUMBER SEVEN IN OHIO. FAIRVIEW HOSPITAL WAS NATIONALLY RANKED AS HIGHEST PERFORMING IN FIVE OTHER SPECIALTIES. FAIRVIEW ALSO ACHIEVED THE HIGH PERFORMING RATING IN TEN COMMON ADULT PROCEDURES AND CONDITIONS. THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS MAGNET STATUS TO FAIRVIEW HOSPITAL. ANCC, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR. IN 2024, FAIRVIEW HOSPITAL WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY. FAIRVIEW HOSPITAL WAS RECOGNIZED BY THOMSON REUTERS IN THE TOP 100 HOSPITALS, CATEGORIES INCLUDE LOWER INPATIENT MORTALITY, FEWER PATIENT COMPLICATIONS, PROVIDED FASTER EMERGENCY CARE, KEPT INPATIENT EXPENSES LOW WHILE STILL MAINTAINING A HEALTHY FINANCIAL ENVIRONMENT AND SCORED HIGHER ON PATIENT RATINGS OF THEIR OVERALL HOSPITAL EXPERIENCE.</p> <p>OPENED IN NOVEMBER 1968, HILLCREST HOSPITAL HAS 462 STAFFED HOSPITAL</p>		

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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BEDS. HILLCREST HOSPITAL HAS BEEN NATIONALLY RECOGNIZED 15 TIMES AS ONE OF AMERICA'S 100 TOP HOSPITALS, A DESIGNATION BASED ON EXTENSIVE RESEARCH OF U.S. HOSPITALS, AS CONDUCTED BY THOMSON REUTERS. THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS MAGNET STATUS TO HILLCREST HOSPITAL. ANCC, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR. IN THE 2024 U.S. NEWS & WORLD REPORT, HILLCREST HOSPITAL WAS HIGH PERFORMING IN SIX OTHER ADULT SPECIALTIES. HILLCREST ALSO ACHIEVED HIGH PERFORMING RATINGS IN 11 COMMON ADULT PROCEDURES AND CONDITIONS. THE HOSPITAL IS ALSO RANKED THIRD AMONG CLEVELAND -AREA HOSPITALS AND FOURTH IN THE STATE OF OHIO. HILLCREST HOSPITAL HOLDS ACCREDITATION FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTH ORGANIZATIONS AND FULL ACCREDITATION WITH PERCUTANEOUS CORONARY INTERVENTION ("PCI") FROM THE SOCIETY OF CHEST PAIN CENTERS. IN THE CONSUMER GUIDE TO OHIO HOSPITAL QUALITY, HILLCREST RECEIVED THE HIGHEST POSSIBLE RANKING IN FIVE CARDIAC CATEGORIES, INCLUDING ANGIOPLASTY, CARDIAC CATHETERIZATION, CAROTID (NECK) ARTERY SURGERY, CONGESTIVE HEART FAILURE AND CORONARY ARTERY BYPASS GRAFT. IN 2024, HILLCREST HOSPITAL WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

OPENED IN 1896, LUTHERAN HOSPITAL IS A 192 STAFFED BED HOSPITAL OFFERING QUALITY MEDICAL CARE, CUTTING-EDGE TECHNOLOGY AND ADVANCED RESEARCH AND SURGERY. LUTHERAN OFFERS EXPERT CARE IN AREAS SUCH AS ORTHOPEDICS, SPINE, PAIN MANAGEMENT, GENERAL SURGERY, BEHAVIORAL HEALTH, ALCOHOL AND DRUG RECOVERY, WOUND CARE, LAB AND IMAGING SERVICES, AND EMERGENCY MEDICINE. IN THE 2024 U.S. NEWS & WORLD REPORT, LUTHERAN HOSPITAL ACHIEVED HIGH PERFORMING IN TWO ADULT PROCEDURES & CONDITIONS. THE JOINT COMMISSION, THE LEADING ACCREDITOR OF HEALTHCARE ORGANIZATIONS IN THE UNITED STATES, HAS ALSO RECOGNIZED LUTHERAN HOSPITAL AS A TOP PERFORMER ON KEY QUALITY MEASURES. LUTHERAN WAS AWARDED THE PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC). THIS DESIGNATION IS EARNED BY HEALTHCARE ORGANIZATIONS THAT DEMONSTRATE COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES STAFF. IN 2024, LUTHERAN HOSPITAL WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY.

FOUNDED IN 1949, MARYMOUNT HOSPITAL IS A 263 STAFFED BED ACUTE CARE HOSPITAL PROVIDING ADVANCED HEALTH CARE, GUIDED BY THE VALUES OF SERVICE, COMPASSION, DIGNITY, AND RESPECT. IN 2024, U.S. NEWS & WORLD REPORT RECOGNIZED MARYMOUNT HOSPITAL AS HIGH PERFORMING IN ONE ADULT PROCEDURES & CONDITIONS. IN 2024, MARYMOUNT WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY. MARYMOUNT HOLDS A NUMBER OF CERTIFICATIONS AND ACCREDITATIONS INCLUDING: CERTIFICATION FROM AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER; CERTIFIED AS A PRIMARY STROKE CENTER BY THE JOINT COMMISSION FOR HOSPITAL ACCREDITATION, AN ACCREDITED HOSPITAL PROGRAM BY THE JOINT COMMISSION, A BEHAVIORAL HEALTH PROGRAM ACCREDITED BY THE JOINT COMMISSION, LAB

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Schedule O (Form 990) 2024

Page **2**

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGIST (CAP) AND AMERICAN ASSOCIATION OF BLOOD BANKS, ACCREDITED BY AMERICAN COLLEGE OF RADIOLOGY FOR MAMMOGRAPHY AND MAGNETIC RESONANCE IMAGING (MRI), AND CERTIFICATION BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.		
FOUNDED IN 1944, MEDINA HOSPITAL IS A 148-STAFFED BED ACUTE CARE FACILITY. MEDINA'S CLINICAL CENTERS OF EXCELLENCE INCLUDE EMERGENCY DEPARTMENT, ORTHOPEDICS, AND SURGERY. THE HOSPITAL FEATURES MORE THAN 300 PHYSICIANS COVERING MORE THAN 30 AREAS OF SPECIALIZATION. MEDINA WAS AWARDED THE PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC). THIS DESIGNATION IS EARNED BY HEALTHCARE ORGANIZATIONS THAT DEMONSTRATE COMMITMENT TO CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES STAFF. IN 2024, U.S. NEWS & WORLD REPORT RECOGNIZED MEDINA HOSPITAL AS HIGH PERFORMING IN THREE ADULT PROCEDURES & CONDITIONS. IN 2024, MEDINA WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY. MEDINA HOSPITAL CURRENTLY HOLDS ACCREDITATIONS FROM THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) FOR THE LABORATORY AND RESPIRATORY THERAPY BLOOD GAS LAB, AN ACCREDITED HOSPITAL PROGRAM FOR ONCOLOGY FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION, AND CERTIFICATION FROM THE AMERICAN COLLEGE OF RADIOLOGY (ACR) FOR MAMMOGRAPHY, MRI AND ULTRASOUND.		
SOUTH POINTE HOSPITAL IS A 172-STAFFED BED ACUTE CARE, COMMUNITY TEACHING HOSPITAL WHICH HAS BEEN SERVICING THE HEALTHCARE NEEDS OF ITS COMMUNITY SINCE 1957. SOUTH POINTE DELIVERS A PATIENT CENTERED MODEL OF CARE WHICH PROMOTES THE HEALING OF THE MIND, BODY AND SPIRIT. IN THE 2024 U.S. NEWS & WORLD REPORT, SOUTH POINTE HOSPITAL WAS NATIONALLY RANKED AS HIGH PERFORMING IN TWO OTHER ADULT SPECIALTIES. SOUTH POINTE ALSO ACHIEVED HIGH PERFORMING RATINGS IN TWO COMMON ADULT PROCEDURES AND CONDITIONS. THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS MAGNET STATUS TO SOUTH POINTE. ANCC, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR. IN 2024, SOUTH POINTE HOSPITAL WAS AWARDED THE PRACTICE GREENHEALTH ENVIRONMENTAL EXCELLENCE AWARD WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY. SOUTH POINTE'S CANCER PROGRAM HAS A FOUR-YEAR ACCREDITATION BY THE COMMISSION ON CANCER FOR THE AMERICAN COLLEGE OF SURGEONS.		
FOUNDED IN 1906, UNION HOSPITAL IS A 102-STAFFED BED HOSPITAL. THE HOSPITAL'S 25-ACRE MEDICAL CAMPUS INCLUDES PHYSICIAN OFFICE BUILDINGS, OUTPATIENT REHABILITATION AND SPORTS MEDICINE CENTER, AND A MENTAL HEALTHCARE AGENCY. OFF CAMPUS FACILITIES INCLUDE AN OCCUPATIONAL MEDICINE AND AN URGENT CARE CENTER. UNION HOSPITAL HAS BEEN NAMED TO THE LIST OF THE 100 GREAT COMMUNITY HOSPITALS BY BECKER'S HOSPITAL REVIEW, A MONTHLY PUBLICATION OF BUSINESS AND LEGAL NEWS FOR HOSPITAL EXECUTIVES. IT IS ONE OF SIX HOSPITALS NATIONWIDE RECOGNIZED AS A TOP PERFORMING HOSPITAL IN THE MIDAS+ PLATINUM QUALITY AWARD PROGRAM. IN ADDITION, IT ACHIEVED CERTIFICATION AS A PRIMARY STROKE CENTER. UNION HOSPITAL HAS ALSO BEEN DESIGNATED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY, INDICATING THAT BREAST IMAGING AT UNION MEETS THE HIGHEST STANDARDS OF THE RADIOLOGY PROFESSION. AS A RECOGNITION OF A TOP-PERFORMING HOME HEALTH AGENCY, HOMECARE ELITE IDENTIFIES THE TOP 25 PERCENT OF MEDICARE-CERTIFIED AGENCIES. FOR THE FIFTH CONSECUTIVE YEAR IN A ROW, UNION HOSPITAL HOME HEALTH HAS ACHIEVED TOP 500 STATUS AS RANKED BY HOME CARE ELITE.		

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

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

FLORIDA

CLEVELAND CLINIC WESTON INCLUDES A 258 STAFFED BED HOSPITAL, DIAGNOSTIC CENTERS, OUTPATIENT SURGERY, AND A 24-HOUR EMERGENCY DEPARTMENT IN WESTON, FLORIDA. CLEVELAND CLINIC FLORIDA HAS LOCATIONS IN WESTON, WEST PALM BEACH, WELLINGTON, PALM BEACH GARDENS, PARKLAND, AND CORAL SPRINGS. IN 2024, U.S. NEWS & WORLD REPORT NATIONALLY RANKED ONE OF FLORIDA'S ADULT SPECIALTIES: GASTROENTEROLOGY & GI SURGERY. IT WAS ALSO HIGH PERFORMING IN THREE ADULT SPECIALTIES AND 14 ADULT PROCEDURES & CONDITIONS. IN ADDITION, PRACTICE GREENHEALTH AWARDED IT WITH THE PARTNER FOR CHANGE AWARD. CLEVELAND CLINIC FLORIDA IS A WORLD-RENOWNED ACADEMIC MEDICAL CENTER WITH ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN SOUTH FLORIDA. FOR THE 15TH 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 2024-2025. CLEVELAND CLINIC FLORIDA IS RANKED FIRST IN THE MIAMI-FT. LAUDERDALE METROPOLITAN REGION AND SIXTH IN THE STATE OF FLORIDA. CLEVELAND CLINIC FLORIDA HOLDS SEVERAL AWARDS, INCLUDING: NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS FROM THE AMERICAN COLLEGE OF SURGEONS, DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY, A THREE YEAR ACCREDITED CANCER PROGRAM, ADVANCED CERTIFICATION FOR PRIMARY CARE STROKE CENTERS FROM THE JOINT COMMISSION AND AMERICAN HEART ASSOCIATION, A COMPREHENSIVE STROKE CENTER DESIGNATION FROM FLORIDA'S AGENCY FOR HEALTH CARE ADMINISTRATION, A STROKE GOLD PLUS ACHIEVEMENT AWARD WITH TARGET STROKE HONOR ROLL ELITE PLUS FROM THE AMERICAN HEART ASSOCIATION, A TOP PERFORMER FOR ADVANCED CERTIFICATION IN VENTRICULAR ASSIST DEVICE (VAD) FROM JOINT COMMISSION, A FULLY ACCREDITED METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM FROM THE AMERICAN COLLEGE OF SURGEONS, THE LANTERN AWARD 2017-2024 FROM THE EMERGENCY NURSES ASSOCIATION, THE BEACON AWARD FROM AMERICAN ASSOCIATION OF CRITICAL CARE NURSES, AND A NATIONAL ACCREDITATION FOR RECTAL CANCER FROM THE AMERICAN COLLEGE OF SURGEONS.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

FOUNDED IN 1932, INDIAN RIVER HOSPITAL HAS GROWN FROM A SMALL COMMUNITY HOSPITAL TO A 275 STAFFED BED HOSPITAL. INDIAN RIVER HOSPITAL SERVES AS THE AREA'S LEADING PROVIDER OF COMPREHENSIVE HIGH-QUALITY HEALTH AND MEDICAL SERVICES AND IMPROVES THE HEALTH AND WELL-BEING OF THE PEOPLE AND THAT OF THE COMMUNITIES SERVED. INDIAN RIVER HOSPITAL HAS BEEN DESIGNATED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE AND KNEE AND HIP REPLACEMENT BY FLORIDA BLUE AND AWARDED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL. IN THE 2024 U.S. NEWS & WORLD REPORT, INDIAN RIVER HOSPITAL ACHIEVED HIGH PERFORMING IN EIGHT ADULT PROCEDURES AND CONDITIONS. INDIAN RIVER WAS AWARDED THE 2019 READERS CHOICE AWARD WINNER FOR BEST HOSPITALS AS VOTED BY THE HOMETOWN NEWS READERS OF VERO BEACH. INDIAN RIVER HAS ACHIEVED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION. THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES ("AACN") RECENTLY CONFERRED A BRONZE-LEVEL BEACON AWARD FOR EXCELLENCE. THE AWARD RECOGNIZES UNIT CAREGIVERS WHO SUCCESSFULLY IMPROVE PATIENT OUTCOMES AND ALIGN PRACTICES WITH AACN'S SIX HEALTHY WORK ENVIRONMENT STANDARDS. INDIAN RIVER RECEIVED ACCREDITATION FROM: THE AMERICAN COLLEGE OF RADIOLOGY; A THREE-YEAR TERM IN ULTRASOUND BY THE AMERICAN COLLEGE OF RADIOLOGY; COMPUTED TOMOGRAPHY BY THE AMERICAN COLLEGE OF RADIOLOGY; A CANCER PROGRAM ACCREDITED BY THE AMERICAN COLLEGE OF

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
<p>SURGEONS COMMISSION ON CANCER; AND IS DESIGNATED AS A CHEST PAIN CENTER V5 WITH PRIMARY PCI ACCREDITATION.</p> <p>MARTIN MEMORIAL MEDICAL CENTER, INC. IS A NOT-FOR-PROFIT, TAX-EXEMPT HOSPITAL THAT OPERATES GENERAL ACUTE CARE FACILITIES IN STUART, PORT SALERNO, AND PORT ST. LUCIE, FLORIDA, WITH A TOTAL OF 521 TOTAL STAFFED BEDS; MARTIN NORTH 244 STAFFED BEDS, MARTIN SOUTH 100 STAFFED BEDS, AND TRADITION 177 STAFFED BEDS WITH ASSOCIATED ANCILLARY SERVICE DEPARTMENTS. THE MARTIN HEALTH SYSTEM'S PRIMARY MISSION IS TO PROVIDE QUALITY HEALTH CARE SERVICES TO CITIZENS OF MARTIN, ST. LUCIE, AND EASTERN OKEECHOBEE COUNTIES THROUGH ITS ACUTE AND AMBULATORY CARE FACILITIES. IN 2024 U.S. NEWS & WORLD REPORT RANKED MARTIN MEMORIAL HEALTH SYSTEM AS HIGH PERFORMING RATINGS IN 11 COMMON ADULT PROCEDURES AND CONDITIONS. MARTIN MEMORIAL HEALTH SYSTEM IS THE JOINT COMMISSION ACCREDITED, RANKING AMONG THE TOP 10 PERCENT OF HOSPITALS NATIONWIDE. THE HOSPITAL WAS ALSO AWARDED CERTIFICATION BY THE JOINT COMMISSION FOR THE PRIMARY STROKE CENTER, ORTHOPEDIC SPECIALTY CENTER AND PATIENT BLOOD MANAGEMENT PROGRAM. THE ROBERT AND CAROL WEISSMAN CANCER CENTER AT MARTIN HEALTH RECEIVED A THREE-YEAR ACCREDITATION WITH COMMENDATION FROM THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS. CLEVELAND CLINIC TRADITION HOSPITAL IS A FULLY INTEGRATED MEDICAL CAMPUS THAT INCLUDES DIAGNOSTIC CENTERS, OUTPATIENT SURGERY AND A 24-HOUR EMERGENCY DEPARTMENT LOCATED IN THE STATE-OF-THE-ART HOSPITAL. TRADITION HOSPITAL ORIGINALLY OPENED IN DECEMBER 2013 AND EXPANDED IN 2017. TRADITION HOSPITAL IS DESIGNED TO IMPROVE THE FLOW OF EMERGENCY PATIENTS WHO REQUIRE EXTENDED OR OVERNIGHT STAYS, ALONG WITH BEING EQUIPPED WITH A 177-BED FACILITY THAT HAS AN 18-BED OBSERVATION UNIT, 12-BED POST-ANESTHESIA CARE UNIT, 12-BED PROGRESSIVE CARE UNIT TO HELP PATIENTS TRANSITION FROM THE ICU TO A MEDICAL-SURGICAL BED AND A MATERNITY AND NEONATAL INTENSIVE CARE UNIT.</p> <p>FOUNDED IN 1939 AS MARTIN COUNTY HOSPITAL, MARTIN NORTH HOSPITAL'S 244 BED FACILITY TREATS PATIENTS WITH MAJOR ILLNESSES OR INJURIES AND LIFE-THREATENING SYMPTOMS. THE CAMPUS IS HOME TO THE FRANCES LANGFORD HEART CENTER, THE ROBERT AND CAROL WEISSMAN CANCER CENTER, THE BACK AND SPINE CENTER AND A MINIMALLY INVASIVE SURGERY CENTER.</p> <p>IN 1992, MARTIN HEALTH OPENED MARTIN SOUTH HOSPITAL ON SALERNO ROAD IN STUART. THIS 100-BED HOSPITAL TREATS PATIENTS WITH MAJOR ILLNESSES OR INJURIES AND LIFE-THREATENING SYMPTOMS. THIS HOSPITAL IS HOME TO THE MARTIN HEALTH ORTHOPEDIC SPECIALTY CENTER, A COMPREHENSIVE PROGRAM DEDICATED TO HELPING PATIENTS REGAIN INDEPENDENCE FOLLOWING ORTHOPEDIC SURGERY.</p> <p>NEVADA</p> <p>KEEP MEMORY ALIVE ("KMA") RAISES FUNDS TO OPERATE THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH TO ADVANCE THE RESEARCH AND TREATMENT OF PATIENTS WITH NEUROCOGNITIVE DISORDERS THAT RESULT FROM NEUROLOGICAL DISEASES INCLUDING ALZHEIMER'S, HUNTINGTON'S, PARKINSON'S, AND AMYOTROPHIC LATERAL SCLEROSIS (ALS). KMA STRIVES TO CREATE GREATER AWARENESS OF NEUROCOGNITIVE DISORDERS; EDUCATE FAMILIES ABOUT TREATMENTS, RESEARCH EFFORTS, AND AVAILABLE CAREGIVER SERVICES; AND PROMOTES LIFESTYLE CHANGES TO ENCOURAGE HEALTHY BRAIN AGING.</p> <p>THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH IS A MULTIDISCIPLINARY CENTER, CO-LOCATED IN LAS VEGAS AND CLEVELAND PROVIDING DIAGNOSIS AND TREATMENT FOR PATIENTS WITH COGNITIVE DISORDERS AND SUPPORT FOR THEIR FAMILIES. PHYSICIANS AND STAFF FOCUS ON EARLY INTERVENTION FOR MILD COGNITIVE DISORDERS THROUGH PHYSICAL EXERCISE, COGNITIVE REHABILITATION, AND MEDICATION. THE CENTER ALSO ENGAGES IN EDUCATION AND RESEARCH ACTIVITIES. THE LOU RUVO CENTER FOR BRAIN HEALTH</p>		

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Schedule O (Form 990) 2024

Page **2**

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
<p>WAS NAMED A RESEARCH CENTER OF EXCELLENCE BY THE LEWY BODY DEMENTIA ASSOCIATION. IT HAS BEEN NAMED ONE OF THE FIRST FIVE CUREPSP CENTERS OF CARE IN THE UNITED STATES. IT IS ALSO THE ONLY PROGRAM IN SOUTHERN NEVADA TO RECEIVE THE PARTNERS IN CARE DESIGNATION FROM THE NATIONAL MULTIPLE SCLEROSIS SOCIETY.</p> <p>FINANCIAL ASSISTANCE</p> <p>THE CLEVELAND CLINIC FINANCIAL ASSISTANCE PROGRAM REPRESENTS THE COST OF PROVIDING FREE OR DISCOUNTED MEDICALLY NECESSARY OR EMERGENCY CARE TO PATIENTS UNABLE TO PAY SOME OR ALL THEIR MEDICAL BILLS. THE SYSTEM'S FINANCIAL ASSISTANCE POLICY PROVIDES FREE OR DISCOUNTED CARE TO UNINSURED PATIENTS WITH INCOMES UP TO 400 PERCENT OF THE FEDERAL POVERTY LEVEL AND WHO MEET CERTAIN OTHER ELIGIBILITY CRITERIA BY STATE. THIS POLICY COVERS BOTH HOSPITAL CARE AND SERVICES PROVIDED BY THE SYSTEM'S EMPLOYED PHYSICIANS.</p> <p>PATIENTS WITH SPECIAL MEDICAL OR EXCEPTIONAL CIRCUMSTANCES MAY ALSO BE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE FINANCIAL ASSISTANCE POLICY IS DESIGNED TO PREVENT MEDICAL BILLS FROM CAUSING A PATIENT OR FAMILY UNDUE FINANCIAL HARDSHIP.</p> <p>THE SYSTEM PROVIDED FINANCIAL ASSISTANCE AT A COST OF \$337.7 MILLION IN 2024.</p> <p>II. RESEARCH</p> <p>CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE BIOMEDICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT DISEASE, AND FIND CURES FOR MEDICAL ISSUES. THE SYSTEM'S RESEARCH ACTIVITIES ARE INTENDED TO IMPROVE PATIENT CARE AND THE HEALTH OF THE PUBLIC AT LARGE, BY PROVIDING THE LATEST ADVANCES IN MEDICINE DIRECTLY TO PATIENTS AND BY REFINING THE PRACTICE OF MEDICINE THROUGH THE DEVELOPMENT AND PROMULGATION OF NEW TECHNIQUES, DEVICES, AND TREATMENT PROTOCOLS. CLEVELAND CLINIC'S LERNER RESEARCH INSTITUTE ("LRI") IS ITS RESEARCH INSTITUTE LOCATED ON THE MAIN CAMPUS AND HOME TO A COMPLETE SPECTRUM OF LABORATORY-, TRANSLATIONAL-, AND CLINICAL-BASED RESEARCH. LRI HAS APPROXIMATELY 235 FACULTY-LEVEL SCIENTISTS ORGANIZED IN THE FOLLOWING DEPARTMENTS: BIOMEDICAL ENGINEERING, CANCER BIOLOGY, CARDIOVASCULAR AND METABOLIC SCIENCES, COMPUTATIONAL LIFE SCIENCES, GENOMIC MEDICINE, IMMUNOTHERAPY & PRECISION IMMUNO-ONCOLOGY, INFECTION BIOLOGY, INFLAMMATION AND IMMUNITY, NEUROSCIENCES, OPHTHALMIC RESEARCH, QUANTITATIVE HEALTH SCIENCES, AND TRANSLATIONAL HEMATOLOGY AND ONCOLOGY RESEARCH.</p> <p>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, 1,917 SCIENTISTS AND SUPPORT PERSONNEL WORK AT LRI. THIS INCLUDES APPROXIMATELY 260 RESEARCH FELLOWS, 200 GRADUATE STUDENTS AND 240 UNDERGRADUATE STUDENTS.</p> <p>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 2024, CLEVELAND CLINIC WAS INVOLVED IN 3,655 ACTIVE INSTITUTIONAL REVIEW BOARD APPROVED HUMAN SUBJECTS' RESEARCH STUDIES. THE ONGOING COLLABORATION BETWEEN PHYSICIAN INVESTIGATORS AND STUDY VOLUNTEERS IS CENTRAL TO TESTING THE SAFETY AND EFFECTIVENESS OF DRUGS AND MEDICAL PROCEDURES AND HELPS TO SET THE STANDARDS FOR PATIENT CARE. RESEARCH AT CLEVELAND CLINIC IS FUNDED BY EXTERNAL SOURCES, SUCH AS FEDERAL GRANTS, BUT IS ALSO SUBSTANTIALLY SUPPORTED BY THE CLINIC'S OWN INTERNAL RESOURCES. IN</p>		

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page 2

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number	91-2153073
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2024, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$147.0 MILLION, WHICH IS NET OF GRANTS AND OTHER EXTERNAL FUNDING OF \$325.4 MILLION.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

III. EDUCATION

ON ITS MAIN CAMPUS, CLEVELAND CLINIC OPERATES A MEDICAL SCHOOL AND RELATED RESEARCH INSTITUTE. THE PRIMARY FOCUS OF CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE OF CASE WESTERN RESERVE UNIVERSITY (THE "LERNER COLLEGE OF MEDICINE") IS THE TEACHING AND TRAINING OF MEDICAL STUDENTS WHO HAVE A PARTICULAR INTEREST IN RESEARCH. MANY CLEVELAND CLINIC PHYSICIANS SERVE AS FACULTY FOR THE LERNER COLLEGE OF MEDICINE, FURTHERING THE INTEGRATION OF CLINICAL CARE WITH RESEARCH AND EDUCATION. THE LERNER COLLEGE OF MEDICINE CURRENTLY PROVIDES ALL STUDENTS WITH FULL TUITION SCHOLARSHIPS.

IN ADDITION TO TRAINING THE NATION'S FUTURE DOCTORS, CLEVELAND CLINIC SPONSORS A WIDE RANGE OF HIGH-QUALITY MEDICAL EDUCATION TRAINING THROUGHOUT THE HEALTH SYSTEM INCLUDING ACCREDITED TRAINING PROGRAMS FOR NURSES AND HEALTH SCIENCE PROFESSIONALS.

THE SYSTEM DEVOTES SUBSTANTIAL RESOURCES TO EDUCATION PROGRAMS, WHICH, IN 2024, PROVIDED A NET COMMUNITY BENEFIT OF \$357.9 MILLION. THESE EDUCATIONAL ACTIVITIES ENSURE RESIDENTS AND PATIENTS IN ALL THE SYSTEM'S COMMUNITIES RECEIVE THE HIGHEST STANDARD OF MEDICAL CARE AND HAVE TRAINED HEALTH PROFESSIONALS TO CARE FOR THEM IN THE FUTURE. SOME OF THESE EDUCATION PROGRAMS INCLUDE:

-GRADUATE MEDICAL EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN THE COUNTRY. IN 2024, 1,549 RESIDENTS AND FELLOWS TRAINED IN 115 ACCREDITED TRAINING PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION ("ACGME"), INCLUDING 184 ADVANCED FELLOWS IN 132 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 2,295 APPLICANTS FOR 32 POSITIONS FOR THE 2024-25 ACADEMIC YEAR. THE PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 31 PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON THE 2024 CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT SUBMISSIONS), AND 24 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 2024, 720 MEDICAL STUDENTS FROM 236 MEDICAL SCHOOLS AROUND THE WORLD ROTATED THROUGH CLEVELAND CLINIC.

-CENTER FOR CONTINUING EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE LARGEST CONTINUING MEDICAL EDUCATIONS ("CME") PROGRAMS IN THE COUNTRY AND ENJOYS THE HIGHEST ACCME RANKING: ACCREDITATION WITH COMMENDATION. IN 2024, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 2,763 CME ACTIVITIES THAT OFFERED OVER 12,657 CME CREDITS TO 629,879 PARTICIPANTS. OF THAT NUMBER, 1,928 WERE LIVE COURSES THAT ATTRACTED 123,973 PARTICIPANTS. CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL CENTERS. THE CENTER'S WEBSITE HAD 795 ACTIVITIES THAT ATTRACTED 1,297,621 ACTIVITY VIEWERS.

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
<p>JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, AWARDING MORE THAN 42,710 CERTIFICATES TO CLEVELAND CLINIC JOURNAL OF MEDICINE (CCJM) PARTICIPANTS. IN 2024, THE CENTER ISSUED 629,879 CERTIFICATES FOR ALL ACTIVITIES COMBINED.</p> <p>-THE CCJM ENJOYED A CIRCULATION OF MORE THAN 129,647 COPIES AND RANKED NO. 4 IN READERSHIP AMONG JOURNALS DIRECTED TO OFFICE-BASED INTERNISTS AND CARDIOLOGISTS. EACH YEAR, THE PRINT AND ONLINE VERSIONS ARE READ OR ACCESSED BY APPROXIMATELY 4.3 MILLION PEOPLE AROUND THE WORLD. IN 2024, THE CCJM WEBSITE RECORDED 7,813,772 PAGE VIEWS AND 3,781,835 UNIQUE VISITORS TO ONLINE JOURNALS.</p> <p>-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 SYSTEM CURRENTLY OFFERS 21 IN-HOUSE ALLIED HEALTH PROGRAMS AND HAS 55 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS. IN 2024, SYSTEM HOSTED MORE THAN 571,502 CLINICAL ROTATION HOURS FOR OVER 2,562 HEALTH SCIENCE STUDENTS.</p> <p>-CENTER FOR INTERNATIONAL MEDICAL EDUCATION: THE CENTER FOR INTERNATIONAL MEDICAL EDUCATION 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.</p> <p>IV. ADDITIONAL COMMUNITY BENEFIT</p> <p>PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, AND EDUCATION DESCRIBED ABOVE ARE INTEGRAL COMPONENTS OF THE COMMUNITY BENEFIT THE SYSTEM ANNUALLY REPORTS TO THE COMMUNITY. THE OTHER COMPONENTS OF THE CLEVELAND CLINIC'S COMMUNITY BENEFIT ARE:</p> <p>MEDICAID SHORTFALL</p> <p>THE 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 2024, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS WERE \$608.1 MILLION (THIS FIGURE INCLUDES AN HCAP ASSESSMENT OF \$7.2 MILLION).</p> <p>SUBSIDIZED HEALTH SERVICES</p> <p>IN ADDITION TO FINANCIAL ASSISTANCE AND COSTS NOT COVERED BY MEDICAID PAYMENTS, ANOTHER CLINICAL COMMUNITY BENEFIT CATEGORY IS "SUBSIDIZED HEALTH SERVICES." THESE SERVICES YIELD LOW OR NEGATIVE MARGINS BUT ARE NEEDED IN THE COMMUNITY. CLEVELAND CLINIC PROVIDED SUBSIDIZED HEALTH SERVICES IN 2024 AT A COST OF \$8.8 MILLION.</p> <p>COMMUNITY OUTREACH PROGRAMS</p> <p>THE SYSTEM IS ACTIVELY ENGAGED IN A BROAD ARRAY OF COMMUNITY OUTREACH PROGRAMS, PROVIDING OR CONTRIBUTING TO OUTREACH ACTIVITIES FOR A TOTAL NET COMMUNITY BENEFIT OF \$7.5 MILLION, PARTIALLY OFFSET BY EXTERNAL FUNDING. EXCLUDING \$34M IN OFFSETTING REIMBURSEMENTS RECEIVED FROM FEMA FOR COVID-19 ACTIVITIES IN PRIOR YEARS. THESE PROGRAMS ARE DESIGNED TO SERVE THE VULNERABLE AND AT-RISK POPULATIONS, AS WELL AS THE BROADER POPULATION IN OUR COMMUNITIES. OUR RESPONSIVE OUTREACH PROGRAMS RANGE FROM FREE WELLNESS INITIATIVES, HEALTH SCREENINGS, CLINICAL SERVICES, EDUCATION, AND YOUTH WORKFORCE DEVELOPMENT TO ENROLLMENT ASSISTANCE FOR GOVERNMENT-FUNDED HEALTH PROGRAMS.</p> <p>OUTREACH PROGRAMS ADDRESS DOCUMENTED HEALTH NEEDS OF OUR COMMUNITIES, ALIGN WITH OUR COMMUNITY HEALTH NEEDS ASSESSMENTS AND FALL INTO THREE MAIN CATEGORIES: COMMUNITY HEALTH SERVICES, CASH AND IN-KIND DONATIONS, AND COMMUNITY BUILDING. IN 2024, SOME HIGHLIGHTS INCLUDED:</p> <p>-WELLNESS INITIATIVES TO RESIDENTS, SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS IN THE AREAS OF DISEASE PREVENTION, PERSONAL SAFETY,</p>		

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

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

BEHAVIORAL HEALTH, STRESS MANAGEMENT, NUTRITION IMPROVEMENT AND EXERCISE.

-COMMUNITY FARMERS MARKETS, URBAN GARDENS, DRIVE-THROUGH FOOD DISTRIBUTION EVENTS AND FOOD PANTRIES PROVIDED ACCESS TO FRESH LOCAL PRODUCTS, NUTRITIONAL GUIDANCE AND SUPPLEMENTAL FOOD PROGRAMS TO ADDRESS FOOD INSECURITY ISSUES.

-NO-COST CLINICAL CARE TO UNDER- AND UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH & EDUCATION CENTER IN THE FAIRFAX NEIGHBORHOOD. CARE INCLUDES MULTIGENERATIONAL WELLNESS CLASSES, CANCER SCREENING AND CHRONIC DISEASE MANAGEMENT SERVICES.

-COLLABORATIVE INITIATIVES WITH COMMUNITY NONPROFIT ORGANIZATIONS AND LOCAL GOVERNMENTS ADDRESSED CRITICAL POPULATION ISSUES. TASKFORCE STRATEGIES FOCUSED ON ELIMINATING LEAD EXPOSURE IN HOMES AND CHILDCARE CENTERS, DECREASING SUBSTANCE USE DISORDERS AND OVERDOSE DEATHS, AND INCREASING CHILD AND MATERNAL HEALTH.

-WORKFORCE DEVELOPMENT PROGRAMS CONDUCTED FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS TO ENHANCE GRADUATION RATES, PURSUE SECONDARY EDUCATION AND OBTAIN EMPLOYMENT. LOCAL WORKFORCE READINESS PROGRAMS INITIATED IN HOSPITAL COMMUNITIES.

- SUPPORTED A WOMEN'S ADDICTION TREATMENT AND RECOVERY CENTER, TO ADDRESS SAFE HOUSING AND INFANT/MATERNAL HEALTH, INCLUDING AN EXPANDED CENTER.

-CONNECTING PATIENTS WITH HEALTH AND SOCIAL ORGANIZATIONS TO REDUCE BARRIERS TO CARE THROUGH THE UNITE US PROGRAM. PROVIDING COMMUNITY HEALTH WORKERS (CHWS) TO BRIDGE HEALTHCARE AND COMMUNITY SUPPORT.

-EXPANDING ACCESS TO MENTAL HEALTH, VISION AND PRIMARY CARE SERVICES TO LOCAL YOUTH THROUGH SCHOOL-BASED PROGRAMS.

V. CONCLUSION

THE PURPOSE OF THE 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.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
CANADA, CAYMAN ISLANDS, CHINA, DENMARK,
ISRAEL, NORWAY, PORTUGAL, SAUDI ARABIA,
SWEDEN, UNITED ARAB EMIRATES, UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 1A:
THE BOARD OF EACH OF THE CLEVELAND CLINIC HOSPITALS HAS DELEGATED AUTHORITY TO AN EXECUTIVE COMMITTEE MADE UP OF BOARD MEMBERS TO: (1) TO TRANSACT ALL BUSINESS OF THE BOARD DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD, SUBJECT TO THE LIMITATIONS SET FORTH IN THE RESPECTIVE BYLAWS OR CODE OF REGULATIONS AND ANY LIMITATIONS OTHERWISE IMPOSED BY THE BOARDS; (2) TO INITIATE AND RECOMMEND TO THE BOARD CHANGES IN THE RESPECTIVE BYLAWS OR CODE OF REGULATIONS OF THE PARTICULAR HOSPITAL, OR ANY OF ITS AFFILIATED CORPORATIONS, OR WHEN REQUESTED TO DO SO BY THE RESPECTIVE BOARD OR AN AFFILIATED BOARD, OR WHEN THE EXECUTIVE COMMITTEE DEEMS THAT A CHANGE IN BYLAWS OR CODE OF REGULATIONS IS NEEDED; (3) TO EXERCISE ON BEHALF OF THE HOSPITAL LEGAL ENTITY, THE POWERS THAT THE HOSPITAL LEGAL ENTITY POSSESSES AS A SOLE MEMBER OF OTHER CORPORATIONS THAT ARE NOT DELEGATED BY THE BYLAWS OR CODE OF REGULATIONS TO OTHER COMMITTEES OF THE BOARD; (4) TO REVIEW HOSPITAL PERFORMANCE AS COMPARED TO ENTERPRISE GOALS; (5) TO APPROVE ALL

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

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

REQUIRE HOSPITAL ANNUAL PLANS; (6) TO ESTABLISH PERSONAL GOALS AND OBJECTIVES FOR THE PRESIDENT/CEO, AND TO OTHERWISE ESTABLISH OTHER CORPORATE GOALS AND OBJECTIVES AS IT DEEMS APPROPRIATE; (7) TO APPROVE ALL ACTIONS RELATED TO MEDICAL STAFF CREDENTIALING, PRIVILEGING, DISCIPLINARY ACTIVITY AND AMENDMENTS TO MEDICAL STAFF BYLAWS; AND (8) REVIEW AND APPROVE POLICIES ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

DEBORAH A. CRAWFORD, CCF DIRECTOR & PATRICK V. AULETTA, CCF DIRECTOR - BUSINESS

WILLIAM M. PEACOCK III, CCF OFFICER & TIMOTHY L. LONGVILLE, CCF OFFICER - BUSINESS

WILLIAM M. PEACOCK III, CCF OFFICER & K. KELLY HANCOCK, DNP, RN, NE-BC, CCF OFFICER - BUSINESS

WILLIAM M. PEACOCK III, KMA OFFICER & ANDREW MACHADO, M.D., PH.D., KMA DIRECTOR - BUSINESS

WILLIAM M. PEACOCK III, CCF OFFICER & DENNIS LARAWAY, CCF OFFICER - BUSINESS

WILLIAM M. PEACOCK III, CCF OFFICER & CONNOR DELANEY, M.D., PH.D., CCF OFFICER - BUSINESS

TIMOTHY LONGVILLE, CCF OFFICER & CONNOR DELANEY, M.D., PH.D., CCF OFFICER - BUSINESS

TIMOTHY LONGVILLE, CCF OFFICER & DENNIS LARAWAY, CCF OFFICER - BUSINESS

DENNIS LARAWAY, CCF OFFICER & CONNOR DELANEY, M.D., PH.D., CCF OFFICER - BUSINESS

RONALD E. WEINBERG, CCF DIRECTOR & STEWART A. KOHL, CCF DIRECTOR - BUSINESS

K. KELLY HANCOCK, KMA OFFICER & ANDREW MACHADO, M.D., PH.D., KMA DIRECTOR - BUSINESS

LARRY RUVO, KMA OFFICER & CAMILLE RUVO, KMA OFFICER - FAMILY

THE FOLLOWING INDIVIDUALS MAY SHARE A BUSINESS RELATIONSHIP THROUGH THEIR ASSOCIATION AS AN OFFICER, DIRECTOR, OR TRUSTEE OF WHOLLY OWNED RELATED CORPORATIONS: BERI RIDGEWAY, M.D.; DAVID W. ROWAN; DEBORAH GORDON; DENNIS LARAWAY; JORGE GUZMAN, M.D.; R. JASON OBLANDER; TIMOTHY L. LONGVILLE; AND WILLIAM M. PEACOCK III.

FORM 990, PART VI, SECTION A, LINE 3:

CCF HOTEL SERVICES, LLC, A SINGLE MEMBER DISREGARDED ENTITY OF CCF HAS ENTERED INTO A MANAGEMENT AGREEMENT WITH INTERCONTINENTAL HOTELS CORPORATION TO MANAGE THE TWO HOTELS OWNED BY CCF HOTEL SERVICES, LLC.

THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A MANAGEMENT AGREEMENT WITH KESSLER REHABILITATION SERVICES, INC. AS PART OF A JOINT VENTURE WITH HOSPITAL HOLDINGS CORPORATION ("SELECT MEDICAL") TO MANAGE AND OPERATE THREE INPATIENT REHABILITATION HOSPITAL FACILITIES.

THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A MANAGEMENT AGREEMENT WITH REGENCY HOSPITALS, LLC AS PART OF A JOINT VENTURE WITH SELECT UNIT MANAGEMENT, INC. ("SELECT MEDICAL") TO MANAGE AND OPERATE THREE LONG- TERM ACUTE CARE FACILITIES.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS OF INDIAN RIVER MEMORIAL HOSPITAL WERE AMENDED TO INCREASE THE NUMBER OF BOARD MEMBERS TO FOUR.

FORM 990, PART VI, SECTION A, LINE 6:

PURSUANT TO NONPROFIT CORPORATION LAW, THERE CAN BE NO SHAREHOLDERS OR

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

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 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 OR BOARD OF TRUSTEES, AND THE BOARD THEN CONDUCTS THE AFFAIRS OF THE CORPORATION. NONPROFIT CORPORATION LAW PERMITS THE USE OF EITHER "BOARD OF TRUSTEES" OR "BOARD OF DIRECTORS." CCF HAS ADOPTED A PRACTICE THAT A BOARD OF DIRECTORS IS GENERALLY THE FIDUCIARY BOARD FOR AN ORGANIZATION. 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 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.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY EXPERIENCED AND QUALIFIED MEMBERS OF THE FINANCE DIVISION TAX DEPARTMENT. PRIOR TO FILING, KEY SECTIONS OF THE FORM ARE REVIEWED WITH EXPERIENCED AND QUALIFIED MEMBERS OF THE LAW DEPARTMENT. IN ADDITION, THE ENTIRE RETURN IS ALSO REVIEWED WITH THE CFO, AND MEMBERS OF THE AUDIT COMMITTEE. THE PAID PREPARER (BIG 4 PUBLIC ACCOUNTING FIRM) CONDUCTS AN IN DEPTH REVIEW OF THE FORM. ANNUALLY, THE 990 FILING IS DISCUSSED WITH THE ENTIRE AUDIT COMMITTEE. UPON CONFIRMATION OF SUCCESSFUL E-FILED FROM THE IRS, A COPY OF THE FINAL E-FILED RETURN WILL BE MADE AVAILABLE TO APPROPRIATE MEMBERS OF THE GOVERNING BODY. 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:

BOARD MEMBERS AND OFFICERS OF CCF AND ITS SUBSIDIARIES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE DISCLOSURES ARE REVIEWED BY STAFF REPORTING TO THE CHIEF GOVERNANCE OFFICER AND ANY ITEMS THAT MAY CREATE A CONFLICT ARE BROUGHT TO HER ATTENTION. IF THERE ANY DISCLOSURE CHANGES DURING THE YEAR OR A NEW DISCLOSURE, THE POLICY REQUIRES THAT THOSE INDIVIDUALS INFORM THE CHIEF GOVERNANCE OFFICER. THE BOARD OF DIRECTORS AUDIT AND CONFLICT OF INTEREST COMMITTEE MEETS FOUR TIMES PER YEAR AND REVIEWS THE DISCLOSURES, ANY PROPOSED ARRANGEMENTS THAT MAY INVOLVE A POTENTIAL CONFLICT OF INTEREST, AND DOCUMENTS ITS CONCLUSIONS. UNDER THE POLICY, THE INTERESTED PERSON 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 THE FINAL CONSIDERATION OR VOTING ON THE ARRANGEMENTS.

FORM 990, PART VI, SECTION B, LINE 15A:

ALL CLEVELAND CLINIC OFFICERS AND SIGNIFICANT MANAGEMENT EXECUTIVE POSITIONS HAVE THEIR COMPENSATION REVIEWED IN ADVANCE ANNUALLY BY THE COMPENSATION COMMITTEE OF THE CLEVELAND CLINIC BOARD OF DIRECTORS, WHICH IS

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Schedule O (Form 990) 2024

Page **2**

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

Employer identification number
91-2153073

VESTED WITH BOARD-DELEGATED POWERS TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO COMPENSATION MATTERS. IN REVIEWING AND ESTABLISHING COMPENSATION FOR THESE OFFICERS, THE COMMITTEE USES A PROCESS THAT 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 53.4958-9(C)(1)(III) WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE IS PERMITTED TO PARTICIPATE IN THE REVIEW AND APPROVAL OF THAT COMPENSATION ARRANGEMENT.

IN ESTABLISHING COMPENSATION FOR EMPLOYED PHYSICIANS FOR PHYSICIAN SERVICES, CLEVELAND CLINIC PARTICIPATES IN PRODUCTIVITY AND COMPENSATION SURVEYS WITH SIMILARLY SITUATED ORGANIZATIONS ACROSS THE U.S. IN ADDITION, CLEVELAND CLINIC ENGAGES THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT WHO EACH YEAR PROVIDES CLEVELAND CLINIC WITH A CUSTOMIZED COMPENSATION REPORT REGARDING PHYSICIAN COMPENSATION. BY USING THIS DATA, CLEVELAND CLINIC HAS BEEN ABLE TO DEVELOP MARKET-BASED COMPENSATION FOR PHYSICIAN SERVICES.

IN ESTABLISHING COMPENSATION FOR OFFICERS AND SIGNIFICANT MANAGEMENT EXECUTIVE 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 CLEVELAND CLINIC'S WRITTEN OR ELECTRONIC BOOKS AND RECORDS.

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 US" SECTION. ALL OTHER DOCUMENTS WHICH ARE REQUIRED TO BE AVAILABLE TO THE PUBLIC CAN BE OBTAINED UPON REQUEST.

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

PUBLIC INSPECTION COPY

Schedule O (Form 990) 2024

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

Employer identification number
91-2153073

ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTIONS FOR

CAPITAL PURPOSES 37,745,603.

GIFTS AND BEQUESTS 243,902,878.

TRANSFERS OF NET ASSETS 1,162,946,734.

NET INVESTMENT INCOME 78,179,880.

NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS -154,271,089.

RETIREMENT BENEFITS ADJUSTMENT -998,470.

EQUITY TRANSFERS & OTHER TRANSFERS 9,805,654.

TOTAL TO FORM 990, PART XI, LINE 9 1,377,311,190.

FORM 990, PART XI, LINE 8

THE PRIOR PERIOD ADJUSTMENT IN THE AMOUNT OF \$810,653,281 IS DUE TO

VARIOUS ENTITIES THAT CONVERTED AND ARE NOW INCLUDED INTO THE CLEVELAND
CLINIC FOUNDATION.

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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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.

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

OMB No. 1545-0047

**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
AKRON GENERAL MEDICAL CENTER OUTPATIENT PHARMACY, LLC - 84-2380272, 1 AKRON GENERAL AVENUE, AKRON, OH 44307	HEALTH CARE SERVICES	OHIO	8,823,998.	3,297,336.	AKRON GENERAL HEALTH SYSTEM
CCF AMBULATORY SURGERY CENTERS, LLC - 34-1939710, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CCF HOTEL SERVICES, LLC - 34-0666034 9500 EUCLID AVENUE CLEVELAND, OH 44195	HOTEL OPERATIONS	OHIO	41,842,291.	88,278,030.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC CONCIERGE MEDICINE, LLC - 33-2759570, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION

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
CLEVELAND CLINIC PHILANTHROPY (UK) LTD - 98-1571304, 50 BROADWAY, STE1, 7TH FL, LONDON, UNITED KINGDOM SW1H0BL	SUPPORT FOR HEALTHCARE EDUCATION AND RESEARCH IN THE UK	UNITED KINGDOM	501(C)(3)	LINE 7	N/A	X	
COMMUNITY WEST FOUNDATION - 34-1456398 800 SHARON DRIVE, STE C WESTLAKE, OH 44145	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OHIO	501(C)(3)	LINE 7	N/A		X
HOSPITAL AUXILIARY OF THE IRMH, INC. - 59-1003707, 1000 36TH STREET, VERO BEACH, FL 32960	SUPPORT THE INDIAN RIVER HOSPITAL	FLORIDA	501(C)(3)	TYPE III, FUNCTIONALLY	N/A		X
THE UNIFY PROJECT - 82-3605707 1151 NORTH MARGINAL ROAD CLEVELAND, OH 44114	SUPPORT CHARITABLE PURPOSES OF HOSPITALS & UNIVERSITIES	OHIO	501(C)(3)	LINE 3	N/A		X

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

Schedule R (Form 990) (Rev. 1-2025)

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

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 FLORIDA CONCIERGE MEDICINE LLC - 82-3186835, 1301 EAST BROWARD BLVD, STE 330, FT. LAUDERDALE, FL 33301	HEALTH CARE SERVICES	FLORIDA	3,531,599.	1,852,806.	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC FLORIDA HOME HEALTHCARE, LLC - 83-2250064, 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331	HEALTH CARE SERVICES	FLORIDA	0.	0.	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC FLORIDA NAPLES, LLC - 31-1741150, 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331	INACTIVE	FLORIDA	0.	0.	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC GLOBAL SOLUTIONS II, LLC - 87-1180623, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	2,021,753.	5,075.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC GLOBAL SOLUTIONS, LLC - 26-3666730, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	79,545,586.	84,590,966.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC MEDICARE ACO, LLC - 47-1281189, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	944,843.	4,716,707.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC OHIO REGIONAL PHYSICIANS LLC - 92-1359067, 1330 MERCY DRIVE NW, SUITE 506, CANTON, OH 44708	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC RISK RETENTION GROUP LLC - 87-2395525, 701 EAST BAY STREET, SUITE 514, CHARLESTON, SC 29403	RISK RETENTION GROUP	SOUTH CAROLINA	542,000.	19,160,704.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC WELLNESS ENTERPRISE, LLC - 26-3859233, 1950 RICHMOND ROAD, LYNDHURST, OH 44124	HEALTH CARE SERVICES	OHIO	2,570,201.	1,060.	THE CLEVELAND CLINIC FOUNDATION
CLINIC MEDICAL SERVICES COMPANY, LLC - 34-1932969, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	438,549,088.	0.	THE CLEVELAND CLINIC FOUNDATION

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

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
EDWIN SHAW REHAB, LLC - 27-0119182 330 BROADWAY STREET EAST CUYAHOGA FALLS, OH 44221	REHABILITATION FACILITY	OHIO	8,134.	11,965.	AKRON GENERAL MEDICAL CENTER
INTELLIS EPM, LLC - 27-0645368 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131					
IRMC#1, LLC - 59-0760215 1000 36TH STREET VERO BEACH, FL 32960	MEDICAL TECHNOLOGY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
IVHR, LLC. - 45-4657632 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131					
MARTIN SURGICAL VENTURES, LLC - 32-0496475 333 THIRD STREET N, STE 200 ST PETERSBURG, FL 33701	REAL ESTATE HOLDINGS	FLORIDA	0.	0.	INDIAN RIVER HOSPITAL FOUNDATION, INC.
MEDICAL CENTER AT HOBE SOUND, LLC - 65-0748232, PO BOX 9033, STUART, FL 34995					
MEDICAL CENTER AT ST. LUCIE WEST, LLC - 65-0504863, PO BOX 9033, STUART, FL 34995	MEDICAL TECHNOLOGY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
MEDINA HEALTH VENTURES, LLC - 34-1533871 1000 E WASHINGTON STREET MEDINA, OH 44256					
MERCY PROFESSIONAL CARE, LLC - 34-1873008 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	SURGICAL VENTURE	FLORIDA	8,664,487.	2,292,409.	MARTIN MEMORIAL MEDICAL CENTER, INC.
MONTROSE SLEEP CENTER, LLC - 20-0494491 4125 MEDINA ROAD AKRON, OH 44333					
MEDICAL CENTER AT HOBE SOUND, LLC - 65-0748232, PO BOX 9033, STUART, FL 34995	RENTAL REAL ESTATE	OHIO	231,868.	92,861.	MARTIN MEMORIAL MEDICAL CENTER, INC.
MEDICAL CENTER AT ST. LUCIE WEST, LLC - 65-0504863, PO BOX 9033, STUART, FL 34995					
MEDINA HEALTH VENTURES, LLC - 34-1533871 1000 E WASHINGTON STREET MEDINA, OH 44256	RENTAL REAL ESTATE	OHIO	1,347,738.	624,210.	MARTIN MEMORIAL MEDICAL CENTER, INC.
MERCY PROFESSIONAL CARE, LLC - 34-1873008 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131					
MONTROSE SLEEP CENTER, LLC - 20-0494491 4125 MEDINA ROAD AKRON, OH 44333	INACTIVE	OHIO	0.	0.	MEDINA HOSPITAL
MEDICAL CENTER AT HOBE SOUND, LLC - 65-0748232, PO BOX 9033, STUART, FL 34995					
MEDICAL CENTER AT ST. LUCIE WEST, LLC - 65-0504863, PO BOX 9033, STUART, FL 34995	HEALTH CARE SERVICES	OHIO	11,170,028.	5,277,021.	THE CLEVELAND CLINIC FOUNDATION
MEDINA HEALTH VENTURES, LLC - 34-1533871 1000 E WASHINGTON STREET MEDINA, OH 44256					
MERCY PROFESSIONAL CARE, LLC - 34-1873008 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OHIO	1,985,206.	3,150,859.	AKRON GENERAL PARTNERS, INC.
MONTROSE SLEEP CENTER, LLC - 20-0494491 4125 MEDINA ROAD AKRON, OH 44333					

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

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
NORTHEAST OHIO NEUROLOGICAL ASSOCIATES, LLC - 20-0442351, 6801 BRECKSVILLE RD, INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OHIO	0.	0.	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
OBVF VII LLC - 86-1185460 10000 CEDAR AVE CLEVELAND, OH 44106	GRANT RECEIVING ORGANIZATION	OHIO	445,023.	27,929,245.	THE CLEVELAND CLINIC FOUNDATION
OBVF VIII LLC - 87-1129899 10000 CEDAR AVE CLEVELAND, OH 44106	GRANT RECEIVING ORGANIZATION	OHIO	558,587.	23,148,201.	THE CLEVELAND CLINIC FOUNDATION
OPTOQUEST LLC - 26-3589643 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
PSMA, LLC - 83-4269973 10000 CEDAR AVE CLEVELAND, OH 44106	COMMERCIALIZE TECHNOLOGY	DELAWARE	0.	0.	THE CLEVELAND CLINIC FOUNDATION
PSVW, LLC - 26-1614376 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
REJ HOLDINGS, LLC - 27-3245990 3050 SCIENCE PARK DRIVE BEACHWOOD, OH 44122	INACTIVE	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
TASC ANESTHESIA, LLC - 02-0611167 659 BOULEVARD DOVER, OH 44622	INACTIVE	OHIO	0.	0.	THE UNION HOSPITAL ASSOCIATION
TATARA VASCULAR, LLC - 47-4282964 10000 CEDAR AVE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DELAWARE	0.	0.	THE CLEVELAND CLINIC FOUNDATION
THE BRENTWOOD CENTER OF EXCELLENCE, LLC - 20-1476092, 6801 BRECKSVILLE RD, INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OHIO	0.	0.	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

Part I Continuation of Identification of Disregarded Entities

[illegible]

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) (Rev. 1-2025) GROUP RETURN

91-2153073

Page 2

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	
AKRON SURGICAL ASSOCIATES, LLC - 01-0672877, 4125 MEDINA ROAD, AKRON, OH 44333	AMBULATORY SURGERY CENTER	OH	AKRON GENERAL PARTNERS, INC.	RELATED	1,898,122.	2,133,713.		X	N/A		X	51.00%
CCAW JV, LLC - 84-3867549 10000 CEDAR AVE CLEVELAND, OH 44106	MEDICAL SERVICES & TELE HEALTH	DE	THE CLEVELAND CLINIC FOUNDATION	RELATED	-1,831,010.	2,337,535.		X	N/A		X	51.00%
CCF/MHS RENAL CARE COMPANY LTD. - 34-1863789, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	1,880,964.	17,761,436.		X	N/A		X	60.00%
EXCELERATE STRATEGIC HEALTH SOURCING, LLC - 46-1810992, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	GROUP PURCHASING ORG	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED	2,024,440.	6,412,260.		X	1,049,555.		X	51.00%

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
33 GROSVENOR PLACE, LIMITED - 00-0000000 3RD FLOOR, 37 ESPLANADE ST. HELIER, UNITED KINGDOM JE1 1AD	LEASE HOLDING COMPANY	JERSEY	CLEVELAND CLINIC UK HOLDINGS, LTD	C CORP	19,475,412.	596,810,720.	100%	X	
AUTISM EYES, INC. - 84-3070150 10000 CEDAR AVE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100%	X	
AXONEURAL THERAPEUTICS, INC. - 85-1131595 10000 CEDAR AVE CLEVELAND, OH 44106	THERAPEUTIC TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	91,786.	100%	X	
BERING HEALTH, INC. - 92-0570284 10000 CEDAR AVE CLEVELAND, OH 44106	BRIDGE VIRTUAL & IN-PERSON CARE	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	54,323.	65.20%	X	
CASHEL NEURAL, INC. - 82-4625105 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	51,102.	0.	100%	X	

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
MERCY MEDICAL CENTER HOME HEALTH & HOSPICE, LLC - 81-0687167, 1050 FORRER BLVD, KETTERING, OH 45420	HOSPICE HEALTHCARE	OH	CLEVELAND CLINIC MERCY HOSPITAL	RELATED	-113,396.	891,597.		X	N/A		X	60.00%
STUART SURGERY CENTER LLC - 82-2542219, 2096 SE OCEAN BLVD, STUART, FL 34996	SURGERY CENTER	FL	MARTIN SURGICAL VENTURES LLC	RELATED	1,390,429.	1,703,528.		X	N/A		X	87.68%
TRADITION SURGERY CENTER, LLC - 36-4837780, 10080 INNOVATION WAY, SUITE 101, PORT ST LUCIE, FL 34987	SURGERY CENTER	FL	MARTIN SURGICAL VENTURES LLC	RELATED	603,195.	2,061,533.		X	N/A		X	63.73%
KEROGEN ENERGY FUND II CO-INVESTMENT FUND A, LP - 98-1231373, 190 ELGIN AVENUE, GEORGE TOWN, GRAND CAYMAN,	ALTERNATIVE INVESTMENT	CAYMAN ISLANDS	THE CLEVELAND CLINIC FOUNDATION	EXCLUDED	152,745.	2,978,046.		X	N/A		X	58.92%
ALTOS HYBRID CC, LLC - 85-3546949, 250 CALIFORNIA DR., FLOOR 4, BURLINGAME, CA 94010	ALTERNATIVE INVESTMENT	CA	THE CLEVELAND CLINIC FOUNDATION	EXCLUDED	-238,289.	14,629,021.		X	N/A		X	100%
SABAL STRATEGIC OPPORTUNITIES (PARALLEL) FUND II, LP - 93-2330465, 2211 MICHELSON DRIVE, SUITE 620, IRVINE, CA	ALTERNATIVE INVESTMENT	CA	THE CLEVELAND CLINIC FOUNDATION	EXCLUDED	22,551.	29,829,653.		X	N/A		X	39.64%
SSO II CO-INVEST (PARALLEL), L.P. - 93-4239123, 2211 MICHELSON DRIVE, SUITE 620, IRVINE, CA 92612	ALTERNATIVE INVESTMENT	CA	THE CLEVELAND CLINIC FOUNDATION	EXCLUDED	2,672.	0.		X	N/A		X	.00%
SRE OPPORTUNITY FUND IV SELECT, L.P. - 86-2718615, 980 N. MICHIGAN AVE., SUITE 1700, CHICAGO, IL 60611	ALTERNATIVE INVESTMENT	IL	THE CLEVELAND CLINIC FOUNDATION	UNRELATED	-2,567,508.	11,912,557.		X	-2,416,544.		X	55.56%
PARAMETRIC GLOBAL LOW BETA VRP FUND, LLC - 85-0959525, C/O PWC-MSIM TAX 12TH FLOOR, 1 NORTH WACKER DR, CHICAGO,	ALTERNATIVE INVESTMENT	IL	THE CLEVELAND CLINIC FOUNDATION	EXCLUDED	14,010,532.	158,567,409.		X	N/A		X	92.93%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership[illegible]

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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
CCAW EMPLOYMENT CO., LLC - 84-5164677 10000 CEDAR AVE CLEVELAND, OH 44106	MANAGEMENT SERVICES	DE	CCAW JV, LLC	C CORP	2,605,717.	0.	51.00%	X	
CCHS INDEMNITY CO., LTD. - 98-0207086 23 LIME TREE BAY, BOX 1051 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102									
CERAXIS HEALTH, INC. - 86-3324076 10000 CEDAR AVE CLEVELAND, OH 44106	INSURANCE COMPANY	CAYMAN ISLANDS	THE CLEVELAND CLINIC FOUNDATION	C CORP	81,676,458.	279,443,552.	100%	X	
CLEVELAND CLINIC CANADA-TORONTO, INC. - 00-0000000, 181 BAY STREET, BOX 818, TORONTO, CANADA M5J 2T3	STYLUS TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	494,540.	88.89%	X	
CLEVELAND CLINIC EMR, INC. - 20-4856025 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	CANADA	THE CLEVELAND CLINIC FOUNDATION	C CORP	25,592,157.	18,582,319.	100%	X	
CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION - 34-1877409, 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	1,094,191.		X	
CLEVELAND CLINIC LONDON, LTD - 00-0000000 50 BROADWAY, STE1, 7TH FL LONDON, UNITED KINGDOM SW1H0BL	CONTRACTING ORGANIZATION	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	11,736,782.	9,134,901.		X	
CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) - 00-0000000, PO BOX 340340, RIYADH, SAUDI ARABIA 11333	HOSPITAL OPERATING COMPANY	UNITED KINGDOM	CLEVELAND CLINIC UK HOLDINGS, LTD	C CORP	237,336,898.	525,783,487.	100%	X	
CLEVELAND CLINIC UK FINANCING PLC - 00-0000000, 50 BROADWAY, STE1, 7TH FL, LONDON, UNITED KINGDOM SW1H0BL	MEDICAL SERVICES	SAUDI ARABIA	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	621,526.	100%	X	
CLEVELAND CLINIC UK HOLDINGS, LTD - 00-0000000, 50 BROADWAY, STE1, 7TH FL, LONDON, UNITED KINGDOM SW1H0BL	FINANCING ENTITY	UNITED KINGDOM	CLEVELAND CLINIC UK HOLDINGS, LTD	C CORP	0.	843,291,539.	100%	X	
CLINIC MEDICAL SOLUTIONS, INC. - 34-1695388 18101 LORAIN AVENUE CLEVELAND, OH 44111	HOLDING COMPANY	UNITED KINGDOM	THE CLEVELAND CLINIC FOUNDATION	C CORP	3,666.	1987681386.	100%	X	
CMCD, INC. - 34-1256599 1000 E WASHINGTON STREET MEDINA, OH 44256	HEALTH CARE SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	C CORP	21,693,300.	10,832,817.		X	
	REAL ESTATE	OH	MEDINA HOSPITAL	C CORP	0.	311,040.	100%	X	

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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
CSC CONDOMINIUM ASSOCIATION, INC. - 59-2843163, PO BOX 9033, STUART, FL 34995	CONDOMINIUM ASSOCIATION	FL	MARTIN MEMORIAL MEDICAL	C CORP	252,426.	397,988.	83.70%	X	
INFUSEON THERAPEUTICS, INC. - 46-1776182 10000 CEDAR AVE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	85,943.	100%	X	
MARTIN MEMORIAL PHYSICIAN CORPORATION, INC. - 65-0556041, PO BOX 9010, STUART, FL 34995	PHYSICIAN OFFICES	FL	THE CLEVELAND CLINIC FOUNDATION	C CORP	143,927,376.	93,945,417.	100%	X	
MCZ, INC. - 34-1256598 1000 E WASHINGTON STREET MEDINA, OH 44256	LEASING	OH	MEDINA HOSPITAL	C CORP	9,097.	500.	100%	X	
MEDINVEST, INC. - 20-3978297 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	INACTIVE	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.	100%	X	
MERIDIA HEALTH VENTURES, INC. - 34-1533871 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	INACTIVE	OH	CLEVELAND CLINIC HOME CARE	C CORP	0.	0.	100%	X	
MERLOT ORTHOPEDIX, INC. - 11-3779414 10000 CEDAR AVE CLEVELAND, OH 44106	MEDICAL DEVICE MANUFACTURING	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	28,377.	55.00%	X	
METHOD AI, INC. - 86-2997632 10000 CEDAR AVE CLEVELAND, OH 44106	ROBOTIC SURGERY TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	1,747,967.	66.03%	X	
MITRIA MEDICAL, INC. - 84-3447663 10000 CEDAR AVE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	1,246,242.	100%	X	
MOBIUS CARE, INC. - 88-3418504 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	IBS TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	680,834.	100%	X	
NEOMEDICS, INC. - 02-0656818 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	INACTIVE	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.	100%	X	
PINE FALLS CONDOMINIUM ASSOCIATES, INC. - 34-1617589, 6100 WEST CREEK, SUITE 25, INDEPENDENCE, OH 44131	CONDOMINIUM ASSOCIATION	OH	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.		X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) (Rev. 1-2025) GROUP RETURN

91-2153073

Page 3

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a X	
b Gift, grant, or capital contribution to related organization(s)	1b X	
c Gift, grant, or capital contribution from related organization(s)	1c X	
d Loans or loan guarantees to or for related organization(s)	1d X	
e Loans or loan guarantees by related organization(s)	1e X	
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p X	
q Reimbursement paid by related organization(s) for expenses	1q X	
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s 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) THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	28,802,439.	FMV
(3) THE CLEVELAND CLINIC FOUNDATION	B	3,570,000.	FMV
(4) THE CLEVELAND CLINIC FOUNDATION	C	28,802,439.	FMV
(5) THE CLEVELAND CLINIC FOUNDATION	D	520,739.	FMV
(6) CERAXIS HEALTH, INC.	D	190,082.	FMV

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) CLEVELAND CLINIC LONDON, LTD	D	2,956,875.	FMV
(8) CLEVELAND CLINIC PHILANTHROPY (UK) LTD	D	73,217.	FMV
(9) EXCELERATE STRATEGIC HEALTH SOURCING, LLC	D	2,597,264.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	D	190,082.	FMV
(11) CASHEL NEURAL, INC.	E	272,918.	FMV
(12) CCAW EMPLOYMENT, LLC	E	520,739.	FMV
(13) CCHS INDEMNITY CO., LTD.	E	31,754,153.	FMV
(14) CLEVELAND CLINIC MEDICAL SERVICES, INC.	J	451,488.	FMV
(15) FAIRVIEW HOSPITAL	J	480,262.	FMV
(16) THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	1,190,693.	FMV
(17) THE CLEVELAND CLINIC FOUNDATION	J	224,272.	FMV
(18) THE CLEVELAND CLINIC FOUNDATION	J	4,341,610.	FMV
(19) THE CLEVELAND CLINIC FOUNDATION	J	3,585,752.	FMV
(20) THE CLEVELAND CLINIC FOUNDATION	J	1,860,043.	FMV
(21) THE CLEVELAND CLINIC FOUNDATION	J	329,102.	FMV
(22) THE CLEVELAND CLINIC FOUNDATION	J	1,365,222.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	J	1,126,350.	FMV
(24) AKRON GENERAL MEDICAL CENTER	K	224,272.	FMV

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) CLEVELAND CLINIC AVON HOSPITAL	K	4,341,610.	FMV
(8) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	3,585,752.	FMV
(9) FAIRVIEW HOSPITAL	K	1,860,043.	FMV
(10) LUTHERAN HOSPITAL	K	329,102.	FMV
(11) MARYMOUNT HOSPITAL, INC.	K	1,365,222.	FMV
(12) MEDINA HOSPITAL	K	1,126,350.	FMV
(13) THE CLEVELAND CLINIC FOUNDATION	K	451,488.	FMV
(14) THE CLEVELAND CLINIC FOUNDATION	K	480,262.	FMV
(15) THE CLEVELAND CLINIC FOUNDATION	K	1,190,693.	FMV
(16) AKRON GENERAL MEDICAL CENTER	L	353,224.	FMV
(17) CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION	L	834,211.	FMV
(18) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	L	1,015,591.	FMV
(19) FAIRVIEW HOSPITAL	L	740,990.	FMV
(20) MARYMOUNT HOSPITAL, INC.	L	166,469.	FMV
(21) THE CLEVELAND CLINIC FOUNDATION	L	634,451.	FMV
(22) THE CLEVELAND CLINIC FOUNDATION	L	521,683.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	L	1,820,597.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	L	13,767,000.	FMV

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE CLEVELAND CLINIC FOUNDATION	L	524,005.	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	L	1,054,394.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	L	157,847.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	L	578,551.	FMV
(11) THE CLEVELAND CLINIC FOUNDATION	L	342,204.	FMV
(12) THE CLEVELAND CLINIC FOUNDATION	L	61,751.	FMV
(13) AKRON GENERAL MEDICAL CENTER	M	634,451.	FMV
(14) CLEVELAND CLINIC AVON HOSPITAL	M	521,683.	FMV
(15) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	M	1,820,597.	FMV
(16) CLEVELAND CLINIC MEDICAL SERVICES, INC.	M	13,767,000.	FMV
(17) CLEVELAND CLINIC MERCY HOSPITAL	M	342,204.	FMV
(18) FAIRVIEW HOSPITAL	M	1,054,394.	FMV
(19) LODI HOSPITAL	M	61,751.	FMV
(20) LUTHERAN HOSPITAL	M	157,847.	FMV
(21) MARYMOUNT HOSPITAL, INC.	M	578,551.	FMV
(22) MEDINA HOSPITAL	M	524,005.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	M	353,224.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	M	1,015,591.	FMV

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE CLEVELAND CLINIC FOUNDATION	M	834,211.	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	M	740,990.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	M	166,469.	FMV
(10) CCHS INDEMNITY CO., LTD.	P	44,795,207.	FMV
(11) THE CLEVELAND CLINIC FOUNDATION	P	957,000.	FMV
(12) THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Q	957,000.	FMV
(13) THE CLEVELAND CLINIC FOUNDATION	S	171,772.	FMV
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) (Rev. 1-2025) GROUP RETURN

91-2153073

Page 4

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

[illegible]

Schedule R (Form 990) (Rev. 1-2025)

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) (Rev. 1-2025) GROUP RETURN

91-2153073

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

KEROGEN ENERGY FUND II CO-INVESTMENT FUND A, LP

EIN: 98-1231373

190 ELGIN AVENUE

GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS KY1-9005

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

SABAL STRATEGIC OPPORTUNITIES (PARALLEL) FUND II, LP

EIN: 93-2330465

2211 MICHELSON DRIVE, SUITE 620

IRVINE, CA 92612

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PARAMETRIC GLOBAL LOW BETA VRP FUND, LLC

EIN: 85-0959525

C/O PWC-MSIM TAX 12TH FLOOR, 1 NORTH WACKER DR

CHICAGO, IL 60606

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

SPROTT PRIVATE RESOURCE STREAMING AND ROYALTY

EIN: 98-1654634

200 BAY STREET, SUITE 2600

, TORONTO, CANADA M5J 2J1

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AACP INDIA VENTURE INVESTORS D, LP

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) (Rev. 1-2025) GROUP RETURN

91-2153073

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

EIN: 83-1009352

ONE EMBARCADERO CENTER, 16TH FLOOR

SAN FRANCISCO, CA 94111

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CSC CONDOMINIUM ASSOCIATION, INC.

DIRECT CONTROLLING ENTITY: MARTIN MEMORIAL MEDICAL CENTER, INC

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

WHALE ROCK LONG OPPORTUNITIES FUND IV

EIN: 98-1748551

C/O M&C CORPORATE SERVICES LIMITED; PO BOX 309GT, UGLAND HOUSE, SOUTH CHURC

GRAND CAYMAN, CAYMAN ISLANDS

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Form **8453-TE****Tax Exempt Entity Declaration and Signature
for E-file**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2024, or tax year beginning _____, 2024,
and ending _____, 20 _____

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to www.irs.gov/Form8453TE for the latest information.**2024**

Name of filer

THE CLEVELAND CLINIC FOUNDATION
GROUP RETURN

EIN or SSN

91-2153073

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

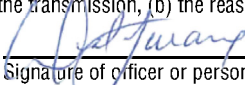
1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	17,206,708.633.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b 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 V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a ☐ 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 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.
- b ☐ 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 entity or ☐ I am the person subject to tax with respect to (name of entity) _____, (EIN) _____,

and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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.

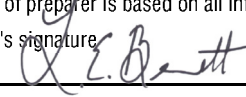
Sign Here Signature of officer or person subject to tax  Date **11/13/2025** Title, if applicable **EVP/CHIEF FINANCIAL OFFI**

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE 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 entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, 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 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 if self-employed <input type="checkbox"/>	PTIN
	LAUREN E. BENNETT		11/07/2025		201787029
	Firm's name	ERNST & YOUNG, LLP	Firm's EIN	34-6565596	
	Firm's address	2005 MARKET ST., STE. 700, PHILADELPHIA, PA	Phone no.	215-448-5000	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8453-TE** (2024)

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

The Cleveland Clinic Foundation
d.b.a. Cleveland Clinic Health System
Years Ended December 31, 2024 and 2023
With Reports of Independent Auditors



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The better the answer.
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Cleveland Clinic Health System

Consolidated Financial Statements and Supplementary Information

Years Ended December 31, 2024 and 2023

Contents

Report of Independent Auditors	1
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	5
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	8
Supplementary Information	
Report of Independent Auditors on Supplementary Information	61
Consolidating Balance Sheets.....	62
Consolidating Statements of Operations and Changes in Net Assets	66
Consolidating Statements of Cash Flows	70
Note to Consolidating Financial Statements	72



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Report of Independent Auditors

The Board of Directors
The Cleveland Clinic Foundation

Opinion

We have audited the consolidated financial statements of The Cleveland Clinic Foundation and controlled affiliates, d.b.a. Cleveland Clinic Health System (the System), which comprise the consolidated balance sheets as of December 31, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System at December 31, 2024 and 2023, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System’s ability to continue as a going concern for one year after the date that the financial statements are issued.



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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Ernst & Young LLP

March 11, 2025

Cleveland Clinic Health System

Consolidated Balance Sheets

(In Thousands)

	December 31	
	2024	2023
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,022,346	\$ 698,965
Patient receivables	1,850,016	1,859,557
Investments for current use	89,627	74,703
Other current assets	863,182	923,019
Total current assets	3,825,171	3,556,244
Investments:		
Long-term investments	11,944,509	11,312,499
Funds held by trustees	6,169	8,724
Assets held for self-insurance	165,757	208,650
Donor-restricted assets	1,571,601	1,432,245
	13,688,036	12,962,118
Property, plant, and equipment, net	6,882,228	6,282,016
Other assets:		
Pledges receivable, net	137,852	170,592
Trusts and interests in foundations	97,562	92,493
Operating lease right-of-use assets	374,656	369,310
Other noncurrent assets	1,110,529	1,011,972
	1,720,599	1,644,367
Total assets	\$ 26,116,034	\$ 24,444,745

	December 31	
	2024	2023
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 819,544	\$ 697,264
Compensation and amounts withheld from payroll	708,934	650,318
Current portion of long-term debt	108,261	106,357
Variable rate debt classified as current	701,499	842,354
Other current liabilities	786,970	715,193
Total current liabilities	3,125,208	3,011,486
Long-term debt	4,580,902	4,311,487
Other liabilities:		
Professional and general liability insurance reserves	260,469	251,941
Accrued retirement benefits	198,805	224,991
Operating lease liabilities	328,034	321,609
Other noncurrent liabilities	798,901	650,971
	1,586,209	1,449,512
Total liabilities	9,292,319	8,772,485
Net assets:		
Without donor restrictions	14,908,343	13,860,396
With donor restrictions	1,915,372	1,811,864
Total net assets	16,823,715	15,672,260
Total liabilities and net assets	\$ 26,116,034	\$ 24,444,745

See accompanying notes.

Cleveland Clinic Health System

Consolidated Statements of Operations
and Changes in Net Assets
(In Thousands)

Operations

	Year Ended December 31	
	2024	2023
Unrestricted revenues		
Net patient service revenue	\$ 13,702,696	\$ 12,654,257
Other	2,233,502	1,828,420
Total unrestricted revenues	15,936,198	14,482,677
Expenses		
Salaries, wages, and benefits	9,020,800	8,368,886
Supplies	1,483,918	1,490,119
Pharmaceuticals	2,298,763	1,906,477
Purchased services and other fees	1,125,367	1,033,287
Administrative services	245,589	252,475
Facilities	479,238	460,537
Insurance	197,325	170,693
	14,851,000	13,682,474
Operating income before interest, depreciation, and amortization	1,085,198	800,203
Interest	176,881	175,947
Depreciation and amortization	632,605	559,983
Operating income	275,712	64,273
Nonoperating gains and losses		
Investment return	698,773	889,081
Derivative gains	11,606	1,669
Other, net	(5,739)	(43,812)
Net nonoperating gains	704,640	846,938
Excess of revenues over expenses	980,352	911,211

(continued on next page)

Changes in Net Assets

	Year Ended December 31	
	2024	2023
Changes in net assets without donor restrictions		
Excess of revenues over expenses	\$ 980,352	\$ 911,211
Donated capital	461	1,569
Net assets released from restrictions for capital purposes	74,702	14,242
Retirement benefits adjustment	(1,000)	9,264
Foreign currency translation	(1,933)	6,339
Other	(4,635)	(1,005)
Increase in net assets without donor restrictions	<u>1,047,947</u>	<u>941,620</u>
Changes in net assets with donor restrictions		
Gifts and bequests	243,519	141,517
Net investment income	77,940	86,890
Net assets released from restrictions used for operations included in other unrestricted revenues	(153,886)	(143,593)
Net assets released from restrictions for capital purposes	(74,702)	(14,242)
Change in interests in foundations	239	(263)
Change in value of perpetual trusts	4,439	1,235
Other	5,959	1,000
Increase in net assets with donor restrictions	<u>103,508</u>	<u>72,544</u>
Increase in net assets	1,151,455	1,014,164
Net assets at beginning of year	15,672,260	14,658,096
Net assets at end of year	<u>\$ 16,823,715</u>	<u>\$ 15,672,260</u>

See accompanying notes.

Cleveland Clinic Health System

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended December 31	
	2024	2023
Operating activities and net nonoperating gains and losses		
Increase in net assets	\$ 1,151,455	\$ 1,014,164
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	414	—
Retirement benefits adjustment	1,000	(9,264)
Net realized and unrealized gains on investments	(849,921)	(953,837)
Depreciation and amortization	629,125	555,078
Foreign currency translation loss (gain)	1,933	(6,339)
Donated capital	(461)	(1,569)
Restricted gifts, bequests, and other	(248,197)	(229,379)
Amortization of bond premiums and debt issuance costs	(10,776)	(7,410)
Net gain in value of derivatives	(10,981)	(1,815)
Pension funding	(26,128)	(35,613)
Changes in operating assets and liabilities:		
Patient receivables	8,586	(151,517)
Other current assets	51,678	(80,052)
Other noncurrent assets	(106,738)	(158,521)
Accounts payable and other current liabilities	238,836	(96,022)
Other liabilities	112,212	164,383
Net cash provided by operating activities and net nonoperating gains and losses	942,037	2,287
Financing activities		
Proceeds from short-term borrowings	—	65,170
Payments on short-term borrowings	—	(65,170)
Proceeds from long-term borrowings	503,218	300,000
Payments for refunding of long-term debt	(300,000)	—
Principal payments on long-term debt	(107,959)	(132,724)
Debt issuance costs	(3,318)	(587)
Change in pledges receivable, trusts, and interests in foundations	35,555	62,447
Restricted gifts, bequests, and other	248,197	229,379
Net cash provided by financing activities	375,693	458,515
Investing activities		
Expenditures for property, plant, and equipment	(1,113,346)	(768,990)
Proceeds from sale of property, plant, and equipment	11,960	12,390
Net change in cash equivalents reported in long-term investments	(28,611)	(174,866)
Purchases of investments	(5,761,108)	(4,406,938)
Sales of investments	5,898,669	4,708,608
Net cash used in investing activities	(992,436)	(629,796)
Effect of exchange rate changes on cash and cash equivalents	(2,042)	4,365
Increase (decrease) in cash, cash equivalents, and restricted cash	323,252	(164,629)
Cash, cash equivalents, and restricted cash at beginning of year	703,716	868,345
Cash, cash equivalents, and restricted cash at end of year	\$ 1,026,968	\$ 703,716
Supplemental disclosure of noncash activity		
Assets acquired through finance leases and other financing agreements	\$ 68,132	\$ 16,444
Accounts payable accruals for property, plant, and equipment	\$ 65,910	\$ 51,490

See accompanying notes.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements

December 31, 2024 and 2023

1. Organization and Consolidation

The Cleveland Clinic Foundation (Clinic) 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 Clinic and its controlled affiliates, d.b.a. Cleveland Clinic Health System (System). All significant intercompany balances and transactions have been eliminated in consolidation.

The System is the leading provider of healthcare services in northeast Ohio. As of December 31, 2024, the System operates 21 hospitals with approximately 5,500 staffed beds. Fifteen of the hospitals are operated in the northeast Ohio area, anchored by the Clinic. The System operates 22 outpatient family health centers and nine ambulatory surgery centers, as well as numerous physician offices, which are located throughout northeast Ohio, and specialized cancer centers in Sandusky and Mansfield, Ohio. In southeast Florida, the System operates five hospitals, a clinical facility in Weston, outpatient family health centers in Port St. Lucie, Stuart and West Palm Beach, an outpatient family health and ambulatory surgery center in Coral Springs, and numerous physician offices located throughout southeast Florida. In the United Kingdom, the System operates a hospital and two outpatient facilities in the central London area. In addition, the System operates a health and wellness center and a sports medicine clinic in Toronto, Canada, and a specialized neurological clinical center in Las Vegas, Nevada. Pursuant to agreements, the System also provides management services for Ashtabula County Medical Center, located in Ashtabula, Ohio, with approximately 120 staffed beds, and Cleveland Clinic Abu Dhabi, a multispecialty hospital offering a range of complex quaternary and general acute care services that is part of M42 Health's network of healthcare facilities located in Abu Dhabi, United Arab Emirates, with 364 staffed beds.

2. Accounting Policies

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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)

2. Accounting Policies (continued)

Net Patient Service Revenue and Patient Receivables

Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled for providing patient care. These amounts are due from patients, third-party payors, and others and include variable consideration for retroactive revenue adjustments due to settlement of reviews and audits. Generally, the System bills the patients and third-party payors several days after the services are performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The System believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the System does not believe it is required to provide additional services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the System has elected to apply the optional exemption provided in Financial Accounting Standards Board Accounting Standards Codification (ASC) 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to net patient service revenue. The System accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. The portfolios consist of major payor classes for inpatient revenue and outpatient revenue. Based

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

on historical collection trends and other analyses, the System has concluded that revenue for a given portfolio would not be materially different from accounting for revenue on a contract-by-contract basis.

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 (charges), subject to certain discounts and implicit price concessions as determined by the System. The System determines the transaction price based on standard charges for services provided, reduced by explicit price concessions provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy, and implicit price concessions provided to uninsured patients. Explicit price concessions are based on contractual agreements, discount policies and historical experience. Implicit price concessions represent differences between amounts billed and the estimated consideration the System expects to receive from patients, which are determined based on historical collection experience, current market conditions and other factors.

Generally, patients who are covered by third-party payors are responsible for patient responsibility balances, including deductibles and coinsurance, which vary in amount. The System estimates the transaction price for patients with deductibles and coinsurance based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any explicit price concessions, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price increased net patient service revenue by \$49.8 million in 2023. Adjustments arising from a change in the transaction price were not significant for 2024.

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. Payments for capital are received on a prospective basis for Medicare and 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.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. 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.

Settlements with third-party payors for retroactive adjustments due to reviews and audits are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care in the period the related services are provided. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the System's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known or as years are settled or are no longer subject to such reviews and audits. Adjustments arising from a change in estimated settlements were not significant in 2024 or 2023.

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 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 2024 and 2023 approximated \$335 million and \$259 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 System participates in the Hospital Care Assurance Program (HCAP). Ohio created HCAP to financially support those hospitals that serve 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 expenses of \$7.2 million for both years ended December 31, 2024 and 2023, which are reported in net patient service revenue.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)**Management Service Agreements**

The System has management service agreements with regional, national and international organizations to provide advisory services for various healthcare ventures. The scope of these services includes managing current healthcare operations that are designed to improve clinical quality, innovation, patient care, medical education and research at other healthcare organizations and educational institutions, and managing the construction, training, organizational infrastructure, and operational management of healthcare entities. The System recognizes revenues related to management service agreements on a pro rata basis over the term of the agreements as services are provided. Payments received in advance are recorded as deferred revenue until the services have been provided. Revenue related to management service agreements for 2024 and 2023 was \$180.1 million and \$146.9 million, respectively, and is 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 held for long-term investment purposes and amounts included in long-term investment portfolios as those amounts are commingled with long-term investments.

The reconciliation of cash, cash equivalents, and restricted cash within the consolidated balance sheets that comprise the amount reported on the consolidated statements of cash flows at December 31, 2024 and 2023 is as follows (in thousands):

	2024	2023
Cash and cash equivalents	\$ 1,022,346	\$ 698,965
Restricted cash in investments	4,622	4,751
Total cash, cash equivalents, and restricted cash	<u>\$ 1,026,968</u>	<u>\$ 703,716</u>

Restricted cash in investments includes amounts held by the System's captive insurance subsidiaries and restricted cash for various programs.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

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. Expenditures that substantially increase the useful lives of existing assets are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation, including amortization of finance 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 eighty 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 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 finance lease arrangements are excluded from the consolidated statements of cash flows.

Cloud Computing Arrangements

The System has entered into hosting arrangements that are service contracts for various cloud computing arrangements. The System capitalizes implementation costs associated with these arrangements and amortizes the asset on a straight-line basis over the term of the hosting arrangement, including expected renewal periods. The System had \$88.9 million and \$80.4 million at December 31, 2024 and 2023, respectively, of unamortized capitalized implementation costs recorded in other noncurrent assets in the consolidated balance sheets. For the years ended December 31, 2024 and 2023, the System recorded \$13.8 million and \$16.2 million, respectively, of amortization expense in purchased services and other fees in the consolidated statements of operations and changes in net assets.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

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.

Leases

The System determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets. The System has lease agreements that require payments for lease and non-lease components and has elected to account for these as a single lease component.

Right-of-use assets represent the System's right to use an underlying asset during the lease term, and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed-lease payments over the lease term. The System's lease terms include options to extend or terminate the lease when it is reasonably certain that the options will be exercised.

The System determines the present value of future lease payments using the rate implicit in the lease or, if that rate cannot be readily determined, its incremental borrowing rate at the lease commencement date. As most of the System's operating leases do not provide an implicit rate, the System generally uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The System considers recent debt issuances, as well as publicly available data for instruments with similar characteristics, when calculating its incremental borrowing rate.

Operating fixed-lease expense and finance lease depreciation expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

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 and private equity funds, are primarily limited partnerships that invest in marketable securities, privately held securities, private credit, real assets, venture capital and derivative products and are reported based on the net asset value of the investment. 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 that would have been used had a ready market for the securities existed. Generally, the 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 the 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 funds are generally closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

Investment return, including income on alternative investments, is reported as nonoperating gains and losses, except for interest and dividends earned on assets held for self-insurance and amounts designated for current operations from board-designated endowment funds, which are included in other unrestricted revenues. Investment return greater or less than amounts designated for current operations from board-designated funds is recorded in nonoperating gains and losses in the consolidated statements of operations and changes in net assets. Donor-restricted investment return on restricted investments is included in net assets with donor restrictions.

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.

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.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

Goodwill and Other Intangibles

Goodwill has resulted from business combinations, primarily 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.

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 and non-compete agreements, are amortized over their estimated useful lives, ranging from three to five years, with a weighted average amortization period of approximately three years.

Derivative Instruments

The System's derivative financial instruments consist of interest rate swaps that 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 gains in the consolidated statements of operations and changes in net assets.

Foreign Currency Translation

The statements of operations of foreign subsidiaries whose functional currencies are other than the U.S. dollar are translated into U.S. dollars using average exchange rates for the period. The assets and liabilities of foreign subsidiaries whose functional currencies are other than the U.S. dollar are translated into U.S. dollars using exchange rates as of the consolidated balance sheet date. The U.S. dollar effects that arise from translating the net assets of these subsidiaries at changing rates are recorded as foreign currency translation gains and losses in the consolidated statements of operations and changes in net assets. Cumulative foreign currency translation losses included in net assets without donor restrictions were \$81.0 million and \$79.0 million at December 31, 2024 and 2023, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

Debt Issuance Costs

Debt issuance 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 donor-restricted support. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are transferred to net assets without donor restrictions 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 net assets without donor restrictions if the purpose relates to capital.

Donated capital is recorded at fair value at the date of donation based on appraised value from a third-party or quoted prices for similar or identical assets. Contributions of donated capital generally include artwork and donated equipment that is placed into service and utilized to support various programs of the System.

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.

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. The System records research grants as exchange transactions or conditional contributions based on an evaluation of whether the resource provider is receiving commensurate value in return for the resources transferred to the System. Conditional contributions contain barriers that must be overcome by the System before research grant revenue is recorded. Grant payments received in advance of related project expenses and the

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

2. Accounting Policies (continued)

achievement of project milestones are recorded as deferred revenue and included in other current liabilities. The System recorded research grant revenue, included in other unrestricted revenues, of \$309.5 million and \$286.4 million in 2024 and 2023, respectively.

Net Assets Without Donor Restrictions

Net assets without donor restrictions represent resources that are available for the general support of the System and are not subject to donor restrictions. The Board of Directors may designate a portion of net assets without donor restrictions for specific purposes.

Net Assets With Donor Restrictions

Net assets with donor restrictions 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. Donor-restricted gifts and bequests are recorded as an addition to net assets with donor restrictions in the period received. Donor-restricted gifts include amounts held in perpetuity or for terms designated by donors, including the fair value of several charitable and perpetual trusts for which the System is an income or remainder beneficiary. Earnings on donor-restricted gifts are recorded as investment income in net assets with donor restrictions and subsequently used in accordance with the donor's designation. Net assets with donor restrictions are primarily restricted for research, education, and strategic capital projects.

Related-Party Transactions

The System has a policy regarding the identification and disclosure of any transactions with related parties. During the years ended December 31, 2024 and 2023, the System had no material related-party transactions.

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in net assets without donor restrictions, which are excluded from excess of revenues over expenses, consistent with industry practice, include retirement benefits adjustments, foreign currency translation gains and losses and 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).

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

3. Net Patient Service Revenue and Patient Receivables

Net patient service revenue by major payor source, for the years ended December 31, 2024 and 2023 is as follows (in thousands):

	2024		2023	
Medicare	\$ 5,186,670	38%	\$ 4,736,122	38%
Medicaid	1,178,392	8	1,192,339	9
Managed care and commercial	7,093,798	52	6,559,007	52
Self-pay	243,836	2	166,789	1
Net patient service revenue	<u>\$ 13,702,696</u>	<u>100%</u>	<u>\$ 12,654,257</u>	<u>100%</u>

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 and one commercial payor account for approximately 26% and 12% at December 31, 2024 and 28% and 14% at December 31, 2023, respectively, of the System's total patient receivables. Revenues from Medicare and one commercial payor account for approximately 38% and 18%, respectively of the System's net patient service revenue for 2024. Revenues from Medicare and two different commercial payors account for approximately 38%, 18% and 11%, respectively of the System's net patient service revenue for 2023. 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)

4. Cash, Cash Equivalents, and Investments

The composition of cash, cash equivalents, and investments at December 31, 2024 and 2023 is as follows (in thousands):

	2024	2023
Cash, cash equivalents and restricted cash	\$ 1,026,968	\$ 703,716
Money market funds	496,060	456,797
Fixed-income securities:		
U.S. treasuries	900,871	1,365,960
U.S. government agencies	60,020	51,597
U.S. corporate	457,169	546,984
U.S. government agencies asset-backed securities	390,217	507,778
Corporate asset-backed securities	282,498	295,247
Foreign	148,683	216,533
Fixed-income mutual funds	535,822	76,717
Commingled fixed-income funds	53,918	17,286
Common and preferred stocks:		
U.S.	171,841	182,261
Foreign	642,550	549,202
Equity mutual funds	68,390	72,904
Commingled equity funds	1,602,552	1,330,340
Commingled commodity funds	645,885	574,985
Alternative investments:		
Hedge funds	3,677,767	3,498,957
Private equity funds	3,638,798	3,288,522
Total cash, cash equivalents, and investments	<u>\$ 14,800,009</u>	<u>\$ 13,735,786</u>

Investments are primarily maintained in a master trust fund administered using a bank as the custodian. The management of the majority of the System's investments is conducted by numerous external investment management organizations that are selected and monitored by the System. The alternative investments have separate administrators and custodian arrangements.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

4. Cash, Cash Equivalents, and Investments (continued)

Total investment return is comprised of the following for the years ended December 31, 2024 and 2023 (in thousands):

	2024	2023
Other unrestricted revenues:		
Interest income and dividends	\$ 7,693	\$ 4,358
Investment return designated for current operations (<i>Note 18</i>)	212,500	87,500
	220,193	91,858
Nonoperating gains and losses, net:		
Interest income and dividends	160,846	127,173
Net realized gains on sales of investments	42,605	51,801
Net change in unrealized gains on investments	185,109	390,728
Investment gain on alternative investments	555,600	438,192
Investment management fees	(32,887)	(31,313)
Investment return designated for current operations (<i>Note 18</i>)	(212,500)	(87,500)
	698,773	889,081
Other changes in net assets:		
Investment income on restricted investments	77,940	86,890
Total investment return	\$ 996,906	\$ 1,067,829

5. Liquidity and Availability

Financial assets available for general expenditure within one year of the consolidated balance sheet date include the following at December 31, 2024 and 2023 (in thousands):

	2024	2023
Cash and cash equivalents	\$ 1,022,346	\$ 698,965
Patient receivables	1,850,016	1,859,557
Long-term investments	6,277,582	6,020,042
	\$ 9,149,944	\$ 8,578,564

The System has assets limited to use held by trustees, set aside for the System's captive insurance subsidiaries and held for donor-restricted purposes. These investments are not reflected in the amounts above.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

5. Liquidity and Availability (continued)

The System invests in alternative investments to increase the investment portfolio's diversification. The asset allocation of the portfolio is broadly diversified across global equity and global fixed-income asset classes and alternative investment strategies and is designed to maximize the probability of achieving the System's long-term investment objectives at an appropriate level of risk, while maintaining a level of liquidity to meet the needs of ongoing portfolio management. Hedge funds generally have lock-up periods imposed upon initial investment in the fund and have varying degrees of liquidity that may restrict portions of fund redemptions to be received within one year. Private equity funds generally prohibit redemptions during the life of the fund. The nature of alternative investments generally restricts the liquidity and availability of these investments to be available for the general expenditures of the System within one year of the date of the consolidated balance sheets. As such, these investments have been excluded from the amounts above.

As part of the System's liquidity management plan, cash in excess of daily requirements for general expenditures is invested in long-term investments. The System's investment portfolios contain money market funds and other liquid investments that can be drawn upon, if necessary, to meet the liquidity needs of the System.

The System maintains three lines of credit totaling \$600 million as discussed in Note 11. As of December 31, 2024, \$600 million was available under the credit facilities.

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, 2024 and 2023 consist of the following (in thousands):

	2024	2023
Current:		
Inventories	\$ 367,648	\$ 335,659
Prepaid expenses	119,548	133,169
Estimated amounts due from third-party payors	105,488	209,047
Pledges receivable, current (<i>Note 10</i>)	91,596	99,477
Research and grants receivables	39,959	32,518
Other	138,943	113,149
Total other current assets	<u>\$ 863,182</u>	<u>\$ 923,019</u>
	2024	2023
Noncurrent:		
Deferred compensation plan assets	\$ 543,690	\$ 456,341
Investments in affiliates	225,140	196,987
Goodwill and other intangible assets (<i>Note 7</i>)	131,337	130,926
Cloud computing capitalized implementation costs	88,856	80,360
Prepaid pension cost (<i>Note 15</i>)	47,829	49,099
Estimated amounts due from third-party payors	18,504	44,192
Other	55,173	54,067
Total other noncurrent assets	<u>\$ 1,110,529</u>	<u>\$ 1,011,972</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, 2024 and 2023 consist of the following (in thousands):

	2024	2023
Current:		
Current portion of professional and general liability insurance reserves (<i>Note 14</i>)	\$ 89,627	\$ 74,703
Interest payable	79,640	71,601
Management contracts and other deferred revenue	78,756	70,002
Operating lease liabilities (<i>Note 13</i>)	60,715	59,826
Employee benefit related liabilities	45,328	57,166
Estimated amounts due to third-party payors	41,490	58,965
Research deferred revenue	36,194	21,540
Other	355,220	301,390
Total other current liabilities	<u>\$ 786,970</u>	<u>\$ 715,193</u>
Noncurrent:		
Employee benefit related liabilities	\$ 581,701	\$ 495,373
Estimated amounts due to third-party payors	57,414	27,974
Pledge liabilities	27,091	38,158
Gift annuity liabilities	18,818	18,539
Derivative liabilities (<i>Note 12</i>)	6,078	30,851
Other	107,799	40,076
Total other noncurrent liabilities	<u>\$ 798,901</u>	<u>\$ 650,971</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

7. Goodwill and Other Intangible Assets

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, 2024 and 2023 are as follows (in thousands):

	2024	2023
Balance, beginning of year	\$ 80,604	\$ 80,192
Goodwill acquired	1,083	228
Foreign currency translation	(675)	184
Balance, end of year	<u>\$ 81,012</u>	<u>\$ 80,604</u>

The System acquired other intangible assets of \$0.3 million and \$0.4 million in 2024 and 2023, respectively, related to the acquisitions of various physician practices. Other intangible assets are recorded in other noncurrent assets in the consolidated balance sheets.

Other intangible assets at December 31, 2024 and 2023 consist of the following (in thousands):

	2024		2023	
	Historical Cost	Accumulated Amortization	Historical Cost	Accumulated Amortization
Trade name	\$ 49,800	\$ —	\$ 49,800	\$ —
Finite-lived intangible assets	9,658	9,133	9,317	8,795
Total	\$ 59,458	\$ 9,133	\$ 59,117	\$ 8,795

Amortization related to finite-lived intangible assets was \$0.3 million and \$0.6 million in 2024 and 2023, 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): 2025 – \$319, 2026 – \$159, and 2027 – \$47.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements

The following tables present the financial instruments measured at fair value on a recurring basis as of December 31, 2024 and 2023, based on the valuation hierarchy (in thousands):

December 31, 2024

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 1,026,968	\$ —	\$ —	\$ 1,026,968
Money market funds	496,060	—	—	496,060
Fixed-income securities:				
U.S. treasuries	900,871	—	—	900,871
U.S. government agencies	—	60,020	—	60,020
U.S. corporate	—	457,169	—	457,169
U.S. government agencies asset-backed securities	—	390,217	—	390,217
Corporate asset-backed securities	—	282,498	—	282,498
Foreign	—	148,683	—	148,683
Fixed-income mutual funds	535,822	—	—	535,822
Common and preferred stocks:				
U.S.	171,563	278	—	171,841
Foreign	578,934	63,616	—	642,550
Equity mutual funds	68,390	—	—	68,390
Total cash and investments	3,778,608	1,402,481	—	5,181,089
Perpetual and charitable trusts	—	69,457	—	69,457
Investments in affiliates	—	—	66,433	66,433
Total assets at fair value	\$ 3,778,608	\$ 1,471,938	\$ 66,433	\$ 5,316,979
Liabilities				
Interest rate swaps	\$ —	\$ 6,078	\$ —	\$ 6,078
Total liabilities at fair value	\$ —	\$ 6,078	\$ —	\$ 6,078

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)**December 31, 2023**

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 703,716	\$ —	\$ —	\$ 703,716
Money market funds	456,797	—	—	456,797
Fixed-income securities:				
U.S. treasuries	1,365,960	—	—	1,365,960
U.S. government agencies	—	51,597	—	51,597
U.S. corporate	—	546,984	—	546,984
U.S. government agencies asset-backed securities	—	507,778	—	507,778
Corporate asset-backed securities	—	295,247	—	295,247
Foreign	—	216,533	—	216,533
Fixed-income mutual funds	76,717	—	—	76,717
Common and preferred stocks:				
U.S.	182,155	106	—	182,261
Foreign	498,282	50,920	—	549,202
Equity mutual funds	72,904	—	—	72,904
Total cash and investments	3,356,531	1,669,165	—	5,025,696
Perpetual and charitable trusts	—	64,628	—	64,628
Total assets at fair value	<u>\$ 3,356,531</u>	<u>\$ 1,733,793</u>	<u>\$ —</u>	<u>\$ 5,090,324</u>
Liabilities				
Interest rate swaps	\$ —	\$ 30,851	\$ —	\$ 30,851
Total liabilities at fair value	<u>\$ —</u>	<u>\$ 30,851</u>	<u>\$ —</u>	<u>\$ 30,851</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

8. Fair Value Measurements (continued)

Financial instruments at December 31, 2024 and 2023 are reflected in the consolidated balance sheets as follows (in thousands):

	2024	2023
Cash, cash equivalents, and investments measured at fair value	\$ 5,181,089	\$ 5,025,696
Commingled funds measured at net asset value	2,302,355	1,922,611
Alternative investments measured at net asset value	7,316,565	6,787,479
Total cash, cash equivalents, and investments	<u>\$ 14,800,009</u>	<u>\$ 13,735,786</u>
Perpetual and charitable trusts measured at fair value	\$ 69,457	\$ 64,628
Interests in foundations	28,105	27,865
Trusts and interests in foundations	<u>\$ 97,562</u>	<u>\$ 92,493</u>

Investments in affiliates measured at fair value are reported in other noncurrent assets in the consolidated balance sheets.

Interest rate swaps 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.

Level 1 is based upon quoted market prices.

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 4.3% 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 healthcare entities' bonds. The System manages credit risk based on the net portfolio exposure with each counterparty.

Level 3 investments consist of start-up private medical technology companies. The fair value for each investment is determined using inputs from the most recent post-closing valuation or series funding. Other factors such as financial performance, projections and industry developments are also inputs used to support the fair value of each investment. The range of significant unobservable inputs is dependent on the nature and characteristics of each investment and may vary at each balance sheet date.

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.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

9. Property, Plant, and Equipment

Property, plant, and equipment at December 31, 2024 and 2023 consist of the following (in thousands):

	<u>2024</u>	<u>2023</u>
Land and improvements	\$ 597,713	\$ 590,544
Buildings	8,387,528	8,194,996
Leasehold improvements	48,316	49,471
Equipment	2,714,506	2,323,473
Computer hardware and software	1,322,696	1,196,658
Construction-in-progress	770,048	395,234
Leased facilities and equipment	244,604	223,510
	<u>14,085,411</u>	<u>12,973,886</u>
Accumulated depreciation and amortization	<u>(7,203,183)</u>	<u>(6,691,870)</u>
	<u>\$ 6,882,228</u>	<u>\$ 6,282,016</u>

Included in the preceding table is unamortized computer software of \$200.6 million and \$224.9 million at December 31, 2024 and 2023, respectively. Amortization of computer software totaled \$67.4 million and \$55.0 million in 2024 and 2023, respectively. Amortization of computer software for the five years subsequent to December 31, 2024, is as follows (in millions): 2025 – \$65.5, 2026 – \$42.7, 2027 – \$26.9, 2028 – \$17.5, and 2029 – \$15.1.

Accumulated amortization of leased facilities and equipment was \$111.7 million and \$125.5 million at December 31, 2024 and 2023, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

10. Pledges Receivable

Outstanding pledges receivable from various corporations, foundations, and individuals at December 31, 2024 and 2023 are as follows (in thousands):

	2024	2023
Pledges due:		
In less than one year	\$ 113,237	\$ 118,483
In one to five years	104,665	133,497
In more than five years	67,090	75,036
	<u>284,992</u>	<u>327,016</u>
 Allowance for uncollectible pledges and discounting	 (55,544)	 (56,947)
 Current portion (net of allowance for uncollectible pledges of \$21.6 million and \$19.0 million in 2024 and 2023, respectively)	 (91,596)	 (99,477)
	<u>\$ 137,852</u>	<u>\$ 170,592</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

11. Long-Term Debt

Long-term debt at December 31, 2024 and 2023 consists of the following (in thousands):

	Interest Rate(s)	Final Maturity	Amount Outstanding at December 31	
			2024	2023
Series 2024A Bonds	3.12% to 3.16%	2035	\$ 440,420	\$ —
Series 2023 Bonds	Variable rate	2054	—	300,000
Series 2021A Bonds	2.31%	2049	83,810	83,810
Series 2021B Bonds	0.42% to 1.41%	2039	179,595	189,185
Series 2021 Term Loan	0.67%	2025	16,460	33,285
Series 2020 Term Loan	0.84%	2025	1,160	2,290
Series 2019A Bonds	3.39%	2046	247,045	247,045
Series 2019B Bonds	3.22% to 3.55%	2046	250,320	250,320
Series 2019C Bonds	2.75%	2052	89,000	89,000
Series 2019D Bonds	Variable rate	2052	119,340	119,340
Series 2019E Bonds	Variable rate	2052	130,405	130,405
Series 2019F Bonds	Variable rate	2052	130,405	130,405
Series 2019G Bonds	2.70% to 3.28%	2042	241,835	241,835
Series 2018 Sterling Notes	2.90% to 3.08%	2068	835,648	846,635
Series 2017A Bonds	1.80% to 3.48%	2043	696,160	721,850
Series 2017B Bonds	2.77% to 3.70%	2043	160,030	161,655
Series 2017C Bonds	2.72%	2032	6,080	6,660
Series 2016 Private Placement	3.35%	2046	325,000	325,000
Series 2014 Bonds	4.86%	2114	400,000	400,000
Series 2013A Bonds	4.04%	2042	34,955	34,955
Series 2013B Bonds	Variable rate	2039	201,160	201,160
Series 2013 Keep Memory Alive	Variable rate	2037	44,960	47,555
Series 2011B Bonds	1.43%	2031	16,295	18,190
Series 2011C Bonds	4.25% to 4.72%	2032	61,345	78,870
Series 2008B Bonds	Variable rate	2042	327,575	327,575
Series 2003C Bonds	Variable rate	2035	41,905	41,905
Notes payable	Varies	Varies	896	1,187
Finance leases	Varies	Varies	133,825	104,236
			5,215,629	5,134,353
Net unamortized premium			206,038	155,482
Unamortized debt issuance costs			(31,005)	(29,637)
Current portion			(108,261)	(106,357)
Long-term variable rate debt classified as current			(701,499)	(842,354)
			\$ 4,580,902	\$ 4,311,487

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

11. Long-Term Debt (continued)

The majority of the System's outstanding bonds are limited obligations of various issuing authorities payable solely by the System pursuant to agreements between the borrowing entities and the issuing authorities. The Series 2021 Term Loan, Series 2020 Term Loan, Series 2018 Sterling Notes, Series 2016 Private Placement, Series 2014 Bonds, and Series 2013 Keep Memory Alive Bonds are issued directly by the Clinic or its subsidiaries. Under various financing agreements, the System must meet certain operating and financial performance covenants.

In June 2024, pursuant to certain agreements between the System and the State of Ohio (State) acting by and through the Ohio Higher Educational Facility Commission, the State issued \$440.4 million of fixed rate Hospital Revenue Bonds (Series 2024A Bonds) for the benefit of the System. Proceeds from the Series 2024A Bonds were used to finance certain capital expenditures of the System, refund the Series 2023 Bonds and pay the cost of issuance.

In September 2023, pursuant to certain agreements between the System and the State of Ohio (State) acting by and through the Ohio Higher Educational Facility Commission, the State issued \$300 million of variable-rate Hospital Revenue Bonds (Series 2023 Bonds) for the benefit of the System. Proceeds from the Series 2023 Bonds were used to finance certain capital expenditures of the System and pay the cost of issuance. The Series 2023 Bonds were fully refunded in 2024.

On May 1, 2023, the System remarketed the Series 2019C Bonds and converted the interest rate from a variable rate to a fixed rate of 2.75% with a five-year mandatory tender date.

The System maintains the Cleveland Clinic Health System Obligated Group Commercial Paper Program (CP Program), which provides for the issuance of the Series 2014A CP Notes. The CP Program was established in November 2014 and will terminate no later than January 2044. The Series 2014A CP Notes may be issued from time to time in a maximum outstanding face amount of \$100 million and are supported by the System's self-liquidity program. The System did not have any outstanding Series 2014A CP Notes at December 31, 2024 or 2023.

Certain of the System's current outstanding bonds bear interest at a variable rate. During 2024 and 2023, the rates for the System's variable rate long-term debt series ranged from 0.45% to 5.50% (average rate 3.45%) and 1.00% to 5.83% (average rate 3.38%), respectively.

Certain variable rate bonds totaling \$594.9 million at December 31, 2024, are secured by irrevocable direct pay letters of credit and standby bond purchase agreements. Long-term variable rate debt is classified as current in the consolidated balance sheets if it is supported by letters of

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

11. Long-Term Debt (continued)

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, certain subseries of the Series 2008B Bonds, the Series 2014A CP Notes and the Series 2019D Bonds. These bonds are classified as current liabilities in the consolidated balance sheets.

As of December 31, 2024, the System has three operating lines of credit totaling \$600 million with no amounts drawn and \$600 million in available capacity. The lines of credit are structured with \$150 million expiring in 2025 and \$450 million expiring in 2026.

During the terms 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, included in funds held by trustees, totaled \$1.8 million at December 31, 2024. There were no unexpended bond proceeds at December 31, 2023. There was no current portion of funds held by trustees at December 31, 2024 or 2023.

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, 2024 and 2023.

Combined current aggregate scheduled maturities of long-term debt, excluding finance leases and assuming the remarketing of the variable rate demand bonds, for the five years subsequent to December 31, 2024, are as follows (in thousands): 2025 – \$81,509, 2026 – \$69,117, 2027 – \$86,249, 2028 – \$90,514, and 2029 – \$95,150.

Total interest paid approximated \$178.6 million and \$178.1 million in 2024 and 2023, respectively. Capitalized interest cost approximated \$9.8 million and \$3.8 million in 2024 and 2023, respectively.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

12. Derivative Instruments

The System has entered into various derivative financial instruments to manage interest rate risk.

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. Consistent with its interest rate risk management objective, the System has entered into various interest rate swap agreements with a total notional amount of \$289.4 million and \$499.5 million at December 31, 2024 and 2023, respectively. In 2024, the System terminated three fixed payor swaps with a notional amount totaling \$169.6 million. The System did not have a significant gain or loss on the termination of the swaps.

The swap agreements mature in varying years between 2027 and 2039. During the term of these transactions, the System pays interest at a fixed rate, ranging from 3.04% to 5.12%, and receives interest at a variable rate based on the London Interbank Offered Rate (LIBOR) or the Securities Industry and Financial Markets Association index. On June 9, 2023, the System adhered to the International Swaps and Derivatives Association's IBOR Fallback Protocol, which was effective for the System on July 1, 2023, and incorporates interest rate fallback language in the respective interest rate swap agreements. The fallback provisions provide a process that uses the Secured Overnight Financing Rate plus a spread to determine a replacement rate for LIBOR upon the cessation of its availability. This change did not have a material impact on the consolidated financial statements. The swap agreements are not designated as hedging instruments. Net interest paid or received under the swap agreements is included in derivative gains in the consolidated statements of operations and changes in net assets.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

12. Derivative Instruments (continued)

The following table summarizes the location and fair value for the System's derivative instruments (in thousands):

		Derivative Assets and Liabilities			
		December 31, 2024		December 31, 2023	
		Balance Sheet Location	Fair Value	Balance Sheet Location	Fair Value
Derivatives not designated as hedging instruments					
Interest rate swap agreements	Other noncurrent liabilities		\$ 6,078	Other noncurrent liabilities	\$ 30,851

The following table summarizes the location and amounts of derivative gains on the System's derivative instruments (in thousands):

		Location of Gain Recognized		Year Ended December 31	
				2024	2023
Derivatives not designated as hedging instruments					
Interest rate swap agreements	Derivative gains		\$	11,606	\$ 1,669

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, 2024 and 2023, the System had no posted collateral. 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)

13. Leases

The System has operating and finance leases for real estate, personal property and equipment.

Operating and finance lease right-of-use assets and lease liabilities as of December 31, 2024 and 2023 were as follows (in thousands):

Operating leases	2024	2023
Right-of-use assets:		
Operating lease assets	<u><u>\$ 374,656</u></u>	<u><u>\$ 369,310</u></u>
Lease liabilities:		
Other current liabilities	<u><u>\$ 60,715</u></u>	<u><u>\$ 59,826</u></u>
Noncurrent operating lease liabilities	<u><u>328,034</u></u>	<u><u>321,609</u></u>
Total operating lease liabilities	<u><u>\$ 388,749</u></u>	<u><u>\$ 381,435</u></u>
Finance leases		
Right-of-use assets:		
Property, plant, and equipment, net	<u><u>\$ 132,933</u></u>	<u><u>\$ 97,979</u></u>
Lease liabilities:		
Current portion of long-term debt	<u><u>\$ 26,752</u></u>	<u><u>\$ 28,611</u></u>
Long-term debt	<u><u>107,073</u></u>	<u><u>75,625</u></u>
Total finance lease liabilities	<u><u>\$ 133,825</u></u>	<u><u>\$ 104,236</u></u>

Operating expenses for the leasing activity of the System as lessee for the years ended December 31, 2024 and 2023 are as follows (in thousands):

Lease Type	Classification	2024	2023
Operating lease costs*	Facilities expense	<u><u>\$ 67,727</u></u>	<u><u>\$ 62,485</u></u>
Short-term lease costs	Facilities expense	<u><u>27,402</u></u>	<u><u>27,926</u></u>
Financing lease interest	Interest expense	<u><u>4,292</u></u>	<u><u>4,829</u></u>
Financing lease amortization	Depreciation and amortization	<u><u>32,288</u></u>	<u><u>32,453</u></u>
Total lease cost		<u><u>\$ 131,709</u></u>	<u><u>\$ 127,693</u></u>

* Includes fixed and variable lease costs.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

13. Leases (continued)

Cash paid for amounts included in the measurement of lease liabilities for the years ended December 31, 2024 and 2023 was as follows (in thousands):

	<u>2024</u>	<u>2023</u>
Operating cash flows from operating leases	\$ 67,996	\$ 61,488
Operating cash flows from finance leases	4,292	4,829
Financing cash flows from finance leases	29,723	29,980
Total	<u>\$ 102,011</u>	<u>\$ 96,297</u>

Right-of-use assets obtained in exchange for new lease obligations for the years ended December 31, 2024 and 2023 are as follows (in thousands):

	<u>2024</u>	<u>2023</u>
Operating leases	\$ 46,228	\$ 27,323
Finance leases	68,132	16,444
Total	<u>\$ 114,360</u>	<u>\$ 43,767</u>

The aggregate future lease payments for operating and finance leases as of December 31, 2024 were as follows (in thousands):

	<u>Operating</u>	<u>Finance</u>
2025	\$ 54,965	\$ 30,776
2026	48,540	24,422
2027	35,797	18,860
2028	27,023	13,535
2029	21,163	11,035
Thereafter	1,269,422	87,328
Total lease payments	1,456,910	185,956
Less interest	(1,068,161)	(52,131)
Present value of lease liabilities	<u>\$ 388,749</u>	<u>\$ 133,825</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

13. Leases (continued)

Average lease terms and discount rates at December 31, 2024 and 2023 were as follows:

	2024	2023
Weighted average remaining lease term (years):		
Operating leases	47.2	48.7
Finance leases	9.1	8.2
Weighted average discount rate:		
Operating leases	2.8%	2.6%
Finance leases	3.7	4.3

Included in the tables above is a long-term leasehold interest in a building in London, England that expires in June 2139. The System operates a hospital in the building. Rental expense is fixed at increasing annual rates until December 2027, after which rental expense will be adjusted annually by a variable index that is subject to minimum and maximum thresholds through the end of the lease term. Excluding this lease, the weighted average remaining lease term for the System's operating leases is 7.1 years and 7.7 years at December 31, 2024 and 2023, respectively.

14. Professional and General Liability Insurance

The System manages its professional and general liability insurance program primarily through captive insurance arrangements. The captive insurance subsidiaries maintain reinsurance contracts with commercial carriers for coverages in excess of certain limits.

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.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

14. Professional and General Liability Insurance (continued)

The System's professional and general liability insurance reserves of \$350.1 million and \$326.6 million at December 31, 2024 and 2023, 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 were discounted at 4.75% and 5.00% at December 31, 2024 and 2023, respectively. Unasserted claims were discounted at 4.75% at both December 31, 2024 and 2023. Through the captive insurance subsidiaries, the System has set aside investments of \$255.4 million (\$89.6 million included in investments for current use) and \$283.4 million (\$74.7 million included in investments for current use) at December 31, 2024 and 2023, respectively, of which \$36.6 million and \$35.3 million at December 31, 2024 and 2023, respectively, is restricted in accordance with reinsurance trust agreements related to coverage of the Florida operations and other reinsurance programs provided by the captive insurance subsidiaries.

Activity in the professional and general liability insurance reserves is summarized as follows (in thousands):

	2024	2023
Balance at beginning of year	\$ 326,644	\$ 280,535
Incurred related to:		
Current period	119,441	117,034
Prior period	41,986	20,332
Total incurred	161,427	137,366
Paid related to:		
Current period	13,979	23,884
Prior period	136,708	90,757
Total paid	150,687	114,641
Total incurred less total paid	10,740	22,725
Increase in unasserted claims	10,739	6,088
Increase in reinsurance recoverable	1,973	17,296
Balance at end of year	<u>\$ 350,096</u>	<u>\$ 326,644</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

14. Professional and General Liability Insurance (continued)

The foregoing reconciliation shows \$42.0 million and \$20.3 million of unfavorable development in 2024 and 2023, respectively, primarily due to changes in actuarial estimates of outstanding claims influenced by the impact of both regular and social inflation that has created an upward national trend of jury verdicts and settlement amounts, as well as a few larger than normal claim settlement payments over the last few years. The System utilizes a combination of actual and industry statistics to estimate loss and loss adjustment expense reserves.

15. Pensions and Other Postretirement Benefits

The System maintains five defined benefit pension plans, including three tax-qualified funded plans and two unfunded plans. The CCHS Retirement Plan is a tax-qualified defined benefit pension plan that provides benefits to substantially all employees of the System, except those employed by Akron General, Mercy Hospital, Union Hospital or Indian River Hospital. All benefit accruals under the CCHS Retirement Plan ceased as of December 31, 2012. Martin Health System had a tax-qualified defined benefit plan covering substantially all of its employees who were hired before October 1, 2005, and met certain eligibility requirements. All benefit accruals under the Martin Health System defined benefit plan ceased as of January 1, 2013. On June 30, 2019, the Martin Health System defined benefit pension plan merged with the CCHS Retirement Plan, with the CCHS Retirement Plan being a single continuing pension plan. Akron General has a tax-qualified defined benefit plan covering substantially all of its employees who were hired before 2004 and meet certain eligibility requirements. All benefit accruals under the Akron General defined benefit plan ceased as of December 31, 2017. Indian River Hospital has a tax-qualified defined benefit plan covering substantially all of its employees who were hired before December 31, 2002, and meet certain eligibility requirements. All benefit accruals under the Indian River Hospital defined benefit plan ceased as of December 31, 2002. The benefits for the System's tax-qualified defined benefit pension plans are provided based on age, years of service, and compensation. The System's policy for its tax-qualified defined benefit pension plans is to fund at least the minimum amounts required by the Employee Retirement Income Security Act of 1974. The System maintains two unfunded, nonqualified defined benefit supplemental retirement plans, which cover certain professional staff and administrative employees.

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 covering active System employees. The Cleveland Clinic Investment Pension Plan (IPP) is a noncontributory, defined contribution plan that covers substantially all of the System's employees, except employees covered by the Cleveland Clinic Cash Balance Plan and certain employees of Indian River Hospital. The System's contribution to the IPP for participants is based upon a percentage of employee compensation and years of creditable service. The Cleveland Clinic Cash Balance Plan (CBP) is a noncontributory, defined contribution plan that covers certain professional and administrative employees not covered by the IPP. The System's contribution to the CBP is a percentage of employee compensation that is determined according to age. Prior to 2024, the System sponsored ten tax-qualified contributory, defined contribution plans covering active System employees. In 2024, the System established a new contributory, defined contribution plan and merged eight defined contribution plans related to various System entities into the new or existing plans. Accordingly, the System currently sponsors three tax-qualified contributory, defined contribution plans, including a plan that covers certain employees of Indian River Hospital and two plans that cover substantially all other employees of the System. The plans generally permit employees to make pretax, Roth and after-tax employee deferrals and to become entitled to certain employer matching contributions that are based on pretax and Roth 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.

The mortality tables used to calculate the defined benefit obligation for the System's defined benefit and postretirement health benefit plans are based on the Pri-2012 "Employees," "Healthy Retiree" and "Contingent Annuitant" tables, fully generational for employees, reflecting (i) recently observed mortality experience adjustments from the Society of Actuaries Research Institute to the MP-2021 projection scale from the 2012 base year for defined benefit obligations at December 31, 2024, and (ii) the Internal Revenue Service adjusted MP-2021 projection scale from the 2012 base year for defined benefit obligations at December 31, 2023. Mortality tables used to calculate the defined benefit obligation for the System's qualified defined benefit plans also include adjustments for annuitant tables based on application of a geospatial mortality model. The System believes that the updated mortality rates are the best estimate of future experience.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The System expects to make contributions of \$16.2 million to the defined benefit pension plans in 2025. Pension benefit payments over the next ten years are estimated as follows: 2025 – \$202.9 million, 2026 – \$124.5 million, 2027 – \$123.3 million, 2028 – \$121.2 million, 2029 – \$117.7 million, and in the aggregate for the five years thereafter – \$513.0 million.

The System expects to make contributions of \$2.5 million to other postretirement benefit plans in 2025. Other postretirement benefit payments over the next ten years are estimated as follows: 2025 – \$2.5 million, 2026 – \$2.2 million, 2027 – \$1.9 million, 2028 – \$1.8 million, 2029 – \$1.6 million, and in the aggregate for the five years thereafter – \$6.8 million.

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 net assets without donor restrictions. Amounts recorded in net assets without donor restrictions consist of actuarial gains and losses and prior service credits and costs. Actuarial gains and losses recorded in 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, are recognized as a component of net periodic benefit cost immediately in the current period. Prior service credits and costs are amortized on a straight-line basis over the estimated life of the plan participants.

Included in net assets without donor restrictions at December 31, 2024 and 2023 are the following amounts that have not yet been recognized in net periodic benefit (credit) cost (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2024	2023	2024	2023
Unrecognized actuarial losses	\$ 104,439	\$ 97,110	\$ 1,835	\$ 8,329
Unrecognized prior service credit	(3,783)	(5,598)	(8,268)	(6,618)
Total	<u>\$ 100,656</u>	<u>\$ 91,512</u>	<u>\$ (6,433)</u>	<u>\$ 1,711</u>

Unrecognized actuarial losses included in net assets without donor restrictions 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 net assets without donor restrictions for the years ended December 31, 2024 and 2023 are as follows (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2024	2023	2024	2023
Current year actuarial (loss) gain	\$ (2,220)	\$ 12,912	\$ 6,494	\$ (6,627)
Recognition of actuarial (gain) loss in excess of corridor	(5,109)	4,080	—	2,066
Current year prior service credit	—	—	3,001	—
Amortization of prior service credit	(1,815)	(1,816)	(1,351)	(1,351)
Total	<u>\$ (9,144)</u>	<u>\$ 15,176</u>	<u>\$ 8,144</u>	<u>\$ (5,912)</u>

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, 2024 and 2023, consolidated balance sheets (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2024	2023	2024	2023
Change in projected benefit obligation:				
Projected benefit obligation at beginning of year	\$ 1,419,709	\$ 1,440,454	\$ 83,292	\$ 79,344
Service (credit) cost	(2,243)	(2,433)	729	760
Interest cost	71,413	76,618	4,280	4,283
Actuarial (gain) loss	(35,862)	27,633	(6,494)	6,627
Participant contributions	—	—	29,509	27,680
Plan amendments	—	—	(3,001)	—
Settlement payments	—	(58,568)	—	—
Benefits paid	(109,915)	(63,995)	(40,882)	(35,402)
Projected benefit obligation at end of year	1,343,102	1,419,709	67,433	83,292
Change in plan assets:				
Fair value of plan assets at beginning of year	1,312,355	1,301,399	—	—
Actual return on plan assets	27,896	105,628	—	—
Participant contributions	—	—	29,509	27,680
System contributions	14,755	27,891	11,373	7,722
Benefits paid	(109,915)	(122,563)	(40,882)	(35,402)
Fair value of plan assets at end of year	1,245,091	1,312,355	—	—
Accrued retirement benefits	\$ (98,011)	\$ (107,354)	\$ (67,433)	\$ (83,292)
Noncurrent assets	\$ 47,829	\$ 49,099	\$ —	\$ —
Current liabilities	(11,922)	(11,863)	(2,546)	(2,891)
Noncurrent liabilities	(133,918)	(144,590)	(64,887)	(80,401)
Net liability recognized in consolidated balance sheets	\$ (98,011)	\$ (107,354)	\$ (67,433)	\$ (83,292)

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The accumulated benefit obligation for all defined benefit pension plans was \$1.3 billion and \$1.4 billion at December 31, 2024 and 2023, respectively. At December 31, 2024, defined benefit pension plans that had projected benefit obligations in excess of the fair value of plan assets had total accumulated benefit obligations of \$139.1 million, projected benefit obligations of \$145.8 million and no plan assets. At December 31, 2024, defined benefit pension plans that had fair value of plan assets in excess of projected benefit obligations had total accumulated benefit obligations and projected benefit obligations of \$1.2 billion and fair value of plan assets of \$1.2 billion. At December 31, 2023, defined benefit pension plans that had projected benefit obligations in excess of the fair value of plan assets had total accumulated benefit obligations of \$146.6 million, projected benefit obligations of \$156.5 million and no plan assets. At December 31, 2023, defined benefit pension plans that had fair value of plan assets in excess of projected benefit obligations had total accumulated benefit obligations and projected benefit obligations of \$1.3 billion and fair value of plan assets of \$1.3 billion.

Actuarial gains and losses related to changes in the benefit obligation of defined benefit pension plans were \$35.9 million of gains and \$27.6 million of losses in 2024 and 2023, respectively. Significant components of gains and losses impacting defined benefit pension plans include changes in the discount rate, demographic experience changes and updates to the mortality assumption. Actuarial gains and losses related to changes in the benefit obligation of other postretirement benefit plans were \$6.5 million of gains and \$6.6 million of losses in 2024 and 2023, respectively. Significant components of gains and losses impacting other postretirement benefit plans include changes in the discount rate, updates to healthcare claim costs and updates to the mortality assumption.

The CCHS Retirement Plan paid \$58.6 million in lump-sum payments in accordance with plan terms in 2023, which exceeded the sum of the service cost and interest cost components of net periodic benefit cost. As a result, the System recorded a settlement charge of \$5.4 million for the year ended December 31, 2023.

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	
	2024	2023	2024	2023
Components of net periodic benefit cost:				
Service (credit) cost	\$ (2,243)	\$ (2,433)	\$ 729	\$ 760
Interest cost	71,413	76,618	4,280	4,283
Expected return on plan assets	(65,978)	(65,083)	—	—
Recognition of actuarial (gain) loss in excess of corridor	(5,109)	(1,320)	—	2,066
Settlement charge	—	5,400	—	—
Amortization of prior service credit	(1,815)	(1,816)	(1,351)	(1,351)
Net periodic benefit (credit) cost	(3,732)	11,366	3,658	5,758
Defined contribution plans	430,812	385,439	—	—
Total	<u>\$ 427,080</u>	<u>\$ 396,805</u>	<u>\$ 3,658</u>	<u>\$ 5,758</u>

The service (credit) cost component of net periodic benefit cost and defined contribution plan expenses are included in salaries, wages, and benefits in the consolidated statements of operations and changes in net assets. The components of net periodic benefit cost other than service (credit) cost are included in other nonoperating gains and losses in the consolidated statements of operations and changes in net assets.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

Weighted average assumptions used to determine pension and postretirement benefit obligations and net periodic benefit cost are as follows:

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2024	2023	2024	2023
Weighted average assumptions:				
Discount rates:				
Used for benefit obligations	5.77%	5.40%	5.68%	5.18%
Used for net periodic benefit cost	5.40	5.69	5.18	5.46
Expected rate of return on plan assets	5.37	5.35	—	—
Rate of compensation increase:				
Used for benefit obligations	3.00	3.00	—	—
Used for net periodic benefit cost	3.00	3.00	—	—
Crediting interest rate on cash balance plans	5.92	5.92	—	—

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.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The annual assumed healthcare cost trend rates for the next year and the assumed trend thereafter are as follows:

	2024	2023
Internally provided services:		
Initial rate	5.50%	5.75%
Ultimate rate	4.25	4.25
Year ultimate rate reached	2030	2030
Externally provided services:		
Initial rate	6.50%	6.75%
Ultimate rate	5.25	5.25
Year ultimate rate reached	2030	2030

The System's weighted average asset allocation of pension plan assets at December 31, 2024 and 2023, by asset category, is as follows:

	Percentage of Plan Assets		
	2024	2023	Target Allocation
Asset category			
Interest-bearing cash	5.0%	5.4%	1%-5%
Fixed-income securities	73.0	70.6	60%-90%
Common and preferred stocks	7.7	8.2	3%-25%
Alternative investments	14.3	15.8	0%-19%
Total	100%	100%	

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. Interest-bearing cash includes amount held by various investment management organizations that can fluctuate based on the timing of investment activity and expected cash flows. 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.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

The System's weighted average pension portfolio return assumption of 5.37% and 5.35% in 2024 and 2023, 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.

The System has implemented and utilized a liability-driven investment strategy for its defined benefit pension plans over the last several years that has reduced the asset allocation for common and preferred stocks with a corresponding increase in fixed-income securities. The investment strategy has been implemented in phases based on the increased funded status of the pension plans and the anticipation that such changes in investment strategy will result in lower volatility of future changes in funded status. 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. It is anticipated that the duration of the fixed-income investment assets will be similar to the duration of the liabilities of the pension plan over time.

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, 2024 and 2023, based on the valuation hierarchy (in thousands):

December 31, 2024

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 61,902	\$ 34	\$ –	\$ 61,936
Fixed-income securities:				
U.S. treasuries	282,465	–	–	282,465
U.S. government agencies	–	12,419	–	12,419
U.S. corporate	–	382,995	–	382,995
Foreign	–	73,628	–	73,628
Total assets at fair value	<u>\$ 344,367</u>	<u>\$ 469,076</u>	<u>\$ –</u>	<u>\$ 813,443</u>

December 31, 2023

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 70,817	\$ 35	\$ –	\$ 70,852
Fixed-income securities:				
U.S. treasuries	240,093	–	–	240,093
U.S. government agencies	–	15,774	–	15,774
U.S. corporate	–	423,856	–	423,856
Foreign	–	74,850	–	74,850
Total assets at fair value	<u>\$ 310,910</u>	<u>\$ 514,515</u>	<u>\$ –</u>	<u>\$ 825,425</u>

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

15. Pensions and Other Postretirement Benefits (continued)

Total plan assets in the System's defined benefit pension plans at December 31, 2024 and 2023 are comprised of the following (in thousands):

	<u>2024</u>	<u>2023</u>
Plan assets measured at fair value	\$ 813,443	\$ 825,425
Commingled funds measured at net asset value	254,049	279,097
Alternative investments measured at net asset value	177,599	207,833
Total fair value of plan assets at end of year	<u>\$ 1,245,091</u>	<u>\$ 1,312,355</u>

Fair value methodologies for Level 1 and Level 2 are consistent with the inputs described in Note 8.

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. Additionally, investments may include mutual funds and commingled fixed-income funds that invest opportunistically in 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 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 funds generally consist of limited partnerships formed to invest in equity and private credit investments in operating companies that are not publicly traded. Investment strategies in this category may include buyouts, distressed debt, direct lending, special situations and other credit strategies. Private equity funds are closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

16. Income Taxes

The Clinic 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 domestic and international taxable affiliates.

The System files income tax returns in the U.S. federal jurisdiction and in various state and foreign jurisdictions. Generally, the System is no longer subject to U.S. federal, state, local and non-U.S. tax examinations by tax authorities for years before 2021.

Uncertain income tax positions were not significant to the consolidated financial statements at December 31, 2024 and 2023. The System does not expect a significant increase or decrease in unrecognized tax benefits within the next 12 months. The System recognizes accrued interest and penalties related to the liability for unrecognized tax benefits in the consolidated statements of operations and changes in net assets.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

16. Income Taxes (continued)

The System has temporary differences of \$2.0 billion and \$1.3 billion at December 31, 2024 and 2023, respectively. The temporary differences primarily relate to net operating losses available for income tax purposes. The majority of these losses expire in varying amounts through 2037. A deferred tax asset of \$379.2 million and \$313.0 million has been recorded at December 31, 2024 and 2023, respectively. A valuation allowance of \$379.2 million and \$313.0 million has been recorded at December 31, 2024 and 2023, respectively, against the deferred tax assets due to the uncertainty regarding their use.

17. Commitments and Contingent Liabilities

At December 31, 2024, the System has commitments for construction and other related capital contracts of \$1.0 billion and letters of credit of \$0.7 million. Guarantees of mortgage loans made by banks to certain staff members are \$21.6 million at December 31, 2024. In addition, the System has remaining commitments to invest approximately \$1.6 billion in alternative investments at December 31, 2024. The largest commitment at December 31, 2024 to any one alternative strategy manager is \$75.0 million. These investments are generally expected to occur within the next five years. No amounts have been recorded in the consolidated balance sheets for these commitments and guarantees.

Pledge liabilities to various foundations and other entities at December 31, 2024, are as follows (in thousands): 2025 – \$29,880, 2026 – \$16,230, 2027 – \$9,380, 2028 – \$600, 2029 – \$500, and thereafter – \$2,000. The unamortized discount on pledge liabilities at December 31, 2024 was \$1.6 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 404 individual donor-restricted funds established for a variety of purposes and one board-designated endowment fund that supports research and education activities of the System. See Note 19 for a summary of research and education expenses of the System for the years ended December 31, 2024 and 2023. Endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions as net assets without donor restrictions or net assets with donor restrictions. The board-designated endowment fund was established effective July 2023 with a contribution of net assets without donor restrictions of \$3.5 billion, and the fund was increased to \$5.0 billion during 2024. The income on the board-designated endowment fund is used to provide for ongoing operating support of a portion of the System's research and education expenses.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

18. Endowment (continued)

Interpretation of Relevant Law

The System has interpreted the Uniform Prudent Management of Institutional Funds Act (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 net assets with donor restrictions (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 the permanent endowment is available for appropriation 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 value of the original and subsequent donor gift amounts. These deficiencies can result from unfavorable market fluctuations that occur shortly after the investment of new contributions for donor-restricted endowment funds and continued appropriations for certain programs that are deemed prudent by the System. The System maintains policies that permit spending from underwater endowment funds, depending on the degree to which the fund is underwater, unless otherwise precluded by donor intent or relevant laws and regulations. As of December 31, 2024 and 2023, the System had no significant deficiencies of this nature in donor-restricted endowment funds.

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 board-designated endowment funds and donor-restricted endowment funds, including those assets of donor-restricted funds that the System 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 meet or exceed the investment policy benchmark as represented by a policy asset allocation, although actual returns in any given year may vary.

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.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

18. Endowment (continued)**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. 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.

Changes in Endowment Net Assets

The following table summarizes the changes in endowment net assets for the years ended December 31, 2024 and 2023 (in thousands):

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, January 1, 2023	\$ —	\$ 599,213	\$ 599,213
Investment return	145,771	40,835	186,606
Contributions	3,500,000	22,850	3,522,850
Appropriation of endowment assets for expenditure	(87,500)	(15,157)	(102,657)
Endowment net assets, December 31, 2023	3,558,271	647,741	4,206,012
Investment return	365,330	60,025	425,355
Contributions	1,341,802	29,225	1,371,027
Appropriation of endowment assets for expenditure	(212,500)	(28,179)	(240,679)
Endowment net assets, December 31, 2024	\$ 5,052,903	\$ 708,812	\$ 5,761,715

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

19. Functional Expenses

The following tables present expenses by both their nature and their function for the years ended December 31, 2024 and 2023 (in thousands):

	2024					
	Healthcare Services	Research	Education	General and Administrative	Non-Healthcare Services	Total
Salaries, wages, and benefits	\$ 7,139,303	\$ 267,310	\$ 600,985	\$ 918,506	\$ 94,696	\$ 9,020,800
Supplies	1,413,720	27,386	11,605	11,541	19,666	1,483,918
Pharmaceuticals	2,292,486	193	6	3,636	2,442	2,298,763
Purchased services and other fees	698,941	16,795	14,570	381,527	13,534	1,125,367
Administrative services	60,503	76,185	26,431	31,102	51,368	245,589
Facilities	427,433	7,952	1,805	25,695	16,353	479,238
Insurance	191,922	—	23	4,901	479	197,325
Interest	170,639	2,001	—	1,407	2,834	176,881
Depreciation and amortization	446,726	14,809	661	163,480	6,929	632,605
	<u>\$ 12,841,673</u>	<u>\$ 412,631</u>	<u>\$ 656,086</u>	<u>\$ 1,541,795</u>	<u>\$ 208,301</u>	<u>\$ 15,660,486</u>

	2023					
	Healthcare Services	Research	Education	General and Administrative	Non-Healthcare Services	Total
Salaries, wages, and benefits	\$ 6,547,754	\$ 248,844	\$ 555,863	\$ 920,634	\$ 95,791	\$ 8,368,886
Supplies	1,421,209	29,268	12,718	13,261	13,663	1,490,119
Pharmaceuticals	1,902,310	357	12	3,795	3	1,906,477
Purchased services and other fees	616,710	17,064	13,425	372,639	13,449	1,033,287
Administrative services	77,907	70,785	24,164	38,282	41,337	252,475
Facilities	408,970	7,069	2,436	25,277	16,785	460,537
Insurance	166,415	—	169	3,525	584	170,693
Interest	157,473	1,958	—	1,108	15,408	175,947
Depreciation and amortization	391,993	8,333	748	134,552	24,357	559,983
	<u>\$ 11,690,741</u>	<u>\$ 383,678</u>	<u>\$ 609,535</u>	<u>\$ 1,513,073</u>	<u>\$ 221,377</u>	<u>\$ 14,418,404</u>

The consolidated financial statements report certain categories of expenses that are attributable to more than one function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and benefits, which include allocations on the basis of estimates of time and effort.

Cleveland Clinic Health System

Notes to Consolidated Financial Statements (continued)

20. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2024 through March 11, 2025, the date the consolidated financial statements were issued. During this period, there were no subsequent events requiring recognition in the consolidated financial statements, and there were no nonrecognized subsequent events requiring disclosure.

Supplementary Information



**Shape the future
with confidence**

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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 financial statements as a whole. The accompanying 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 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 financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

March 11, 2025

Cleveland Clinic Health System

Consolidating Balance Sheet

December 31, 2024

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Assets				
Current assets:				
Cash and cash equivalents	\$ 986,681	\$ 35,665	\$ –	\$ 1,022,346
Patient receivables	1,558,559	361,195	(69,738)	1,850,016
Due from affiliates	30,238	7,664	(37,902)	–
Investments for current use	–	89,627	–	89,627
Other current assets	682,838	188,409	(8,065)	863,182
Total current assets	3,258,316	682,560	(115,705)	3,825,171
Investments:				
Long-term investments	10,613,125	1,331,384	–	11,944,509
Funds held by trustees	6,169	–	–	6,169
Assets held for self-insurance	–	165,757	–	165,757
Donor-restricted assets	1,443,640	127,961	–	1,571,601
	12,062,934	1,625,102	–	13,688,036
Property, plant, and equipment, net	5,262,656	1,619,572	–	6,882,228
Other assets:				
Pledges receivable, net	123,392	14,460	–	137,852
Trusts and interests in foundations	67,364	30,198	–	97,562
Operating lease right-of-use assets	138,883	235,773	–	374,656
Other noncurrent assets	1,001,915	184,440	(75,826)	1,110,529
	1,331,554	464,871	(75,826)	1,720,599
Total assets	\$ 21,915,460	\$ 4,392,105	\$ (191,531)	\$ 26,116,034

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$ 678,591	\$ 141,077	\$ (124)	\$ 819,544
Compensation and amounts withheld from payroll	627,337	81,597	—	708,934
Current portion of long-term debt	100,795	7,466	—	108,261
Variable rate debt classified as current	659,393	42,106	—	701,499
Due to affiliates	5,150	32,752	(37,902)	—
Other current liabilities	639,770	217,362	(70,162)	786,970
Total current liabilities	2,711,036	522,360	(108,188)	3,125,208
Long-term debt	3,691,201	892,847	(3,146)	4,580,902
Other liabilities:				
Professional and general liability insurance reserves	130,894	129,575	—	260,469
Accrued retirement benefits	197,807	998	—	198,805
Operating lease liabilities	98,130	229,904	—	328,034
Other noncurrent liabilities	738,046	68,372	(7,517)	798,901
	1,164,877	428,849	(7,517)	1,586,209
Total liabilities	7,567,114	1,844,056	(118,851)	9,292,319
Net assets:				
Without donor restrictions	12,632,974	2,348,049	(72,680)	14,908,343
With donor restrictions	1,715,372	200,000	—	1,915,372
Total net assets	14,348,346	2,548,049	(72,680)	16,823,715
Total liabilities and net assets	\$ 21,915,460	\$ 4,392,105	\$ (191,531)	\$ 26,116,034

See accompanying note.

Cleveland Clinic Health System

Consolidating Balance Sheet

December 31, 2023

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Assets				
Current assets:				
Cash and cash equivalents	\$ 655,095	\$ 43,870	\$ –	\$ 698,965
Patient receivables	1,506,099	393,097	(39,639)	1,859,557
Due from affiliates	14,625	3,227	(17,852)	–
Investments for current use	–	74,703	–	74,703
Other current assets	729,532	203,265	(9,778)	923,019
Total current assets	2,905,351	718,162	(67,269)	3,556,244
Investments:				
Long-term investments	10,063,164	1,249,335	–	11,312,499
Funds held by trustees	8,724	–	–	8,724
Assets held for self-insurance	–	208,650	–	208,650
Donor-restricted assets	1,318,471	113,774	–	1,432,245
	11,390,359	1,571,759	–	12,962,118
Property, plant, and equipment, net	4,687,206	1,594,810	–	6,282,016
Other assets:				
Pledges receivable, net	151,304	19,288	–	170,592
Trusts and interests in foundations	63,819	28,674	–	92,493
Operating lease right-of-use assets	121,611	247,699	–	369,310
Other noncurrent assets	1,171,247	180,783	(340,058)	1,011,972
	1,507,981	476,444	(340,058)	1,644,367
Total assets	<u>\$ 20,490,897</u>	<u>\$ 4,361,175</u>	<u>\$ (407,327)</u>	<u>\$ 24,444,745</u>

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$ 538,310	\$ 159,257	\$ (303)	\$ 697,264
Compensation and amounts withheld from payroll	569,560	80,758	—	650,318
Current portion of long-term debt	98,474	7,883	—	106,357
Variable rate debt classified as current	797,560	44,794	—	842,354
Due to affiliates	2,650	15,202	(17,852)	—
Other current liabilities	553,461	201,632	(39,900)	715,193
Total current liabilities	2,560,015	509,526	(58,055)	3,011,486
Long-term debt	3,488,071	1,110,794	(287,378)	4,311,487
Other liabilities:				
Professional and general liability insurance reserves	73,745	178,196	—	251,941
Accrued retirement benefits	223,907	1,084	—	224,991
Operating lease liabilities	83,910	237,699	—	321,609
Other noncurrent liabilities	590,460	69,725	(9,214)	650,971
	972,022	486,704	(9,214)	1,449,512
Total liabilities	7,020,108	2,107,024	(354,647)	8,772,485
Net assets:				
Without donor restrictions	11,845,711	2,067,365	(52,680)	13,860,396
With donor restrictions	1,625,078	186,786	—	1,811,864
Total net assets	13,470,789	2,254,151	(52,680)	15,672,260
Total liabilities and net assets	\$ 20,490,897	\$ 4,361,175	\$ (407,327)	\$ 24,444,745

See accompanying note.

Cleveland Clinic Health System

Consolidating Statements of Operations and
Changes in Net Assets

Year Ended December 31, 2024

(In Thousands)

Operations	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Unrestricted revenues				
Net patient service revenue	\$ 11,455,815	\$ 2,678,495	\$ (431,614)	\$ 13,702,696
Other	2,003,803	456,157	(226,458)	2,233,502
Total unrestricted revenues	13,459,618	3,134,652	(658,072)	15,936,198
Expenses				
Salaries, wages, and benefits	7,622,482	1,882,833	(484,515)	9,020,800
Supplies	1,161,387	323,307	(776)	1,483,918
Pharmaceuticals	2,064,704	234,059	—	2,298,763
Purchased services and other fees	958,774	248,525	(81,932)	1,125,367
Administrative services	26,718	249,927	(31,056)	245,589
Facilities	341,285	139,396	(1,443)	479,238
Insurance	127,126	128,449	(58,250)	197,325
	12,302,476	3,206,496	(657,972)	14,851,000
Operating income (loss) before interest, depreciation and amortization	1,157,142	(71,844)	(100)	1,085,198
Interest	142,331	34,550	—	176,881
Depreciation and amortization	477,745	154,960	(100)	632,605
Operating income (loss)	537,066	(261,354)	—	275,712
Nonoperating gains and losses				
Investment return	577,736	121,037	—	698,773
Derivative gains (losses)	11,767	(161)	—	11,606
Other, net	(6,327)	588	—	(5,739)
Net nonoperating gains	583,176	121,464	—	704,640
Excess (deficiency) of revenues over expenses	1,120,242	(139,890)	—	980,352

(continued on next page)

Changes in Net Assets	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Changes in net assets without donor restrictions				
Excess (deficiency) of revenues over expenses	\$ 1,120,242	\$ (139,890)	\$ –	\$ 980,352
Donated capital	461	–	–	461
Net assets released from restrictions				
for capital purposes	68,930	5,772	–	74,702
Retirement benefits adjustment	779	(1,779)	–	(1,000)
Foreign currency translation	–	(1,933)	–	(1,933)
Transfers (to) from affiliates	(403,145)	403,145	–	–
Other	(4)	15,369	(20,000)	(4,635)
Increase in net assets without donor restrictions	787,263	280,684	(20,000)	1,047,947
Changes in net assets with donor restrictions				
Gifts and bequests	215,950	27,569	–	243,519
Net investment income	72,687	5,253	–	77,940
Net assets released from restrictions used				
for operations included in other unrestricted revenues	(138,708)	(15,178)	–	(153,886)
Net assets released from restrictions for capital purposes	(68,930)	(5,772)	–	(74,702)
Change in interests in foundations	239	–	–	239
Change in value of perpetual trusts	2,595	1,844	–	4,439
Other	6,461	(502)	–	5,959
Increase in net assets with donor restrictions	90,294	13,214	–	103,508
Increase in net assets	877,557	293,898	(20,000)	1,151,455
Net assets at beginning of year	13,470,789	2,254,151	(52,680)	15,672,260
Net assets at end of year	\$ 14,348,346	\$ 2,548,049	\$ (72,680)	\$ 16,823,715

See accompanying note.

Cleveland Clinic Health System

Consolidating Statements of Operations and
Changes in Net AssetsYear Ended December 31, 2023
(In Thousands)

Operations	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Unrestricted revenues				
Net patient service revenue	\$ 10,670,907	\$ 2,402,576	\$ (419,226)	\$ 12,654,257
Other	1,600,447	489,142	(261,169)	1,828,420
Total unrestricted revenues	12,271,354	2,891,718	(680,395)	14,482,677
Expenses				
Salaries, wages, and benefits	7,066,068	1,766,406	(463,588)	8,368,886
Supplies	1,170,907	319,747	(535)	1,490,119
Pharmaceuticals	1,722,537	183,940	—	1,906,477
Purchased services and other fees	868,394	247,679	(82,786)	1,033,287
Administrative services	46,211	235,534	(29,270)	252,475
Facilities	329,621	132,542	(1,626)	460,537
Insurance	109,852	163,331	(102,490)	170,693
	11,313,590	3,049,179	(680,295)	13,682,474
Operating income (loss) before interest, depreciation and amortization	957,764	(157,461)	(100)	800,203
Interest	141,594	34,353	—	175,947
Depreciation and amortization	427,522	132,561	(100)	559,983
Operating income (loss)	388,648	(324,375)	—	64,273
Nonoperating gains and losses				
Investment return	779,140	109,941	—	889,081
Derivative gains (losses)	2,304	(635)	—	1,669
Other, net	(42,727)	(1,085)	—	(43,812)
Net nonoperating gains	738,717	108,221	—	846,938
Excess (deficiency) of revenues over expenses	1,127,365	(216,154)	—	911,211

(continued on next page)

Changes in Net Assets	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Changes in net assets without donor restrictions				
Excess (deficiency) of revenues over expenses	\$ 1,127,365	\$ (216,154)	\$ —	\$ 911,211
Donated capital	1,553	16	—	1,569
Net assets released from restrictions				
for capital purposes	12,066	2,176	—	14,242
Retirement benefits adjustment	2,180	7,084	—	9,264
Foreign currency translation	—	6,339	—	6,339
Transfers (to) from affiliates	(343,001)	343,001	—	—
Other	1	26,994	(28,000)	(1,005)
Increase in net assets without donor restrictions	800,164	169,456	(28,000)	941,620
Changes in net assets with donor restrictions				
Gifts and bequests	109,156	32,361	—	141,517
Net investment income	82,519	4,371	—	86,890
Net assets released from restrictions used				
for operations included in other unrestricted revenues	(115,565)	(28,028)	—	(143,593)
Net assets released from restrictions for capital purposes	(12,066)	(2,176)	—	(14,242)
Change in interests in foundations	(263)	—	—	(263)
Change in value of perpetual trusts	(784)	2,019	—	1,235
Other	870	130	—	1,000
Increase in net assets with donor restrictions	63,867	8,677	—	72,544
Increase in net assets	864,031	178,133	(28,000)	1,014,164
Net assets at beginning of year	12,606,758	2,076,018	(24,680)	14,658,096
Net assets at end of year	<u>\$ 13,470,789</u>	<u>\$ 2,254,151</u>	<u>\$ (52,680)</u>	<u>\$ 15,672,260</u>

See accompanying note.

Cleveland Clinic Health System

Consolidating Statement of Cash Flows

Year Ended December 31, 2024

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Operating activities and net nonoperating gains and losses				
Increase in net assets	\$ 877,557	\$ 293,898	\$ (20,000)	\$ 1,151,455
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities and net nonoperating gains and losses:				
Loss on extinguishment of debt	414	—	—	414
Retirement benefits adjustment	(779)	1,779	—	1,000
Net realized and unrealized gains on investments	(736,902)	(113,019)	—	(849,921)
Depreciation and amortization	477,745	151,480	(100)	629,125
Foreign currency translation loss	—	1,933	—	1,933
Donated capital	(461)	—	—	(461)
Restricted gifts, bequests, and other	(218,784)	(29,413)	—	(248,197)
Transfers to (from) affiliates	403,145	(403,145)	—	—
Amortization of bond premiums and debt issuance costs	(10,954)	178	—	(10,776)
Net gain in value of derivatives	(10,981)	—	—	(10,981)
Pension funding	(25,790)	(338)	—	(26,128)
Changes in operating assets and liabilities:				
Patient receivables	(52,460)	30,947	30,099	8,586
Other current assets	22,012	11,329	18,337	51,678
Other noncurrent assets	151,896	5,498	(264,132)	(106,738)
Accounts payable and other current liabilities	270,596	18,373	(50,133)	238,836
Other liabilities	167,230	(56,715)	1,697	112,212
Net cash provided by (used in) operating activities and net nonoperating gains and losses	1,313,484	(87,215)	(284,232)	942,037
Financing activities				
Proceeds from long-term borrowings	503,218	1,029	(1,029)	503,218
Payments for refunding of long-term debt	(300,000)	—	—	(300,000)
Principal payments on long-term debt	(136,829)	(256,391)	285,261	(107,959)
Debt issuance costs	(3,318)	—	—	(3,318)
Change in pledges receivables, trusts and interests in foundations	33,436	2,119	—	35,555
Restricted gifts, bequests, and other	218,784	29,413	—	248,197
Net cash provided by (used in) financing activities	315,291	(223,830)	284,232	375,693
Investing activities				
Expenditures for property, plant, and equipment	(970,331)	(143,015)	—	(1,113,346)
Proceeds from sale of property, plant, and equipment	11,960	—	—	11,960
Net change in cash equivalents reported in long-term investments	(25,525)	(3,086)	—	(28,611)
Purchases of investments	(5,132,768)	(628,340)	—	(5,761,108)
Sales of investments	5,222,763	675,906	—	5,898,669
Transfers (to) from affiliates	(403,145)	403,145	—	—
Net cash (used in) provided by investing activities	(1,297,046)	304,610	—	(992,436)
Effect of exchange rate changes on cash and cash equivalents	—	(2,042)	—	(2,042)
Increase (decrease) in cash, cash equivalents and restricted cash	331,729	(8,477)	—	323,252
Cash, cash equivalents and restricted cash at beginning of year	658,473	45,243	—	703,716
Cash, cash equivalents and restricted cash at end of year	\$ 990,202	\$ 36,766	\$ —	\$ 1,026,968

See accompanying note.

Cleveland Clinic Health System

Consolidating Statement of Cash Flows

Year Ended December 31, 2023

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
Operating activities and net nonoperating gains and losses				
Increase in net assets	\$ 864,031	\$ 178,133	\$ (28,000)	\$ 1,014,164
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities and net nonoperating gains and losses:				
Retirement benefits adjustment	(2,180)	(7,084)	—	(9,264)
Net realized and unrealized gains on investments	(851,602)	(102,235)	—	(953,837)
Depreciation and amortization	427,522	127,656	(100)	555,078
Foreign currency translation gain	—	(6,339)	—	(6,339)
Donated capital	(1,553)	(16)	—	(1,569)
Restricted gifts, bequests, and other	(190,628)	(38,751)	—	(229,379)
Transfers to (from) affiliates	343,001	(343,001)	—	—
Amortization of bond premiums and debt issuance costs	(7,581)	171	—	(7,410)
Net gain in value of derivatives	(1,815)	—	—	(1,815)
Pension funding	(34,441)	(1,172)	—	(35,613)
Changes in operating assets and liabilities:				
Patient receivables	(113,920)	(42,592)	4,995	(151,517)
Other current assets	203,135	(54,738)	(228,449)	(80,052)
Other noncurrent assets	(144,966)	(41,945)	28,390	(158,521)
Accounts payable and other current liabilities	(196,057)	(128,422)	228,457	(96,022)
Other liabilities	107,532	61,854	(5,003)	164,383
Net cash provided by (used in) operating activities and net nonoperating gains and losses	400,478	(398,481)	290	2,287
Financing activities				
Proceeds from short-term borrowings	65,170	—	—	65,170
Payments on short-term borrowings	(65,170)	—	—	(65,170)
Proceeds from long-term borrowings	300,000	290	(290)	300,000
Principal payments on long-term debt	(125,644)	(7,080)	—	(132,724)
Debt issuance costs	(587)	—	—	(587)
Change in pledges receivables, trusts and interests in foundations	49,596	12,851	—	62,447
Restricted gifts, bequests, and other	190,628	38,751	—	229,379
Net cash provided by financing activities	413,993	44,812	(290)	458,515
Investing activities				
Expenditures for property, plant, and equipment	(653,472)	(115,518)	—	(768,990)
Proceeds from sale of property, plant, and equipment	12,390	—	—	12,390
Net change in cash equivalents reported in long-term investments	12,045	(186,911)	—	(174,866)
Purchases of investments	(3,771,737)	(635,201)	—	(4,406,938)
Sales of investments	4,035,204	673,404	—	4,708,608
Transfers (to) from affiliates	(343,001)	343,001	—	—
Net cash (used in) provided by investing activities	(708,571)	78,775	—	(629,796)
Effect of exchange rate changes on cash and cash equivalents	—	4,365	—	4,365
Increase (decrease) in cash, cash equivalents and restricted cash	105,900	(270,529)	—	(164,629)
Cash, cash equivalents and restricted cash at beginning of year	552,573	315,772	—	868,345
Cash, cash equivalents and restricted cash at end of year	\$ 658,473	\$ 45,243	\$ —	\$ 703,716

See accompanying note.

Cleveland Clinic Health System

Note to Consolidating Financial Statements

December 31, 2024 and 2023

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, amended and restated as of August 1, 2017 (as supplemented, the Indenture), between The Cleveland Clinic Foundation, the other members of the Obligated Group and U.S. Bank Trust Company, National Association, as successor Master Trustee. The Cleveland Clinic Foundation, Cleveland Clinic Avon Hospital, Cleveland Clinic Health System – East Region, Fairview Hospital, Lutheran Hospital, Marymount Hospital, Inc., Medina Hospital, Cleveland Clinic Florida (a nonprofit corporation), Cleveland Clinic Weston Hospital Nonprofit Corporation and Martin Memorial Medical Center, Inc. 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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